

# Williams County

Implementation Plan

# 2013



COMMUNITY

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## Executive Summary

Since 2006, Williams 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. Williams 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, Williams County will rally around the issues identified and work together to implement best practices that will improve the health of Williams County.

### Strategies:

#### Priority Health Issues for Williams County

1. **Decrease adult and youth obesity**

2. **Increase preventive health (prenatal care, women's health, men's health & vaccinations)**

### Target Impact Areas:

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

To increase preventive health, Williams County will focus on the following target impact areas: 1) Increase vaccinations, 2) Increase women's and men's health screenings, and 3) Increase prenatal care in first trimester.

### Action Steps:

To work toward decreasing **youth obesity**, the following action steps are recommended: 1) Implement a healthier choices campaign, which will lead to increased fruit and vegetable consumption, 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) Update and disseminate community wellness guides and calendars that contain information about community gardens, sports programs, and exercise and nutrition programs available in Williams County, 3) Increase opportunities for businesses/organizations to provide wellness and insurance incentive programs for their employees, and 4) Increase community gardens.

To work toward increasing **preventive health**, the following action steps are recommended: 1) County-wide vaccination campaign, 2) Create consistent men's and women's health screening recommendations, and 3) Increase 1st trimester prenatal care.

## Partners

The Williams County Health Partners 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 Williams County a great place to live and work.

### Committee Members:

American Cancer Society – Jessica West  
Board of Developmental Disabilities – Debra Guilford, Dennis Myers  
Bryan City Schools – Diana Savage  
Clergy – Dave Tilly  
Community Health & Wellness Centers – Jan David, Tammy Degryse, Phil Ennen, Mike Freeman, Jessica Reitzel, Jeanette Roberts, Linda Trausch  
Four County ADAMhs Board – Les McCaslin  
Job & Family Services – Pamela Johnson  
Parkview Physicians Group – Krystal Miller  
Williams County Health Department – Megan Riley, Beth Schweitzer, Becki Snyder, Jim Watkins  
Williams County Sheriff – Steve Towns  
United Way – Bill Pepple  
YMCA – Rob Imber

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

## Strategic Planning Model

Beginning in June 2013, the Williams 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 Williams 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 health assessment report?

Key Issue or Concern	% of Population Most at Risk	Age Group Most at Risk	Gender Most at Risk
1. Obesity and Overweight (13 votes) (Nutrition: 5+ fruits and vegetables) (Lack of physical activity- sedentary)	68% 6% 30%	30-64 -- --	Males -- --
2. Preventive Medicine (13 votes) (Vaccinations) (PSA in past year) (Mammogram) (Prenatal Care First 3 Months) (Pap Smear) (DRE) (Flu Vaccination) (Pneumonia Vaccination)	-- 47% 52% 52% 38% 34% 72% 56%	-- 50+ 40+ Total Total 50+ 65+ 65+	-- Males Females Females Females Males Males/Females Males/Females
3. Mental Health Access (12 votes) (Professional Referrals) (Looked for a program) (Suicide) (Depressed) (Considered Suicide)	-- 8% <1% 8% 3%	-- -- (55-64) -- --	-- -- -- -- --
4. Drug Use (10 votes) (At risk: 15%-25% affected)	6%: Rx 3% Marijuana	<65 --	Females --
5. Diabetes (10 votes) (Total Population)	8% total pop	65+ (23%)	M & F
6. Sedentary- No Physical Activity (5 votes)	30%	--	--
7. Cardiovascular Disease (5 votes) – Risk factors:Hypertension-29%; High Cholesterol-35%; Sedentary Lifestyle-30%; Smoking-20%; Diabetes-8%; Obesity-30%	24% (COD)	>50	Males
8. Binge Drinkers (3 votes): (40% current drinkers)	18%	<30	--
9. STD's/AIDS (1 vote)	--	15-24	M & F
10. Spouse/Domestic Abuse (1 vote) (Threatened) (Abused)	11% 7%	-- --	-- --
11. Motor Vehicle Accidents (1 vote) (Alcohol Related Crashes)	50%	--	--

