



Wyandot County Health Alliance Strategic Plan

2013-2015

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Executive Summary

Since 2003, Wyandot County has conducted community health assessments for the purpose of measuring and addressing health status. Historically, the community has come together as one to measure health status. However, this strategic plan represents the first time that Wyandot 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, Wyandot County will rally around the issues identified and work together to implement best practices that will improve the health of Wyandot County.

The Wyandot County Health Alliance received funding to identify the local needs, choose target impact areas and develop a county-wide Strategic Plan. The following long term strategies were identified:

Strategies:

Priority Health Issues for Wyandot County
1. Decrease adult and youth obesity
2. Decrease youth bullying and suicide
3. Decrease youth risky behaviors

Target Impact Areas:

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

To increase youth safety, Wyandot County will focus on the following target impact areas: 1) Decrease bullying, 2) Decrease youth suicide, and 3) Decrease the number of youth contemplating suicide.

To decrease youth risky behaviors, Wyandot County will focus on the following target impact areas: 1) Decrease alcohol use and binge drinking, 2) Decrease tobacco use, 3) Decrease inhalant use and 4) Decrease youth sexual behaviors.

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 students 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 vending campaign, which will lead to increased fruit and vegetable consumption, 2) Create a community calendar with updated information about exercise and nutrition programs available in Wyandot County, 4) Increase opportunities for businesses to provide wellness and insurance incentive programs for their employees, and 5) Increase community gardens.

To work toward decreasing **youth bullying and suicide**, the following actions steps are recommended: 1) Expand the LifeSkills training curriculum in Wyandot County, 2) Raise awareness of bullying by implementing the Jim Bisenius Bully Proof program to youth, teachers and parents, 4) Implement the Olweus Bully Prevention Program in Wyandot County schools, 3) Implement The Signs of Suicide (SOS) program in grades 5-12 and, and 4) Implement a youth mentoring program.

To work toward decreasing **youth risky behaviors**, the following actions steps are recommended: 1) Expand the LifeSkills training curriculum in Wyandot County, 2) Increase awareness of youth risky behaviors for parents, guardians and community members, and 3) Implement a family mentoring program.

Partners

Acknowledgements

The Wyandot County Health Alliance 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 Wyandot County a great place to live and work.

Wyandot County Strategic Planning Committee Members:

W. Thomas Bennett, Wyandot County Department of Job & Family Services
Melissa Bianchi, Wyandot County Health Department, WIC
Nancy A. Cochran, Mental Health & Recovery Services Board of Seneca, Sandusky and Wyandot Counties
Anne Denman, Family & Children First Council, Help Me Grow
Joseph D’Ettorre, Wyandot Memorial Hospital
Kelly Garrett, United Way
Kris Joseph, Open Door Resource Center
Margie Kimmel, Waistline Risk Solutions
Steve Kozel, Carey Exempted Village School District
Barbara Mewhorter, Wyandot County Health Department
Gregory Moon, Wyandot County Office of Economic Development
Alissa Paoella, Daily Chief Union
Sandi Shutt, Community Representative
Darlene Steward, Wyandot County Health Department
Pam Stone, United Way
Jane Weber, Wyandot County Home Health Agency

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

Strategic Planning Model

Beginning in October 2012, the Wyandot 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 2012 Wyandot County Health Assessment. Each member completed an “Identifying Key Issues and Concerns” worksheet. The following two tables are the group results.

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

Key Issue or Concern	% of Population Most at Risk	Age Group Most at Risk	Gender Most at Risk
1. Weight Control			
Obesity (10 votes)	37% Over Weight 40% Obese	30-64	M & F
Blood Pressure (7 votes)	44% total pop	65+ (76%)	M & F
Diabetes (6 votes)	14% total pop	65+ (22%)/ <\$25 K (28%)	F (18%)
Blood Cholesterol (5 votes)	41% total pop	65+ (68%)	M (45%)
2. Smoking (4 votes)	20% total pop	<30 years (23%) <\$25K (23%)	F (26%)
3. Binge Drinking (4 votes)	39% of drinkers	<\$25 K (57%) 30-64 (43%)	M (50%)
4. Arthritis (4 votes)	37% total pop	<\$25 K (45%)	F
5. Depression/suicide (2 votes)	2% Contemplated	35-44 years	M
6. Access to Dental (2 votes)	44% of total pop did not visit a dentist in past year	<\$25K (59%)	M (48%)
7. Prescription Drug Abuse (2 votes)	7% of total pop	<\$25K (12%)	M & F
8. Marijuana use (2 votes) *25% of drug users reported using every day	3% of total pop	Under age 30 (6%)	M & F

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

Key Issue or Concern	Percent of Population Most at Risk	Age Group Most at Risk	Gender Most at Risk
1. Sexual Activity (grades 7-12) (8 votes)	33% of 7-12 graders have had sex 44% of 9-12 graders have had sex 8% of 7-12 graders have had 4+ partners 10% of 9-12 graders have had 4+ partners	17-18 years old (55%)	M& F
Sexting (2 Votes)	25% of 6-12 graders have sexted	17-18 years old (34%)	M (29%)
2. Alcohol use/Binge drinking (8 votes)	24% of 6-12 graders are current drinkers 64% of drinkers are binge drinkers	14-16 years old (66%) 17-18 years old (62%)	M (71% of males who drink are binge drinking)
3. Obesity (7 votes)	21% obese 14% overweight	14-16 years old (24%)	M (30% obese)
Watching TV 3+ hours (2 votes)	49% of 6-12 graders watched 3+ hours of TV on avg. day		M & F
4. Suicide (7 votes)	11% of 6-12 graders contemplated suicide 6% of 6-12 graders attempted suicide	14-16 years old (13% contemplated and 8% attempted)	F (17% contemplated and 9% attempted)
5. Tobacco use (6 votes)	16% of 6-12 graders current smoker	17-18 years old (24%)	M & F
6. Inhalant use (4 votes)	12% of 6-12 graders	13 years old or younger	M (13%)
7. Violence/Bullying (3 votes)	45% 6-12 grade bullied in past year	13 years or younger (41% verbally bullied)	M & F

Priorities Chosen

The Wyandot 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 three issues: adult and youth weight control, youth safety (bullying and suicide) and youth risky behaviors (sexual behavior, alcohol use/binge drinking, tobacco use, and inhalant use). The results were sent out to the full committee for approval.

