

Van Wert County

Community Health Improvement Plan

2014-2016

Completed Fall 2013

COMMUNITY



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Executive Summary

Since 1999, Van Wert County has conducted community health assessments for the purpose of measuring and addressing health status. However, this community health improvement plan (CHIP) represents the first time that Van Wert County stakeholders have come together to prioritize the health issues. It 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, Van Wert County will rally around the issues identified and work together to implement best practices that will improve the health of Van Wert County. The National Association of City County Health Officer's (NACCHO) strategic planning tool, Mobilizing for Action through Planning and Partnerships (MAPP), was used throughout this process.

Strategies:

Priority Health Issues for Van Wert County
1. Decrease adult and youth obesity
2. Decrease adult and youth substance abuse

Target Impact Areas:

To decrease youth and adult obesity-related behaviors, Van Wert County will focus on the following target impact areas: 1) Increase consumption of fruits, vegetables, and other healthy foods, 2) Increase exercise, and 3) Increase breastfeeding.

To decrease substance abuse, Van Wert County will focus on the following target impact areas: 1) Increase prevention strategies, 2) Increase treatment options, and 3) Increase education to the community.

Action Steps:

To work toward decreasing **youth obesity**, the following action steps are recommended: 1) Implement *Grow It, Try It, Like It!* programs in preschools, 2) Initiate formalized breastfeeding policies for employers, and 3) Implement a Healthier Choices Campaign.

To work toward decreasing **adult obesity**, the following action steps are recommended: 1) Increase businesses providing comprehensive wellness programs & insurance incentive programs to their employees, 2) Implement OHA Healthy Hospitals Initiative, 3) Increase nutrition/physical education materials being offered to patients by primary care physicians, 4) Partner with local grocery stores to encourage low-cost healthy food choices, 5) Create a wellness community calendar, 6) Encourage and recognize local "healthy choice restaurants", and 7) Increase the number of community gardens and farmers markets.

To work toward decreasing **adult substance abuse**, the following actions steps are recommended: 1) Implement a community based comprehensive program to reduce substance abuse, 2) Increase appropriate disposal of prescriptions/opiates, 3) Implement an adult smoking cessation program, 4) Increase the number of ER and primary care physicians who screen for at-risk drinking and alcohol abuse, and 5) Support medication-assisted treatment opportunities.

To work toward decreasing **youth substance abuse**, the following actions steps are recommended: 1) Increase awareness of new drug trends, 2) Decrease point of purchase advertising at local retailers, and 3) Implement evidence-based prevention programs at the elementary, middle school and high school levels.

Partners

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

Ken Amstutz, Van Wert City Schools
Lisa Baldwin, Dental Center of Northwest Ohio
Major Arthur Barter, Salvation Army
John Basinger, Family & Children First Council
Mark Bidlack, Optometrist
Lori Bittner, Headstart
Lt. Les Brode, Ohio State Highway Patrol
Darcy Cotterman, Hearth & Home
Anne Dunn, Van Wert County Hospital
Jamie Evans, YWCA
Mayor Don Farmer, Van Wert City
Jay Fleming, Safety Service
R. Bradley Guest, Convoy Mayor
Kim Haas, Van Wert County Health
Chief Joel Hammond, Van Wert County Police
Barb Hoffman, Van Wert County Health
Mary Beth Holtsberry, Job and Family Services
Paul A Kalogerou, M.D., Health Commissioner
Hugh Kocab, YMCA
Sandy Lane, American Red Cross
Trina Langdon, Pregnancy Life Center
Kevin Matthews, Council on Aging
Rick McCoy, EMA
Jason Menchhofer, Van Wert County Health

Dave Mosier, VW Independent
Kathleen Davis, March Foundation
Amy Rode, Van Wert County Hospital
Deb Russell, United Way
Keith Rydell, Crestview Schools
Julie Schaufelburger, YMCA
Jenny Smith, Family Health Care of NW Ohio
Marylou Smith, Van Wert County Health
Jeff Snyder, Lincolnview Schools
Mark Spieles, Westwood Behavioral Health Center
Jim Steele, Fire Dept
Suzy Stripe, Home Healthcare Solutions
Paul Svabik, Pharmacies
Carol Trice, OSU Extension
Keith Turvy, Tri County ADAMS Board
Jacque Welch, Van Wert Manor
Scott White, Vancrest Health Care Center
Todd Wolfrum, County Commissioners
Laurie Zeeff, HMG
Linda Bissonette, Van Wert County Health
Leslie Bailey, Van Wert County Health
Katie Schabbing, Van Wert County Health
Virginia Hammons, Juvenile Court

This strategic planning process was facilitated by Britney Ward, MPH, Director of Community Health Improvement, from the Hospital Council of Northwest Ohio.

Vision

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

The vision of the Van Wert County Health Collaborative is “Working together to improve the health of individuals, families, and our community”.

Alignment with National and State Standards

The 2013-2016 Van Wert County Health Improvement Plan priorities align perfectly with state and national priorities. Van Wert County will be addressing the following priorities: obesity and substance abuse.

Van Wert County priorities very closely mirror the 2012-2014 Ohio State Health Improvement Plan priority of chronic disease.

The Van Wert County Plan also aligns with four of the seven National Prevention Strategies for the U.S. population: tobacco free living, preventing drug abuse and excessive alcohol use, healthy eating, and active living.

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

- Nutrition and Weight Status(NWS)-8: Increase the proportion of adults who are at a healthy weight
- Substance Abuse (SA)-2: Increase the proportion of adolescents never using substances

There are 20 other substance abuse objectives and 21 weight control objectives that support the work of the Van Wert County CHIP.

Strategic Planning Model

Beginning in August 2013, the Van Wert County Health Collaborative met six (6) times and completed the following planning steps:

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

Needs Assessment

The Planning Committee reviewed the 2011 Van Wert County Health Assessment done in conjunction with Indiana University-Purdue University Fort Wayne (IPFW), and other data sources. Each member completed an “Identifying Key Issues and Concerns” worksheet. The following tables were the group results.

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

ADULT Key Issue or Concern	% of Population Most at Risk
1. Substance Abuse (18 votes)	
Alcohol- drinks per occasion	3.69 drinks
Smokers	35%
Opiate addiction	4%
Drug offenses (2012)	126 arrests
Selling drugs (2012)	50 arrests
2. Weight Control (15 votes)	
Obese/overweight	72.9%
Sedentary (no exercise)	38%
3. Access to Care (12 votes)	
Could not see a doctor due to cost	13%
No dental insurance	53.2%
No vision insurance	47.2%
No Urgent Care Facility in County	
4. Mental Health (10 votes)	
Depression or anxiety	27.6%
Treated for depression or anxiety	16%
Had a severe mental illness	1.6%
Considered attempting suicide	4%
5. Chronic Disease (9 votes)	
Diagnosed with cancer	11%
Diagnosed with asthma	10.8%
Diagnosed with diabetes	25%
6. Homelessness/Unemployment (8 votes)	
Unemployment rate	7.2%
7. Cardiovascular Disease (7 votes)	
High Blood Pressure	47.6%
High Cholesterol	49.8%
Heart Disease	17.3%
Had a heart attack	9.7%
8. Domestic Violence (1 vote)	
Arrests (2012)	113
Assaults (2012)	59
Child abuse (2012)	50

Needs Assessment, continued

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

YOUTH Key Issue or Concern	% of Population Most at Risk
1. Substance Abuse (17 votes) Alcohol Use- 30 day (12 th grade) Age of onset Tobacco Use- 30 day (12 th grade) Age of onset Marijuana Use- 30 day (12 th grade) Age of onset Parent approval of substances above	20% 13.7 years old 20% 13.6 years old 12% 14.2 years old
2. Weight Control (14 votes) Doctor had told them they were overweight or obese Parents thought their child was overweight or obese	7.1% 15%
3. Mental Health (9 votes) Thought often or a lot about suicide	6.1%
4. Parenting/Broken families (9 votes) Parents of youth drug users who never set rules Always needed after-school care Single parent families/Divorce	54% 9.6%
5. Bullying (8 votes) Parents reporting their child has been bullied Threatened by a fellow student Been afraid at school Been hurt at school	18.5% 27.5% 17.4% 16.5%
6. Teen Pregnancy/STDs/Risky Sexual Behavior (6 votes)	
7. Poverty/Hunger (6 votes) Families using food banks High number in school free and reduced lunch/breakfast program	6.6%
8. Driving Safety (4 votes)	No data reported
9. Booster Seat Use (3 votes) Not always using a booster seat	28.5%
10. Access to Dental/Vision (1 vote) Been to the dentist Did not take child to the doctor due to cost	84.4% 11.2%

Priorities Chosen

Based on the 2011 Van Wert County Community Health Assessment conducted by IPFW and the 2011 Youth Pride Survey conducted by Westwood Behavioral Health Center, key issues were identified for adults and youth. 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. The max score was 30. Committee members' rankings were then combined to give an average score for the issue.