## Needs Assessment, continued

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

Key Issue or Concern	% of Population Most at Risk	Age Group Most at Risk	Gender Most at Risk
1. Overweight and Obesity (12 votes)	24%	12-18	Males slightly more than females
2. Binge Drinking (11 votes) (All Youth) (Current Drinkers)	17% of all 57%	<13	Females
3. Marijuana and Other Illegal Drugs (11 votes)	9% current mar. users	>17	Females
4. Misuse Prescription Medication (10 votes)	8%	>17	Females
5. Depressed (10 votes)	22%	--	--
6. Suicide/Contemplated Suicide (9 votes) (attempted) (contemplated)	8% 15%	-- --	-- --
7. Bullying (8 votes) (Bullied) (Bullied on School Property)	47% 34%	-- --	-- --
8. Smoking (7 votes) (Ever Tried) (Current Smokers) (62% Also Drank)	25% 10%	>17 --	-- --
9. Sexual Health Issues (5 votes) (Sexual Intercourse) (Condom Use)	25% 57%	>17	Females
10. Texting and driving (2 votes)	49%	16-18	Not differentiated
11. Immunizations- All youth (HPV) (1 vote)	--	--	--
12. Self-Esteem (1 vote)	--	--	--
13. Sexual Abuse (1 vote) (Touched in unsafe way) (Oral Sex) (Sexual Intercourse) (Other Sexual Activity)	7% 6% 4% 4%	-- -- -- --	-- -- -- --

**Other thoughts and discussion points to consider:**

- Adult socioeconomic factors have an impact
- Those who make less than \$25,000 are disproportionately affected by many issues found in the report

## Priorities Chosen

The Williams County Strategic Planning Committee completed an exercise where they ranked the key issues based on the magnitude of the issue, seriousness of the consequence, and the feasibility of correcting the issue. A total score was given to each priority. The max score was 30. All committee members' scores were combined and then average numbers were produced. Based off these parameters, the group decided to focus on the following two issues: adult and youth weight control, and preventive health (prenatal care, women's health, men's health & vaccinations). The results were sent out to the full committee for approval.

The rankings were as follows:

Issue	Average Score
Adult Weight Control	22.6
Youth Weight Control	22.6
Adult Preventive Medicine	21.5
Youth Texting and Driving	21.2
Youth Bullying	20.3
Youth Depression	19.6
Youth Suicide	19.2
Cardiovascular Health	19.2
Youth Smoking	19.2
Youth Binge Drinking	19.1
Adult Sedentary Behavior	18.2
Adult Drug Use	17.8
Youth Sexual Behavior	17.3
Adult Mental Health	17.2
Youth Drug Use	16.9
Youth Prescription Misuse	16.8
Adult Diabetes	16.6
Motor Vehicle Accidents	16.3
Adult Binge Drinking	15.6
Youth Self Esteem	15.0
Youth Sexual Abuse	15.0
Youth Immunizations	14.9
Adult STDs/AIDS	14.3
Domestic Violence	13.8

### Priority Health Issues for Williams County

1. Decrease adult and youth obesity
2. Increase preventive health (prenatal care, women's health, men's health & vaccinations)

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

### Obesity indicators

*68% of Williams County adults were overweight or obese based on Body Mass Index (BMI). 24% of Williams County youth in grades 6-12 are classified as overweight or obese based on BMI.*

#### Weight Status

The 2013 Williams County Health Assessment indicates that 38% of adults were overweight and 30% 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.

Williams County adults had access to a wellness program through their employer or spouse's employer with the following features: health risk assessment (11%), gift cards or cash for participation in wellness program (10%), on-site health screenings (8%), free/discounted gym membership (8%), healthier food options in vending machines or cafeteria (7%), lower insurance premiums for participation in wellness program (5%), on-site fitness facility (5%), gift cards or cash for positive changes in health status (4%), lower insurance premiums for positive changes in health status (2%), free/discounted weight loss program (2%), free/discounted smoking cessation program (2%), on-site health education classes (2%), and other (2%).

32% of Williams County adults did not have access to any wellness programs.

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

#### Nutrition

In 2013, 6% of adults ate 5 or more servings of fruits and vegetables per day. 92% 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.

11% of Williams County youth ate 5 or more servings of fruits and vegetables per day. 81% ate 1 to 4 servings of fruits and vegetables per day.

Over one-quarter (29%) of youth drank pop, punch, Kool-aid, sports drinks, fruit flavored drinks, energy drinks, etc. at least once per day.

One-fifth (20%) of youth reported they went to bed hungry because they did not have enough food at least one night per week. 3% of youth went to bed hungry every night of the week.

#### Physical Activity

In Williams County, 51% of adults were engaging in physical activity for at least 30 minutes on 3 or more days per week. 28% of adults exercised 5 or more days per week and 30% of adults reported they did not participate in any physical activity in the past week, including those who were unable to exercise.

Reasons for not exercising included: time (22%), too tired (19%), weather (19%), laziness (13%), pain/discomfort (12%), chose not to exercise (12%), could not afford a gym membership (8%), no sidewalks (3%), no walking/biking trails (3%), no childcare (1%), did not know what activity to do (1%), safety (1%), no gym available (1%), doctor advised them not to exercise (<1%), and other (6%).

More than one-third (37%) of adults were mostly sitting or standing while at work. 20% were doing mostly heavy labor or physically demanding work.