The rankings were as follows:

1. Adult Weight Control (25.9)
2. Youth Weight Control (24.3)
3. Youth Sexual Behavior (23.0)

4. Youth Alcohol/Binge Drinking (22.0)
5. Youth Bullying (21.3)
6. Youth Tobacco (21.3)
7. Adult Smoking (21.1)
8. Youth Suicide (21.0)
9. Youth Inhalant use (21.0)
10. Adult Binge Drinking (18.7)
11. Adult Depression/Suicide (18.5)
12. Access to Dental Care (18.2)
13. Adult Prescription Drug Misuse (17.1)
14. Adult Arthritis (15.8)
15. Adult Marijuana Use (14.1)

Strategy #1: Decrease obesity among adults and youth

77% of Wyandot County adults are overweight or obese based on BMI. 35% of Wyandot County youth in grades 6-12 are classified as overweight or obese based on BMI.

Weight Status

The 2012 Wyandot County Health Assessment indicates that 37% of adults are overweight and 40% are obese based on Body Mass Index (BMI). Both of these categories are higher than the state and nation. The 2011 BRFSS reported that 30% of Ohio and 28% of U.S. adults were obese and 36% of Ohio and 36% of U.S. adults were overweight.

14% of Wyandot County youth in grades 6-12 were classified as overweight (2011 YRBS reported 15% for Ohio and 15% for the U.S.). 21% of youth were classified as obese by BMI compared to 15% for Ohio and 13% for the U.S. (2011 YRBS)

Nutrition

In 2012, 4% 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.

Physical Activity

In Wyandot County, 53% of adults were engaging in physical activity for at least 30 minutes on 3 or more days per week. 27% of adults exercised 5 or more days per week and 27% of adults reported they did not participate in any physical activity in the past week, including those who were unable to exercise.

75% of youth in grades 6-12 participated in at least 60 minutes of physical activity on 3 or more days in the past week. 51% did so on 5 or more days in the past week and 26% 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.).

49% of Wyandot County youth reported that they spent 3 or more hours watching TV on an average day (2011 YRBS reported 31% for Ohio and 32% for the U.S.).

Strategy #1: Decrease obesity among adults and youth

Obesity indicators

Youth Variables	Wyandot County 2006 (6-12 grade)	Wyandot County 2009 (6-12 grade)	Wyandot County 2012 (6-12 grade)	Wyandot County 2012 (9-12 grade)	Ohio 2011 (9-12 grade)	U.S. 2011 (9-12 grade)
Weight Control						
Obese	16%	14%	21%	22%	15%	13%
Overweight	16%	13%	14%	16%	15%	15%
Described themselves as slightly or very overweight	31%	27%	32%	33%	30%	29%
Trying to lose weight	49%	47%	46%	50%	N/A	N/A
Exercised to lose weight	40%	50%	53%	54%	61%*	61%*
Ate less food, fewer calories, or foods lower in fat to lose weight	11%	25%	28%	32%	43%*	39%*
Went without eating for 24 hours or more	1%	3%	5%	6%	13%	12%
Took diet pills, powders, or liquids without a doctor's advice	1%	2%	2%	3%	6%	5%
Vomited or took laxatives	0%	1%	2%	3%	6%	4%
Physically active at least 60 minutes per day on less than 7 days in past week	N/A	73%	74%	76%	75%	71%
Physically active at least 60 minutes per day on less than 5 days in past week	N/A	49%	49%	50%	55%	51%
Did not participate in at least 60 minutes of physical activity on any day in past week	N/A	13%	11%	11%	16%	14%
Watched TV 3 or more hours per day	N/A	41%	49%	N/A	31%	32%

Adult Variables	Wyandot County 2006	Wyandot County 2009	Wyandot County 2012	Ohio 2011	U.S. 2011
Weight Status					
Overweight	35%	39%	37%	36%	36%
Obese	27%	33%	40%	30%	28%
Has been diagnosed with high blood pressure	34%	40%	44%	33%	31%
Has been diagnosed with high blood cholesterol	32%	37%	41%	39%	38%
Has been diagnosed with arthritis	30%	30%	37%	30%	24%
Has been diagnosed with diabetes	10%	11%	14%	11%	10%

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

Youth Obesity Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Grow It, Try It, Like It	Wyandot County Health Department	Pre-School aged children Little Reasons, Head Start (Upper Sandusky and Carey), New Discoveries and Angeline	Prevention	Evidence-based
Nutrition Exploration Programs	Wyandot County Health Department	2 nd grade children Upper Sandusky, Carey & Mohawk	Prevention	Evidence-based (ODH-CFHS)
WIC (Nutrition)	Wyandot County Health Department	Children 0-5 years old Low-income families	Prevention	Evidence –based Federal Program
Nutrition Program	OSU Extension/Health Department	WIC Clients Children 0-5 years old Low-income families	Prevention	None
Youth Cooking/Nutrition/Exercise /Gardening Program	Wyandot County Juvenile Probation Department	Juveniles on probation	Prevention	None
High School Advanced Physical Education classes	Upper Sandusky, Carey and Mohawk High Schools	High School aged youth	Prevention	None
Upward Sports Programs	Local churches	Youth County-wide (youth must travel to Upper Sandusky to Participate)	Prevention	None
Youth Sports Programs	City Recreation Departments	Youth in Wyandot County	Prevention	None
Fitness in Motion	Fitness in Motion	Adults and Teens	Prevention/Early intervention/ Treatment	None
Curves	Curves	Women Ages 14+	Prevention/Early intervention/ Treatment	Outcomes monitored (weigh-ins and measurements)
Church Organized Physical Activity Programs (aerobics, basketball, softball, walking etc.)	Local churches	All ages	Prevention	None
Weight Watchers	Weight Watchers	Adults and Teens	Early intervention/ Treatment	Evidence-based

