

# Seneca County

Implementation Plan

# 2013



COMMUNITY

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## Executive Summary

Since 2001, Seneca County has conducted community health assessments for the purpose of measuring and addressing health status. Historically, the community has come together as one to measure health status. However, this strategic plan represents the first time that Seneca 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, Seneca County will rally around the issues identified and work together to implement best practices that will improve the health of Seneca County.

### Strategies:

Priority Health Issues for Seneca County
1. Decrease adult and youth obesity
2. Increase preventive health
3. Decrease adult and youth mental health issues
4. Decrease adult and youth substance abuse issues

### Target Impact Areas:

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

To increase preventive health, Seneca County will focus on the following target impact areas 1) Increase vaccinations, 2) Increase women's and men's health screenings, and 3) Increase dental access.

To decrease adult and youth mental health issues, Seneca County will focus on the following target impact areas: 1) Increase awareness of resources, 2) Increase screening and early identification of mental health issues, and 2) Increase education.

To decrease adult and youth substance abuse, Seneca County will focus on the following target impact areas: 1) Increase screening efforts, 2) Increase evidence based prevention programs, and 3) Increase awareness.

### Action Steps:

To work toward decreasing **youth obesity**, the following action steps are recommended: 1) Support schools in implementing the smart snacks in school standards, which will lead to increased fruit and vegetable consumption, as well as other healthy foods. 2) Increase opportunities for youth to engage in physical activity and decrease sedentary behavior.

To work toward decreasing **adult obesity**, the following action steps are recommended: 1) Implement a healthy hospital campaign, which will lead to increased fruit and vegetable consumption, 2) Increase nutrition/physical education materials being offered to patients by primary care providers 3) Update and disseminate community wellness guides and calendars that contain information about community gardens, sports programs, and exercise and nutrition programs available in Seneca County, 4) Increase fruit and vegetable availability for emergency food programs

To work toward increasing **preventive health screenings**, the following actions steps are recommended: 1) Create a county-wide vaccination awareness campaign, 2) Create consistent men's and women's health screening recommendations, and 3) Increase dental access

To work toward decreasing **mental health issues**, the following actions steps are recommended: 1) Increase awareness of available mental health services, 2) Increase early identification of mental health needs among

youth, 3) Increase the number of primary care physicians who screen for depression during office visits and 4) Increase education for primary care providers and mental health professionals

To work toward decreasing **substance abuse**, the following actions steps are recommended: 1) Expand the LifeSkills training curriculum in Seneca County, 2) Implement an evidence-based parenting program, 3) Increase the number of ER and primary care providers screening for alcohol and drug abuse and, 4) Implement responsible beverage service trainings

## Partners

### Acknowledgements

The Seneca County Health Alliance wishes to acknowledge the numerous contributions of the following partners and stakeholders. Their continued commitment to improving the health and well-being of residents of Seneca County helps to provide valuable information to identify unmet needs in the community and initiate quality programs to improve the health of our residents.

### Seneca County Strategic Planning Committee Members:

Jenifer Bayer, Director of Nursing, Seneca County General Health District  
Laura Bogard, Community Health Nurse, Seneca County General Health District  
Nancy Cochran, Executive Director, Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties  
Rachael Conner, Program Administrator, Seneca County Juvenile and Probate Court  
Teresa Copp, Court Administrator, Seneca County Juvenile and Probate Court  
Christine Courtney, Program Coordinator, First Call for Help  
Diane Culver, Executive Director, Allen Eiry Center  
Scott Daniel, Director of Operations, Tiffin City Schools  
Bev Funkhouser, Wellness Specialist, Pro Medica-Fostoria Community Hospital  
Sharon George, Executive Director, Seneca County Family & Children First Council  
Ann Golden, Educator for Youth Development, OSU Extension  
Mircea Handru, Deputy Director, Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties  
Lori Myers, Manager of Outpatient Services and Specialty Clinics, Mercy Hospital of Tiffin  
Kathy Oliver, Director, Seneca County Department of Job and Family Services  
Robin Reaves, Site Director, Firelands Counseling and Recovery Services  
Rebecca Shank, Executive Director, Community Hospice Care  
Angi Todd, Health Advocate, WSOS  
Angel Torrez, Social Services Coordinator, PK Management  
Anne Zimmerman, Chief Nursing Officer, Mercy Tiffin Hospital  
Mary Ann Kromer, Reporter, Advertiser Tribune  
Charla VanOsdol, Coordinator, Firelands Counseling and Recovery Services  
Steve Crone, President/CEO, Tiffin Community YMCA

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

## Strategic Planning Model

Beginning in June 2013, the Seneca County Strategic Planning Committee met six (6) times and completed the following planning steps:

1. Choosing Priorities- Use of quantitative and qualitative data to prioritize target impact areas
2. Ranking Priorities- Ranking the health problems based on magnitude, seriousness of consequences, and feasibility of correcting
3. Resource Assessment- Determine existing programs, services, and activities in the community that address the priority target impact areas and look at the number of programs that address each outcome, geographic area served, prevention programs, and interventions
4. Gap Analysis- Determine existing discrepancies between community needs and viable community resources to address local priorities; Identify strengths, weaknesses, and evaluation strategies; and Strategic Action Identification
5. Best Practices- Review of best practices and proven strategies, Evidence Continuum, and Feasibility Continuum
6. Draft Plan- Review of all steps taken; Action step recommendations based on one or more the following: Enhancing existing efforts, Implementing new programs or services, Building infrastructure, Implementing evidence based practices, and Feasibility of implementation

## Needs Assessment

The Strategic Planning Committee reviewed the 2013 Seneca 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 2013 assessment report?

Key Issue or Concern	% of Total Population	Age Group (or Income Level) Most at Risk	Gender Most at Risk
<b>1. Weight Control /Cardiovascular Disease (13 votes)</b>	35% overweight	Ages 65+ (43%)	Male
Obese/overweight	36% obese	Ages 30-64 (40%)	
High Blood Pressure	30%	Ages 65+ (56%)	Male
High Cholesterol	36%	Ages 65+ (65%)	Male
<b>2. Mental Health (8 votes)</b>			
Sad, hopeless, and depressed	13%	Ages <30 (25%)	Females
Considered Suicide	4%	---	
Limited in some way due to physical, mental or emotional problems	29%	Income <25K (44%)	Females
<b>3. Preventive Health (5 votes)</b>			
Mammogram	Only 51% of women 40+ had a mammogram in the past year	Ages 40+	Women
PSA Test	Only 52% of men ages 40+ had a PSA test in the past 2 years	Ages 40+	Men
Pneumonia Vaccine	Only 46% of adults ages 65+ had vaccine	Ages 65+	---
Oral Health	Only 59% of adults had went to dentist in past year	Income <25K (42%)	---
<b>4. Substance Abuse (4 votes)</b>			
Prescription Abuse	4%	Ages 65+ (7%)	Males
Binge drinking	19% (39% of drinkers)	Ages <30 (46%)	Males
Marijuana use	5%	Ages <30 (8%)	---
<b>5. Vehicle Accidents (4 votes)</b>			Male
Mortality rates over twice as high as Ohio & U.S.	Double	---	
<b>6. Healthcare Coverage (2 votes)</b>	15% without coverage	Income <25K (29%)	Females
<b>7. Firearms in home (1 vote)</b>	51% have firearms	---	---

## Needs Assessment, continued

What are the most significant YOUTH health issues or concerns identified in the 2013 assessment report?

Key Issue or Concern	% of Total Population	Age Group (or Income Level) Most at Risk	Gender Most at Risk
<b>1. Alcohol Use (12 votes)</b> Current drinker Binge drinker Rode with someone who was drinking	20% 11% (57% of drinkers) 21%	17+ (45%) 17+ (34%) 9-12 grade (22%)	Female Male ---
<b>2. Weight Control (11 votes)</b> Obese Overweight <b>Hunger (3 votes)</b> Went to bed hungry at least 1 night per week	17% 14% 15%	14-16 17+ ---	Male Female ---
<b>3. Bullying (11 votes)</b> Overall On school property	51% 33%	<13 ---	Female ---
<b>4. Mental Health (10 votes)</b> Contemplated suicide Attempted suicide Sad, hopeless, or depressed	10% 4% 23%	14-16 (12%) 14-16 (5%) ---	Female Female ---
<b>5. Personal Safety Issues (9 votes)</b> Seatbelt use Purposely hurt self Had been asked to meet someone they met online	12% rarely or never 19% 12%	17+ (16%) --- ---	Males --- ---
<b>6. Youth Sexual Behavior (8 votes)</b> 4+ partners	6%	17+ (13%)	---
<b>7. Drug Use (5 votes)</b> Marijuana Medication misuse	9% 7%	17+ (29%) 17+ (19%)	Male ---

## Priorities Chosen

Based on the 2013 Seneca County Health Assessment, key issues were identified for adults, and youth at a prior meeting. Committee members then completed a ranking exercise, giving a score for magnitude, seriousness of the consequence, and feasibility of correcting, resulting in an average score for each issue identified. Committee members' rankings were then combined to give an average score for the issue.

**The rankings were as follows:**

Issue	Average Score
Adult Weight Control	25.3
Youth Mental Health	24.0
Youth Weight Control	23.9
Youth Alcohol Use	23.5
Preventive Medicine/Health Screenings	23.0
Adult Mental Health	22.6
Adult Substance Abuse	22.2
Youth Drug Use	21.5
Bullying	21.9
Youth Sexual Behavior	19.8
Youth Personal Safety	19.2
Motor Vehicle Accidents	18.2

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

### Obesity indicators

*71% of Seneca County adults were overweight or obese based on Body Mass Index (BMI). 31% of Seneca County youth in grades 6-12 are classified as overweight or obese based on BMI.*

#### **Weight Status**

The 2013 Seneca County Health Assessment indicates that 35% of adults were overweight and 36% were obese based on Body Mass Index (BMI). This puts them at elevated risk for developing a variety of diseases. The 2011 BRFSS reported that 30% of Ohio and 36% of U.S. adults were overweight and 28% of U.S. adults were obese.