The rankings were as follows:

Issue	Average Score
Youth Substance Abuse	22.7
Adult Weight Control	22.5
Youth Weight Control	22.2
Adult Substance Abuse	21.9
Parenting Issues	21.8
Chronic Disease	19.7
Youth Mental Health	19.5
Adult Access to Care	19.3
Poverty Issues	19.3
Adult Mental Health	18.6
STDs and Risky Sexual Behavior	18.0

Van Wert County will focus on the following two priorities over the next 3 years:

- Adult and Youth Substance Abuse
- Adult and Youth Weight Control

Forces of Change

Van Wert County Health Collaboration participated in a brainstorming exercise to discuss forces of change in the community. The results were as follows:

Forces of Change	Impact
Staffing	<ul style="list-style-type: none"> Hard to recruit and keep part-time work force (especially for weekends) – mostly in the “tech” area (x-ray, surgical, ultrasound tech)
Reliable help	<ul style="list-style-type: none"> State Tested Nursing Assistants (STNAs) are not reliable due to a high turnover rate
Many forces of change are making law enforcement busy	<ul style="list-style-type: none"> Drinking and drugs due to unemployment Technology- driving and phone use
Schools	<ul style="list-style-type: none"> Higher standards with less money Dealing with the fallout from family issues at home In Van Wert Schools, free and reduced lunch went from 42% five years ago to 56% in 2013. Elementary school (65%) 3rd grade reading guarantee
Families are not able to be as attentive to their kids or the elderly	<ul style="list-style-type: none"> Grandparents taking care of kids
Wind turbines	<ul style="list-style-type: none"> Very controversial Loud and unattractive appearance Bring in \$2 million a year
Public Employee Retirement System (PERS)	<ul style="list-style-type: none"> Changing their rules for spouses Not grandfathering people in any more
Continued break down of family systems	<ul style="list-style-type: none"> Affects kids Impacts weight issues, substance abuse, etc.
Job and Family Services	<ul style="list-style-type: none"> Switching systems
Electronic Medical Records	<ul style="list-style-type: none"> This is a good thing Meaningful use: 25% of patients by the end of 2014 Only getting a small amount of money to set this up
Aging population	<ul style="list-style-type: none"> Highest percentage of older Americans are in Van Wert County (of all Ohio counties)
Seniors	<ul style="list-style-type: none"> Advantage Plans are not being supplemented anymore Plans are doubling in cost
Medicare	<ul style="list-style-type: none"> Recipients not understanding their coverage
Medicaid	<ul style="list-style-type: none"> January 2014- Federally Qualified Health Center- can bill Medicaid (pending for 90 days)
Centers for Disease Control and Prevention (CDC) determined that Health Department has to privately purchase vaccines	<ul style="list-style-type: none"> Credentialed with 10 different private insurers There are only 2 doctors’ offices that do vaccines in the county Starts January 1, 2014
City of Delphos	<ul style="list-style-type: none"> A lot of the industry is closing Employees losing health benefits High utilities since industry is not pay a big chunk of it
Health Care Reform	<ul style="list-style-type: none"> Hours are being cut at workplaces and employees are having to look for other jobs Cutting hours to less than 30 per week so employees cannot get benefits (Wal-Mart, Bob Evans, etc.)

Forces of Change, continued

Forces of Change	Impact
Food Stamps	<ul style="list-style-type: none"> • Cutting back
Eliminating management who have a lot of years in	<ul style="list-style-type: none"> • Hiring temporary replacements in place of staff
Shift from tertiary care to prevention in hospitals	<ul style="list-style-type: none"> • Will need different staffing and expertise • Will bill differently
Bundle payments (hospitals)	<ul style="list-style-type: none"> • Cannot bill for separate procedures and testing
Readmission	<ul style="list-style-type: none"> • If readmitted within 30 days hospital, does not get payment
Satisfaction	<ul style="list-style-type: none"> • Tied to funding
Medicaid Expansion	<ul style="list-style-type: none"> • If no expansion, a lot of people will need to enroll in the exchange.

Local Public Health System Assessment

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

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

The planning committee participated in a half-day exercise to discuss the 10 Essential Public Health Services and how they are being provided within the community. The group completed the performance measures instrument. Each model standard was discussed and the group came to a consensus on responses for all questions. The challenges and opportunities that were discussed were then used in the action planning process.

The CHIP committee identified 24 indicators that had a status of “no” or “minimal”.

To see the full results of the LPHSA, please contact the Van Wert County Health Department.

Community Themes and Strengths

Van Wert County Health Collaborative participated in an exercise to discuss community themes and strengths. The results were as follows:

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

- Jobs
- Awareness
- Social and government agencies functioning well
- Sense of pride
- Conditions of neighborhoods
- Volunteerism and community service
- Having a place to exercise or promote environmental support

Van Wert County community members were most proud of the following regarding their community:

- A lot of volunteer organizations
- Good schools
- Outdoor and indoor recreations
- Have culture (theater, arts, etc.)
- Safe place to live
- Good medical facilities
- Generous businesses and churches

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

- Van Wert Community Health Improvement Plan coalition (CHIP)
- Various committees to provide free recreation to community
- Hospice services
- Rotary
- 4-H Council
- United Way
- Van Wert County Foundation
- Screening collaborations
- Food pantries
- Habitat for Humanity
- Churches
- Backpack Program

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

- Economy
- Availability of low-income housing
- Dental care for children

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

- Everyone is in survival mode
- Need more collaboration and less duplication of services (government)
- Unemployment

Community Themes and Strengths, continued

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

- Continue to meet monthly
- Share Community Health Implementation Plan with office staff and boards
- Awareness campaign

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

- Outcomes and celebrating success
- Planning to follow through and keep meeting
- Clear and distinct plan will lead to buy-in from community

Quality of Life

The Van Wert County Planning Committee urged community members to fill out a short Quality of Life Survey via survey monkey. There were 510 Van Wert County community members who completed the survey.

Quality of Life Questions	Likert Scale Average Response (1 to 5, with 5 being most positive)
1. Are you satisfied with the quality of life in our community? (Consider your sense of safety, well-being, participation in community life and associations, etc.) [IOM, 1997]	3.8
2. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, options in health care, etc.)	3.7
3. Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	4.0
4. Is this community a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping; elder day care, social support for the elderly living alone, meals on wheels, etc.)	3.9
5. Is there economic opportunity in the community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)	2.8
6. Is the community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, the mall. Do neighbors know and trust one another? Do they look out for one another?)	3.9
7. Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, organizations) during times of stress and need?	3.8
8. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?	3.7
9. Do all residents perceive that they — individually and collectively — can make the community a better place to live?	3.2
10. Are community assets broad-based and multi-sectoral?	3.2
11. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?	3.3
12. Is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments?	3.3

Strategy #1: Decrease adult and youth obesity

Obesity indicators

73% of Van Wert County adults were overweight or obese based on Body Mass Index (BMI). 7% of Van Wert County parents were told by a doctor that their child was overweight based on BMI. (Source: Center for Social Research, Indiana University – Purdue University Fort Wayne, Van Wert County Community Health Assessment, 2011)

Weight Status

The 2011 Van Wert County Health Assessment indicates that 35% of adults were overweight and 38% were obese based on Body Mass Index (BMI). The 2011 BRFSS reported that 36% of Ohio and 36% of U.S. adults were overweight and 30% of Ohio and 28% of U.S. adults were obese. 60% of Van Wert adults were trying to lose weight. (Source: Center for Social Research, Indiana University – Purdue University Fort Wayne, Van Wert County Community Health Assessment, 2011)

7% of Van Wert County parents were told by a doctor that their child was overweight. 15% of Van Wert parents that thought their child was overweight. (Source: Center for Social Research, Indiana University – Purdue University Fort Wayne, Van Wert County Community Health Assessment, 2011)

Nutrition

In 2011, 65% of Van Wert adults reported that they feel they eat a balanced diet. (Source: Center for Social Research, Indiana University – Purdue University Fort Wayne, Van Wert County Community Health Assessment, 2011)