Adult Obesity Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Shopping for Food (Food Resource Management)	OSU Extension	Low income adults Ages 18+ (food stamp eligible)	Early intervention	Post-test
Physical activity program	OSU Extension	Low income adults Ages 18+ (food stamp eligible)	Early intervention	Post-test
Nutrition program	OSU Extension	Low income adults Ages 18+ (food stamp eligible)	Early intervention	Post-test
Nutrition Therapy	Home Health Agency	Doctor's orders (Mostly senior citizens)	Intervention/ Treatment	Outcomes monitored
Diabetic Care	Home Health Agency	Doctor's orders	Intervention/ Treatment	Outcomes monitored
Occupational Therapy/Physical Therapy	Home Health Agency	Doctor's orders	Early intervention/ Treatment	Outcomes monitored
Curves	Curves	Women Ages 14+	Prevention/Early intervention/Treatment	Outcomes monitored
Fitness in Motion	Fitness in Motion	Adults and Teens	Prevention/Early intervention/Treatment	None
TOPS (Taking Off Pounds Sensibly)	TOPS	Adults (Meetings are at Grace United Methodist Church in Carey)	Prevention	Outcomes monitored (weekly weigh-ins)
Weight Watchers	Weight Watchers	Adults and Teens	Early intervention/ Treatment	Evidence-based
Weight Management Program	Wyandot Memorial Hospital	Doctor's orders (All ages)	Intervention/ Treatment	Outcomes monitored
Waistline Risk Solutions	Health & Wellness Coaching /Worksite Wellness	All ages	Prevention/Early intervention/Treatment	Outcomes monitored
Exercise Classes/Nutrition Education	Upper Sandusky Council on Aging/Carey Senior Depot	Senior Citizens	Prevention/Early intervention/Treatment	None
Community Calendar/Adult Evening Education	Upper Sandusky School & Community Outreach	School age to Senior Citizens	Prevention/Early intervention/Treatment	None
Fitness Center (Carey High School)	Carey High School	All community members	Prevention/Early intervention/ Treatment	None
Basketball/Volleyball Games (Carey High School)	Carey High School/ Community members	All ages (Mostly adults)	Prevention	None
Walking Program & Basketball/Volleyball Games (Upper Sandusky High School)	Upper Sandusky High School/ Community Members	All community members	Prevention	None
Church Organized Physical Activity Programs (aerobics, basketball, softball, walking etc.)	Local churches	All ages	Prevention	None

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
City Recreational Services (walking paths, bike paths etc.)	City Recreation Department (Upper Sandusky)	All ages	Prevention/Early intervention/Treatment	None
County Health Fair	Wyandot County	County employees	Prevention	None

Strategy #1: Decrease obesity among adults and youth Gaps & Potential Strategies

Gaps	Potential Strategies
Attitudes of acceptance of overweight/obese people	<ul style="list-style-type: none"> • Increase health hazard awareness • Provide incentives to lose weight and exercise • Increase awareness of weight control programs • Create a community calendar for weight control programs • Increase motivation and sustainability of current programs
Weight control messages and programs that cross age barriers	<ul style="list-style-type: none"> • Provide educational materials and classes that relate to all populations • Increase awareness through social media • Increase awareness through the newspaper
Improvement in school nutrition	<ul style="list-style-type: none"> • Nutritious snack campaign; target concession stands, fundraisers, school parties, swimming pool and summer concessions • Use Carey Schools as a model
Junk food location in stores	<ul style="list-style-type: none"> • Encourage stores to change location of junk food items
Lack of healthy lifestyle choices for adults No time and no money	<ul style="list-style-type: none"> • Increase small businesses focusing on a healthy work site • Wyandot County Business Health and Wellness Network • Review grants/opportunities for small business to increase employee wellness
Sedentary Behavior	<ul style="list-style-type: none"> • Increase parent awareness to cut down on screen time • Explore intramural opportunities • Wyandot County Youth Commission
Access to healthy food	<ul style="list-style-type: none"> • Increase awareness on where to buy healthy food • Education on portion sizes • Changing policies on usage of food stamps, WIC food assistance etc. • Increase community gardens • Campaign to increase fruit and veggie consumption • Education on canning

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. 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. 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 healthThis 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

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.⁷

Schools have the chance to receive \$4,000 through a competitive, nationwide funding program to help implement the program successfully. The next application deadline is January 15, 2013. For more information go to: <http://school.fueluptoplay60.com/home.php>

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

1. **Weight Watchers-** Weight Watchers has been the gold standard for successful weight loss programs. Among the reasons for Weight Watchers' longevity, the program is based on science and addresses the dieter's lifestyle as a whole. Weight Watchers has always focused on long-term weight management and a commitment to an overall healthy lifestyle. The program is based on four basic principles: eating smarter, moving more, getting support, and developing better habits. For more information go to <http://www.weightwatchers.com>.
2. **Diet Therapy-** Current dietary recommendations continue to focus on the low-calorie, low-fat diet, with intake of 800 to 1500 kcal of energy per day. Caloric reduction in the range of 500 to 1000 kcal less than the usual intake is appropriate. This will allow for approximately 1 to 2 pounds of weight loss per week. For more information go to <http://www.mypyramid.gov/>.
3. **Exercise program-** The CDC recommends 60 minutes of physical activity for at least 5 days a week. Encourage people to make lifestyle changes such as taking the stairs, parking farther away, playing with their kids, etc. Small bouts of physical activity all day long can account to 60 minutes easily. It does not have to be a full hour of exercising in a gym. For more information go to <http://www.mypyramidtracker.gov/>.
4. **Health Insurance Incentives & Penalties:** The number of employers offering financial rewards for participating in wellness programs rose by 50 percent from 2009 to 2011. In 2012, four out of five companies plan to offer some type of financial health incentive. The use of penalties among employers more than doubled from 2009 to 2011, rising from 8 percent to 19 percent. It could double again next year when 38 percent of companies plan to have penalties in place. Requiring smokers to pay a higher portion of the health insurance premium is among the most common penalties. A growing number of employers also base rewards on actual outcomes, such as reaching targeted healthy weights or cholesterol levels, rather than simply rewarding participation.
A provision in the federal health care reform law will let employers offer greater incentives for participating in wellness programs starting in 2014. Under current rules, employers can provide incentives of up to 20 percent of the total health insurance premium per person. The 2010 Patient Protection and Affordable Care Act boosts the threshold to 30 percent and, in cases approved by federal health and labor officials, up to 50 percent in 2014.