14% of Seneca County youth in grades 6-12 were classified as overweight (2011 YRBS reported 15% for Ohio and 15% for the U.S.). 17% of youth were classified as obese by BMI compared to 15% for Ohio and 13% for the U.S. (2011 YRBS)

Almost half (48%) of all youth were trying to lose weight, increasing to 62% of Seneca County female youth (compared to 35% of males).

#### **Nutrition**

In 2013, 6% of adults ate 5 or more servings of fruits and vegetables per day. 87% 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.

Seneca County adults reported the following reasons they chose the types of food they ate: taste (71%), enjoyment (55%), cost (52%), healthiness of food (48%), ease of preparation (36%), availability (31%), time (31%), food they were used to (29%), calorie content (23%), what their spouse preferred (22%), what their child preferred (15%), health care provider's advice (4%), and other (1%).

8% of Seneca County adults always used calorie information to help them decide what to order when the information was available at a fast food or chain restaurant. 45% of adults never used calorie information to help them decide what to order.

10% of Seneca County youth ate 5 or more servings of fruits and vegetables per day. 84% ate 1 to 4 servings of fruits and vegetables per day.

Seneca County youth ate most of their food at the following places: home (93%), fast food (6%), school (6%), restaurant (3%), and convenience store (1%). *(Percentages may be greater than 100% due to the ability to check more than one.)*

15% of youth reported they went to bed hungry because they did not have enough food at least one night per week. 1% of youth went to bed hungry every night of the week.

#### **Physical Activity**

In Seneca County, 50% of adults were engaging in physical activity for at least 30 minutes on 3 or more days per week. 25% of adults exercised 5 or more days per week and 28% of adults reported they did not participate in any physical activity in the past week, including 5% who were unable to exercise.

65% of youth in grades 6-12 participated in at least 60 minutes of physical activity on 3 or more days in the past week. 43% did so on 5 or more days in the past week and 27% did so every day in the past week. 16% 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.).

Seneca County youth spent an average of 3.3 hours on their cell phone, 3.1 hours of screen time (TV, video games, and computer/tablet), 2.1 hours participating in organized activities, and 1.4 hours doing homework on an average day of the week.

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

### Obesity indicators

2005/2009/2013 Youth Comparisons	Seneca County 2005 (6 <sup>th</sup> -12 <sup>th</sup> )	Seneca County 2009 (6 <sup>th</sup> -12 <sup>th</sup> )	Seneca County 2013 (6 <sup>th</sup> -12 <sup>th</sup> )	Seneca County 2013 (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	N/A	13%	17%	20%	15%	13%
Overweight	N/A	14%	14%	14%	15%	15%
Described themselves as slightly or very overweight	30%	29%	34%	35%	30%	29%
Trying to lose weight	50%	50%	48%	44%	N/A	N/A
Exercised to lose weight	N/A	52%	42%	45%	61%*	61%*
Ate less food, fewer calories, or foods lower in fat to lose weight	N/A	27%	28%	33%	43%*	39%*
Went without eating for 24 hours or more	3%	3%	8%	9%	13%	12%
Took diet pills, powders, or liquids without a doctor's advice	1%	2%	2%	4%	6%	5%
Vomited or took laxatives	1%	1%	2%	2%	6%	4%
Ate 1 to 4 servings of fruits and vegetables per day	N/A	N/A	84%	86%	85%*	78%*
Physically active at least 60 minutes per day on less than 7 days in past week	N/A	71%	79%	80%	75%	71%
Physically active at least 60 minutes per day on less than 5 days in past week	N/A	46%	57%	57%	55%	51%
Did not participate in at least 60 minutes of physical activity on any day in past week	N/A	8%	16%	16%	16%	14%

N/A – Not available

\* Comparative YRBSS data for Ohio is 2007 and U.S. is 2009

2005/2009/2013 Adult Comparisons	Seneca County 2005	Seneca County 2009	Seneca County 2013	Ohio 2011	U.S. 2011
Obese	31%	27%	36%	30%	28%
Overweight	38%	41%	35%	36%	36%

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

### Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Weight Control Boot Camp	Best Break	All ages (free program)	Prevention, early intervention, treatment	Weigh-in every week
SNAP (Supplemental Nutrition Assistance Program)	OSU Extension	Adult food stamp recipients (low income)	Prevention, early intervention, treatment	Best practice
Personal training (one-on-one)	Body Works & YMCA	All ages	Prevention, early intervention, treatment	Best practice
Weight Watchers	Weight Watchers	14 years and older	Prevention, early intervention, treatment	Evidence based
Free walking programs/biking groups	Connections	Tiffin & Attica	Prevention, early intervention, treatment	Best practice
Walk to School Program	Tiffin City Schools	K-5	Prevention, early intervention, treatment	Participation is tracked
Backpack Food Program	YMCA	2 <sup>nd</sup> grade Tiffin City Schools	Prevention, early intervention, treatment	Participation is tracked
Curves Fitness Program	Curves	Women	Prevention, early intervention, treatment	Best practice
Silver Sneakers Program	Medicare/Local gyms	Medicare eligible seniors	Prevention/early Intervention	Evidence based
Nutrition Counseling	Mercy Tiffin Hospital	All ages (cost based on income)	Prevention, early intervention, treatment	Best practice
TOPS (Take off Pounds Sensibly)	TOPS	Adults (multiple locations)	Prevention, early intervention, treatment	Weigh-in every week
Fitness Center, Exercise programs, Supplements	Natural Health Care Center	Adults (\$25 a month membership fee)	Prevention, early intervention, treatment	Best practice
Walking Program	Tiffin Parks and Recreation	All ages	Prevention, early intervention, treatment	Best practice
Yoga Classes	St. Francis	All ages	Prevention, early intervention, treatment	Best practice
Pilates/exercise classes	Various	All ages	Prevention, early intervention, treatment	Best practice
Dance Studio	In Motion	All ages (youth & adult classes)	Prevention, early intervention, treatment	Best practice
Dance Studio (dance, zumba, special needs classes)	Dance Unlimited	All ages	Prevention, early intervention, treatment	Best practice
Volleyball program	Black Swamp Volleyball Club	Girls all ages	Prevention, early intervention, treatment	Best practice
Walking/Basketball open gym	Tiffin University Heminger Center	All ages (gym use is free and open to the public)	Prevention, early intervention, treatment	Best practice

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

### Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Various classes (Zumba, Karate, Golf)	Tiffin University	All ages	Prevention, early intervention, treatment	Best practice
Mall walking program	Tiffin Mall	All ages	Prevention, early intervention, treatment	Best practice
Pool/rehab programs/support groups	Optima Rehabilitation	Tiffin	Prevention, early intervention, treatment	Best practice
Walking trails	Seneca County Park District	All ages (various locations in Seneca County)	Prevention, early intervention, treatment	Best practice
Where Do Your Steps Take You Walking Program	Seneca County Health Department (school nurses)	Various Schools (not currently using)	Prevention, early intervention, treatment	Best practice
School newsletters (info to parents about nutrition, exercise etc..)	Seneca County Health Department (school nurses)	Parents of school-aged youth	Prevention	Best practice
Let's Move Program	Seneca County Health Department (school nurses)	6 Daycares/pre-schools in Seneca County	Prevention, early intervention, treatment	Best practice
My Pyramid/My Plate	Seneca County Health Department (school nurses)	Grades K & 1 (6 schools in Seneca County)	Prevention	Best practice
Community Gardens	Various agencies/locations (St. Francis, Tiffin University, Republic)	All ages (various locations in Seneca County)	Prevention, early intervention, treatment	Best practice
Fuel Up to Play	Mohawk Schools	Elementary students	Prevention	Best practice
Walking trail @ Mercy Tiffin Hospital	Seneca County Park District	All ages	Prevention, early intervention, treatment	Best practice
Youth Soccer Program	Tiffin Soccer Club	2 <sup>nd</sup> grade-High School	Prevention	Best practice
Ballroom dance classes	Heidelberg University	Adults (free program)	Prevention, early intervention, treatment	Best practice
Dance classes	Tiffin Lutheran Church	All ages (every Sunday)	Prevention, early intervention, treatment	Best practice
Jazzercise	Jazzercise	Women (Tiffin, Bellevue)	Prevention, early intervention, treatment	Best practice
Freezing/canning program	Attica United Methodist Church	Youth	Prevention	None
Family Fun Nights	St. Francis	Tiffin (Families)	Prevention	None

## Strategy #1: Decrease obesity among adults and youth Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Youth Nutrition Program	Girl Scouts/Boy Scouts	Youth	Prevention	None
Bike Nights (bike riding program)	Bunky's Bike Shop	All (Tiffin)	Prevention, early intervention, treatment	Best practice
Fit Kids	YMCA	Youth ages 5-14 (must be a member of the YMCA to participate)	Prevention	Best practice
Summer golf program	Various golf courses (Seneca Hills, Mohawk)	Youth	Prevention, early intervention, treatment	Best practice
Food pantries	Various agencies	Tiffin, Attica, Republic, Bloomville, Bettsville, Fostoria	Prevention, early intervention, treatment	Participation is tracked
Feed Our Kids summer lunch program	Fostoria Presbyterian Church	Youth All ages	Prevention, early intervention, treatment	Participation is tracked
4-H programs	4-H	Youth All ages	Prevention	None
Yoga (traveling program)	Yoga Chuck	Will travel to various locations	Prevention, early intervention, treatment	Best practice
Scale Down weight loss program	Fostoria Community Hospital	Ages 18+	Prevention, early intervention, treatment	Best practice
After school healthy snack program	Fostoria Community Hospital	Riley School, Fostoria	Prevention	Best practice
Healthy Conversation Maps (nutrition program)	Fostoria Community Hospital	Grades 1-6 (St. Wendelin & Fostoria schools)	Prevention	None
Employee Wellness challenges	Fostoria Community Hospital	Employees & spouses	Prevention, early intervention, treatment	Participation is tracked
Parish Nurse Program	Fostoria Community Hospital	Local churches	Prevention, early intervention	Best practice
Lunch and Learn (Healthy cooking demonstrations)	Fostoria Community Hospital	All ages	Prevention, early intervention	Best practice
BMI testing (monitor weight/registered dietician on staff)	WSOS	Youth 6 weeks old-5 years	Prevention, early intervention	Best practice
I Am Moving, I am Learning	WSOS	Youth 6 weeks old-5 years	Prevention, early intervention	Results are tracked
Zumba classes	Fostoria Moose	Adults	Prevention, early intervention, treatment	Best practice
Aquatic classes	Fostoria YMCA	Older adults	Prevention, early intervention, treatment	Best practice