On an average day, adults spent time doing the following: 2.7 hours watching television, 1.3 hours on the computer outside of work, 1.1 hours on their cell phone, and 0.2 hours playing video games.



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

### Obesity indicators, continued

70% of youth in grades 6-12 participated in at least 60 minutes of physical activity on 3 or more days in the past week. 49% did so on 5 or more days in the past week and 28% did so every day in the past week. 11% 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.).

Williams County youth spent an average of 3.7 hours on their cell phone, 2.5 hours watching TV, 2.3 hours on the computer/tablet, and 1.4 hours playing video games on an average day of the week.

38% of youth spent 3 or more hours watching TV on an average day (2011 YRBS reported 31% for Ohio and 32% for the U.S.).

2006/2009/2013 Youth Comparisons	Williams County 2006 (6 <sup>th</sup> -12 <sup>th</sup> )	Williams County 2009 (6 <sup>th</sup> -12 <sup>th</sup> )	Williams County 2013 (6 <sup>th</sup> -12 <sup>th</sup> )	Williams 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	14%	13%	12%	15%	13%
Overweight	N/A	16%	11%	11%	15%	15%
Described themselves as slightly or very overweight	29%	26%	31%	32%	30%	29%
Trying to lose weight	44%	49%	50%	48%	N/A	N/A
Exercised to lose weight	45%	44%	51%	53%	61%*	61%*
Ate less food, fewer calories, or foods lower in fat to lose weight	21%	22%	38%	40%	43%*	39%*
Went without eating for 24 hours or more	5%	4%	7%	7%	13%	12%
Took diet pills, powders, or liquids without a doctor's advice	3%	1%	3%	4%	6%	5%
Vomited or took laxatives	1%	2%	3%	4%	6%	4%
Ate 1 to 4 servings of fruits and vegetables per day	N/A	N/A	81%	82%	85%*	78%*
Physically active at least 60 minutes per day on less than 7 days in past week	N/A	N/A	73%	71%	75%	71%
Physically active at least 60 minutes per day on less than 5 days in past week	N/A	N/A	51%	47%	55%	51%
Did not participate in at least 60 minutes of physical activity on any day in past week	N/A	12%	11%	11%	16%	14%
Watched TV 3 or more hours per day	N/A	33%	38%	38%	31%	32%