Employer programs often reward employees who exercise, lose weight or participate in disease management programs. Incentives may include cash awards, gift cards, higher employer contributions toward the health insurance premium, contributions toward employee health savings accounts, or the chance to compete in a sweepstakes. A lot of research shows people are very much motivated by the potential of a large prize. Some employers offer both individual awards and team awards. Some employers have found rescission of a reward especially effective. For instance, an employer might offer a \$500 health insurance premium discount to everyone and rescind the reward for employees who choose not to participate in the care management program.

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

Action Step Recommendations

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

1. 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. Implement a healthy vending campaign, which will lead to increased fruit and vegetable consumption.
2. Create a community calendar with updated information about exercise and nutrition programs available in Wyandot County.
3. Increase opportunities for business to provide wellness programs and insurance incentive programs for their employees.
4. Implement community gardens.

Action Plan

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
Implement a Healthier Choices Campaign		
Year 1: Work with school and community wellness committees as well as other youth-based organizations to introduce the following: <ul style="list-style-type: none"> • Healthier snack “extra choices” offered during school lunches • Healthier fundraising foods • Healthier choices in vending machines • Healthier choices at sporting events and concession stands, • Reducing unhealthy foods as rewards 	Steve Kozel: Carey Schools Darlene Steward & Beth Bower: Wyandot County Health Department	December 31, 2013
Year 2: Each school district and youth organization will choose at least 1 priority area to focus on and implement.		December 31, 2014
Year 3: Each school district and youth organization will implement at least 3 of the 5 priority areas.		December 31, 2015

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
Increase Opportunities for Students to Engage in Physical Activity & Decrease Sedentary Behavior		
<p>Year One: Create an awareness campaign using the We Can! Program to educate parents and caregivers of the benefits of reducing screen time. Disseminate information throughout Wyandot County.</p> <p>Explore opportunities for peer-based recess activities. (Older students creating organized recess activities for younger students)</p> <p>Work with the Wyandot County youth commission to create organized activities that increase youth physical activity.</p>	Ann Denman: Family & Children First Council, Help Me Grow	December 31, 2013
<p>Year Two: Continue educating parents on the importance of reducing screen time.</p> <p>Implement a peer-based recess program in at least one school district.</p> <p>Increase the activities being offered by the Wyandot County youth commission</p>		December 31, 2014
<p>Year Three: Continue efforts from years 1 and 2</p>		December 31, 2015
Implement a Healthier Vending Campaign		
<p>Year 1: Create an inventory of all vending machines throughout Wyandot County to get baseline data.</p>	Margie Kimmel: Waistline Risk Solutions	December 31, 2013
<p>Year 2: Recruit a least one local business and/or school to implement healthier options in their vending machines.</p>		December 31, 2014
<p>Year 3: Implement healthier vending options in at least 25% of the county businesses and/or schools.</p>		December 31, 2015
Wellness Community Calendar		
<p>Year 1: Create a community calendar with the most up-to-date information regarding nutrition and exercise programs and opportunities in Wyandot County. Put the calendar on-line and raise awareness about the calendar. Keep the community calendar updated on a quarterly basis. Check on funding to sustain calendar.</p>	Margie Kimmel: Waistline Risk Solutions Joy Wilson: Upper Sandusky Community Outreach	December 31, 2013
<p>Year 2: Partner with local businesses, churches and schools to begin printing the calendar and disseminating it throughout Wyandot County.</p>		December 31, 2014
<p>Year 3: Enlist local businesses to sponsor the printing and dissemination of the calendar</p>		December 31, 2015
Increase Businesses Providing Wellness Programs & Insurance Incentive Programs to Their Employees		
<p>Year 1: Collect baseline data on businesses and organizations offering wellness and insurance incentive programs to employees. Educate Wyandot County Business and Health Network about the benefits of implementing these programs</p>	Joseph D'Ettore: Wyandot Memorial Hospital Greg Moon: Wyandot County Office of Economic Development Margie Kimmel: Waistline Risk Solutions	December 31, 2013
<p>Year 2: Get 2 small and 1 large business/organization to initiate wellness and/or insurance incentive programs. Partner with Wyandot Memorial Hospital.</p>		December 31, 2014
<p>Year 3: Double the number of businesses/organizations providing wellness and insurance incentive programs from baseline.</p>		December 31, 2015

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
Community Gardens		
Year 1: Obtain baseline data regarding which districts and organizations currently have community gardens. Introduce idea to school and community wellness committees, as well as churches and other local organizations.	Melissa Bianchi: Wyandot County Health Department	December 31, 2013
Year 2: Help school districts and other organizations apply for grants to obtain funding to start a garden		December 31, 2014
Year 3: Implement community gardens in all school districts and double the number of organizations with community gardens from baseline.		December 31, 2015

Strategy #2: Decrease youth bullying and suicide rates

In 2012, 45% of Wyandot County youth reported that they had been bullied in the past year. 11% of youth had seriously contemplated suicide in the past year and 6% admitted that they had actually attempted suicide in the past year.