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

### Gaps & Potential Strategies

Gaps	Potential Strategies
<b>High cost of programs for consumers</b>	<ul style="list-style-type: none"> <li>• Develop a resource list of free programs</li> <li>• Encourage facilities to provide scholarships and/or reduced priced programs or memberships</li> </ul>
<b>Self- awareness and motivation to wellness programs</b>	<ul style="list-style-type: none"> <li>• Promote a county-wide wellness resource inventory</li> <li>• Look for grants and/or donations to print resource inventory</li> <li>• Increase education</li> </ul>
<b>Education for primary care physicians and office staff</b>	<ul style="list-style-type: none"> <li>• Work with hospital physician relations department to assess what materials and/or education is needed</li> <li>• Assess the patient's needs</li> <li>• Provide materials to primary care physicians</li> </ul>
<b>Coordination and sharing knowledge between agencies</b>	<ul style="list-style-type: none"> <li>• Encourage partnerships between agencies to provide more efficient programming</li> <li>• Partner with schools</li> <li>• Increase awareness of programs</li> </ul>
<b>Information for schools</b>	<ul style="list-style-type: none"> <li>• Present information at superintendent's meeting</li> <li>• Provide information to school guidance counselors</li> <li>• Provide information to school consortium meetings (Tiffin/Fostoria)</li> </ul>
<b>Nutrition education for youth</b>	<ul style="list-style-type: none"> <li>• Hands on nutrition classes for youth</li> </ul>
<b>Nutritional requirements for SNAP</b>	<ul style="list-style-type: none"> <li>• Policy changes to require food stamp recipients to make nutritious food choices</li> <li>• Nutrition education for food pantry clients</li> </ul>
<b>Healthy snack options for schools</b>	<ul style="list-style-type: none"> <li>• Provide support for schools to transition to health snack options</li> <li>• Move to competitive pricing (nutritious snacks cost less than non-nutritious alternatives)</li> <li>• Research grant opportunities for schools</li> </ul>
<b>Healthy hospitals</b>	<ul style="list-style-type: none"> <li>• Reduce pop in vending machines (ProMedica has already done this)</li> <li>• Move to competitive pricing (nutritious snacks cost less than non-nutritious alternatives)</li> <li>• Lunch and learn programs for employees and the public</li> <li>• Use the OHA (Ohio Hospital Association) Healthy Hospital Initiatives information</li> </ul>
<b>Healthy vending</b>	<ul style="list-style-type: none"> <li>• Increase businesses promoting healthy vending options</li> </ul>
<b>Lack of school resource information (specific programs that schools are doing)</b>	<ul style="list-style-type: none"> <li>• Contact each school district to see what wellness policies and programs are in place for staff and students</li> </ul>
<b>Culture of the community</b>	<ul style="list-style-type: none"> <li>• Increase awareness of the 2013 Seneca County Health Assessment findings</li> <li>• Increase education</li> </ul>

# Strategy #1: Decrease obesity among adults and youth

## Best Practices

### Best Practices

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

1. **We Can!** (**W**ays to **E**nhance **C**hildren's **A**ctivity & **N**utrition) is a national movement designed to give parents, caregivers, and entire communities a way to help children 8 to 13 years old stay at a healthy weight. Research shows that parents and caregivers are the *primary influence* on this age group. The **We Can!** national education program provides parents and caregivers with tools, fun activities, and more to help them encourage healthy eating, increased physical activity, and reduced time sitting in front of the screen (TV or computer) in their entire family. **We Can!** also offers organizations, community groups, and health professionals a centralized resource to promote a healthy weight in youth through community outreach, partnership development, and media activities that can be adapted to meet the needs of diverse populations. Science-based educational programs, support materials, training opportunities, and other resources are available to support programming for youth, parents, and families in the community. For more information go to:  
<http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/index.htm>

2. **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)

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

### Best Practices, continued

- FUEL UP TO PLAY 60-** (National Dairy Council & National Football League) Fuel Up to Play 60 encourages youth to eat healthy and move more — and studies suggest that well-nourished, physically active kids can be better students. Better nutrition, including eating a healthy breakfast each day, helps students get the nutrients they need and may help improve their academic performance. What's more, being physically active may help students improve self-esteem, cognitive function and test scores. And with Fuel Up to Play 60, healthy students can have more fun! By participating in the program, youth have the opportunity to earn rewards and prizes. Those students who help build the program may benefit even more. In fact, researchers say peer group interaction may help to influence healthy choices, and student involvement can lead to motivation and engagement in learning. Schools have the chance to receive \$4,000 through a competitive, nationwide funding program to help implement the program successfully. The next application deadline is January 15, 2013. For more information go to: <http://school.fueluptoplay60.com/home.php>
- School Fruit and Vegetable Gardens:** School gardens are generally on school grounds, and allow students to garden during school or non-school hours, often with school staff guidance. School gardens may be accompanied by nutrition education, food preparation lessons, and fruit and vegetable tasting opportunities. School gardens can also provide students with hands-on learning opportunities in subjects like science, math, health, and environmental studies.

#### Expected Beneficial Outcomes

- Increased fruit & vegetable consumption
- Increased physical activity for kids helping in the garden

#### Evidence of Effectiveness

There is strong evidence that school gardens increase participating children's vegetable consumption and willingness to try new vegetables (Robinson-O'Brien 2009, Ozer 2007, Blair 2009, Ratcliffe 2009, Parmer 2009). Establishing school gardens is a recommended strategy to promote healthy eating, improve nutrition, and reduce obesity (WIPAN-Schools, CDC-School-based obesity prevention, CDC MMWR-School health 2011, IOM 2009).

Garden-based nutrition intervention programs have been shown to increase fruit and vegetable intake, health-related knowledge, willingness to taste, and preference for fruits and vegetables in schools around the country (Robinson-O'Brien 2009, Ozer 2007, Blair 2009). School gardening can also improve the variety of vegetables consumed (Ratcliffe 2009, Parmer 2009), increase child preference for fruits and vegetables, and shape long-term healthy diet choices (Upstream-Oregon HIA 2011). Surveys of California educators indicate that school gardens can also enhance academic instruction (Graham 2005a, Graham 2005). For more information go to:

<http://www.countyhealthrankings.org/policies/school-fruit-vegetable-gardens>

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

- 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>.

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

### Best Practices, continued

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. **Healthy Hospitals Initiatives/Dietary Guidelines for Americans, 2010:** The Dietary Guidelines for Americans are evidence-based recommendations intended to help people choose an overall healthy diet. The 2010 Dietary Guidelines include 23 key recommendations for the general population and 6 additional key recommendations for specific population groups, such as pregnant women.

**Developed By:** USDA/CNPP, HHS/OASH

For more information go to:

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

5. **Fruits and vegetables in emergency food programs/CDC Guide to Strategies to Increase the Consumption of Fruits and Vegetables:** Centers for Disease Control and Prevention. *Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Increase the Consumption of Fruits and Vegetables*. Atlanta: U.S. Department of Health and Human Services; 2011.

# Strategy #1: Decrease obesity among adults and youth

## Action Step Recommendations & Action Plan

### Action Step Recommendations

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

1. Support schools in implementing the smart snacks in school standards, which will lead to increased fruit and vegetable consumption, as well as other healthy foods.
2. Increase opportunities for students to engage in physical activity and decrease sedentary behavior.

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

1. Implement the Ohio Hospital Association (OHA) Healthy Hospitals Initiative.
2. Increase nutrition/physical education materials being offered to patients by primary care providers
3. Update and disseminate community wellness guides and calendars that contain information about exercise, nutrition programs and community gardens in Seneca County.
4. Increase fruit and vegetable availability for emergency food programs

### Action Plan

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
<b>Smart Snacks in School Standards</b>		
<p><b>Year 1:</b> Organize a meeting with school district Superintendents to share results of the 2013 Health Assessment and to offer support for the proposed Smart Snacks in School Standards policy.</p> <p>Gather baseline data on what resources that schools will need to meet the new standards.</p> <p>Work with school district wellness teams to research grants and funding opportunities to increase the number of fresh fruits and vegetables available in Seneca County schools and/or to implement school gardens.</p>	<p>Francine Neal, YMCA Patti Carlisle, Seneca County General Health District Mike Conner, Seneca County Juvenile and Probate Court</p>	<p>October 31, 2014</p>
<p><b>Year 2:</b> Help at least 2 school districts apply for and receive grants to obtain funding to start a school garden or to increase fruits and vegetables in schools.</p> <p>Each school district will choose at least 1 additional priority area to focus on and implement.</p> <ul style="list-style-type: none"> <li>• Healthier fundraising foods</li> <li>• Healthier choices in vending machines</li> <li>• Healthier choices at sporting events and concession stands,</li> <li>• Reducing unhealthy foods as rewards</li> </ul>		<p>October 31, 2015</p>
<p><b>Year 3:</b> Double the amount of schools receiving funding and operating school gardens.</p> <p>Each school district will implement at least 3 of the 5 priority areas.</p>		<p>October 31, 2016</p>