N/A - Not available

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

2013 Adult Comparisons	Williams County 2013	Ohio 2011	U.S. 2011
Obese	30%	30%	28%
Overweight	38%	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 Watchers	Weight Watchers	14 years and older	Prevention, early intervention, treatment	Evidence based program
Policy- Removal of sugar-sweetened beverages	Schools, churches, businesses	Bryan City Schools, Presbyterian Church (Montpelier)	Prevention, early intervention	Best practice
Various Aerobics	YMCA	All ages	Prevention, early intervention, treatment	Best practice
Land-based & aquatic group exercise (including aqua zumba class)	YMCA	All ages	Prevention, early intervention, treatment	Best practice
Zumba	Various sites	Bryan, Edgerton, Stryker	Prevention, early intervention, treatment	Best practice
Silver Sneakers Silver Splash Gold & Fit	YMCA	All ages	Prevention, early intervention, treatment	Best practice
Personal training & fitness coaching	YMCA	All ages	Prevention, early intervention, treatment	Best practice
Swimming (only year round pool in county)	YMCA	All ages	Prevention, early intervention, treatment	Best practice
Babysitting service (available to parents while exercising)	YMCA	Children	N/A	None
Main Line Fitness Center	Main Line Fitness Center	All ages	Prevention, early intervention, treatment	Best practice
Fitness Classes	FCHC	Adults	Prevention, early intervention, treatment	Best practice
Active for Life Program	American Cancer Society (ACS)	Adults	Prevention, early intervention, treatment	Best practice
Employee Gym	Hospital	Employees	Prevention, early intervention, treatment	Best practice
Poker Walk for Employees	Hospital	Employees	Prevention, early intervention, treatment	Best practice
Various Races (5k/biking)	Various	All ages	Prevention, early intervention, treatment	Best practice
24/7 Fitness (24 hours)	Anytime Fitness	Bryan	Prevention, early intervention, treatment	Best practice
Adult & Youth Sports Programs	Parks and Rec	3 years and older	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
Adult & Youth Sports Programs	YMCA	All ages	Prevention, early intervention, treatment	Best practice
City Pools	Park and Rec	Bryan, Montpelier	Prevention, early intervention, treatment	Best practice
All Things Food (garden presentation, organic)	All Things Food	Bryan	Prevention, early intervention, treatment	Best practice
School Lunches	Ohio Department of Education (ODE) Mandate	All school districts	Prevention, early intervention, treatment	Best practice
Summer Food Programs	Private, Northwestern Ohio Community Action Commission (NOCAC)	Montpelier Bryan Edgerton (preschool-high school)	Prevention, early intervention, treatment	# of youth participating
Cross Country Skiing	Boy Scouts	Anyone	Prevention, early intervention, treatment	Best practice
Dance Studio	Various	Bryan, Edgerton	Prevention, early intervention, treatment	Best practice
Cheer/Gymnastics	All-starts	All county	Prevention, early intervention, treatment	Best practice
Other wellness programs for businesses	ACS	Business	Prevention, early intervention, treatment	Best practice
Meeting Well (Healthy Meetings)	ACS	Business	Prevention, early intervention, treatment	Best practice
Golf	Various golf facilities	All ages	Prevention, early intervention, treatment	Best practice
Nutrition Classes: Weight Control Heart Health	Hospital	All ages	Prevention, early intervention, treatment	Best practice
Steps to Success (Diabetes)	Hospital	Adults	Treatment	Best practice
Medical Nutrition Therapy	Hospital	All ages	Prevention, early intervention, treatment	Best practice
Coach in your Corner (Nutrition Program)	Hospital	Spangles Employees	Prevention, early intervention, treatment	Best practice
Hypnosis for Weight Control	Hospital	Employees and Community	Treatment	Best practice
HeartStar Employee Wellness Program	Hospital	Employees	Prevention, early intervention, treatment	Best practice
(Voluntary) Diabetes Support Group	Hospital	Those with Diabetes	Treatment	Best practice
Cooking Classes	Helping Hands Food Pantry (Paula Pephley)	Montpelier	Prevention	None
Farmer's Market	Various (OSU Extension, private, Pioneer, St. Johns)	Various	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
School Athletics	All Schools	All Schools	Prevention	None
Public use of tracks and use of buildings	All Schools	All Schools	Prevention	Best practice
Church Sports Leagues	Area Churches	All youth	Prevention, early intervention, treatment	Participation numbers
Upward Basketball	Nazarene Church	Community	Prevention, early intervention, treatment	Number of youth participating
Online/Apps for Nutrition, or Physical Activity	Various	All ages	Prevention, early intervention, treatment	None
Walking Trails (Measured Distances)	Health Departments and Villages	All ages	Prevention, early intervention, treatment	Best practice
Grow it, Try it, Like it (Nutrition Program)	Health Department (USDA/ODH suggested)	Preschoolers, day care centers	Prevention, early intervention	Evidence based
Bike Paths	Rails to Trails (City of Bryan)	All ages	Prevention, early intervention, treatment	Best practice
WIC Breastfeeding and Nutrition Counseling	Health Department	0-5 years of age	Prevention	Best practice
Walking program (school is open in winter months for walking)	Bryan City Schools	All ages	Prevention, early intervention, treatment	Best practice
Fitness classes	Bryan City Schools	All ages	Prevention, early intervention, treatment	Best practice
Volleyball/basketball leagues	Bryan City Schools & Parks and Recreation	All ages	Prevention, early intervention, treatment	Best practice

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

### Gaps & Potential Strategies

Gaps	Potential Strategies
<b>Comprehensive community-based obesity prevention programs</b>	<ul style="list-style-type: none"> <li>• Implementing long-term multi-focal interventions (home, school, church, etc..)</li> <li>• Report on existing comprehensive programs (are they following comprehensive frameworks?)</li> <li>• Making programs accessible</li> </ul>
<b>Low socioeconomic status (SES)</b>	<ul style="list-style-type: none"> <li>• Increase accessibility of programs</li> <li>• Create a policy on built environment (Safe Routes to School, vending, cafeterias)</li> <li>• Community gardens</li> </ul>
<b>Policies that impact obesity</b>	<ul style="list-style-type: none"> <li>• Take inventory of existing policies</li> <li>• Gather support</li> <li>• Create an opportunity for exchanging information among worksites on existing policies in place that impact obesity</li> </ul>
<b>Community involvement in implementing change</b>	<ul style="list-style-type: none"> <li>• Provide incentives</li> <li>• Broader representation of the community (community coalitions)</li> </ul>
<b>Information dissemination</b>	<ul style="list-style-type: none"> <li>• Inventory/collect data to create a resource assessment</li> <li>• Use technology to increase awareness of programs</li> <li>• Create a community awareness plan (using multiple strategies, including media campaigns, community mobilizations, education for health professionals and the general public, modifications of physical environments, health screenings and home-and-school based interventions)</li> </ul>
<b>Food Pantry -people do not know how to prepare healthy meals</b>	<ul style="list-style-type: none"> <li>• Teach food pantry clients how to cook and prepare healthy meals</li> </ul>
<b>No place for zumba classes in the winter</b>	<ul style="list-style-type: none"> <li>• Look into churches and/or fairgrounds for available spaces</li> <li>• Newspaper article</li> </ul>
<b>Time for exercising</b>	<ul style="list-style-type: none"> <li>• Develop company programs supporting exercise during work hours</li> <li>• Insurance deductible – credits for participating in an exercise program</li> <li>• Company discounts to local gyms and exercise programs</li> </ul>
<b>Demand versus health choice for sugared drinks</b>	<ul style="list-style-type: none"> <li>• Remove pop from vending machines</li> <li>• Work with high profile individuals to stop drinking pop</li> </ul>
<b>Access to wellness for non-insured patients</b>	<ul style="list-style-type: none"> <li>• Research for additional grant money to cover screenings</li> <li>• Wellness fairs for non-insured</li> </ul>
<b>Insurance coverage for wellness programs</b>	<ul style="list-style-type: none"> <li>• Educate company leaders on benefits of wellness coverage</li> <li>• Community education on wellness screenings</li> <li>• Community and industry health fairs</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!** (Ways to Enhance Children's Activity & Nutrition) 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. **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>