Youth Bullying Behaviors

The 2012 Wyandot County Health Assessment indicated that 45% of youth in grades 6-12 had been bullied in the past year. The following types of bullying were reported:

- 34% were verbally bullied (teased, taunted or called harmful names)
- 25% were indirectly bullied (spread mean rumors about you or intentionally kept you out of a “group”)
- 11% were cyber bullied (teased, taunted or threatened by email, cell phone, facebook)
- 10% were physically bullied (hit, kicked, punched or people took or vandalized your belongings)

Types of Bullying Wyandot County Youth Experienced in Past Year

Youth Behaviors	Total	Male	Female	13 or younger	14-16 Years old	17 and older
Physically Bullied	10%	12%	9%	18%	11%	3%
Verbally Bullied	34%	30%	40%	41%	32%	32%
Indirectly Bullied	25%	13%	38%	23%	28%	22%
Cyber Bullied	11%	5%	18%	11%	11%	13%

Bullied vs. Not Bullied Behaviors

Youth Behaviors	Bullied	Not Bullied
Were depressed (felt sad or hopeless almost every day for two weeks or more in a row that they stopped doing usual activities)	29%	10%
Contemplated suicide in the past 12 months	17%	7%
Attempted suicide in the past 12 months	8%	4%
Have had at least one drink of alcohol in the past 30 days	24%	25%
Have smoked in the past 30 days	15%	16%

Youth Mental Health Issues

In 2012 11% of youth self-reported that they had seriously considered attempting suicide in the past year. 6% of youth had attempted suicide and 2% reported that they had made more than one suicide attempt. 18% of youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities.

Strategy #2: Decrease youth bullying and suicide rates Bullying and Suicide Indicators

Youth Variables	Wyandot County 2006 (6-12 grade)	Wyandot County 2009 (6-12 grade)	Wyandot County 2012 (6-12 grade)	Wyandot County 2012 (9-12 grade)	Ohio 2011 (9-12 grade)	U.S. 2011 (9-12 grade)
Unintentional Injuries and Violence						
Ever been bullied in the past year	N/A	47%	45%	43%	N/A	N/A
Ever been electronically/cyber bullied in past year	N/A	9%	11%	11%	15%	16%
Seriously considered suicide in past year	10%	14%	11%	10%	14%	16%
Attempted suicide in past year	4%	6%	6%	6%	9%	8%
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (of all youth)	1%	2%	2%	2%	4%	2%

Strategy #2: Decrease youth bullying and suicide rates Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Wyandot County Suicide Prevention Coalition	Mental Health and Recovery Services Board (Sandusky, Seneca, Wyandot)	All youth	Prevention	None
Jim Bisenius Anti-Bullying Program	Family and Children's First Council	School staff, students, parents (Upper Sandusky, Mohawk and Carey Schools)	Prevention	Pre/Post tests
LifeSkills Training	Wyandot County Health Department & Carey Schools	Upper Sandusky : 3rd-5 th grades Mohawk: 3 rd -5 th grades Carey: 3 rd , 6 th and 8 th grades	Prevention	Evidence-based
Wyandot Cares (Religious education classes)	Private (non-profit)	Upper Sandusky: 4 th & 5 th grades Upper Sandusky: 4 th , 5 th & 8 th grades (must have parent permission)	Prevention	None
Church Youth Groups	Local Churches	All youth	Prevention	None
Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or	Evidence of Effectiveness

			treatment)	
Bullying Curriculum	Girl Scouts	Girls ages 6-18	Prevention	None
Pacers National Bullying Prevention Center	Anyone (facebook pledge)	All youth	Prevention	None
Crisis Hotline	Firelands	All youth	Early intervention	None
Strengthening Families	Firelands/FCFC	Youth ages 6-10 and 10-14 (along with their parents)	Early intervention	Pre/Post Evidence-based
Assessment, Case management, Crisis intervention, Education	Firelands	All youth	Early intervention/ Treatment	Monitored
In-home based therapy	Firelands	All youth (mostly pre-teen/teen)	Treatment	Monitored

Strategy #2: Decrease youth bullying and suicide rates Gaps & Potential Strategies

Gaps	Potential Strategies
Addressing anti-social behavior for boys between the ages of 5-7	<ul style="list-style-type: none"> Start peer mediation and elementary programming at much younger ages
Early screening for youth depression and suicidal behavior	<ul style="list-style-type: none"> Implement a screening program in Middle School and High School
Increased LifeSkills programming	<ul style="list-style-type: none"> Increase the use of the Middle School booster sessions Implement the High School curriculum
Bullying prevention programs	<ul style="list-style-type: none"> Implement the Jim Bisenius Bully-Proof Program for all students countywide. Involve parents and teachers as well
Responsible use of social media	<ul style="list-style-type: none"> Increase education for parents and youth Contact Wyandot County Prosecutor's Office to see if they are still offering trainings
Mentoring programs	<ul style="list-style-type: none"> Open Door is beginning tutoring and will look into providing mentoring as well Explore Hancock County's mentor program Increase programs at the library
Attitudes of parents and acceptance of bullying	<ul style="list-style-type: none"> Classes to increase family strengths Increase positive social media Provide parent resources and education materials
Attitudes of teachers and acceptance of bullying	<ul style="list-style-type: none"> Classes or in-services to educate teachers Increase positive social media Provide crisis intervention resources for teachers
Crisis intervention for Emergency Rooms	<ul style="list-style-type: none"> Provide more resources, more timely, when a crisis is identified Provide crisis training for law enforcement and first responders

Strategy #2: Decrease youth bullying and suicide rates

Best Practices

Best Practices

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

supported by the adults around them, so they can build stronger bonds to school and focus on [academic achievement](#). And the program supports your staff too, with school wide policies and training. Now everyone can work together to build a safe environment free from bullying. For more information go to: <http://www.cfchildren.org/programs/str/overview/>