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

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
<b>Increase Opportunities for Students to Engage in Physical Activity &amp; Decrease Sedentary Behavior</b>		
<p><b>Year One:</b> Research the awareness campaign We Can! Program to educate parents and caregivers of the benefits of encouraging healthy eating, increasing physical activity and reducing screen time. Disseminate information throughout Seneca County.</p> <p>Work with the Seneca County schools and other organizations to create an organized physical activity program.</p>	Seneca Mentoring Youth Link (SMYL) & Seneca County School District Wellness Teams	October 31, 2014
<p><b>Year Two:</b> Continue educating parents on the importance of reducing screen time.</p> <p>Pilot a peer-based recess program in at least one school district.</p> <p>Pilot one organized physical activity program at each school district</p>		October 31, 2015
<p><b>Year Three:</b> Continue education to parents</p> <p>Implement a peer-based recess program in at least one building in each school district</p> <p>Implement organized physical activity programs in both high school and middle school grades.</p>		October 31, 2016
<b>Implement OHA Healthy Hospitals Initiative</b>		
<p><b>Year 1:</b> Fostoria Community Hospital and Mercy Hospital of Tiffin will implement guidelines and strategies from OHA in their hospitals. (changes in cafeteria, vending, meetings, etc.)</p>	Charlie Ervin-Mercy Tiffin Hospital Jana Martin-Mercy Tiffin Hospital Laura Ritzler-ProMedica-Fostoria Community Hospital	October 31, 2014
<p><b>Year 2:</b> The program will be introduced to area businesses and organizations.</p> <p>The hospitals will assist other to adopt the guidelines and strategies, providing sample policies, signage and timeframes</p>		October 31, 2015
<p><b>Year 3:</b> The program will be introduced into other areas of the community (schools, churches, etc.)</p>		October 31, 2016
<b>Increase Nutrition/Physical Education Materials Being Offered to Patients by Primary Care Providers</b>		
<p><b>Year One:</b> Work with hospital's physician relations departments to assess what information and/or materials primary care physician offices are lacking to provide better care for overweight and obese patients.</p>	Angie Depinet-Mercy Tiffin Hospital Tim Lacey-Mercy Tiffin Hospital Linda Schroeder-ProMedica-Fostoria Community Hospital Deb Engler-ProMedica-Fostoria Community Hospital	October 2014
<p><b>Year Two:</b> Offer a training for primary care physicians and/or office staff such as nutrition counseling and/or other practice-based changes to provide better care for obese/overweight patients. Provide participants with referral and educational materials.</p> <p>Enlist at least 10 primary care physicians and/or office staff to be trained.</p>		October 2015
<p><b>Year Three:</b> Offer additional trainings to reach at least 75% of the primary care physician offices in the county</p>		October 2016

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

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
<b>Wellness Community Guide &amp; Calendar</b>		
<p><b>Year 1:</b> Partner with First Call for Help to create a community calendar/guide and/or wellness blog with the most up-to-date information regarding nutrition and exercise programs and opportunities in Seneca County. Include information regarding community gardens and farmer's markets and food pantries in the area.</p> <p>Highlight programs that are free or available at a reduced cost.</p> <p>Make sure guides and calendars are available online and in print. Update key words on search engines.</p> <p>Search for funding to sustain guides and calendars.</p>	Christine Courtney, First Call For Help & numerous other local organizations	October 2014
<p><b>Year 2:</b> Partner with local businesses, hospitals, churches and schools to begin printing the calendar and disseminate current information throughout Seneca County.</p> <p>Enlist local businesses to sponsor the printing and dissemination of the calendar.</p> <p>Enlist organizations to update the guides and calendars.</p> <p>Keep the community calendar updated on a quarterly basis.</p>		October 2015
<p><b>Year 3:</b> Continue efforts of year 1 and 2. Determine on an annual basis which organizations will sponsor and update the guides and calendars for the next 3 years.</p>		October 2016
<b>Increase Fruit and Vegetable Availability for Emergency Food Programs and Clients</b>		
<p><b>Year 1:</b> Contact all Seneca County food pantries to collect baseline data on what policies they currently have in place regarding nutrition education and regulations relevant to the acquisition of fruits and vegetables.</p> <p>Work to coordinate efforts between the various food pantry locations in Seneca County.</p> <p>Research food pantry nutrition education programs.</p> <p>Encourage partnerships between emergency food programs and local grocery stores, farmer's markets, community gardens, and individual local farmers as a way to buy or get donations of unsold and surplus fruits and vegetables.</p>	Cathryn Gase-Mercy Tiffin Hospital (food pantry volunteer) & OSU Extension Educator	October 2014
<p><b>Year 2:</b> Implement a hands-on nutrition education program into at least 1 food pantry in Seneca County.</p> <p>Increase the amount of fruits and vegetables being offered in at least 1 food pantry.</p> <p>Raise awareness of the food pantry programs.</p>		October 2015
<p><b>Year 3:</b> Continue with years 1 and 2.</p> <p>Double the amount of emergency food programs using a nutrition education program, and continue increasing fruits and vegetable availability at the food pantries.</p>		October 2016

## Strategy #2: Increase Preventive Health Preventive Health Indicators

*In 2013, the health assessment results indicated that 46% of Seneca County adults ages 65 and over had a pneumonia vaccination at some time in their life. Nearly 44% of adults had a flu vaccine. 51% of women over the age of 40 reported having a mammogram in the past year. 48% of males over the age of 50 had a Prostate-Specific Antigen (PSA) test in the past year. 59% of adults had visited a dentist or dental clinic in the past year.*

### **Preventive Medicine**

More than two-fifths (44%) of Seneca County adults had a flu vaccine during the past 12 months.

63% of Seneca County adults ages 65 and over had a flu vaccine in the past 12 months. The 2011 BRFSS reported that 61% of U.S. and Ohio adults ages 65 and over had a flu vaccine in the past year.

19% of adults had a pneumonia shot in their life, increasing to 46% of those ages 65 and over.

The 2011 BRFSS reported that 70% of U.S. and Ohio adults ages 65 and over had a pneumonia shot in their life.

Seneca County adults have had the following vaccines: tetanus booster (including Tdap) in the past 10 years (45%), pertussis in the past 10 years (7%), Zoster (shingles) vaccine in their lifetime (5%), and human papillomavirus vaccine in their lifetime (3%).

### **Preventive Health Screenings and Exams**

About one in seven (15%) of Seneca County adults had a colorectal cancer screening in the past 24 months, increasing to 29% of those ages 50 and over.

10% of Seneca County adults received preventive testing for skin cancer in the past 24 months, increasing to 28% of those ages 65 and older.

9% of Seneca County females were tested for osteoporosis in the past 24 months.

In the past year, 48% of men ages 50 and over had a Prostate-Specific Antigen (PSA) test.

### **Women's Health Screenings and Exams**

In 2013, 62% of women had a mammogram at some time and nearly one-third (30%) had this screening in the past year.

More than half (51%) of women ages 40 and over had a mammogram in the past year and 68% had one in the past two years. The 2010 BRFSS reported that 75% of women 40 and over in the U.S. and 74% in Ohio, had a mammogram in the past two years.

86% of Seneca County women have had a clinical breast exam at some time in their life and 50% had one within the past year.

Nearly two-thirds (65%) of women ages 40 and over had a clinical breast exam in the past two years. The 2010 BRFSS reported that 77% of women 40 and over in the U.S. and 75% in Ohio, had a clinical breast exam in the past two years.

## Strategy #2: Increase Preventive Health Preventive Health Indicators, continued

This assessment has identified that most (95%) Seneca County women have had a Pap smear and 49% reported having had the exam in the past year. 72% of women had a pap smear in the past three years. The 2010 BRFSS indicated that 81% of U.S. and 82% of Ohio women had a pap smear in the past three years.

47% of Seneca County women had done a self-breast exam in the past year.

### **Men's Health Screenings and Exams**

More than two-fifths (43%) of Seneca County males had a Prostate-Specific Antigen (PSA) test at some time in their life and 30% had one in the past year.

More than half (52%) of men ages 40 and over had a PSA in the past two years. The 2010 BRFSS reported that 53% of men 40 and over in the U.S. and 54% in Ohio, had a PSA test in the past two years.

More than half (54%) of men had a digital rectal exam in their lifetime and 22% had one in the past year.

69% of males age 50 and over had a PSA test at some time in their life, and 48% had one in the past year.

79% of males age 50 and over had a digital rectal exam at some time in their life, and 37% had one in the past year.

### **Oral Health**

In the past year, 59% of Seneca County adults had visited a dentist or dental clinic, decreasing to 42% of adults with annual household incomes less than \$25,000.

The 2010 BRFSS reported that 70% of U.S. adults and 72% of Ohio adults had visited a dentist or dental clinic in the previous twelve months.

When asked how long it had been since their last visit to a dentist or dental clinic, 12% of Seneca County adults reported that it had been more than one year but less than two years, 13% reported that it had been more than two years but less than five years, and 13% responded it had been five or more years ago.

Nearly three-fourths (72%) of Seneca County adults with dental insurance had been to the dentist in the past year, compared to 62% of those without dental insurance.

When asked the main reason for not visiting a dentist in the last year, 42% said cost, 28% had no reason to go, 10% said fear, apprehension, nervousness, pain, and dislike going, 8% did not have/know a dentist, 7% said their dentist did not accept their medical coverage, 3% had other priorities, 3% had not thought of it, 1% could not find a dentist who took Medicaid, and 1% could not get to the office/clinic.

More than two-fifths (43%) of adults had one or more of their permanent teeth removed. The 2010 BRFSS reported that 44% of U.S. adults and 45% of Ohio adults had one or more permanent teeth removed.

The 2013 Health Assessment reports that 13% of Seneca County adults ages 65 and over had all of their permanent teeth removed. The 2010 BRFSS reported that 17% of U.S. adults and 20% of Ohio adults ages 65 and over had all of their permanent teeth removed.

In the past year, 74% of Seneca County youth had visited the dentist for a check-up, exam, teeth cleaning, or other dental work. 11% responded more than one year but less than 2 years, and 4% responded more than 2 years ago.