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

### Best Practices

#### 3. 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)

- #### 4. 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 November 1, 2013. For more information go to: <http://school.fueluptoplay60.com/home.php>

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

### Best Practices

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

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

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

For more information go to:

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

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



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

### Best Practices

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.

6. **Community Gardens:** A community garden is any piece of land that is gardened or cultivated by a group of people. Community gardens are generally owned by local governments or not-for-profit groups. Supporting community gardens may include the means to establish gardens (e.g., tax incentives, land banking, zoning regulation changes) or ongoing assistance through free services such as water or waste disposal.

Expected Beneficial Outcomes

- Increased accessibility of fruit & vegetables
- Increased consumption of fruit & vegetables
- Increased physical activity for gardeners
- Increased availability of healthy foods in food deserts

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

# 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. Implement a Healthier Choices campaign, 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. Update and disseminate community wellness guides and calendars that contain information about exercise, nutrition programs and community gardens in Williams County.
2. Increase nutrition/physical education materials being offered to patients by primary care providers
3. Increase opportunities for business to provide wellness programs and insurance incentive programs for their employees.
4. Expand community gardens.
5. Implement the OHA Health Hospitals Initiative.

### Action Plan

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
<b>Implement a Healthier Choices Campaign</b>		
<p><b>Year 1:</b> Organize a meeting with all Williams County School District Superintendents to offer support, services and coordinate efforts to increase school nutrition.</p> <p>Work with school and community wellness committees as well as other youth-based organizations to support the following:</p> <ul style="list-style-type: none"> <li>• Healthier snack “extra choices” offered during school lunches</li> <li>• Healthier fundraising foods</li> <li>• Healthier choices in vending machines</li> <li>• Healthier choices at sporting events and concession stands,</li> <li>• Reducing unhealthy foods as rewards</li> </ul>	<p>Diana Savage Bryan City Schools</p>	<p>October 31, 2014</p>
<p><b>Year 2:</b> Each school district and youth organization will choose at least 1 priority area to focus on and implement.</p>		<p>October 31, 2015</p>
<p><b>Year 3:</b> Each school district and youth organization 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. Decide which group(s) to implement program with: individuals, families, organizations, or community (public programs or policies)</p> <p>Download and print educational handouts for program group(s) and disseminate</p> <p>Enlist at least xxx individuals, xx families, xx schools, xx grocery stores, xx restaurants, or xx employers to participate in the program</p> <p>Year 2: Double participation from year 1</p> <p>Year 3: Triple participation from year 1</p> <p>Work with the Williams County schools and other organizations to create intramural sports programs and/or other organized activities</p> <p>Research Fuel Up to Play 60 grant application deadlines and determine organizations/schools that should apply</p>	<p>Megan Riley Williams County Health Department</p>	<p>October 31, 2014</p>
<p><b>Year Two:</b> Continue educating parents on the importance of reducing screen time and eating healthy foods.</p> <p>Pilot a peer-based recess program in at least one school district.</p> <p>Pilot one intramural sport at each school district</p> <p>Apply for Fuel Up to Play 60 grants in each school district</p>		<p>October 31, 2015</p>
<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 intramural sports in both high school and middle school grades and/or offer more than one intramural sport choice</p> <p>Implement Fuel Up to Play 60 grant deliverables</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>Wellness Community Guide and Calendar</b>		
<p><b>Year 1:</b> Create a community calendar/guide and wellness blog with the most up-to-date information regarding nutrition and exercise programs and opportunities in Williams County. Include information regarding community gardens and farmer's markets in the area.</p> <p>Work with Parks and Rec Dept. as well as County Wellness committee on what is currently made available</p> <p>Make sure guides and calendars are available online and through social media. Update key words on search engines.</p> <p>Search for funding to sustain guides and calendars.</p>	<p>Megan Riley Williams County Health Department</p>	<p>October 31, 2014</p>
<p><b>Year 2:</b> Partner with local businesses, churches and schools to begin printing the calendar and disseminate current information throughout Williams 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>		<p>October 31, 2015</p>
<p><b>Year 3:</b> Continue efforts of year 1 and 2. Determine on an annual basis who will sponsor and update the guides and calendars for the next 3 years.</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 Nutrition/Physical Education Materials Being Offered to Patients by Primary Care Providers</b>		
<p><b>Year One:</b> Work with primary care physician offices to assess what information and/or materials they are lacking to provide better care for overweight and obese patients.</p>	<p>Krystal Miller Parkview Physicians Group</p> <p>With help from Patsy Miller and Rita Kaufman</p>	October 31, 2014
<p><b>Year Two:</b> Offer a training for primary care physicians and/or staff such as nutrition counseling and/or other practice-based changes to provide better care for obese/overweight patients. Provide participants with referral and educational materials.</p> <p>Enlist at least 10 primary care physicians and/or staff to be trained.</p>		October 31, 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 31, 2016
<b>Increase Businesses/Organizations Providing Wellness Programs &amp; Insurance Incentive Programs to Their Employees</b>		
<p><b>Year 1:</b> Collect baseline data on businesses and organizations offering wellness and insurance incentive programs to employees.</p> <p>Educate Williams County Businesses about the benefits of implementing these programs</p> <p>Encourage businesses and organizations to offer free or subsidized evidence-based programs such as Weight Watchers to their employees and their spouses</p>	<p>Krystal Miller Parkview Physicians Group</p> <p>With help from LouAnn</p>	October 31, 2014
<p><b>Year 2:</b> Enlist 5 small and 3 large business/organization to initiate wellness and/or insurance incentive programs. Partner with hospitals when appropriate.</p>		October 31, 2015
<p><b>Year 3:</b> Double the number of businesses/organizations providing wellness and insurance incentive programs from baseline.</p> <p>Encourage businesses and organizations to incentivize employees who are reaching goals and making positive changes.</p>		October 31, 2016