Physical Activity

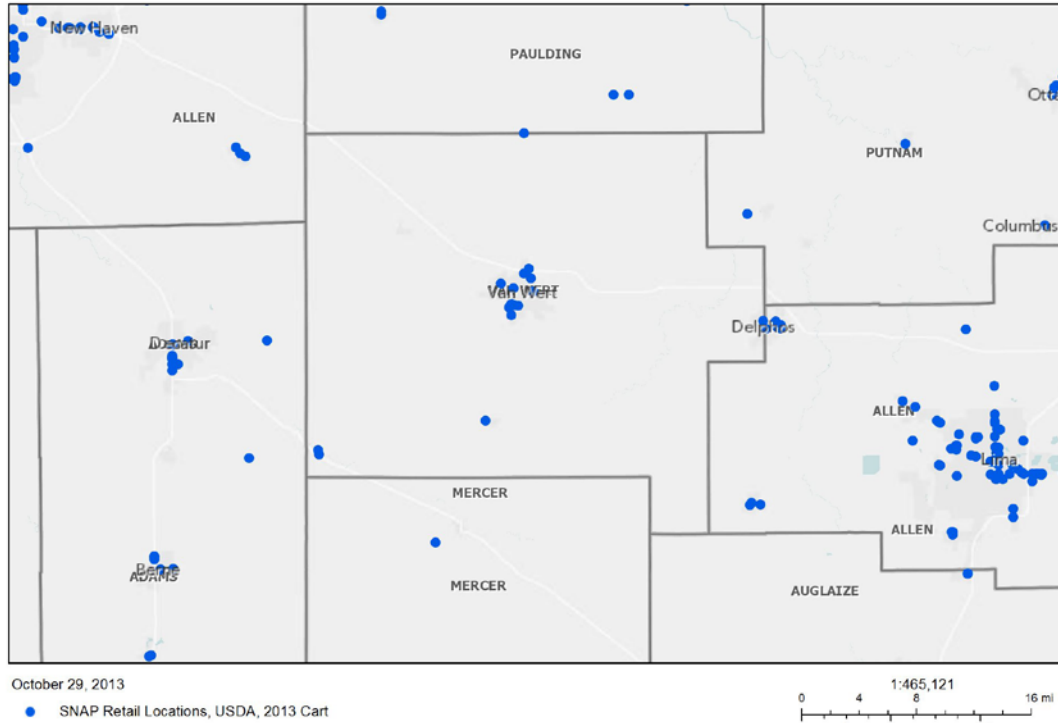
In Van Wert County, 62% of adults were engaging in physical activity or exercises, such as running, calisthenics, golf, gardening, or walking for exercise during the past month. 36% of adults exercised 5 or more days per week and 1% of adults reported they did not participate in any physical activity. (Source: Center for Social Research, Indiana University – Purdue University Fort Wayne, Van Wert County Community Health Assessment, 2011)

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

Strategy #1: Decrease adult and youth obesity

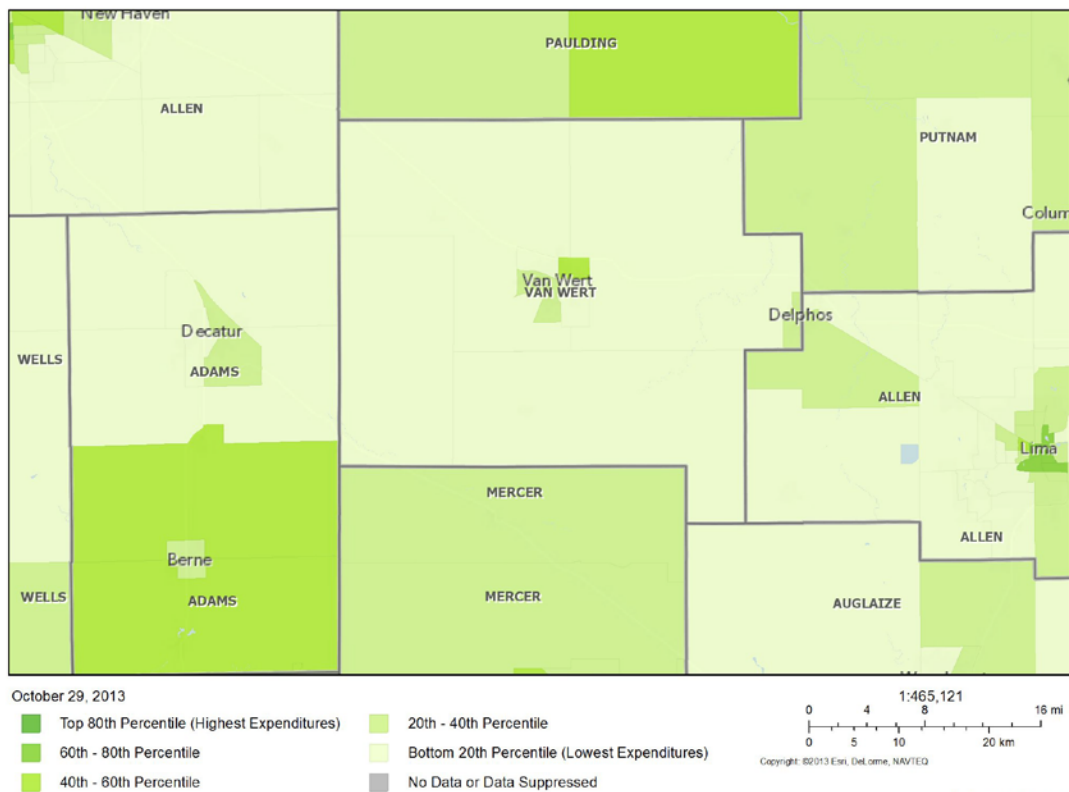
Obesity indicators, continued

SNAP-Authorized Retailers by Location, Aug. 2013



(Source: US Department of Agriculture, Food and Nutrition Service, SNAP Retailer Locator: Aug. 2013, Accessed from Community Commons, www.cbma.org)

Fruit and Vegetable Expenditures, Percent of Total Expenditures, National Rank by Tract, 2011

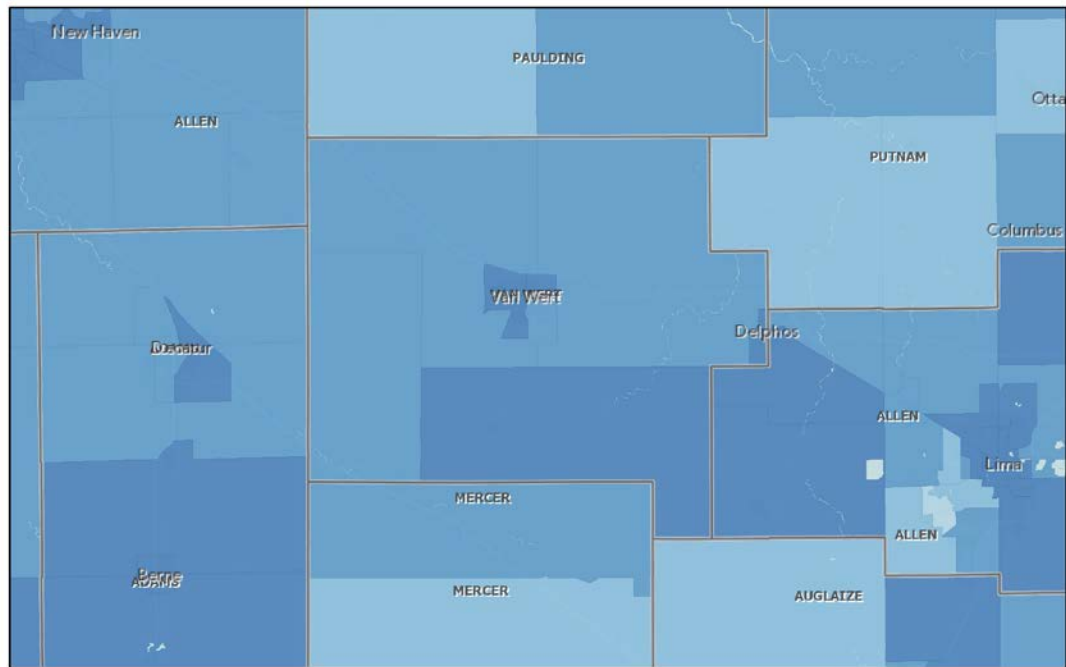


(Source: Nielsen, SiteReports: 2011, Accessed from Community Commons, www.cbma.org)