6. **SOS Signs of Suicide®:** The Signs of Suicide Prevention Program is an award-winning, nationally recognized program designed for middle and high school-age students. The program teaches students how to identify the symptoms of depression and suicidality in themselves or their friends, and encourages help-seeking through the use of the ACT® technique (Acknowledge, Care, Tell). The SOS High School program is the only school-based suicide prevention program listed on the Substance Abuse and Mental Health Services Administration’s National Registry of Evidence-based Programs and Practices that addresses suicide risk and depression, while reducing suicide attempts. In a randomized control study, the SOS program showed a reduction in self-reported suicide attempts by 40% (BMC Public Health, July 2007). For more information go to: <http://www.mentalhealthscreening.org/programs/youth-prevention-programs/sos/>
7. **Challenge Day:** Challenge Day's mission is to provide youth and their communities with experiential workshops and programs that demonstrate the possibility of love and connection through the celebration of diversity, truth and full expression.
Our 6 1/2-hour Challenge Day program is designed for 100 students. Our program is created to build connection and empathy, and to fulfill our vision that every child lives in a world where they feel safe, loved, and celebrated. Challenge Day is more than a one-day program. Our programs go beyond traditional anti-bullying efforts, building empathy and igniting a movement of compassion and positive change, known as the **[Be the Change movement](#)**.
Challenge Day is a 501(c)(3) non-profit that provides powerful one-day programs as a service to junior high schools, middle schools, and high schools with students in grades 7-12. C. Evidence based research has shown that Challenge Day helps develop leadership in high school students through its day-long Challenge Day programs. For more information go to: <http://www.challengeday.org>

Strategy #2: Decrease youth bullying and suicide rates Action Step Recommendations & Action Plan

Action Step Recommendations

To work toward decreasing **youth bullying and suicide rates**, the following actions steps are recommended:

1. Expand the LifeSkills training curriculum in Wyandot County.
2. Increase awareness of bullying by implementing the Jim Bisenius Bully Proof program to youth, teachers and parents.
3. Implement the Olweus Bullying Prevention Program in Wyandot County Schools.
4. Implement the Signs of Suicide program in grades 5-12.
5. Implement a mentoring program.

Decrease Youth Bullying and Suicide Rates		
Action Step	Responsible Person/Agency	Timeline
Increase the LifeSkills Training Curriculum in Wyandot County		
Year 1: Secure funding for additional LifeSkills programming. Implement the program in grades 3-5 in all Wyandot County school districts	Steve Kozel: Carey Schools Darlene Steward: Wyandot County Health Department Nancy A. Cochran: Mental Health & Recovery Services Board	December 31, 2013
Year 2: Expand LifeSkills classes by adding middle school and high school curriculums.		December 31, 2014
Year 3: All school districts participate in elementary, middle, and high school LifeSkills programming.		December 31, 2015

Decrease Youth Bullying and Suicide Rates		
Action Step	Responsible Person/Agency	Timeline
Implement the Jim Bisenius Bully Proof Program		
Year 1: Secure funding for the Bully Proof Program. Secure a date to implement the program in all 3 school districts. Offer additional workshops for parents and teachers.	Thomas Bennett: Wyandot County Department of Jobs and Family Services Ann Denman: Family & Children First Council, Help Me Grow	December 31, 2013
Year 2: Double the number of students and parents receiving the Bully Proof program from year 1.		December 31, 2014
Year 3: Triple the number of students and parents receiving the Bully Proof program from year 1.		December 31, 2015
Implement the Olweus Prevention Program in Wyandot County Schools		
Year 1: Research the Olweus Bullying Prevention program. Introduce program to school district wellness committees.	Thomas Bennett: Wyandot County Department of Jobs and Family Services Ann Denman: Family & Children First Council, Help Me Grow Steve Kozel: Carey Schools	December 31, 2013
Year 2: Secure funding for the program through grants and/or local funding. Pilot the Olweus Bullying Prevention Program in all 3 school districts.		December 31, 2014
Year 3: Expand the Olweus Bullying Prevention Program to additional grades including middle school and high school.		December 31, 2015
Implement the Signs of Suicide Program		
Year 1: Introduce the Signs of Suicide (SOS) prevention program to school district wellness committees. Secure funding for the program.	Nancy A. Cochran: Mental Health & Recovery Services Board	December 31, 2013
Year 2: Implement the SOS prevention program in at least one school district.		December 31, 2014
Year 3: Implement the SOS prevention program in all three school districts.		December 31, 2015
Implement a Mentoring Program for Wyandot County Youth		
Year 1: Meet with key leaders in Hancock County to discuss how to replicate their successful mentoring program in Wyandot County. Secure space and materials needed to begin the program.	Nancy A. Cochran: Mental Health & Recovery Services Board Ann Denman: Family & Children First Council, Help Me Grow Kris Joseph: Open Door Resource Center	December 31, 2013
Year 2: Collaborate with local organizations such as schools, libraries and churches to pilot a youth mentoring program in one local community.		December 31, 2014
Year 3: Expand the mentoring program geographically throughout Wyandot County to encompass all local communities.		December 31, 2015

Strategy #3: Decrease youth risky behaviors (alcohol use/binge drinking, tobacco use, inhalant use, and sexual behaviors)

In 2012, the health assessment results indicate that 57% of all Wyandot County youth (ages 12-18) have had at least one drink of alcohol in their life, increasing to 75% of 17-17 year olds. 16% of youth were defined as binge drinkers. 16% of Wyandot County youth were identified as current smokers, having smoked at some time in the past 30 days. 12% of youth reported they had used inhalants, at some time in their life. 33% of youth in grades 7-12 had sexual intercourse, increasing to 55% of those youth ages 17 and over.

Alcohol Use

2012 figures indicate that 24% of Wyandot County youth had at least one drink in the past month, increasing to 37% of 17-18 year olds. The 2011 Youth Risk Behavior Surveillance System (YRBSS) reports 38% for Ohio and 39% for the U.S. The same assessment identified that the average age of onset for alcohol use was 13 years old. 27% of youth reported they got their alcohol from their parents and 8% reported that a friend's parent gave it to them. 21% of youth reported they had ridden in a car driven by someone who had been drinking in the past 30 days. 11% of all high school youth drivers had driven a car in the past month after they had been drinking alcohol.