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

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
<b>Expand Community Gardens &amp; Famer's Markets</b>		
<p><b>Year 1:</b> Obtain baseline data regarding which cities/towns, school districts, churches, and organizations currently have community gardens and/or farmer's markets.</p> <p>Obtain baseline data regarding which local food pantries have fresh produce available.</p> <p>Create a community garden/famer's market coalition.</p> <p>Research grants and funding opportunities to increase the number of community gardens and/or farmer's markets in Williams County.</p>	<p>Sister Rita (community member)</p> <p>With help from Bill Pepple United Way</p>	October 31, 2014
<p><b>Year 2:</b> Help school districts and other organizations apply for grants to obtain funding to start a community garden or farmer's market.</p> <p>Increase the number of food pantries offering fresh produce</p> <p>Encourage the use of SNAP/EBT (electronic benefit transfer) at farmer's markets</p>		October 31, 2015
<p><b>Year 3:</b> Implement community gardens in all school districts and double the number of organizations with community gardens and/or farmer's markets from baseline.</p> <p>Implement the use of WIC and SNAP/EBT benefits in all farmer's markets</p>		October 31, 2016
<b>Implement OHA Healthy Hospitals Initiative</b>		
<p><b>Year 1:</b> Community Hospitals and Wellness Centers will implement guidelines and strategies from OHA in their hospital (changes in cafeteria, vending, meetings, etc.)</p>	<p>Phil Ennen Community Health &amp; Wellness Centers</p>	October 31, 2014
<p><b>Year 2:</b> The program will be introduced to area businesses and organizations.</p> <p>The hospital 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

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

*In 2013, the health assessment results indicated that 56% of Williams County adults ages 65 and over had a pneumonia vaccination at some time in their life. Nearly 39% of adults had a flu vaccine. 52% of women over the age of 40 reported having a mammogram in the past year. 47% of males over the age of 50 had a Prostate-Specific Antigen (PSA) test in the past year.*

### **Preventive Medicine**

Nearly two-fifths (39%) of Williams County adults had a flu vaccine during the past 12 months.

72% of Williams 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.

One in six (17%) adults has had a pneumonia shot in their life, increasing to 56% 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.

Williams County adults have had the following vaccines: tetanus booster (including Tdap) in the past 10 years (50%), Zoster (shingles) vaccine in their lifetime (8%), pertussis in the past 10 years (7%), and human papillomavirus vaccine in their lifetime (3%).