Strategy #1: Decrease adult and youth obesity

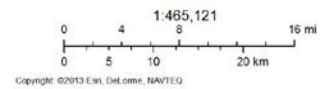
Obesity indicators, continued

Soda Expenditures, Percent of Total Expenditures, National Rank by Tract, 2011



October 29, 2013

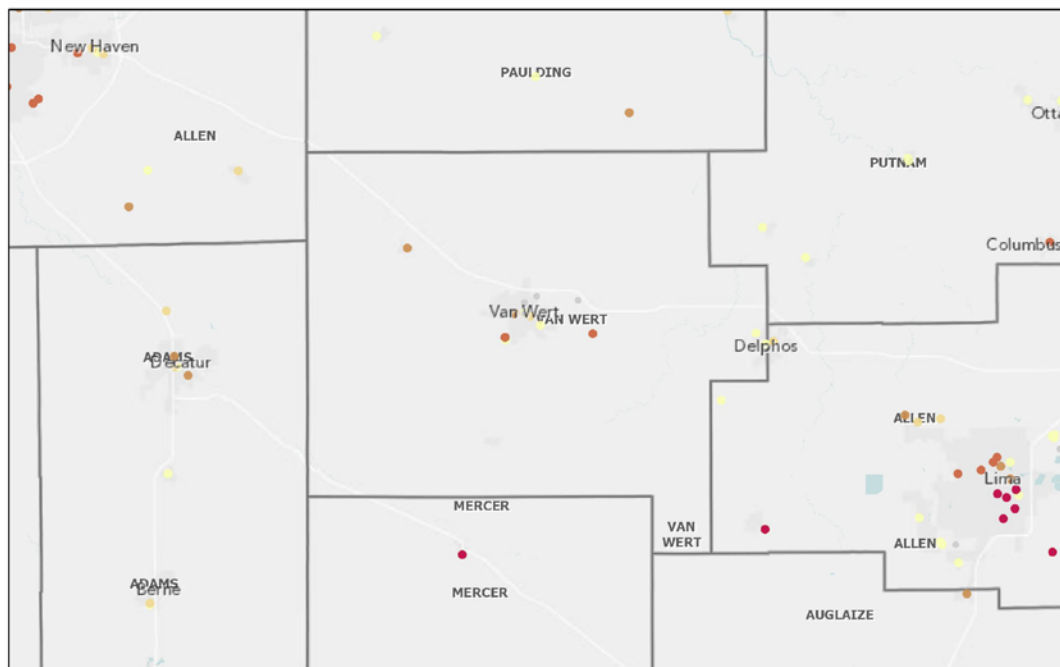
- Top 80th Percentile (Highest Expenditures)
- 60th - 80th Percentile
- 40th - 60th Percentile
- 20th - 40th Percentile
- Bottom 20th Percentile (Lowest Expenditures)
- No Data or Data Suppressed



Map by Community Commons

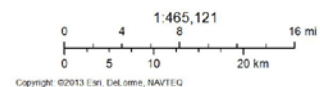
(Source: Nielsen, SiteReports: 2011, Accessed from Community Commons, www.cbma.org)

Students Eligible for Free or Reduced-Price Lunch by School, 2010-11



October 29, 2013

- Over 90.1%
- 75.1 - 90.0%
- 60.1 - 75.0%
- 45.1 - 60.0%
- Under 45.1%
- No Data or Data Suppressed



(Source: National Center for Education Statistics, Common Core of Data: 2010-11, Accessed from Community Commons, www.cbma.org)

Strategy #1: Decrease adult and youth obesity

Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Healthy Cooking- How to Modify Recipes; Healthy Snacks; Fast Fruits and Vegetables; Eating Out; Understanding Food Labels; Fit at Any Age; and Taking Charge of Your Diabetes	Ohio State University Extensions	General adult audiences	Prevention	Evidence based
Fitness Classes & Youth & Adult Sports	YMCA	All	Early intervention, treatment, education	Best Practice
Fitness Classes & Thin and Healthy Program	PEAK	Adults	Early intervention, treatment, education	Best Practice
Summer Food Program	YWCA	Youth (4-18)	Early intervention, treatment, education	Best Practice
Adult and Youth Sports & Aquatic Programs	YWCA	All	Early intervention, treatment, education	Best Practice
Camp Clay (Ropes course, swimming)	YMCA	1 st -6 th & corporate	Prevention, Early Intervention, Treatment	None stated
Ohio Line (Fact sheets & brochures)	Ohio State University	All		None stated
New Year, New You (Walking)	Vantage and Trinity Friends, Wal-Mart, School Tracks	All	Prevention, Early Intervention, Treatment	Best Practice
Golf	2 local golf courses	All	Prevention, Early Intervention, Treatment	Best Practice
Bowling and Sand volleyball (Summer)	Bowling Alleys	Kids-Summer and adults	Prevention, Early Intervention, Treatment	Best Practice
Breastfeeding Support	Help Me Grow; WIC; Hospital	Breastfeeding women	Prevention	Evidence Based
Employee Meals and Biggest Winner	Hearth and Home	Employees	Early intervention, treatment, education	Best Practice
Physician's Orders (therapeutic, weight loss, nutrition, educate to monitor medications and referrals)	Home Health	Elderly (Medicare & Medicaid)	Intervention and treatment	Best Practice
Weight Loss Support Group (Meets Weekly)	St. Mark's Lutheran Church	Adults	Intervention and treatment	Best Practice
Ohio Action for Healthy Kids	Health Department	Youth	Prevention	Nationwide Initiative
Nutrition	Westwood	Severe and Persistent Mental Illness	Intervention and treatment	Evidence based

Strategy #1: Decrease adult and youth obesity

Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Staff Wellness Program (Through insurance) Example: Weight watchers at work	Van Wert Schools	Employees	Prevention, Early Intervention, Treatment	Best Practice
Kids Health Fair	Hospital	4 th and 5 th grade	Prevention, Early Intervention, Treatment	None stated
Van Wert Roadrunners (After school in the Fall)	Van Wert Schools	1 st -6 th grade	Prevention, Early Intervention, Treatment	Best Practice
Van Wert Jump Rope Program	Van Wert Schools	1 st -5 th Grade	Prevention, Early Intervention, Treatment	Best Practice
Van Wert Before School Walking Program	Van Wert Schools	1 st -5 th Grade And 6 th -18 th Grade	Prevention, Early Intervention, Treatment	Best Practice
Zumba	Van Wert Schools	Van Wert School Staff	Prevention, Early Intervention, Treatment	Best Practice
BMI Testing	Van Wert Schools	3 rd , 4 th & 5 th grade and High School Physical Education Class	Prevention, Early Intervention, Treatment	Best Practice
School Lunches (new state standards) Free and Reduced Lunches & Breakfast	All School Districts	PreK-12	Prevention, Early Intervention, Treatment	Evidence Based
Running/Cross Country/Wrestling/Basketball/Cheerleading	Lincoln View/Community Partners	Elementary School	Prevention, Early Intervention, Treatment	Best Practice
Soccer	SAY Soccer	Youth	Prevention, Early Intervention, Treatment	Best Practice
Tennis	Van Wert Tennis Association	Ages 5-12 (camp) & Adults	Prevention, Early Intervention, Treatment	Best Practice
Dance	Various	Youth	Prevention, Early Intervention, Treatment	Best Practice
Gymnastics	Various	Youth	Prevention, Early Intervention, Treatment	Best Practice
Wellness Center Physician Referral	Hospital & Wellness Center	Ages 12 and older (At Risk Population)	Prevention, early intervention & treatment	Evidence Based and Best practice
Weight Loss for Life	Good Earth	Teens and Adults	Prevention, early intervention & treatment	Best Practice
Reservoir Fitness Path and Station	Parks and Recreation	All	Prevention, early intervention & treatment	Best Practice