## Strategy #2: Increase Preventive Health

## Preventive Health Indicators, continued

2005/2009/2013 Comparisons	Seneca County 2005	Seneca County 2009	Seneca County 2013	Ohio 2011	U.S. 2011
Had a flu shot in the past year (ages 65 and over)	N/A	N/A	63%	61%	61%
Had a pneumonia vaccination (ages 65 and over)	N/A	N/A	46%	70%	70%
Had a clinical breast exam in the past two years	N/A	N/A	65%	75%*	77%*
Had a mammogram in the past two years (age 40 & over)	N/A	N/A	68%	74%*	75%*
Had a pap smear in the past three years	N/A	N/A	72%	82%*	81%*
Had a PSA test in within the past two years (age 40 and older)	N/A	N/A	52%	54%	53%
Adults who have visited the dentist in the past year	67%	62%	59%	72%*	70%*
Adults who had one or more of their permanent teeth	N/A	N/A	43%	45%*	44%*
Adults ages 65 and over who had all of their permanent teeth	N/A	N/A	13%	20%*	17%*

N/A – Not Available  
\*2010 BRFSS Data

## Strategy #2: Increase Preventive Health Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Community Health Fair & Lab Screenings (5 times per year, \$25.00 fee)	Mercy Tiffin Hospital	All ages	Prevention	Best practice
Mammograms (free)	Mercy Tiffin Hospital	Women	Prevention	Best practice
PSA Screenings	Mercy Tiffin Hospital/Cancer Center	Men	Prevention	Best practice
Mobile Mammogram Program (2 times per year)	Komen & Seneca County Health Department	Women (free to women who are uninsured/uninsured or have not had a mammogram in past 2 years)	Prevention	Best practice
Mammograms (free 2 times a year)	Fostoria Community Hospital	Women	Prevention	Best practice
Cholesterol Screening & Blood Sugar Screening (\$15 2 times a year)	Fostoria Community Hospital	All ages	Prevention	Best practice
Derma-scan Skin damage screening	Fostoria Community Hospital	All ages	Prevention	Best practice
Skin cancer screening	Fostoria Community Hospital	All ages	Prevention	Best practice
Blood pressure checks Once a month	Fostoria Community Hospital/Parish nurses	All ages	Prevention	Best practice
Flu/Pneumonia vaccines	Fostoria Community Hospital	All ages	Prevention	Best practice

## Strategy #2: Increase Preventive Health Resource Assessment, continued

Program/Strategy/ Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Senior Health Fair (Free blood pressure screenings once a year)	Fostoria Community Hospital	Seniors	Prevention	Best practice
Immunizations (sliding fee scale for adults, children can get them free)	Seneca County Health Department	All ages	Prevention	Best practice
Blood pressure checks at Senior Centers	Community Hospice Care	Seniors	Prevention	Best practice
Life Screening Group	Local Churches	All	Prevention	Best practice
Migrant Healthcare screenings	Seneca County Jobs and Family Services	Migrant workers and their families	Prevention	Best practice
HIV/Hep C testing (Free every other moth)	Seneca County Health Department	All ages	Prevention	Best practice
Senior clinics	Seneca County Health Department	Seniors	Prevention	Best practice
Concussion screening	Tiffin City Schools athletic trainer	Youth athletes who have had a concussion	Early intervention	Best practice
Mobile dentistry program	Tiffin City Schools	Youth in grades K-5 (Medicaid eligible)	Preventive care and cleaning	Best practice
Oral Cancer Screenings	Fostoria Community Hospital	All ages	Prevention	Best practice
2 local dentists will take Medicaid Dr. Neiderkahr & Dr. Wilson	Local Dentists	All	Prevention, early intervention, treatment	Best practice

## Strategy #2: Increase Preventive Health Gaps & Potential Strategies

Gaps	Potential Strategies
<b>Lack of awareness of programs and lack of education on diseases</b>	<ul style="list-style-type: none"> <li>• Create a social media campaign using You Tube, facebook etc..</li> <li>• Use respected physicians in the county to make statements regarding preventive health screenings</li> <li>• Include preventive health information in new Tiffin magazine and hospital magazines</li> </ul>
<b>Availability of staff and time for vaccination clinics</b>	<ul style="list-style-type: none"> <li>• Look for volunteers/student workers</li> <li>• Involve parish nurses</li> </ul>
<b>Education for pharmacies</b>	<ul style="list-style-type: none"> <li>• Increase accurate information being offered by pharmacies regarding vaccinations</li> <li>• Provide resource guides to pharmacies for the public</li> </ul>
<b>Misinterpretation of qualified staff/health care workers (people think that pharmacy staff are doctors)</b>	<ul style="list-style-type: none"> <li>• Increase education</li> </ul>
<b>Lack of follow through after screenings</b>	<ul style="list-style-type: none"> <li>• Provide follow-up phone calls to encourage an appointment with your primary care provider</li> </ul>

## Strategy #2: Increase Preventive Health Best Practices

### Best Practices

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

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

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

At the Vaccination Location:

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

For more information go to [www.immunize.org/vis/flupract.pdf](http://www.immunize.org/vis/flupract.pdf).

## Strategy #2: Increase Preventive Health Best Practices, continued

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

Enlist the following groups to support the campaign:

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

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

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

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

Breast cancer screenings:

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

## Strategy #2: Increase Preventive Health Best Practices, continued

this category is small: less than 2% of all the women in the US.) Talk with your doctor about your history and whether you should have additional tests at an earlier age.

Prostate cancer screenings:

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

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

Expected Beneficial Outcomes

- Increased vaccination
- Increased cancer screening
- Increased adherence to treatment
- Reduced health care costs

Evidence of Effectiveness

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

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

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

5. Through proven and promising best practices, effective programs will be better able to help achieve the Healthy People 2020 Oral Health Objectives and to meet the National Call to Action to Promote Oral Health.

Healthy People 2020 goals include:

- Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth
- Reduce the proportion of children and adolescents with untreated dental decay
- Reduce the proportion of adults with untreated dental decay
-

## Strategy #2: Increase Preventive Health Best Practices, continued

- Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease
- Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year
- Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year
- Increase the proportion of school-based health centers with an oral health component
- Increase the proportion of local health departments and Federally Qualified Health Centers (FQHCs) that have an oral health program
- Increase the proportion of children and adolescents who have received dental sealants on their molar teeth
- Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water

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:

- Workforce Development
- Community Water Fluoridation
  - Community water fluoridation involves adding fluoride (which prevents tooth decay) to community water sources, then adjusting and monitoring the amount of fluoride to ensure that it stays at the desired level.
- School-based Fluoride Mouth Rinse and Supplement Programs- program for 1<sup>st</sup>- 5<sup>th</sup> graders

## Strategy #2: Increase Preventive Health Action Step Recommendations & Action Plan

### Action Step Recommendations

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

1. Create a county-wide vaccination awareness campaign
2. Create consistent men's and women's health screening recommendations
3. Increase access to dental care

### Action Plan

Increase Preventive Health		
Action Step	Responsible Person/Agency	Timeline
<b>County-Wide Vaccination Campaign</b>		
<p><b>Year 1:</b> Incorporate various sectors of the community into the community-wide plan (such as community organizations, churches, hospitals, pharmacies, political officials, law enforcement, schools, media, etc.)</p> <p>Provide sectors with ways to support the campaign: posting or handing out flyers, social media campaigns, offering their facility as a vaccination site, offer vaccines free to employees, etc.)</p> <p>Work with pharmacies to increase accurate education being provided to consumers</p>	<p>Fostoria Community Hospital Mercy Tiffin Hospital Seneca County General Health District &amp; numerous other community organizations</p>	<p>October 2014</p>
<p><b>Year 2:</b> Continue raising awareness of the importance of vaccinations.</p> <p>Provide vaccination information/educational materials at all community health promotion/awareness events, include information in local newspapers and magazines.</p> <p>Provide vaccination information/educational materials to all local Senior Center locations.</p>		<p>October 2015</p>
<p><b>Year 3:</b> Continue efforts from year 1 and 2</p>		<p>October 2016</p>
<b>Create Consistent Men's and Women's Health Screening Recommendations</b>		
<p><b>Year 1:</b> Complete a baseline survey with physician's offices to determine which screenings they are recommending</p>	<p>Fostoria Community Hospital Mercy Tiffin Hospital Seneca County General Health District &amp; numerous other community organizations</p>	<p>October 2014</p>
<p><b>Year 2:</b> Educate community on current screening recommendations</p> <p>Educate community on new health care laws that pertain to 100% coverage for preventive health care</p> <p>Let community know when free screenings or health fairs will be taking place in the community. Offer incentives to participate.</p> <p>Research funding opportunities to provide free screenings for the underinsured.</p>		<p>October 2015</p>
<p><b>Year 3:</b> Continue efforts from year 1 and 2</p>		<p>October 2016</p>

## Strategy #2: Increase Preventive Health Action Step Recommendations & Action Plan

Increase Preventive Health		
Action Step	Responsible Person/Agency	Timeline
<b>Increase Access to Dental Care</b>		
<p><b>Year 1:</b> Create a community coalition to assess dental needs in Seneca County.</p> <p>Meet with local dentists to explore resources and partnership opportunities.</p> <p>Research funding opportunities for a dental clinic in Seneca County.</p>	<p>Community Task Force, Pat DeMonte &amp; numerous other community organizations</p>	<p>October 2014</p>
<p><b>Year 2:</b> Secure funding and enlist at least 2 additional dentists to begin offering pro bono and/or Medicaid services to patients.</p>		<p>October 2015</p>
<p><b>Year 3:</b> Double the number of dentists who are participating in the program or increase the number of hours/days current dentists are providing these services</p>		<p>October 2016</p>

## Strategy #3: Decrease adult and youth mental health issues

### Mental Health Indicators

*In 2013 the health assessment results indicated that 10% of Seneca County youth had seriously considered attempting suicide in the past year and 4% admitted actually attempting suicide in the past year. 13% of Seneca County adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities.*

#### Youth Mental Health Issues

In 2013, about one-quarter (23%) of youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities (2011 YRBS reported 27% for Ohio and 29% for the U.S.).

10% of youth reported they had seriously considered attempting suicide in the past 12 months. 11% of high school youth had seriously considered attempting suicide, compared to the 2011 YRBS rate of 16% for U.S. youth and 14% for Ohio youth.

In the past year, 4% of Seneca County youth had attempted suicide and 3% had made more than one attempt. The 2011 YRBS reported a suicide attempt prevalence rate of 8% for U.S. youth and a 9% rate for Ohio youth.

Of those who attempted suicide, 5% resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse.

Of all Seneca County youth, 1% had to be treated by a doctor or nurse as a result of a related injury, poisoning or overdose due to a suicide attempt (2011 YRBS reported 4% for Ohio and 2% for the U.S.).