Binge Drinking

64% of the youth who self-reported they had drunk during the past 30 days also admitted they had drunk 5 or more drinks on an occasion at least once during the same time period. 22% of all Wyandot County high school youth were considered binge drinkers. The 2011 Youth Risk Behavior Surveillance System (YRBSS) reports 24% for Ohio and 22% for the U.S.

Tobacco Use

16% of Wyandot County youth were current smokers, having smoked at some time in the past 30 days, increasing to 24% of 17-18 year olds. The average age of onset for smoking was 12.9 years old. 10% of youth had used chewing tobacco in the past month increasing to 13% of high school youth. 70% of the youth identified as current smokers were also current drinkers.

Inhalant Use

12% of youth reported they had used inhalants at some time in their life. The 2011 Youth Risk Behavior Surveillance System (YRBSS) reports 11% for the U.S.

Sexual Behaviors

33% of youth in grades 7-12 had sexual intercourse increasing to 55% of those ages 17 and over. 28% of youth had participated in oral sex, increasing to 49% of those ages 17 and over. 25% of youth had participated in sexting, increasing to 34% of those ages 17 and over. Of those youth who were sexually active, 48% had one sexual partner and 52% had multiple partners. 10% of all Wyandot County high school youth had 4 or more partners. 8% of youth reported they were engaging in intercourse without a reliable method of protection. The average age of onset was 14.9 years old.

Strategy #3: Decrease youth risky behaviors Alcohol, Tobacco, Inhalants and Sexual Behaviors Indicators

Youth Variables	Wyandot County 2006 (6-12 grade)	Wyandot County 2009 (6-12 grade)	Wyandot County 2012 (6-12 grade)	Wyandot County 2012 (9-12 grade)	Ohio 2011 (9-12 grade)	U.S. 2011 (9-12 grade)
Alcohol Use						
Ever had at least one drink of alcohol in lifetime	62%	60%	57%	69%	71%	71%
Used alcohol during past month	27%	30%	24%	32%	38%	39%
Binged during past month (5 or more drinks in a couple of hours on an occasion)	16%	17%	16%	22%	24%	22%
Drank for the first time before age 13 (of all youth)	28%	30%	19%	17%	18%	21%
Rode with someone who was drinking in past month	18%	21%	21%	22%	21%	24%
Drank and drove	5%	3%	5%	7%	7%	8%
Obtained the alcohol they drank by someone giving it to them	N/A	N/A	36%	34%	N/A	40%
Tobacco Use						
Lifetime cigarette use (ever tried cigarette smoking, even 1 or 2 puffs)	54%	36%	35%	40%	52%	45%
Used cigarettes on one or more days in the past month	15%	14%	16%	20%	21%	18%
Smoked a whole cigarette for the first time before the age of 13 (of all youth)	14%	12%	11%	10%	14%	10%
Used chewing tobacco or snuff in past month	7%	11%	10%	13%	12%	8%
Sexual Behavior+						
Ever had sexual intercourse	24%	28%	33%	44%	45%*	47%
Had four or more sexual partners	7%	7%	8%	10%	18%	15%
Had sexual intercourse before age 13	5%	4%	4%	5%	6%	6%
Used a condom at last sexual intercourse	68%	67%	63%	65%	60%*	60%
Used birth control pills at last sexual intercourse	29%	49%	41%	44%	23%	18%
Did not use any method to prevent pregnancy during the last sexual intercourse	13%	7%	8%	8%	10%	13%
Inhalant Use						
Used inhalants in order to get high in their lifetime	10%	8%	12%	11%	12%**	11%

Strategy #3: Decrease youth risky behaviors Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
LifeSkills Training	Wyandot County Health Department & Carey Schools	Upper Sandusky : 3rd-5 th grades Mohawk: 3 rd -5 th grades Carey: 3 rd , 6 th and 8 th grades	Prevention	Evidence-based
Family Planning Clinic	Wyandot County Health Department	Ages 13+	Prevention, Early intervention, Treatment	None
Service Coordination	FCFC (Family and Children's First Council)	Birth-age 21 (at risk)	Early intervention	None
Weekend substance abuse program	Probation Office	Juveniles on probation	Early intervention, Treatment	None

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
SADD	Firelands	Carey Junior High Students	Prevention	None
Fellowship of Christian Athletes Group	Parents/local churches	High School age youth	Prevention	None
Church Youth Groups	Local churches	All youth	Prevention	None
4H Programs	4H	Youth ages 5+	Prevention	None
Car-Teens Program	4H	Youth drivers	Prevention	None
Docu-Drama (Mock Accident)	4H and other organizations	Youth in grades 11 & 12	Prevention	None
School-related athletics	Wyandot County School Systems	All youth who participate	Prevention	None
Tutoring/mentoring program	Open Door	Youth in grades k-12 Currently only in Upper Sandusky	Prevention/Early intervention	None
Leadership Development/Civic Awareness/Personal Development	Boy Scouts	Boys	Prevention	None
Leadership Development/Civic Awareness/Personal Development	DeMolay	Boys	Prevention	None
Police Athletic League	Police	Youth	Prevention	None
Summer Youth Employment Program	Department of Jobs and Family Services	Youth ages 14-24 (low-income, and other criteria)	Prevention	None
Counseling, Diagnostic Assessment, Education, Crisis hotline, Case management	Firelands	All youth	Prevention, Early Intervention, Treatment	Monitored

Strategy #3: Decrease youth risky behaviors Gaps & Potential Strategies

Gaps	Potential Strategies
Increased LifeSkills programming	<ul style="list-style-type: none"> • Increase the use of the Middle School booster sessions • Implement the High School curriculum
Parents/guardians who are unaware of current youth trends	<ul style="list-style-type: none"> • Operation Street Smart Program for parents • Increase parent awareness • Increase asset development • “Stall Talk” for adults
Family mentoring	<ul style="list-style-type: none"> • In home therapy opportunities • Increase family based programming such as Strengthening Families or Guiding Good Choices

