2017 2019

Morrow County Community Health Improvement Plan

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EXECUTIVE SUMMARY

In 2016, Morrow County Community Partners (MCCP) began conducting community health assessments (CHA) for the purpose of measuring and addressing health status. The most recent Morrow County Community Health Assessment was cross-sectional in nature and included a written survey of adults and adolescents within Morrow County. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national and state *Behavioral Risk Factor Surveillance System* (BRFSS) and the *Youth Risk Behavior Surveillance System* (YRBSS). This has allowed Morrow County to compare the data collected in their CHA to national, state and local health trends.

Morrow County CHA also fulfills national mandated requirements for the hospitals in our county. H.R. 3590 Patient Protection and Affordable Care Act states that in order to maintain tax-exempt status, not-for-profit hospitals are required to conduct a community health needs assessment at least once every three years, and adopt an implementation strategy to meet the needs identified through the assessment.

From the beginning phases of the CHA, community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the project. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment.

The Morrow County CHA has been utilized as a vital tool for creating the Morrow County Community Health Improvement Plan (CHIP). The Public Health Accreditation Board (PHAB) defines a CHIP as a long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A CHIP is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community inclusively and should be done in a timely way.

To facilitate the Community Health Improvement Process, the Morrow County Community Partners (MCCP) invited key community leaders to participate in an organized process of strategic planning to improve the health of residents of the county. The National Association of City County Health Officer's (NACCHO) strategic planning tool, Mobilizing for Action through Planning and Partnerships (MAPP), was used throughout this process.

The MAPP Framework includes six phases which are listed below:

- Organizing for success and partnership development
- Visioning
- Conducting the MAPP assessments
- Identifying strategic issues
- Formulating goals and strategies
- Taking action: planning, implementing, and evaluation

The MAPP process includes four assessments: Community Themes & Strengths, Forces of Change, the Local Public Health System Assessment and the Community Health Status Assessment. These four assessments were used by Morrow County Community Partners to prioritize specific health issues and population groups which are the foundation of this plan. The diagram below illustrates how each of the four assessments contributes to the MAPP process.
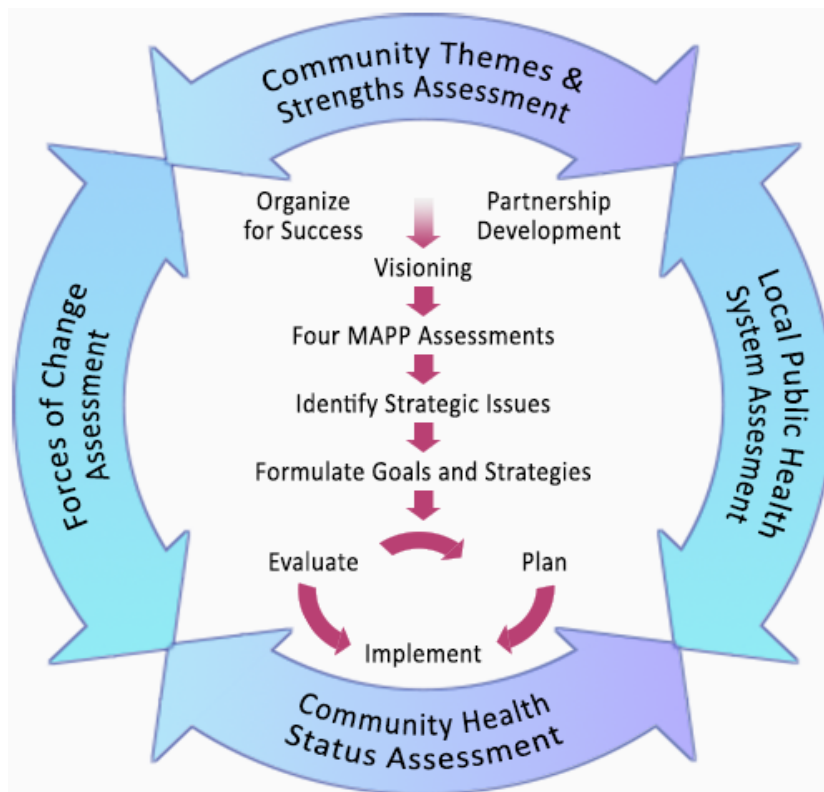
Priorities:

Priority Health Issues for Morrow County
1. Adult and Youth Obesity
2. Adult and Youth Access to Healthcare
3. Adult and Youth Substance Abuse
4. Adult and Youth Mental Health

Action Steps:

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

1. Implement OHA Healthy Hospitals Initiative
2. Implement a Healthier Choices Campaign
3. Implement Complete Streets Policies
4. Implement Safe Routes to School
5. Distribute Wellness Community Guide & Calendar

To work toward **improving adult and youth access to healthcare,** the following actions steps are recommended:

1. Increase Transportation Through a County Transportation Plan
2. Increase Awareness of Healthcare Services and Education on Preventive Care
3. Increase Use of Mobile Dentistry
4. Increase Community Education on Health Insurance Opportunities and Enrollment
5. Implement School-Based Health Centers

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

1. Increase Awareness of Trauma Informed Care
2. Increase the Number of Primary Care Physicians Screening for Depression During Office Visits
3. Re-Establish Suicide Prevention Coalition
4. Provide Mental Health First Aid Training
5. Expand The Leader in Me Program
6. Implement Evidence-Based Bullying Prevention Programs

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

1. Expand Evidence-Based Programs and Counseling Services Targeting Youth and Families
2. Increase Treatment Options for Those with Substance Use Disorder
3. Expand Efforts of the Drug and Alcohol Awareness & Prevention Coalition
4. Increase the Number of Health Care Providers Screening for Drugs and Alcohol
5. Expand Hidden in Plain Sight Program to Reduce Alcohol and Drug Use Among Youth

PARTNERS

The 2017-2019 Community Health Improvement Plan was drafted by agencies and service providers within Morrow County. During September, 2016 - December, 2016, the committee reviewed many sources of information concerning the health and social challenges Morrow County adults and youth may be facing. They determined priority issues which if addressed, could improve future outcomes, determined gaps in current programming and policies and examined best practices and solutions. The committee has recommended specific actions steps they hope many agencies and organizations will embrace to address the priority issues in the coming months and years. We would like to recognize these individuals and thank them for their devotion to this process and this body of work:

Morrow County Community Partners

Albert, Amanda - Northmor School District
Artrip, Ann Morrow - Developmental Disabilities
Benick, Kay – Morrow County Health District
Benner, Kanda – Family Children First Council
Blake, Amanda – Salvation Army
Blankenship, Julie – Hospice of Morrow County
Bowsher, Deb – First Presbyterian Church
Brewer, Brandy – Morrow County Health District
Briski, Amy – Morrow County Health District
Brown, Sundie – Job and Family Services
Butler, Pamela – Morrow County Health District
Carey, Krystal – Morrow County Hospital
Carpenter, Erin – Highland School District
Creswell, Sarah – Northmor School District
Damron, Paul – Delaware-Morrow Mental Health & Recovery Services
Daniels-Hill, Alicia – Columbus Legal Aid
Denovchek, Steve – Morrow County Resident
Galanowitcz, MD, Barbara – Flying Horse Farms
Gilstrap, Michelle – Morrow County Health District
Glass, Ashley – Ohio Heartland Community Action Commission
Grewal, Lieutenant, Gurjit – Ohio State Highway Patrol
Harding, Alyson – Woodside Village
Harsch, John – Emergency Management Agency
Hayes, Jodi – United Way
Hedge, Steve – Delaware – Morrow Mental Health & Recovery Services
Heer, Candace – OSU Extenstion
Heineman, Lorelei – Morrow County Hospital
Hickman, Ike – Morrow County Development
Huffman, Nathan – Highland School District