Strategy #1: Decrease adult and youth obesity

Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Sports Leagues	Parks and Recreation	All	Prevention, early intervention & treatment	Best Practice
Well-Scripts (Corporate Wellness)	WCORHA	Vancrest Companies	Early Intervention, Treatment	Evidence Based
Wellness Programs	CSP, Eaton, Coopers, Grife Brothers, Brawn, Kennedy Manufacturing, Van Wert County Hospital	Employees	Prevention, Early Intervention, Treatment	Best Practice
Youth Basketball	Van Wert	Ages 8-14	Prevention, Early Intervention, Treatment	Best Practice
Youth Football	Van Wert	3 rd -6 th Grade	Prevention, Early Intervention, Treatment	Best Practice
Martial Arts	Various	All ages	Prevention, Early Intervention, Treatment	Best Practice
Running/Basketball/Football/Cheerleading/Soccer	Crestview (Mini-Knights)	Youth	Prevention, Early Intervention, Treatment	Best Practice
Summer Camps	Various	Youth	Prevention, Early Intervention, Treatment	Best Practice
Traveling Sports	AAU, Etc.	Youth	Prevention, Early Intervention, Treatment	Best Practice
Upwards (Basketball and Cheerleading)	Upwards	1 st -6 th Grade	Prevention, Early Intervention, Treatment	Best Practice
Alternate basketball program, Open Gym, and Weight Programs	Trinity Friends	Those that did not make the team	Prevention, Early Intervention, Treatment	Best Practice
Basketball	Youth for Christ	9 th -12 th Grade	Prevention, Early Intervention, Treatment	Best Practice
Health Class	Schools	Kindergarten- High School	Prevention, Early Intervention, Treatment	Best Practice
Body Image and Eating	Juvenile Probation	Those who have been in trouble (ages 12-18)	Prevention, Early Intervention, Treatment	Best Practice
Community Fitness Challenge	PEAK	Adults	Prevention, Early Intervention, Treatment	Best Practice
Backpack Program	Schools and St. Mark's Lutheran Church	Kindergarten- High School	Prevention, Early Intervention, Treatment	Best Practice
Silver Sneakers	YMCA and PEAK	Older Population	Prevention, Early Intervention, Treatment	Best Practice

Strategy #1: Decrease adult and youth obesity

Resource Assessment, continued

Program/Strategy/ Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Making the best of their food stamp dollars	Jobs and Family Services and Ohio State Extensions	Low-income SNAP families	Prevention, Early Intervention, Treatment	Best Practice
SNAP-ed (Balance My Day)	Ohio State Extensions	Low-income in schools and We Care Program	Prevention, Early Intervention, Treatment	Best Practice
Start Walking Now and Corporate Newsletters	American Cancer Society	Employees	Prevention, Early Intervention, Treatment	Best Practice
WIC	Community Health Professionals	Pregnancy-5 years old	Prevention	Best Practice
Bike Path	YMCA	All	Prevention, Early Intervention, Treatment	Best Practice
Health Aware Fair	Rotary, Hospital, Health Department, and Red Cross	All	Prevention, Early Intervention, Treatment	None stated

Strategy #1: Decrease adult and youth obesity

Gaps & Potential Strategies

Gaps	Potential Strategies
Educating agencies and community on what is available	<ul style="list-style-type: none"> • Distribute resource guides -available online, on social media, newspaper and hard copies • Inter-agency referral system
Referrals from Physicians	<ul style="list-style-type: none"> • Have a specific doctor or dietician to refer to • Insurance coverage • Incentives/reductions in premiums
Organized Activities for low-income families	<ul style="list-style-type: none"> • Expand waivers and scholarships that United Way, Upwards, and others already provide
Choosing to eat fast food more often	<ul style="list-style-type: none"> • Offer healthier choices at restaurants • Transparency in nutritional facts (ex. McDonalds) • Healthier food costs more. Need to reverse this. • Free coupons to farmer's markets • Adding recipes to the weekend food programs • Public health campaign • Policies with employers and what they offer onsite
Lack of comprehensive wellness programs	<ul style="list-style-type: none"> • Use evidence-based comprehensive wellness programs • Use outcome-based measures, not participation • Follow OHA Initiative guidelines • Educate employers on items above
Awareness vs. Education	<ul style="list-style-type: none"> • Make parents aware of their child's BMI • Figure out who to refer to

Strategy #1: Decrease adult and youth obesity

Best Practices

Best Practices

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

1. **Grow It, Try It, Like It!** *Grow It, Try It, Like It! Preschool Fun with Fruits and Vegetables* is a garden-themed nutrition education kit for child care center staff that introduces children to: three fruits - peaches, strawberries, and cantaloupe, and three vegetables - spinach, sweet potatoes, and crookneck squash. The kit includes seven booklets featuring three fruits and vegetables with fun activities through the imaginary garden at Tasty Acres Farm can be used to introduce any fruit or vegetable! It also has a CD-ROM with Supplemental Information and a DVD. Each set of lessons in the six fruit or vegetable booklets contain: hands-on activities, planting activities, and nutrition education activities that introduce MyPlate. Use the kit to promote learning at home with fun parent/child activities and family-sized recipes that give tips for cooking with children. The kit is downloadable at <http://www.fns.usda.gov/tn/Resources/growit.html>
2. **CATCH** (*Coordinated Approach to Child Health*) - This program is designed for after-school youth groups and community recreation programs and has a large base of scientific evidence to support its effectiveness in teaching healthy activity to adolescents and younger kids. CATCH consists of classroom curricula for third through fifth grades, parental involvement programs, CATCH PE, the Eat Smart foodservice program and CATCH Kids Club (K-8th grade after-school participants). The emphasis in the curricula is on making healthy food choices through skills training. For more information go to <http://catchinfo.org>
3. **Breast feeding Promotion Programs:** Breastfeeding promotion programs aim to increase breastfeeding initiation, exclusive breastfeeding, and duration of breastfeeding.

Evidence of Effectiveness

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

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

<http://www.countyhealthrankings.org/policies/breastfeeding-promotion-programs>

Strategy #1: Decrease obesity among adults and youth

Best Practices, continued

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

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

Developed By: USDA/CNPP, HHS/OASH

For more information go to:

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

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

Strategy #1: Decrease adult and youth obesity

Action Step Recommendations & Action Plan

Action Step Recommendations

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

1. Implement *Grow It, Try It, Like It!* program in preschools
2. Initiate formalized breastfeeding policies for employers
3. Implement a Healthier Choices campaign, which will lead to increased fruit and vegetable consumption, as well as other healthy foods

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

1. Increase businesses providing comprehensive wellness programs & insurance incentive programs to their employees
2. Implement OHA Healthy Hospitals Initiative
3. Increase nutrition/physical education materials being offered to patients by primary care physicians
4. Partner with local grocery stores to encourage low-cost healthy food choices
5. Create a wellness community calendar.
6. Encourage and recognize local “healthy choice restaurants”
7. Increase the number of community gardens and farmers markets

Action Plan

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
Implement <i>Grow It, Try It, Like It!</i> Program in Preschools		
Year 1: Research and download program and brochures Meet with local grocery stores or farmer’s markets to introduce the program and seek donations of fruits and vegetables Enlist at least 1 preschool to pilot the program	Lori Bittner, Headstart Lisa Baldwin, Dental Center of Northwest Ohio	December 31, 2014
Year 2: Continue efforts to seek donations of fruits and vegetables Provide program in 3 preschools in the county		December 31, 2015
Year 3: Continue efforts to seek donations of fruits and vegetables Provide program in 5 preschools in the county		December 31, 2016
Initiate Formalized Breastfeeding Policies for Employers		
Year 1: Survey employers about current breastfeeding policies and provide education and sample policies	Amy Rode, Van Wert County Hospital Jacque Welch Van Wert Manor	December 31, 2014
Year 2: Assist in implementing breastfeeding policies in at least 2 businesses/organizations in Van Wert County		December 31, 2015
Year 3: Assist in implementing breastfeeding policies in at least 25% of the businesses/organizations in Van Wert County		December 31, 2016

Strategy #1: Decrease adult and youth obesity

Action Step Recommendations & Action Plan, continued

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
Increase Businesses Providing Comprehensive Wellness Programs & Insurance Incentive Programs to Their Employees		
Year 1: Collect baseline data on businesses and organizations offering comprehensive wellness and insurance incentive programs to employees. Contact Mercer County Hospital for suggestions. Educate businesses through chamber of commerce, rotary, etc. about the benefits of implementing these programs	Anne Dunn, Van Wert County Hospital	December 31, 2014
Year 2: Get 3 businesses/organizations to initiate wellness and/or insurance incentive programs or upgrade their current programs to best practices. Aim to work with the largest employers		December 31, 2015
Year 3: Double the number of businesses/organizations providing wellness and insurance incentive programs from baseline.		December 31, 2016
Implement OHA Healthy Hospitals Initiative		
Year 1: Van Wert County Hospital will implement guidelines and strategies from OHA within their hospital (changes in cafeteria, vending, meetings, etc.)	Anne Dunn, Van Wert County Hospital	December 31, 2014
Year 2: The program will be introduced to area businesses and organizations. The hospital will assist others to adopt the guidelines and strategies, providing sample policies, signage and timeframes		December 31, 2015
Year 3: The program will be introduced into other areas of the community (schools, churches, etc.)		December 31, 2016
Increase Nutrition/Physical Education Materials Being Offered to Patients by Primary Care Physicians		
Year One: Work with primary care physician offices to assess what information/materials they are lacking to provide better care for overweight and obese patients	Anne Dunn, Van Wert County Hospital Lisa Baldwin, Dental Center of Northwest Ohio	December 31, 2014
Year Two: Train at least two primary care physician offices on nutrition and physical activity best practices and provide them with referral materials		December 31, 2015
Year Three: Offer additional trainings to reach at least 75% of the primary care physician offices in the county		December 31, 2016