Peer Pressure	<ul style="list-style-type: none"> • Increase youth abstinence education materials • Increase education • Stall talk for youth
Motivating parents to get involved	<ul style="list-style-type: none"> • Increase communication and awareness

Strategy #3: Decrease youth risky behaviors Best Practices

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

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

2. **Strengthening Families:** The Strengthening Families Program (SFP) is a nationally and internationally recognized parenting and family strengthening program for high-risk and regular families. SFP is an evidence-based family skills training program found to significantly reduce problem behaviors, delinquency, and alcohol and drug abuse in children and to improve social competencies and school performance. Child maltreatment also decreases as parents strengthen bonds with their children and learn more effective parenting skills
 The original 14-session evidence-based SFP for high-risk families with children ages 6 to 11 years (SFP6-11) was developed and tested in the mid 1980s by Dr. Kumpfer on a NIDA research grant with children of substance abusing parents. Subsequent randomized control trials (RCTs) have found similar positive results with families in many different ethnic groups. Both culturally adapted versions and the core version of SFP have been found effective with African-American, Hispanic, Asian, Pacific Islander, and First Nations families. SFP is in 26 countries with language translations into Spanish, Portuguese, French, German, Dutch, Slovenian, Russian, Tai, Burmese, Chinese and other languages. In the more than two decades since its development, SFP has been reviewed by researchers and rated as an exemplary, evidence-based program.

3. **LifeSkills Training (LST) –** LST is a school-based program that aims to prevent alcohol, tobacco, and marijuana use and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. LST is based on both the social influence and competence enhancement models of prevention. Consistent with this theoretical framework, LST addresses multiple risk and protective factors and teaches personal and social skills that build resilience and help youth navigate developmental tasks, including the skills necessary to understand and resist pro-drug influences. LST is designed to provide information relevant to the important life transitions that adolescents and young teens face, using culturally sensitive and developmentally and age-appropriate language and content. Facilitated discussion, structured small group activities, and role-playing scenarios are used to stimulate participation and promote the acquisition of skills. Separate LST programs are offered for elementary school (grades 3-6), middle school (grades 6-9), and high school (grades 9-12). For more information, go to <http://www.lifeskillstraining.com>.

Strategy #3: Decrease youth risky behaviors Action Step Recommendations & Action Plan

Action Step Recommendations

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

1. Expand the LifeSkills training curriculum in Wyandot County.
2. Increase awareness of youth risky behaviors for parents, guardians and community members
3. Implement a family mentoring program

Action Plan

Decrease Youth Risky Behaviors		
Action Step	Responsible Person/Agency	Timeline
Increase the LifeSkills Training Curriculum in Wyandot County		
Year 1: Secure funding for additional LifeSkills programming. Implement the program in grades 3-5 in all Wyandot County school districts	Steve Kozel: Carey Schools Darlene Steward: Wyandot County Health Department Nancy A. Cochran: Mental Health & Recovery Services Board	December 31, 2013
Year 2: Expand LifeSkills classes by focusing on the addition of middle school and the high school curriculums.		December 31, 2014
Year 3: All school districts participate in elementary, middle, and high school LifeSkills programming.		December 31, 2015
Increase awareness of youth risky behaviors for parents, guardians and community members		
Year 1: Plan and implement a community awareness event to offer the Operation Street Smart Workshop to adults in Wyandot County. Using Operation Street Smart Workshop key points, create “stall talk” flyers for businesses, organizations and schools. Get at least one local business/organization and one school to participate.	Barbara Mewhorter: Wyandot County Health Department Nancy A. Cochran: Mental Health & Recovery Services Board	December 31, 2013
Year 2: Plan additional awareness programs/workshops focusing on different “hot topics” Increase participation from businesses, schools and organizations to participate in the “stall talk” flyers.		December 31, 2014
Year 3: Continue with risky behavior/trend workshops. Increase participation of “stall talk” flyers to 75% of businesses/organizations and schools. Update the flyers on a quarterly basis. Have local business/organizations sponsor and print the stall talk flyers.		December 31, 2015

Decrease Youth Risky Behaviors		
Action Step	Responsible Person/Agency	Timeline
Implement a Family Mentoring Program		
Year 1: Introduce the Strengthening Families and Guiding Good Choices parenting programs to community wellness organizations. Decide which program will be offered in Wyandot County. Coordinate with school guidance counselors, Department of Jobs and Family Services and the juvenile court to recruit high risk families	Thomas Bennett: Wyandot County Department of Jobs and Family Services Ann Denman: Family & Children First Council, Help Me Grow Nancy A. Cochran: Mental Health & Recovery Services Board	December 31, 2013
Year 2: Implement the program in 3 locations throughout Wyandot County.		December 31, 2014
Year 3: Increase the number of programs and/or locations where the program is being offered. Coordinate with local businesses and organizations to donate incentives for those families who successfully complete the program.		December 31, 2015

Progress and Measuring Outcomes

Progress and Measuring Outcomes		
Action Step	Responsible Person/Agency	Timeline
2015 Health Assessment		
Year 1: Determine Health Assessment administrative agent. Determine who will send request for funding letters. Current Health Alliance members meet with their own administration/board to create a 3 year funding plan.		December 31, 2013
Year 2: Collect pledges from individual agencies. Obtain at least one new funder from the previous health assessment		December 31, 2014
Year 3: Continue to collect pledges from individual agencies. Obtain at least three new funders from the previous health assessment		December 31, 2015

The progress of meeting the local priorities will be monitored with measurable indicators identified by the Wyandot County Strategic Planning Committee. The individuals that are working on action steps will meet on an as needed basis. The full strategic planning committee will meet quarterly to report out the progress. A marketing committee will be formed to disseminate the strategic plan to the community. Meetings will be held at Wyandot Memorial Hospital in the education room.

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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