Jagger, Carri – OSU Extenstion
Lupi, Renee – Job and Family Services – Children Services
Mattingly, Connie – Morrow County Hospital
Mccurdy, Deb- Turning Point
McDay, Ben – MaryHaven
Miller, Chad (CJ) – Morrow County Hospital
Montgomery, Susan – Area Agency on Aging
Morgan, Jessica – Morrow Family Health Center (FQHC)
O'Keeffe, Sharla – Job and Family Services
Pauley, Katie – Highland School District
Schneider, Brad – The Growth Coach
Sexton, Susie – The Tomorrow Center
Sexton, Sergeant, Troy – Ohio State Highway Patrol
Steele, Rich – MaryHaven
Stojkovic, Alberta – Morrow County Sentinel

Strickler, Amber – The Tomorrow Center
Stuttler, Katelin – Highland School District
Timmerman, Amy – Morrow Metropitan Housing
Trainer, Joanne – Morrow Family Health Center (FQHC)
Wake, Don – Job and Family Services

Whiston, Tom – Morrow County Commissioner

Worstell, Kelly – Morrow County Health District

The strategic planning process was facilitated by Britney Ward, Director of Community Health Improvement, Selena Coley, Community Health Improvement Coordinator, and Emily Stearns, Community Health Improvement Coordinator, from the Hospital Council of Northwest Ohio.

VISION

Vision statements define a mental picture of what a community wants to achieve over time while the mission statement identifies why an organization/coalition exists and outlines what it does, who it does it for, and how it does what it does.

The Vision of Morrow County Community Partners:

Improve health and wellbeing in Morrow County through partnerships that engage individuals and organizations

The Mission of Morrow County Community Partners:

Promoting a healthy Morrow County through Partnerships

ALIGNMENT WITH NATIONAL AND STATE STANDARDS

The 2017-2019 Morrow County Health Improvement Plan priorities align perfectly with state and national priorities. Morrow County will be addressing the following priorities: obesity, mental health, drug use and healthcare access.

Ohio State Health Improvement Plan

Morrow County priorities very closely mirror the following 2015-2016 State Health Improvement Plan (SHIP) Addendum priorities:

- *Priority 2:* Prevent and reduce the burden of chronic disease for all Ohioans
- *Priority 5:* Implementing integrated mental and physical health care models to improve public health
- *Priority 6:* Establish, support and promote policies and systems to identify and reduce barriers that prevent access to appropriate health care for all Ohioans

To align with and support Priority 2 (Chronic Disease), Morrow County will work to adopt Complete Streets policies to Morrow County residents.

To align with and support Priority 5 (Integration of Mental and Behavioral Health), Morrow County will expand evidence based programs and counseling services targeting youth. Furthermore, Morrow County will increase awareness of available mental health services and implement screening tools.

To align with and support Priority 6 (Access to Care), Morrow County will work with the community to increase transportation through a county Transportation Plan.

U.S. Department of Health and Human Services National Prevention Strategies

The Morrow County Community Health Improvement Plan also aligns with four of the National Prevention Strategies for the U.S. population: healthy eating, active living, mental and emotional well-being and preventing drug abuse and excessive alcohol use.

ALIGNMENT WITH NATIONAL AND STATE STANDARDS, *continued*

Healthy People 2020

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

- *Nutrition and Weight Status (NWS)-8:* Increase the proportion of adults who are at a healthy weight.
- *Mental Health and Mental Disorders (MHMD)-9:* Increase the proportion of adults with mental health disorders who receive treatment.
- *Substance Abuse (SA)-2:* Increase the proportion of adolescents never using substances
- *Access to Health Services (AHS) - 4:* Increase the number of practicing primary care providers.

There are 22 other weight control objectives, 11 other mental health objectives, 16 other substance abuse objectives, and 9 other access to health services objectives that support the work of the Morrow County CHIP. These objectives can be found in each individual section.