### **Prenatal Care**

21% of Williams County women had been pregnant in the past 5 years. During their last pregnancy, Williams County women: got a prenatal appointment in the first 3 months (52%), took a multi-vitamin (50%), took folic acid during pregnancy (32%), took folic acid pre-pregnancy (30%), experienced perinatal depression (7%), smoked cigarettes (2%), and looked for options for an unwanted pregnancy (2%).

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

In 2013, 66% of women had a mammogram at some time and nearly two-fifths (38%) had this screening in the past year.

More than half (52%) of women ages 40 and over had a mammogram in the past year and 69% 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.

Most (91%) Williams County women have had a clinical breast exam at some time in their life and 51% had one within the past year.

More than two-thirds (68%) of women ages 40 and over had a clinical breast exam in the past two years. The 2010 BRFSS reported that 77% of women 40 and over in the U.S. and 75% in Ohio, had a clinical breast exam in the past two years.

This assessment identified that 92% of Williams County women have had a Pap smear and 38% reported having had the exam in the past year. 66% 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.

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

Almost two-fifths (39%) of Williams County males had a Prostate-Specific Antigen (PSA) test at some time in their life and 23% had one in the past year.

About two-fifths (42%) 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.

## Strategy #2: Increase Preventive Health

## Preventive Health Indicators, continued

Half (50%) of men had a digital rectal exam in their lifetime and 16% had one in the past year.

74% of males ages 50 and over had a PSA test at some time in their life, and 47% had one in the past year.

82% of males ages 50 and over had a digital rectal exam at some time in their life, and 34% had one in the past year.

About one in five (21%) men reported having erectile dysfunction, increasing to 48% of those over the age of 65.

20% of men had been taught by a healthcare professional how to do a self-testicular exam.

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

HEALTHCARE TOPICS	Total 2013
Physical Activity or Exercise	31%
Weight, Dieting or Eating Habits	29%
Self-Breast or Self-Testicular Exams	22%
Immunizations	19%
Significance of Family History	15%
Depression, Anxiety, or Emotional Problems	14%
Quitting Smoking	10%
Alcohol Use When Taking Prescription Drugs	7%
Injury Prevention Such As Safety Belt Use & Helmet Use	6%
Sexual Practices Including Family Planning, STDs, AIDS, & Condom Use	4%
Alcohol Use	4%
Ways to Prepare for a Healthy Pregnancy and Baby	2%
Drug Use	2%
Domestic Violence	1%

2013 Comparisons	Williams County 2013	Ohio 2011	U.S. 2011
Had a pneumonia vaccination (ages 65 and over)	56%	70%	70%
Had a flu vaccination in the past year (ages 65 and over)	72%	61%	61%
Had a clinical breast exam in the past two years	68%	75%*	77%*
Had a mammogram in the past two years (age 40 & over)	69%	74%*	75%*
Had a pap smear in the past three years	66%	82%*	81%*
Had a PSA test in within the past two years (age 40 & over)	42%	54%*	53%*

\*2010 BRFSS



## 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 Lab Draw (PSA)	Community Hospitals and Wellness Centers (CHWC)	Community	Prevention	Best practice
Francine's Friends (Mobile mammogram)	Komen & Parkview Foundation	Bryan	Prevention	Best practice
OB Navigator	CHWC & Parkview	Bryan	Prevention	Best practice
Patient Navigator (mammograms)	CHWC	Bryan	Prevention	Best practice
Vaccines	Health Partners (Recovery Services)	Bryan	Prevention	Best practice
Mammograms & Pap Smears (Funding for low-income)	Breast and Cervical Cancer Prevention/ODH (BCCP) (Through Family & Children First Council)	Women through their primary care physician	Prevention	Best practice
Mammograms (Free)	Komen & Hospital Council of Northwest Ohio (HCNO)	Women	Prevention	Best practice
Breast exams & Pap Smears	Family Planning Clinic (State grant from Fulton County)	Montpelier & Bryan	Prevention	Best practice
Colorectal screenings & mammograms	Parkview Physician's Group	Bryan	Prevention	Best practice
Pneumonia & flu vaccines	Williams County Health Department	All/ community	Prevention	Best practice
Flu vaccines	CHWC	Employees & family members	Prevention	Best practice
HeartStar PSA testing	CHWC	Men	Prevention	Best practice
Employee testing/screenings (PSA)	Various organizations/locations	Men	Prevention	Best practice
County Health Fair (PSA)	Williams County Health Department	All/community	Prevention	None
Flu shots (businesses)	Multiple businesses and agencies	Employees	Prevention	Best practice
Prenatal care	Private OB offices (4 physicians) & Primary Care Physicians	Pregnant women	Prevention/early intervention/treatment	Best practice