Strategy #1: Decrease adult and youth obesity

Action Step Recommendations & Action Plan, continued

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
Wellness Community Guide & Calendar		
<p>Year 1: Create a community calendar/guide with the most up-to-date information regarding nutrition and exercise programs and opportunities in Van Wert County. Include information regarding community gardens and farmer's markets in the area as well as information on Senior Dining.</p> <p>Make sure guides and calendars are available on facebook and other social network site, as well as online. Update key words on search engines. Provide updated information to local radio stations.</p>	Amy Rode, Van Wert County Hospital	December 31, 2014
<p>Year 2: Keep the community calendar updated on a quarterly basis.</p> <p>Tie the programs and activities into employee incentive programs.</p>		December 31, 2015
<p>Year 3: Continue efforts from years 1 and 2.</p> <p>Determine on an annual basis, who will update the guides and calendars for the next 3 years.</p>		December 31, 2016

Strategy #2: Decrease adult and youth substance abuse Substance Abuse Indicators

In 2011, 43% of Van Wert County adults reported they had at least one alcoholic beverage in the past month. 29% of Van Wert adults smoke cigarettes every day. (Source: Center for Social Research, Indiana University – Purdue University Fort Wayne, Van Wert County Community Health Assessment, 2011) One-fifth (20%) of Van Wert County youth had at least one drink in the past 30 days. In 2011, 20% of Van Wert County youth were current smokers, having smoked at some time in the past 30 days. 12% of all Van Wert County youth had used marijuana at least once in the past 30 days. (Source: 2011 Youth Pride Survey conducted by Westwood Behavioral Health Center)

Alcohol

In 2011, 43% of Van Wert County adults reported they had at least one alcoholic beverage in the past month. 54% of Ohio and 55% of U.S. adults reported they had drunk alcohol in the past month in 2012 (Source: 2012 BRFSS). Van Wert adults averaged 3.69 drinks per occasion. (Source: Center for Social Research, Indiana University – Purdue University Fort Wayne, Van Wert County Community Health Assessment, 2011)

One-fifth (20%) of Van Wert County youth had at least one drink in the past 30 days, increasing to 28% of 12th graders. (2011 YRBS reported 38% for Ohio and 39% for the U.S). Of those who drank, 39% of 12th graders, 32% of 10th graders and 9% of 8th graders drank at a friend's house, the most popular place of use. (Source: 2011 Youth Pride Survey conducted by Westwood Behavioral Health Center)

Tobacco

44% of Van Wert County adults reported that they have ever smoked cigarettes in their lifetime. 29% smoke cigarettes every day, 6% smoke some days, and 65% answered they no longer smoke. Among the smokers, 25% have tried to quit in the past year and 41% had not tried to quit.

Other than cigarettes, 4% of Van Wert County adults reported regularly using chewing tobacco or snuff, 2% reported regularly using cigars, and less than 1% reported regularly using a pipe. (Source: Center for Social Research, Indiana University – Purdue University Fort Wayne, Van Wert County Community Health Assessment, 2011)

In 2011, 20% of Van Wert County youth were current smokers, having smoked at some time in the past 30 days (2011 YRBS reported 21% for Ohio and 18% for the U.S). Almost one-third (30%) of 12th graders were current smokers, compared to 5% of 8th graders and 25% of 10th graders. (Source: 2011 Youth Pride Survey conducted by Westwood Behavioral Health Center)

Drug Use

Less than 1% of Van Wert County adults reported that they had been told by a doctor, nurse, or health professional that they have a drug dependency issue. Also, less than 1% of respondents said they were currently being treated for a drug dependency issue. (Source: Center for Social Research, Indiana University – Purdue University Fort Wayne, Van Wert County Community Health Assessment, 2011)

In 2011, 12% of all Van Wert County youth had used marijuana at least once in the past 30 days, increasing to 17% of 9th-12th graders. The 2011 YRBS found a prevalence of 24% for Ohio youth and a prevalence of 23% for U.S. youth who had used marijuana one or more times during the past 30 days. Of those who used marijuana, 16% of 12th graders, 15% of 10th graders and 3% of 8th graders used at a friend's house, the most popular place of use. (Source: 2011 Youth Pride Survey conducted by Westwood Behavioral Health Center)

Strategy #2: Decrease adult and youth substance abuse Substance Abuse Indicators, continued

2011 Adult Comparisons	Van Wert County 2011	Ohio 2012	U.S. 2012
Had at least one alcoholic beverage in past month	43%	54%	55%
Binged in past month (5 or more drinks in a couple of hours on an occasion for males or 4 or more for females)	27%	18%	17%
Current smoker (currently smoke some or all days)	35%	23%	20%
Opiate addiction	4%	N/A	N/A

(Source: Center for Social Research, Indiana University – Purdue University Fort Wayne, Van Wert County Community Health Assessment, 2011 & BRFSS)

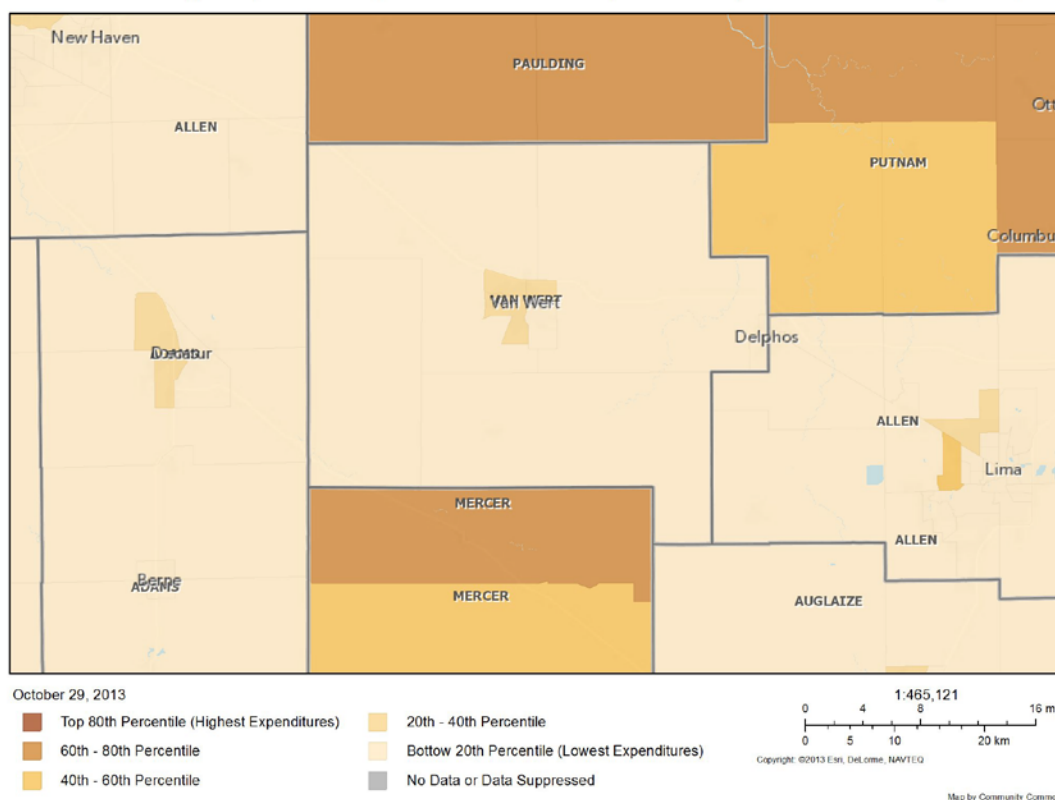
N/A – Data is not available

2011 Youth Comparisons	Van Wert County 2011	Ohio 2011	U.S. 2011
Had at least one alcoholic beverage in past month	20%	38%	39%
Current smoker (currently smoke some or all days)	20%	21%	18%
Used marijuana in the past month	12%	24%	23%