STRATEGIC PLANNING MODEL

Beginning in September 2016, Morrow County Community Partners met four (4) times and completed the following planning steps:

1. **Initial Meeting**- Review of process and timeline, finalize committee members, create or review vision

2. **Choosing Priorities**- Use of quantitative and qualitative data to prioritize target impact areas

3. **Ranking Priorities**- Ranking the health problems based on magnitude, seriousness of consequences, and feasibility of correcting

4. **Resource Assessment**- Determine existing programs, services, and activities in the community that address the priority target impact areas and look at the number of programs that address each outcome, geographic area served, prevention programs, and interventions

5. **Forces of Change and Community Themes and Strengths**- Open-ended questions for committee on community themes and strengths

6. **Gap Analysis**- Determine existing discrepancies between community needs and viable community resources to address local priorities; identify strengths, weaknesses, and evaluation strategies; and strategic action identification

7. **Local Public Health Assessment**- Review the Local Public Health System Assessment with committee

8. **Quality of Life Survey**- Review results of the Quality of Life Survey with committee

9. **Best Practices**- Review of best practices and proven strategies, evidence continuum, and feasibility continuum

10. **Draft Plan**- Review of all steps taken; action step recommendations based on one or more the following: enhancing existing efforts, implementing new programs or services, building infrastructure, implementing evidence based practices, and feasibility of implementation.

NEEDS ASSESSMENT

Morrow County Community Partners reviewed the 2016 Morrow County Health Assessment. The detailed primary data for each individual priority area can be found in the section it corresponds to. Each member completed an "Identifying Key Issues and Concerns" worksheet. The following tables were the group results.

What are the most significant <u>ADULT</u> health issues or concerns identified in the 2016 assessment report?

Key Issue or Concern	% of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
1. Drug Use (16 votes)			
Used marijuana in the past 6 months	3%	--	--
Used other recreational drugs in past 6 months	2%	--	--
Used medication not prescribed for them during past 6 months	9%	Age: 65+; Income: <$25K	Female
2. Obesity (14 votes)			
Obese	41%	Age: 30-64	Male
Overweight	35%	Age: 65+; Income: <$25K	Male
No physical activity in past week	33%	--	--
Nutrition (ate 5+ fruits and vegetables per day)	7%	--	--
3. Healthcare Access (14 votes)			
Uninsured	10%	Age:<30; Income: <$25K	Male
Visited a doctor for a routine checkup in the past year	66%	Age:<30	Female
Did not have a personal doctor	10%	--	--
Went outside of Morrow County for health care services in past year	92%	--	--
4. Mental Health (10 votes)			
Felt sad or hopeless two or more weeks in a row	7%	Income: <$25K	--
Contemplated suicide	2%	--	--
Used a program or service for themselves or a loved one to help with depression, anxiety, or emotional problems	24%	--	--
5. Women's Health Screenings (5 votes)			
Had a clinical breast exam in the past year	48%	Age: <40; Income: <$25K	Female
Had a Pap smear in the past year	38%	Age: 40+; Income:<$25K	
Had a mammogram in the past year	51%	Age: 40+; Income: >$25K	Female
			Female
6. Homelessness (5 votes)			
Had someone homeless living with them in the past 12 months	2%	--	--

NEEDS ASSESSMENT, *continued*

What are the most significant <u>ADULT</u> health issues or concerns identified in the 2016 assessment report?

Key Issue or Concern	% of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
7. Oral Health (4 votes)			
Visited the dentist in the past year	65%	Age: <30; Income: <$25K	Male
Had one or more permanent teeth removed in the past year	42%	Age: 65+	--
8. Heart Disease (3 votes)			
Had blood cholesterol checked within the past 5 years	87%	--	--
Had high blood cholesterol	39%	Age: 65+; Income: <$25K	Male
Had high blood pressure	35%	Age: 65+; Income: <$25K	Male
Had angina	5%	Age: 65+	--
Had survived a heart-attack	4%	Age: 65+	--
Had survived a stroke	2%	Age: 65+	--
9. Diabetes (3 votes)			
Had been diagnosed with diabetes	13%	Age: 65+; Income: <$25K	Male
Had been diagnosed with pre-diabetes	4%	--	--
10. Binge Drinking (1 vote)			
Binged drank in the past month	11%	--	
Adult drinkers who binge drank in the past month	26%	Age: <30; Income: <$25K	Male
11. Smoking (1 vote)			
Current smoker (currently smoke some or all days)	11%	Age: <30; Income: <$25K	Female
12. Men's Health (1 vote)			
Had a Prostate-Specific Antigen (PSA) test in the past year	19%	Age: >50; Income: >$25K	Male
Has been diagnosed with prostate cancer	3%	Age: 65+	Male
Had a digital rectal exam in the past year	17%	Age: >50	Male

NEEDS ASSESSMENT, *continued*

What are the most significant <u>YOUTH</u> health issues or concerns identified in the 2016 assessment report?