Seneca County youth reported the following ways of dealing with anxiety, stress, or depression: sleeping (44%), texting someone (34%), hobbies (30%), talking to someone in their family (29%), talking to a peer (28%), exercising (25%), eating (25%), using social media (13%), praying (12%), breaking something (12%), shopping (8%), writing in a journal (7%), self-harm (6%), smoking/using tobacco (5%), reading the Bible (4%), drinking alcohol (4%), using prescribed medication (4%), using illegal drugs (4%), talking to a medical professional (3%), vandalism/violent behavior (2%), using un-prescribed medication (1%), harming someone else (1%), and gambling (1%). 23% of youth reported they did not have anxiety, stress, or depression.

When dealing with feelings of depression or suicide, Seneca County youth talk about their concerns with the following: a best friend (24%), their parents (13%), girlfriend/boyfriend (12%), brother/sister (7%), professional counselor (4%), school counselor (3%), teacher (2%), pastor/priest/religious leader (1%), coach (1%), scout master/club advisor (<1%), or other (4%). 14% of youth talked to no one when feeling depressed or suicidal. 54% of youth reported they did not have thoughts of depression or suicide.

Seneca County youth reported the following causes of anxiety, stress and depression: academic success (30%), sports (28%), fighting at home (28%), fighting with friends (27%), other stress at home (22%), dating relationship (19%), being bullied (19%), peer pressure (19%), death of close family member or friend (18%), breakup (16%), parent divorce/separation (14%), caring for younger siblings (12%), poverty/no money (10%), ill parent (5%), parent lost their job (5%), not feeling safe at home (4%) alcohol or drug use at home (3%), family member in the military (3%), not having enough to eat (3%), parent/caregiver with a substance abuse problem (2%), sexual orientation (2%), not having a place to live (1%), and not feeling safe in community (1%).

## Strategy #3: Decrease adult and youth mental health issues

### Mental Health Indicators

#### Adult Mental Health Issues

In the past year, 13% of Seneca County adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities, increasing to 25% of those under the age of 30.

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

2% of Seneca County adults made a plan about how they would attempt suicide in the past year.

2005/2009/2013 Youth Comparisons	Seneca County 2005 (6 <sup>th</sup> -12 <sup>th</sup> )	Seneca County 2009 (6 <sup>th</sup> -12 <sup>th</sup> )	Seneca County 2013 (6 <sup>th</sup> -12 <sup>th</sup> )	Seneca County 2013 (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 attempting suicide in the past year	12%	10%	10%	11%	14%	16%
Youth who had attempted suicide in the past year	8%	5%	4%	4%	9%	8%
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse	N/A	2%	1%	1%	4%	2%
Youth who felt sad or hopeless almost every day for 2 or more weeks in a row	22%	21%	23%	27%	27%	29%

2005/2009/2013 Adult Comparisons	Seneca County 2005	Seneca County 2009	Seneca County 2013	Ohio 2011	U.S. 2011
Two or more weeks in a row felt sad or hopeless	16%	13%	13%	N/A	N/A
Considered attempting suicide	5%	4%	4%	N/A	N/A

## Strategy #3: Decrease adult and youth mental health issues

### Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Counseling, diagnostic and assessment services, treatment, prevention (outpatient & inpatient)	Firelands Counseling and Recovery Services & Various private practices	All ages	Prevention, early intervention, treatment	Best practice
Suicide Prevention Coalition/Survivors of Suicide Support Group	Mental Health & Recovery Services Board of Seneca, Sandusky and Wyandot Counties	All ages	Prevention, early intervention	Suicide rates are tracked
SADD (Students Against Destructive Decisions)	Firelands Counseling and Recovery Services	Middle School and High School Students	Prevention	None
Youth To Youth program	Firelands Counseling and Recovery Services	Middle School and High School Students	Prevention	None
LifeSkills programming	Firelands Counseling and Recovery Services & local school districts	Grades 4,5,8-Seneca East Grade 6 -Fostoria Grades 6,7-New Riegel Grade 6-Tiffin Middle school Grades 9,10 North Central Academy	Prevention	Evidence based
Family Intervention Court	Seneca County Juvenile Court	Families (court ordered)	Early intervention, treatment	Best practice
School counseling programs	Local school districts & various agencies	School-aged youth	Prevention, early intervention, treatment	Best practice
Counseling and prevention services	Seneca County Youth Center (Detention center)	Detained/at risk youth	Early intervention	Best practice
Support groups	NAMI	All ages	Prevention	Best practice
Emergency Residential shelter/counseling/classes/art therapy	First Step	Families involved in domestic violence	Prevention, early intervention, treatment	Best practice
Counseling center	New Transitions	All ages	Prevention, early intervention, treatment	Best practice
The Landing youth group/support group	Faith United Methodist Church, Tiffin	Youth	Prevention, early intervention	Best practice
Supervised visiting program	Patchwork House	Families	Early intervention	Best practice
Bereavement counseling	Community Hospice Care	Ages 5+	Early intervention, treatment	Best practice
Counseling services	Christian Counseling Center	All ages	Prevention, early intervention, treatment	Counseling services
Just Tell Support Group for abuse	Fishes and Loaves	Bellevue (ages 14+)	Early intervention, treatment	Best practice

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

Program/Strategy/ Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Family Counseling	Family Counseling Service	Families	Prevention, early intervention, treatment	Best practice
Play Therapy	Seneca Counseling and Psychological Services	Ages 2+	Prevention, early intervention, treatment	Best practice
Counseling (Christian based)	Cornerstone Psychological Affiliates	Ages 5+ (Bellevue)	Prevention, early intervention, treatment	Best practice

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

Gaps	Potential Strategies
<b>Continued stigma of seeking assistance for mental health issues/social fear</b>	<ul style="list-style-type: none"> <li>Partner with NAMI to provide crisis-in-training programs for local law enforcement and others</li> <li>Explore opportunities for programs to educate school staff, students, parents/families, and the community on mental health issues</li> </ul>
<b>Lack of trust for counselors and/or mental health professionals</b>	<ul style="list-style-type: none"> <li>Increase education for mental health professionals</li> </ul>
<b>Lack of availability of child psychiatrists</b>	<ul style="list-style-type: none"> <li>No strategy identified</li> </ul>
<b>Lack of immediate access for mental health services and lack of funding for services</b>	<ul style="list-style-type: none"> <li>Increase awareness of local resources</li> <li>Increase awareness of resources that are available for free or at a reduced cost</li> <li>Increase services covered through insurance</li> </ul>
<b>No funds for court-ordered mandates to seek treatment</b>	<ul style="list-style-type: none"> <li>No strategy identified</li> </ul>
<b>Mental health screenings at young ages</b>	<ul style="list-style-type: none"> <li>Integrate a mental health screening tool into Kindergarten registration</li> <li>Work with schools to determine their needs concerning screening and implement a screening tool</li> <li>Increase screenings by physicians and primary care providers</li> <li>Use college students for assessment and research</li> </ul>
<b>Lack of awareness of resources</b>	<ul style="list-style-type: none"> <li>Disseminate resource inventory</li> </ul>

## Strategy #3: Decrease adult and youth mental health issues

### Best Practices

#### Best Practices

- 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/>
- PHQ-9:** The PHQ-9 is the nine item depression scale of the Patient Health Questionnaire. The PHQ-9 is a powerful tool for assisting primary care clinicians in diagnosing depression as well as selecting and monitoring treatment. The primary care clinician and/or office staff should discuss with the patient the reasons for completing the questionnaire and how to fill it out. After the patient has completed the PHQ-9 questionnaire, it is scored by the primary care clinician or office staff. There are two components of the PHQ-9:
  - Assessing symptoms and functional impairment to make a tentative depression diagnosis, and
  - Deriving a severity score to help select and monitor treatment

The PHQ-9 is based directly on the diagnostic criteria for major depressive disorder in the Diagnostic and Statistical Manual Fourth Edition (DSM-IV).

For more information go to:

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

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

Healthy People 2020 goals include:

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

## Strategy #3: Decrease adult and youth mental health issues Best Practices, continued

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

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

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

## Strategy #3: Decrease adult and youth mental health issues Action Step Recommendations & Action Plan

### Action Step Recommendations

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

1. Increase awareness of available mental health services
2. Increase early identification of mental health needs among youth
3. Increase the number of primary care physicians who screen for depression during office visits
4. Increase education for primary care providers and mental health professionals

### Action Plan

Decrease Adult and Youth Mental Health Issues		
Action Step	Responsible Person/Agency	Timeline
<b>Increase Awareness of Available Mental Health Services</b>		
<p><b>Year 1:</b> Educate school personnel, guidance counselors and social workers in at least three local school districts on the availability of mental health services.</p> <p>Create a presentation on available mental health services and present to Seneca County area churches, Law Enforcement, Chamber of Commerce, City Councils, college students majoring in social work, etc.</p> <p>Support and disseminate an informational brochure that highlights all organizations in Seneca County that provide mental health services. Include information regarding services that are free or offered at a reduced cost to clients</p>	<p>Robin Reaves, Firelands Counseling and Recovery Services</p>	<p>October 2014</p>
<p><b>Year 2:</b> 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 Seneca County groups.</p> <p>Enlist organizations to update the brochure on an annual basis and support updates of information.</p>		<p>October 2015</p>