(Source: 2011 Youth Pride Survey conducted by Westwood Behavioral Health Center & YRBSS)

N/A – Data is not available

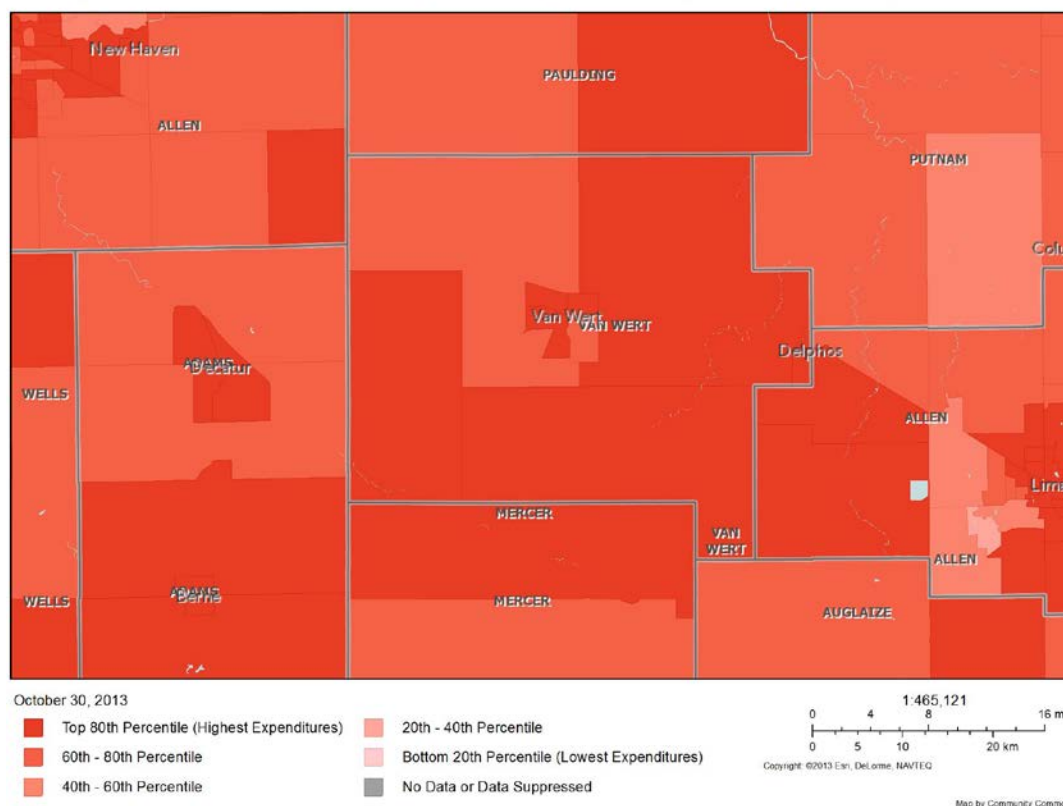
Alcoholic Beverage Expenditures, Percent of Total Expenditures, National Rank by Tract, 2011



(Source: Nielisen, SiteReports: 2011, Accessed from Community Commons, www.cbna.org)

Strategy #2: Decrease adult and youth substance abuse Substance Abuse Indicators, continued

Cigarette Expenditures, Percent of Total Expenditures, National Rank by Tract, 2011



(Source: Nielisen, SiteReports: 2011, Accessed from Community Commons, www.cbna.org)

Strategy #2: 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
Residential treatment	Court	Indigent	Treatment	Evidence Based
DARE (Camps and Dances)	Sheriff and Police	5 th Grade- Van Wert Kintergarten-6th Grade- Lincoln View	Prevention	No
Prescription Collection (Quarterly drop off or anytime)	Sheriff	All	Prevention	Best Practice
Fresh Start Tobacco Cessation	Hospital and American Cancer Society	Adult smokers	Treatment	Evidence Based
Celebrate Recovery	Trinity Friends, 1 st friends, Trinity United Methodist	Adults	Treatment	Evidence Based
Ridgeview Hospital (20 day rehab inpatient)	Ridgeview Hospital	Mental Health and Drug Addiction (Dual diagnose)	Treatment	Evidence Based
Employee Assistance Program (counseling for drug/alcohol abuse)	WCORHA	Drug and Alcohol Abusers	Treatment	Evidence Based
Tobacco Education	Juvenile Court	Charged with using tobacco (ages 12-17)	Treatment	None stated
Ohio Quit Line	Ohio Quit Line	Adult smokers	Treatment	Evidence Based
Assessment/Screening/ Diagnostic	Westwood	Adolescent and Adult	Early Intervention, Treatment	Evidence Based
Individual Counseling	Westwood	Adolescent and Adult	Early Intervention, Treatment	Evidence Based
Men's and Women's Recovery Group	Westwood	Adults	Treatment	Evidence Based
Adolescent Recovery Group	Westwood/Juvenile Court	Adolescents	Treatment	Evidence Based
Individual Case Management (Alcohol and Drug Abuse)	Westwood	Adolescent and Adults	Treatment	Evidence Based
Case Management Group (Dual Diagnosis)	Westwood	Adolescent and Adults	Treatment	Evidence Based
Drug and Alcohol Testing (Oral and Urine)	Westwood	Employees and Youth in Schools	Early Intervention	Evidence Based
Project Choice	Westwood	Ages 12-18	Prevention	Evidence Based
Online Adult Education	Westwood	Adolescent and Adults	Early Intervention	Evidence Based
Linkage for residential and detox	Westwood	Adolescent and Adults	Treatment	Evidence Based
Linkage to Alcoholics Anonyms, etc.	Westwood	Adults	Treatment	Evidence Based

Strategy #2: Decrease adult and youth substance abuse Resource Assessment, continued

Program/Strategy/ Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Intensive Outpatient Program (In Van Wert County)	Foundations	Adults	Treatment	Evidence Based
Pilot with heroin opiate users (vivitrol and intensive outpatient programs)	ADAMhs Board	Adults	Treatment	Best Practice

Strategy #2: Decrease adult and youth substance abuse Gaps and Potential Strategies

Gaps	Potential Strategies
Updated meeting information for Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Celebrate Recovery	<ul style="list-style-type: none"> Work with current group leaders to update more often
Have to travel to other communities and counties to attend meetings (AA, NA, Celebrate Recovery)	<ul style="list-style-type: none"> Transportation to meetings so members can go daily
Educate youth on substance abuse	<ul style="list-style-type: none"> Schools would welcome outside facilitators Could add on programming/education to the summer food program that reaches 300+ lower income youth ages 4-17 Expand or add on to Pregnancy Center programming that is currently being provided in the schools in grades 6-8.
Lack of parent involvement	<ul style="list-style-type: none"> Different sets of parents need different messages Messages to parents to allow screenings Include parents as part of treatment Look into the HUB in Lucas County Education at parent teacher conferences and open houses
Intensive outpatient, residential detoxification, and residential treatment	<ul style="list-style-type: none"> Ridgeview hospital- currently have to have dual diagnosis and Medicare Transportation to Ft. Wayne, Lima, etc.
Offer high school diploma to drop outs	<ul style="list-style-type: none"> Support/expand Van Wert schools current program through additional funding Once child has their diploma, help to get them into an employment program
Parent education regarding new drugs	<ul style="list-style-type: none"> Educate at parent teacher conferences and open houses Send information home in newsletters Education through child's pediatrician or family doctor

Strategy #2: Decrease adult and youth substance abuse Best Practices

Best Practices

The following programs have been reviewed and have proven strategies to **address substance abuse related issues in adults**:

- 1. Motivational Interviewing (MI)**- MI is a goal-directed, client-centered counseling style for eliciting behavioral change by helping clients to explore and resolve ambivalence. MI has been applied to a wide range of problem behaviors related to alcohol and substance abuse as well as health promotion, medical treatment adherence, and mental health issues. Although many variations in technique exist, the MI counseling style generally includes the following elements:
 - Establishing rapport with the client and listening reflectively.
 - Asking open-ended questions to explore the client's own motivations for change.
 - Affirming the client's change-related statements and efforts.
 - Eliciting recognition of the gap between current behavior and desired life goals.
 - Asking permission before providing information or advice.
 - Responding to resistance without direct confrontation. (Resistance is used as a feedback signal to the therapist to adjust the approach.)
 - Encouraging the client's self-efficacy for change.
 - Developing an action plan to which the client is willing to commit.For more information go to <http://www.motivationalinterview.org>.
- 2. Alcoholics Anonymous** - Alcoholics Anonymous® is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership; we are self-supporting through our own contributions. AA is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy, neither endorses nor opposes any causes. Our primary purpose is to stay sober and help other alcoholics to achieve sobriety.
For more information go to <http://www.aa.org>
- 3. ModerateDrinking.com and Moderation Management** - ModerateDrinking.com and Moderation Management are complementary online interventions designed for nondependent, heavy-drinking adults who want to reduce the number of days on which they drink, their peak alcohol use on days they drink, and their alcohol-related problems. For more information go to http://www.moderatedrinking.com/home/default_home.aspx?p=register_login
- 4. Community Trials Intervention to Reduce High-Risk Drinking** - Community Trials Intervention to Reduce High-Risk Drinking is a multicomponent, community-based program developed to alter the alcohol use patterns and related problems of people of all ages. The program incorporates a set of environmental interventions that assist communities in (1) using zoning and municipal regulations to restrict alcohol access through alcohol outlet density control; (2) enhancing responsible beverage service by training, testing, and assisting beverage servers and retailers in the development of policies and procedures to reduce intoxication and driving after drinking; (3) increasing law enforcement and sobriety checkpoints to raise actual and perceived risk of arrest for driving after drinking; (4) reducing youth access to alcohol by training alcohol retailers to avoid selling to minors and those who provide alcohol to minors; and (5) forming the coalitions needed to implement and support the interventions that address each of these prevention components. For more information go to <http://www.pire.org/communitytrials/index.htm>

Strategy #2: Decrease adult and youth substance abuse Best Practices, continued

The following programs and policies have been reviewed and have proven strategies to **address substance abuse related issues in youth**:

1. **LifeSkills Training (LST)** – LST is a school-based program that aims to prevent alcohol, tobacco, and marijuana use and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. LST is based on both the social influence and competence enhancement models of prevention. Consistent with this theoretical framework, LST addresses multiple risk and protective factors and teaches personal and social skills that build resilience and help youth navigate developmental tasks, including the skills necessary to understand and resist pro-drug influences. LST is designed to provide information relevant to the important life transitions that adolescents and young teens face, using culturally sensitive and developmentally and age-appropriate language and content. Facilitated discussion, structured small group activities, and role-playing scenarios are used to stimulate participation and promote the acquisition of skills. Separate LST programs are offered for elementary school (grades 3-6), middle school (grades 6-9), and high school (grades 9-12). For more information, go to <http://www.lifeskillstraining.com>.
2. **Operation Storefront**- The goal of Operation Storefront is to raise community awareness of the tobacco and alcohol industries' successful marketing strategies using retail advertising and promotions. Often referred to as point-of-purchase advertising (POP) this type of advertising includes outdoor banners, window signs, counter, floor, and ceiling displays, posters, decals, clocks, calendars, and much more. Operation Storefront is an activity designed for youth and adult volunteers to actually document the amount of tobacco and alcohol advertising at local retailers. It is not in any way designed to single out local merchants. For more information, you can find Operation Storefront details at numerous state websites. Operation Storefront does not have its own website.
3. **Guiding Good Choices (GGC)**- GGC is a drug use prevention program that provides parents of children in grades 4 through 8 (9 to 14 years old) with the knowledge and skills needed to guide their children through early adolescence. It seeks to strengthen and clarify family expectations for behavior, enhance the conditions that promote bonding within the family, and teach skills that allow children to resist drug use successfully. GGC is based on research that shows that consistent, positive parental involvement is important to helping children resist substance use and other antisocial behaviors. The current intervention is a five-session curriculum and families also receive a Family Guide containing family activities, discussion topics, skill-building exercises, and information on positive parenting. For more information go to <http://www.channing-bete.com/ggc>.

Strategy #2: Decrease adult and youth substance abuse

Action Step Recommendations & Action Plan

Action Step Recommendations

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

1. Implement a community based comprehensive program to reduce substance abuse
2. Increase appropriate disposal of prescriptions/opiates
3. Implement an adult smoking cessation program
4. Increase the number of ER and primary care physicians who screen for at-risk drinking and alcohol abuse.
5. Support medication-assisted treatment opportunities

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

1. Increase awareness of new drug trends
2. Decrease point of purchase advertising at local retailers.
3. Implement evidence-based prevention programs at the elementary, middle school and high school levels.

Action Plan

Decrease Substance Abuse		
Action Step	Responsible Person/Agency	Timeline
Implement a Community Based Comprehensive Program to Reduce Alcohol Abuse		
Year 1: Educate community on problems associated with high-risk drinking. Create a task force Support current programs such as 5 th Quarter	Mark Spieles Westwood Behavioral Health Center	December 31, 2014
Year 2: Implement the following strategies: <ul style="list-style-type: none"> • Sobriety checkpoints (working with law enforcement) • Seller/server trainings (working with the Ohio Investigative Unit) • Parents Who Host Lose the Most campaign (educating parents on the laws for distributing alcohol to minors) 		December 31, 2015
Year 3: Publicize results of efforts and expand strategies of the task force.		December 31, 2016
Support Medication-Assisted Treatment Opportunities		
Year 1: Support the pilot project using monthly Vivitrol injections to help criminal offenders with a prior history of opiod dependence.	Keith Turvy, Tri County ADAMhs Board	December 31, 2014
Year 2: Research grants and funding opportunities to support the Vivitrol program Increase the number of criminal offenders who are using Vivitrol.		December 31, 2015
Year 3: Increase the percentage of criminal offenders using Vivitrol by 25%.		December 31, 2016

Strategy #2: Decrease adult and youth substance abuse Action Step Recommendations & Action Plan, continued

Action Plan

Decrease Substance Abuse		
Action Step	Responsible Person/Agency	Timeline
Increase Awareness of New Drug Trends		
Year 1: Plan a community awareness campaign to increase education and awareness of substance abuse issues. Determine best ways to educate community and parents (social media, newspaper, school websites or newsletters, television, church bulletins, etc.)	Mark Speiles, Westwood Behavioral Health Center	December 31, 2014
Year 2: Plan awareness programs/workshops focusing on different “hot topics” and substance abuse trends. Attain media coverage for all programs/workshops		December 31, 2015
Year 3: Continue efforts of years 1 and 2.		December 31, 2016
Implement Evidence-Based Prevention Programs in Elementary, Middle and High Schools		
Year 1: Research which programs are currently being implemented and where.	Mark Speiles, Westwood Behavioral Health Center	December 31, 2014
Year 2: Introduce LifeSkills or other evidence based program to one district.		December 31, 2015
Year 3: Expand programming to all districts		December 31, 2016

Trans-Strategies

Gaps	Potential Strategies
Lack of awareness of programs and resources	<ul style="list-style-type: none"> Distribute resource guides -available online, on social media, newspaper and hard copies
Lack of transportation	<ul style="list-style-type: none"> Look into Henry & Hancock Counties' systems

Trans-strategies		
Action Step	Responsible Person/Agency	Timeline
Implement a Transportation System		
Year 1: Create a Transportation Task Force Use Henry and Williams Counties as best practices If needed, apply for grant funding by March 2014 through Department of Transportation Present plan to respective governmental units	Kevin Matthews, Council on Aging	December 31, 2014
Year 2: Market transportation system to communities		December 31, 2015
Year 3: Continue operations of new transportation system Review funding and effectiveness of services		December 31, 2016

Progress and Measuring Outcomes

The progress of meeting the local priorities will be monitored with measurable indicators identified by the Van Wert County Health Collaborative. The individuals that are working on action steps will meet on an as needed basis. The full committee will meet monthly for the first 6 months and then every other month after that to report out the progress. The committee will form a plan to disseminate the Community Health Improvement Plan to the community. Action steps, responsible person/agency, and timelines will be reviewed at the end of each year by the committee. Edits and revisions will be made accordingly.

Contact Us

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

Kim Haas, RN
 Director of Nursing
 Van Wert County Health Department
 419-238-0808 Ext. 102
khaas@vanwertcountyhealth.org

Amy Rode
 Patient/Community Relations Director
 Van Wert County Hospital
 419-238-8623
ARode@vanwerthospital.org