Key Issue or Concern	% of Population at Risk	Age Group Most at Risk	Gender Most at Risk
1. Alcohol Use (16 votes)			
Current drinker	19%	Age: 17-18	Male
Binge drinker (of all youth)	14%	--	--
Binge drinker (of current drinkers)	73%	Age: 17+	Male
Obtained alcohol by someone giving it to them (of drinkers)	28%	--	--
Drank for the first time before age 13 (of all youth)	12%	--	--
Ever tried alcohol	47%	--	--
2. Mental Health (15 votes)			
Felt sad or hopeless two or more weeks in a row	27%	--	Female
Contemplated suicide	14%	Age: 14-16	Female
Attempted suicide	6%	Age: 14-16	Female
Had three or more adverse childhood experiences	22%	--	--
3. Drug Use (14 votes)			
Used marijuana in past month	8%	Age: 17+	Male
Ever used methamphetamines	2%	--	--
Ever used heroin	2%	--	--
Ever used inhalants	6%	--	--
Ever been offered sold, or given an illegal drug by someone on school property in past year	4%	--	--
4. Bullying (13 votes)			
Bullied in past year	44%	--	--
Bullied on school property in past year	34%	--	--
Electronically/cyber bullied in past year	13%	--	--
Physically bullied in past year	9%	--	--
5. Obesity (11 votes)			
Obese	18%	Age: 14-16	Male
Overweight	15%	Age: <13	Female
Nutrition (ate 5+ fruits and vegetables per day)	8%	--	--
Did not participate in at least 60 minutes of physical activity on any day in the past week	8%	--	--
6. Sexual Behaviors (10 votes)			
Ever had sexual intercourse	25%	Age: 17+	Male
Used a condom at last intercourse	37%	--	--
Oral sex	22%	Age: 17+	Male
Anal sex	5%	Age: 17+	Male
Sexting	28%	Age: 17+	Male
Viewed pornography	28%	Age: 17+	Male
Had four or more sexual partners (of all youth)	5%	--	--

NEEDS ASSESSMENT, *continued*

What are the most significant <u>YOUTH</u> health issues or concerns identified in the 2016 assessment report?

Key Issue or Concern	% of Population at Risk	Age Group Most at Risk	Gender Most at Risk
7. Safety / Violence (9 votes)			
Carried a weapon in the past 30 days	10%	Age: 17+	Male
Rode with someone who was drinking	14%	--	--
Been in a physical fight in past year	18%	--	Male
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in past year	4%	--	--
8. Tobacco Use (4 votes)			
Ever tried cigarettes	25%	--	--
Current smoker	9%	Age: 17+	Male
Usually obtained their own cigarettes by buying them in a store or gas station	21%		
9. School Readiness (2 votes)	None provided	None provided	None provided

PRIORITIES CHOSEN

Based on the 2016 Morrow County Health Assessment, key issues were identified for adults and youth. Committee members then completed a ranking exercise, giving a score for magnitude, seriousness of the consequence, and feasibility of correcting, resulting in an average score for each issue identified. Committee members' rankings were then combined to give an average score for the issue.

The rankings were as follows:

Health Issue	Average Score
1. Adult Obesity	19.7
2. Adult Health Care Access	19.5
3. Youth Bullying	19.0
4. Youth Mental Health	18.8
5. Adult Drug Use	18.8
6. Youth Obesity	18.7
7. Adult Mental Health	18.3
8. Youth Safety	17.5
9. Youth Alcohol Use	17.3
10. Youth Sexual Behavior	17.1
11. Youth Drug Use	16.1

Morrow County will focus on the following four priorities over the next 3 years:
1. Adult and Youth Obesity
2. Adult and Youth Access to Healthcare
3. Adult and Youth Mental Health
4. Adult and Youth Drug Use

FORCES OF CHANGE

Morrow County Community Partners were asked to identify positive and negative forces which could impact community health improvement and overall health of this community over the next three to five years. This group discussion covered many local, state, and national issues and change agents which could be factors in Morrow County in the near future. The table below summarizes the forces of change agent and its potential impacts.