## Strategy #3: Decrease adult and youth mental health issues

### Best Practices, continued

Decrease Adult and Youth Mental Health Issues		
Action Step	Responsible Person/Agency	Timeline
<b>Increase Awareness of Available Mental Health Services, continued</b>		
<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 the brochures for the next 3 years</p>		October 2016
<b>Increase Early Identification of Mental Health Needs Among Youth</b>		
<p><b>Year 1:</b> Gather baseline data on any mental health screening tools that are currently being used by Seneca County Schools.</p> <p>Introduce the Signs of Suicide (SOS) prevention program to school district administrators and wellness committees. Secure funding for the program.</p> <p>Research tools for early elementary mental health screenings</p>	<p>Mircea Handru, Mental Health and Recovery Services Board &amp; Karen Goshe, Firelands Counseling and Recovery Services</p>	October 2014
<p><b>Year 2:</b> Implement the SOS prevention program in at least one school district.</p> <p>Begin implementing an early elementary mental health screening tool in at least one Seneca County school district</p>		October 2015
<p><b>Year 3:</b> Implement the SOS prevention program in all school districts.</p> <p>Double the number of school districts that are using an elementary mental health screening tool</p>		October 2016
<b>Increase the Number Primary Care Providers Screening for Depression During Office Visits</b>		
<p><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.</p>	<p>Seneca County Suicide Prevention Coalition &amp; Karen Goshe, Firelands Counseling and Recovery Services</p>	October 2014
<p><b>Year 2:</b> Introduce PQH2 and PQH9 to physicians' offices and hospital administration.</p> <p>Pilot the protocol with one primary care and one OBGYN physicians' offices.</p>		October 2015
<p><b>Year 3:</b> Increase the number of primary care physicians and OBGYNs using the PQH2 screening tool by 25% from baseline.</p>		October 2016
<b>Increase Education of Primary Care Providers &amp; Mental Health Professionals</b>		
<p><b>Year One:</b> Work with ER, primary care providers, mental health professionals, and/or office staff to assess what information and/or materials they are lacking to provide better care for patients with mental health issues.</p>	<p>Robin Reaves, Firelands Counseling and Recovery Services Laura Giatto- Mercy Tiffin Hospital Amy Preble- ProMedica-Fostoria Community Hospital</p>	October 2014
<p><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.</p> <p>Enlist at least 10 primary care providers to be trained.</p>		October 2015
<p><b>Year Three:</b> Offer additional trainings to reach at least 75% of primary care providers in Seneca County.</p>		October 2016

## Strategy #4: Decrease adult and youth substance abuse

### Substance Abuse Indicators

*In 2013, the health assessment results indicate that 50% of all Seneca County youth (ages 12-18) have had at least one drink of alcohol in their life, increasing to 75% of those ages 17 and older. 11% of youth were defined as binge drinkers. 9% of youth reported they had used marijuana in the past 30 days. 19% of all Seneca County adults were considered binge drinkers.*

#### **Youth Alcohol Consumption**

In 2013, the Health Assessment results indicate that half (50%) of all Seneca County youth (ages 12 to 18) have had at least one drink of alcohol in their life, increasing to 75% of those ages 17 and older (2011 YRBS reports 71% for Ohio and 71% for the U.S.).

One-fifth (20%) of youth had at least one drink in the past 30 days, increasing to 45% of those ages 17 and older (2011 YRBS reports 38% for Ohio and 39% for the U.S.).

Of those who drank, 57% had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers by definition, increasing to 76% of those ages 17 and older.

Based on all youth surveyed, 11% were defined as binge drinkers, increasing to 34% of those ages 17 and older (2011 YRBS reports 24% for Ohio and 22% for the U.S.).

Two-fifths (40%) of Seneca County youth who reported drinking at sometime in their life had their first drink at 12 years old or younger; 26% took their first drink between the ages of 13 and 14, and 34% drank between the ages of 15 and 18. The average age of onset was 12.9 years old.

Of all Seneca County youth, 17% had drunk alcohol for the first time before the age of 13. (2011 YRBS reports 18% of Ohio youth drank alcohol for the first time before the age of 13 and 21% for the U.S.).

Seneca County youth drinkers reported they got their alcohol from the following: a parent gave it to them (33%), someone gave it to them (28%), (2011 YRBS reports 40% for the U.S.), an older friend or sibling bought it for them (28%), someone older bought it for them (20%), took it from a family member (10%), a friend's parent gave it to them (8%), bought it at a restaurant/bar/club (2%), bought it in a liquor store/convenience store/gas station (1%), took it from a store (1%), and some other way (16%).

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

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

#### **Youth Drug Use**

In 2013, 9% of all Seneca County youth had used marijuana at least once in the past 30 days, increasing to 29% of those over the age of 17. The 2011 YRBS found a prevalence of 24% for Ohio youth and a prevalence of 23% for U.S. youth had used marijuana one or more times during the past 30 days.

Almost one-quarter (22%) of youth who tried marijuana did so before the age of 12. The average age of onset was 14.1 years old.

One in fourteen (7%) Seneca County youth used medications that were not prescribed for them or took more than prescribed to feel good or get high at some time in their lives, increasing to 19% of those over the age of 17.

During the past 12 months, 5% of all Seneca County youth reported that someone had offered, sold, or given them an illegal drug on school property, increasing to 7% of high school youth (2011 YRBS reports 24% for Ohio and 26% for the U.S.).

## Strategy #4: Decrease adult and youth substance abuse Substance Abuse Indicators, continued

Youth reported they usually got illegal drugs from the following: a friend gave it to them (68%), bought them from a friend or someone else (38%), took them from a friend or family member (7%), a parent gave it to them (5%), and another family member gave it to them (4%). *(Percentages may be greater than 100% due to the ability to check more than one.)*

### **Adult Alcohol Consumption**

In 2013, 47% of the Seneca County adults had at least one alcoholic drink in the past month, increasing to 53% of those under the age of 30. The 2011 BRFSS reported current drinker prevalence rates of 56% for Ohio and 57% for the U.S.

One in ten (10%) adults were considered frequent drinkers (drank on an average of three or more days per week).

Of those who drank, Seneca County adults drank 4.0 drinks on average, increasing to 5.3 drinks for males and 5.5 drinks for those under the age of 30.

Nearly one in five (19%) of all Seneca County adults were considered binge drinkers. The 2011 BRFSS reported binge drinking rates of 20% for Ohio and 18% for the U.S.

39% of those current drinkers reported they had five or more alcoholic drinks (for males) or 4 or more drinks (for females) on an occasion in the last month and would be considered binge drinkers by definition (See box above).

25% of adults reported driving after having any alcoholic beverages in the past month.

In the past month, 6% of adults reported driving after having perhaps too much to drink, increasing to 9% of males.

In the past month, 5% of adults reported driving within a couple hours after having 5 or more alcoholic beverages, increasing to 8% of males.

### **Adult Drug Use**

5% of Seneca County adults used marijuana in the past 6 months, increasing to 8% of those under the age of 30.

When asked about their frequency of marijuana and other recreational drug use in the past six months, 36% of Seneca County adults who used drugs did so almost every day, and 41% did so less than once a month.

4% of adults used medication not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past 6 months, increasing to 7% of those over the age of 65.

When asked about their frequency of medication misuse in the past six months, 44% of Seneca County adults who used these drugs did so almost every day, and 28% did so less than once a month.

Seneca County adults indicated they did the following with their unused prescription medication: took as prescribed (43%), threw it in the trash (23%), kept it (22%), flushed it down the toilet (18%), took it to the Medication Collection program (8%), gave it away (1%), and some other destruction method (5%).

## Strategy #4: Decrease adult and youth substance abuse Substance Abuse Indicators

Youth Behaviors	Current Drinker	Non-Current Drinker
Have had sexual intercourse	62%	16%
Were bullied in the past year	52%	51%
Were depressed in the past year	43%	18%
Have used marijuana in the past 30 days	33%	2%
Have smoked in the past 30 days	32%	4%
Misused prescription medication at some time in their life	25%	2%
Attempted suicide in the past 12 months	6%	4%

*Current drinkers are those youth surveyed who have self-reported drinking at any time during the past 30 days.*

2005/2009/2013 Youth Comparisons	Seneca County 2005 (6 <sup>th</sup> -12 <sup>th</sup> )	Seneca County 2009 (6 <sup>th</sup> -12 <sup>th</sup> )	Seneca County 2013 (6 <sup>th</sup> -12 <sup>th</sup> )	Seneca County 2013 (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	65%	60%	50%	68%	71%	71%
Current drinker	35%	29%	20%	32%	38%	39%
Binge drinker	24%	18%	11%	21%	24%	22%
Drank for the first time before age 13	30%	25%	17%	14%	18%	21%
Rode with someone who was drinking	28%	19%	21%	22%	21%	24%
Drank and drove	6%	4%	5%	8%	7%	8%
Obtained the alcohol they drank by someone giving it to them	N/A	40%	28%	30%	N/A	40%
Youth who used marijuana in the past month	11%	10%	9%	14%	24%	23%
Ever misused medications	12%	10%	7%	12%	N/A	N/A
Ever been offered, sold, or given an illegal drug by someone on school property in the past year	16%	9%	5%	7%	24%	26%

*N/A – Data is not available*

2005/2009/2013 Adult Comparisons	Seneca County 2005	Seneca County 2009	Seneca County 2013	Ohio 2011	U.S. 2011
Drank alcohol at least once in past month	43%	56%	47%	56%	57%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	17%	21%	19%	20%	18%

## Strategy #4: Decrease adult and youth substance abuse Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Counseling, diagnostic and assessment services, treatment, prevention (adult and adolescent intensive outpatient program)	Firelands Counseling and Recovery Services & Various private practices	All ages	Prevention, early intervention, treatment	Best practice
SADD (Students Against Destructive Decisions)	Firelands Counseling and Recovery Services	Middle School and High School Students	Prevention	None
Youth To Youth program	Firelands Counseling and Recovery Services	Middle School and High School Students	Prevention	None
LifeSkills programming	Firelands Counseling and Recovery Services & local school districts	Grades 4,5,8-Seneca East Grade 6 -Fostoria Grades 6,7-New Riegel Grade 6-Tiffin Middle school Grades 9,10 North Central Academy	Prevention	Evidence based
The Landing youth group/support group	Faith United Methodist Church, Tiffin	Youth	Prevention, early intervention	Best practice
Education programs, underage drinking program from families of college students	Beerco/Hanson's Distributing Company	Families	Prevention	None
Project Take Charge, Fostoria After School Drop-In Center, Self-Reliance Program	Campfire USA	Youth	Prevention	None
Advocacy, education, parenting services	CASA (Court Appointed Special Advocate)	Families	Early Intervention	Best practice
Counseling, education, driver intervention training, assessments	Drug-Alcohol Center of Fostoria	All ages	Prevention, early intervention, treatment	Best practice
Alcoholics Anonymous	Dry Haven Fostoria, multiple other locations	All ages	Prevention, early intervention, treatment	Evidence based
Wraparound coordination, education, mentoring, LifeSkills, youth asset development	Family and Children First Council of Seneca County	All ages	Prevention, early intervention	Best practice
Red Ribbon Week	Firelands Counseling and Recovery Services, & local school districts	All ages	Prevention	None