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

Gaps	Potential Strategies
<b>Access to affordable mammograms</b>	<ul style="list-style-type: none"> <li>• Target low SES populations</li> <li>• Communicate that you do not need a doctor's referral to get a mammogram</li> <li>• Increase awareness of Medicare offsetting costs</li> <li>• Use patient navigators to help with next steps after the mammogram</li> <li>• Deliver services in alternative or non-clinical settings (go to the people, mobile mammogram bus) Increase utilization of the mobile mammogram bus</li> </ul>
<b>Lack of knowledge of importance of preventive health procedures</b>	<ul style="list-style-type: none"> <li>• Public awareness campaign for flu/pneumococcal (mailed/phone reminders, expanding access such as offering immunizations in nontraditional settings, more convenient hours, drop in clinics or express lane vaccination services, providing vaccine information statements to review in waiting room of doctor's office, prior hospital discharge, upon admission to a healthcare facility)</li> <li>• Target low SES population</li> <li>• Continue offering free flu shots (hospital employees &amp; families)</li> </ul>
<b>Unwillingness to get colonoscopy</b>	<ul style="list-style-type: none"> <li>• Client reminder system</li> <li>• Patient navigator</li> <li>• Target low SES population</li> <li>• Diagnostic versus screening (pay)</li> </ul>
<b>People think they cannot get in to see a doctor because they owe money</b>	<ul style="list-style-type: none"> <li>• Financial counseling</li> <li>• Offer significant discounts (Parkview)</li> </ul>
<b>Prenatal care during first trimester (cannot get a doctor's appointment until 8-12 weeks)</b>	<ul style="list-style-type: none"> <li>• Send a packet of do's and don'ts before the first appointment</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. **Prenatal care in the first trimester** – Accessing prenatal care in the first trimester by 10 to 12 weeks is vital to improve pregnancy outcomes. HRSA recommends the way to increase the rate of early access to prenatal care is to increase awareness of the importance of prenatal care and to standardize preconception health as part of the routine health care for women of childbearing age. Adequate prenatal care includes counseling, education, along with identification and treatment of potential complications. There are no evidence-based guidelines regarding the content of prenatal visits, but they usually include evaluation of blood pressure, weight, protein levels in the urine, and monitoring fetal heart rate.

For more information, go to:

<http://www.hrsa.gov/quality/toolbox/asures/prenatalfirsttrimester/part3.html>

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

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

Breast cancer screenings:

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

Prostate cancer screenings:

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

### 5. 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>

## 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. County-wide vaccination campaign
2. Increase 1<sup>st</sup> trimester prenatal care
3. Create consistent men's and women's health screening recommendations

### 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, political officials, law enforcement, schools, media, etc.)</p> <p>Provide sectors with ways to support the campaign: posting or handing out flyers, offering their facility as a flu clinic site, offer free vaccines to employees, etc.)</p> <p>Create a branded logo and flyers that everyone can use</p>	<p style="text-align: center;">Jim Watkins Williams County Health Dept.</p> <p style="text-align: center;">Krystal Miller Parkview Physicians Group</p> <p style="text-align: center;">Dr. Walls Community Health &amp; Wellness Centers</p>	October 31, 2014
<p><b>Year 2:</b> Increase number of vaccination sites by 25%</p> <p>Increase number of vaccination sites geared towards the elderly population by 25%</p>		October 31, 2015
<p><b>Year 3:</b> Increase number of vaccination sites from by 50% from baseline and those sites geared towards the elderly population by 50% from baseline.</p>		October 31, 2016
<b>Increase 1<sup>st</sup> Trimester Prenatal Care</b>		
<p><b>Year 1:</b> Enlist primary care and OB/GYN and family physician offices to educate women of childbearing age on using prenatal vitamins and folic acid before getting pregnant; and send education on pregnancy do's and don'ts when patient calls in to confirm a pregnancy</p> <p>Expedite the process of enrolling pregnant women in Medicaid. Education on retro-active payments and Paramount Advantage &amp; Buckeye offering monetary incentives for prenatal care and well-baby visits</p>	<p>Laurie Phillips (Navigator) Midwest Community Health Associates (MCHA)</p>	October 31, 2014
<p><b>Year 2:</b> Double number of offices offering education</p>		October 31, 2015
<p><b>Year 3:</b> Triple number of offices offering education</p>		October 31, 2016
<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>Krystal Miller Parkview Physicians Group</p>	October 31, 2014
<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>		October 31, 2015
<p><b>Year 3:</b> Continue efforts from year 2</p>		October 31, 2016

## Progress and Measuring Outcomes

The progress of meeting the local priorities will be monitored with measurable indicators identified by the Williams County Planning Committee. The individuals that are working on action steps will meet on an as needed basis. The full strategic planning committee will meet monthly for the first six months and then 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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