Force of Change	Impact
1. Legalizing medical marijuana	o Increase in usage among the youth o Lack of skilled workers
2. Rising population	o Southern part of county growing quickly o Greater demand for services o No tax base to fund services through general fund
3. Transportation	o Limited access to services
4. Leader programs for youth and adults for empowerment skills	o None specified
5. Aging population	o Increase demand for services o More funding needed for services o Increase in chronic diseases
6. Development office	o None specified
7. Improvements to state park	o More use of state parks
8. Social media	o Beneficial for communication
9. Health insurance	o Ever changing o Evidence based services billed through insurance (diabetes prevention) o Gaps in insurance for vulnerable populations o Increasing costs o Difficult to start the conversation about how to make positive changes regarding health care
10. Technology	o Difficult for elderly to embrace o Being "forced" onto vulnerable populations o Electronic medical records o More focus on cyber-security
11. Lack of access to the internet	o Assumption that internet is easily accessible for population o Need different routes of communication for specific populations
12. Community communication	o Need improved routes of communication to educate community members about variety of services o No daily newspaper o New generation of 9-1-1(text)
13. Potential loss of health department accreditation	o Loss of health department
14. Ohio improvement process for school improvement	o None specified

FORCES OF CHANGE, *continued*

| Force of Change	Impact
15. Air, water, and soil pollution	o Algae blooms o Chemicals on fields
16. Housing	o Unaffordable housing o Loss of local grants for housing repairs o Lack of adequate zoning laws and building codes o No septic system for many community members
17. Lack of synergy between community agencies	o No shared vision between organizations o Lack of involvement from community partners
18. High median income	o County wealth index increasing o Leaving county to spend money
19. Growth in business	o Increase in job opportunities but many drive out of county for work o Increased employment opportunities for higher wages o Lacking skilled labor force
20. National and local politics	o Major shift o Creates uncertainty o Could mean less funding o Legislatures not willing to work together
21. Distrust of politicians	o People believe their voice does not matter o Citizens not voting or willing to write to their politicians
22. Heroin epidemic	o Widespread and affects all populations
23. Over prescription of opiates	o Addiction o If supply is reduced cost will increase (will greatly affect health care sectors such as hospice) o Many organizations focusing on opiate issues
24. State funding decreasing	o Affecting libraries, schools, government, etc. o Northmor lost $200k in funding
25. Access to care	o Good primary care locations within county
26. Involvement from hospitals and other organizations within county	o Increased collaboration to improve community health
27. Educated local government	o Elected officials feel they are entitled
28. OSHIP	o Funding cuts

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

The Local Public Health System

Public health systems are commonly defined as "all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction." This concept ensures that all entities' contributions to the health and well-being of the community or state are recognized in assessing the provision of public health services.

The public health system includes:

- Public health agencies at state and local levels
- Healthcare providers
- Public safety agencies
- Human service and charity organizations
- Education and youth development organizations
- Recreation and arts-related organizations
- Economic and philanthropic organizations
- Environmental agencies and organizations
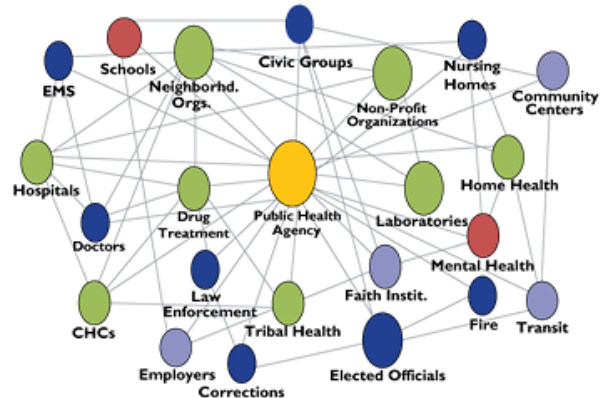
The 10 Essential Public Health Services

The 10 Essential Public Health Services describe the public health activities that all communities should undertake and serve as the framework for the NPHPS instruments.