## Strategy #4: Decrease adult and youth substance abuse Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Random drug testing	New Riegel Schools	Youth athletes	Prevention, early intervention,	Best practice
Education, student assistance teams	Fostoria City Schools	School aged youth	Prevention, early intervention	None
Drug and alcohol education, substance abuse screenings	Heidelberg University	College students	Prevention, early intervention	Best practice
Parents Who Host Lose the Most, Education	Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties	All ages	Prevention	None
Pain management program	Mercy Hospital of Tiffin	Adults with chronic pain	Early intervention, treatment	Best practice
Sobriety checks, education	Ohio State Highway Patrol	All ages	Prevention	Best practice
Diversion programs, intensive outpatient program, drug testing, Thinking for a Change	Oriana House, Inc.- CROSSWAEH	Adult offenders	Early Intervention	Best practice
In Harm's Way Program	St. Francis Rehabilitation Center		Prevention	None
Strengthening Families, Truancy Reduction Intervention Program, Diversion and Family Intervention Court	Seneca County Juvenile Court	Juvenile offenders	Early Intervention	Best practice
Education, care teams, SADD, Counseling	Tiffin City Schools	School aged youth	Prevention, early intervention, treatment	Best practice
Driver intervention program, behavioral counseling, YASAS program	Tiffin Municipal Court	Adults	Early Intervention, treatment	Best practice
AOD Treatment services (Assessment/group counseling)	Firelands Counseling and Recovery Services, Seneca County Youth Center	Detained at risk youth	Early Intervention, treatment	Best practice
Emergency Residential shelter/counseling/classes/art therapy	First Step	Families involved in domestic violence	Prevention, early intervention, treatment	Best practice

## Strategy #4: Decrease adult and youth substance abuse Gap and Potential Strategies

Gaps	Potential Strategies
Lack of AOD screening by physicians	<ul style="list-style-type: none"> <li>• Increase the amount of physicians and ER's using an AOD screening tool</li> </ul>
Taking ownership of personal responsibility	<ul style="list-style-type: none"> <li>• No strategies identified</li> </ul>
Hard to find treatment facilities	<ul style="list-style-type: none"> <li>• Coordinate with other agencies throughout Northwest Ohio to create a regional bed tracker system/database</li> </ul>
Lack of evidence-based programs for families	<ul style="list-style-type: none"> <li>• Work with Juvenile Court to explore options for evidence based family programs such as Parent Project, Strengthening Families, Guiding Good Choices</li> <li>• Increase awareness of programs to increase referrals</li> </ul>
Lack of awareness of current programs	<ul style="list-style-type: none"> <li>• Create awareness of the resource inventory</li> <li>• Disseminate program information to schools and organizations</li> </ul>
Expand LifeSkills programming	<ul style="list-style-type: none"> <li>• Work with schools to begin the LifeSkills curriculum in younger grades and also at the high school level</li> </ul>
Lack of consequences for athletes in schools when they break the athletic code of conduct (no enforcement of policies)	<ul style="list-style-type: none"> <li>• Work with schools to see what their policies are regarding the athletic code of conduct and substance abuse</li> <li>• Try to create a uniform policy</li> <li>• Look at requirements of the Ohio High School Athletic Association</li> </ul>
Court systems not effectively using the Indigent Driver Alcohol Treatment Fund (IDAT) to allow treatment services for indigent offenders convicted of operating a vehicle under the influence of alcohol or drugs	<ul style="list-style-type: none"> <li>• Create a group of county officials (Mayors, County Commissioners etc..) to meet with local judges to encourage use of the IDAT fund</li> <li>• Use current data released from the 2013 Seneca County Health Assessment to educate judges</li> </ul>
No funds for court-ordered mandates to seek treatment	<ul style="list-style-type: none"> <li>• No strategy identified</li> </ul>

## Strategy #4: Decrease adult and youth substance abuse Best Practices

The following programs have been reviewed and have proven strategies to **decrease substance abuse**:

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

## Strategy #4: Decrease adult and youth substance abuse

### Best Practices, continued

- 2. Strengthening Families:** The Strengthening Families Program (SFP) is a nationally and internationally recognized parenting and family strengthening program for high-risk and regular families. SFP is an evidence-based family skills training program found to significantly reduce problem behaviors, delinquency, and alcohol and drug abuse in children and to improve social competencies and school performance. Child maltreatment also decreases as parents strengthen bonds with their children and learn more effective parenting skills

The original 14-session evidence-based SFP for high-risk families with children ages 6 to 11 years (SFP6-11) was developed and tested in the mid 1980s by Dr. Kumpfer on a NIDA research grant with children of substance abusing parents. Subsequent randomized control trials (RCTs) have found similar positive results with families in many different ethnic groups. Both culturally adapted versions and the core version of SFP have been found effective with African-American, Hispanic, Asian, Pacific Islander, and First Nations families. SFP is in 26 countries with language translations into Spanish, Portuguese, French, German, Dutch, Slovenian, Russian, Tai, Burmese, Chinese and other languages. In the more than two decades since its development, SFP has been reviewed by researchers and rated as an exemplary, evidence-based program.

- 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>.
- 4. 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>

## Strategy #4: Decrease adult and youth substance abuse Best Practices, continued

5. **Project ASSERT-** Project ASSERT (Alcohol and Substance Abuse Services, Education, and Referral to Treatment) is a screening, brief intervention, and referral to treatment (SBIRT) model designed for use in health clinics or emergency departments (EDs). Project ASSERT targets three groups:
1. Out-of-treatment adults who are visiting a walk-in health clinic for routine medical care and have a positive screening result for cocaine and/or opiate use. Project ASSERT aims to reduce or eliminate their cocaine and/or opiate use through interaction with peer educators (substance abuse outreach workers who are in recovery themselves for cocaine and/or opiate use and/or are licensed alcohol and drug counselors).
  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>

6. **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. 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>

7. **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

## Strategy #4: Decrease adult and youth substance abuse Best Practices, continued

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 #4: Decrease adult and youth substance abuse Action Step Recommendations & Action Plan

### Action Step Recommendations

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

1. Expand the LifeSkills training curriculum in Seneca County.
2. Implement an evidence-based parenting program.
3. Increase the number of ER and primary care providers screenings for alcohol and drug abuse
4. Implement responsible beverage service trainings

### Action Plan

Decrease Adult and Youth Substance Abuse		
Action Step	Responsible Person/Agency	Timeline
<b>Increase the LifeSkills Training Curriculum in Seneca County</b>		
<b>Year 1:</b> Secure funding for additional LifeSkills programming.  Implement the program in grades 3-5 in 1 Seneca County school district.	Charla VonOsdol, Firelands Counseling and Recovery Services & CARSA	October 2014
<b>Year 2:</b> Expand LifeSkills program by focusing on the addition of elementary classes and the high school curriculum within Seneca County schools		October 2015
<b>Year 3:</b> All school districts participate in elementary, middle, and high school LifeSkills programming.		October 2016
<b>Implement an Evidence-Based Parenting Program</b>		
<b>Year 1:</b> Introduce the Strengthening Families, Parent Project and Guiding Good Choices parenting programs to community organizations.  Decide which program will be offered in Seneca County. Coordinate with school guidance counselors, Department of Jobs and Family Services and juvenile court to recruit high risk families	Rachael Conner, Seneca County Juvenile and Probate Court  Seneca County Family and Children First Council  Barb Flood, Patchworks House	October 2014
<b>Year 2:</b> Implement the program in 3 locations throughout Seneca County.		October 2015
<b>Year 3:</b> Increase the number of programs and/or locations where the program is being offered.  Coordinate with local businesses and organizations to donate incentives for those families who successfully complete the program.		October 2016

## Strategy #4: Decrease adult and youth substance abuse Action Step Recommendations & Action Plan

Decrease Adult and Youth Substance Abuse		
Action Step	Responsible Person/Agency	Timeline
<b>Increase the Number of ER and Primary Care Physicians Screenings for Alcohol and Drug Abuse</b>		
<b>Year 1:</b> Collect baseline data on the number of ER and primary care physicians that currently screen for drug and alcohol abuse, and at what ages.	CARSA Mercy Tiffin Hospital Fostoria Community Hospital	October 2014
<b>Year 2:</b> Introduce a screening, brief intervention and referral to treatment model (SBIRT) to physicians' offices and hospital emergency room.  Pilot the model with one primary care physician's office and the hospital emergency room.		October 2015
<b>Year 3:</b> Increase the number of ER and primary care physicians using the SBIRT model by 50% from baseline.		October 2016
<b>Implement Responsible Beverage Service Trainings</b>		
<b>Year 1:</b> Work with the Ohio Investigative Unit to collect baseline data to find out which establishments are currently doing trainings and how often.	CARSA	October 2014
<b>Year 2:</b> Host a responsible beverage service training in Seneca County for all establishments that sell and or serve alcohol.		October 2015
<b>Year 3:</b> Continue to offer trainings. Provide incentives to establishments who have successfully completed the training.  Double the number of businesses that have had their employees trained.		October 2016

## Trans-Strategies

Gaps	Potential Strategies
<b>Transportation</b>	<ul style="list-style-type: none"> <li>• Increase awareness of SCAT</li> <li>• Increase awareness of Medicaid/Medicare transportation benefits</li> <li>• Funding for transportation vouchers</li> </ul>
<b>Integration of mental health and physical health</b>	<ul style="list-style-type: none"> <li>• Changes in service delivery for programming</li> <li>• Increased education</li> <li>• Staff trainings</li> </ul>

Trans-strategies		
Action Step	Responsible Person/Agency	Timeline
<b>Increase Awareness of Seneca County Area Transportation (SCAT)</b>		
<b>Year 1:</b> Partner with community organizations to raise awareness of services provided by SCAT throughout Seneca County.  Begin researching funding opportunities to increase the transportation voucher/scholarship program.	Larry Baxa, SCAT & numerous other community organizations	October 2014
<b>Year 2:</b> Secure funding to make additional transportation vouchers/scholarships available.  Work with community groups and organizations to increase access to transportation vouchers/scholarships to those in need.		October 2015
<b>Year 3:</b> Continue efforts of years 1 and 2.		October 2016

## Progress and Measuring Outcomes

The progress of meeting the local priorities will be monitored with measurable indicators identified by the Seneca County Strategic 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:

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