Public health systems should:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards   in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

(Source: Centers for Disease Control; National Public Health Performance Standards; The Public Health System and the 10 Essential Public Health Services; http://www.cdc.gov/nphpsp/essentialservices.html)

LOCAL PUBLIC HEALTH SYSTEM, *continued*

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

This assessment involves the use of a nationally recognized tool called the **National Public Health Performance Standards Local Instrument**.
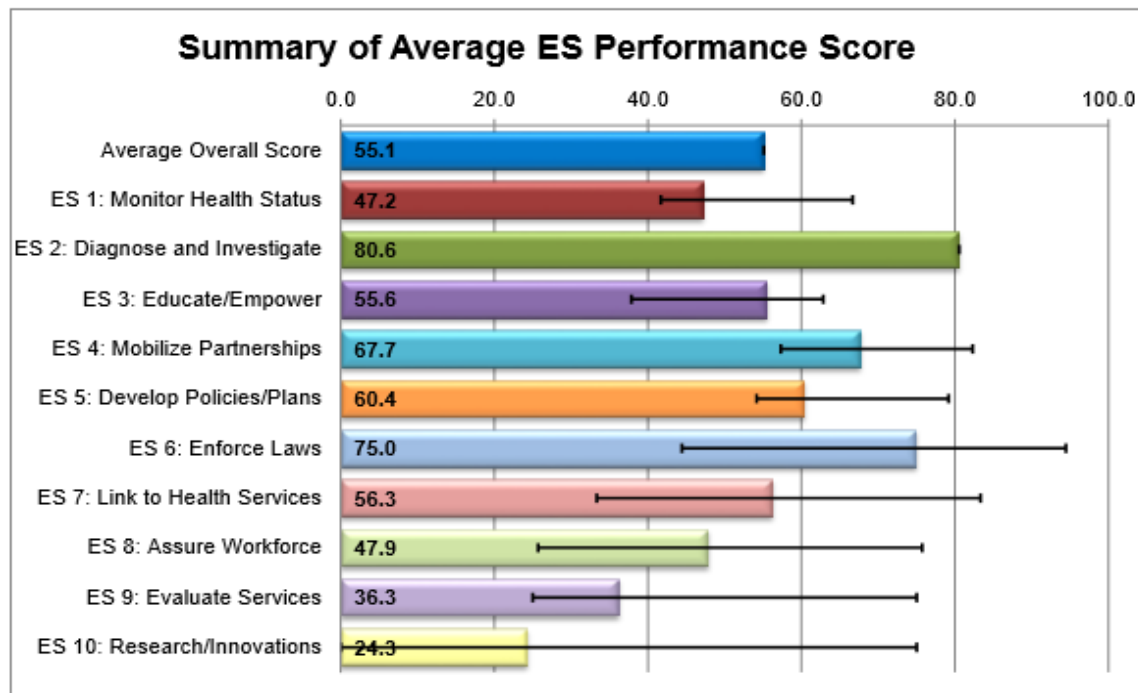
Members of the Morrow County Health Department completed the performance measures instrument. The LPHSA results were then presented to the full CHIP committee for discussion. The 10 Essential Public Health Services and how they are being provided within the community as well as each model standard was discussed and the group came to a consensus on responses for all questions The challenges and opportunities that were discussed were used in the action planning process.

The CHIP committee identified 22 indicators that had a status of "minimal" and 5 indicators that had a status of "no activity". The remaining indicators were all moderate, significant or optimal.

As part of minimum standards, local health departments are required to complete this assessment at least once every five years.

To view the full results of the LPHSA, please contact Pamela Butler from the Morrow County Health Department at pamela.butler@morrowcountyhealth.org.

Morrow County Local Public Health System Assessment
2016 Summary

Summary of Average ES Performance Score

	Score
Average Overall Score	55.1
ES 1: Monitor Health Status	47.2
ES 2: Diagnose and Investigate	80.6
ES 3: Educate/Empower	55.6
ES 4: Mobilize Partnerships	67.7
ES 5: Develop Policies/Plans	60.4
ES 6: Enforce Laws	75.0
ES 7: Link to Health Services	56.3
ES 8: Assure Workforce	47.9
ES 9: Evaluate Services	36.3
ES 10: Research/Innovations	24.3

COMMUNITY THEMES AND STRENGTHS

Morrow County Community Partners participated in an exercise to discuss community themes and strengths. The results were as follows:

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

- Communication pathways
- Proactive community
- Healthy lifestyle awareness
- Access to health care
- Strong education system (all levels)
- Focus on employee wellness
- Affordable housing
- Income stability
- Accessible/affordable transportation
- Awareness of community services
- Proactive/reactive to community needs
- Collaboration
- Healthy attitude within the community

Community members were most proud of the following regarding their community:

- Family oriented
- Collaboration of organizations
- Alumni return back to the community
- Resourcefulness
- The Leader in Me in Northmor Schools
- Pride & support for the community
- Empathy among the community

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

- Community Health Center
- United Way
- Chamber of Commerce
- Developmentally Appropriate Practice (DAP) in schools
- Health Department/ Community services
- Church Awakening Retreat
- Immunizations clinics
- Morrow County Hospital at the Cardinal Center
- OSU Extension
- Family and Children First
- CHIP Committee

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

- Lack of employment/opportunities
- Substance abuse
- Prevention & education services
- Mental health services
- Lack of transportation
- Gap in communication
- Lack of adequate housing
- Lack of fresh foods & farmer's markets
- Homeless population
- Aging population

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

- Lack of motivation and follow through from the community
- Lack of business/economy
- No common ground between community leaders
- Community resistance to change
- Lack of involvement from the community
- Lack of funding

COMMUNITY THEMES AND STRENGTHS, *continued*

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

- Fitness scholarships
- After school programs
- Increase The Leader in Me program throughout the school systems
- Increase housing
- Increase transportation
- Implement a community resource guide
- Increase access to affordable health care
- Increase employment opportunities
- Explore more funding opportunities

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

- Increased business
- Great school system
- Continued collaborative efforts with schools, law enforcement, and politicians
- Support from the local courts
- Support from more community leaders

QUALITY OF LIFE SURVEY

Morrow County Community Partners urged community members to fill out a short Quality of Life Survey via Survey Monkey. There were 111 Morrow County community members who completed the survey. The anchored Likert scale responses were converted to numeric values ranging from 1 to 5, with 1 being lowest and 5 being highest. For example, an anchored Likert scale of "Very Satisfied" = 5, "Satisfied" = 4, "Neither Satisfied or Dissatisfied" = 3, "Dissatisfied" = 2, and "Very Dissatisfied" = 1. For all responses of "Don't Know," or when a respondent left a response blank, the choice was a non-response, was assigned a value of 0 (zero) and the response was not used in averaging response or calculating descriptive statistics.

Quality of Life Questions	Likert Scale Average Response
1. Are you satisfied with the quality of life in our community? (Consider your sense of safety, well-being, participation in community life and associations, etc.) [IOM, 1997]	3.41
2. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, options in health care, etc.)	3.01
3. Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	3.72
4. Is this community a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping; elder day care, social support for the elderly living alone, meals on wheels, etc.)	3.51
5. Is there economic opportunity in the community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)	2.12
6. Is the community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, and the mall. Do neighbors know and trust one another? Do they look out for one another?)	3.63
7. Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, or organizations) during times of stress and need?	3.36
8. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?	3.27
9. Do all residents perceive that they — individually and collectively — can make the community a better place to live?	3.08
10. Are community assets broad-based and multi-sectoral? (There are a variety of resources and activities available county-wide)	2.80
11. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?	3.38
12. Is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments? (Are citizens working towards the betterment of their community to improve life for all citizens?)	3.25

RESOURCE ASSESSMENT

Based on the chosen priorities, the Morrow County Community Partners were asked to complete a resource inventory for each priority. The resource inventory allowed MCCP to identify existing community resources, such as programs, exercise opportunities, free or reduced cost health screenings, and more. MCCP were then asked to determine whether a program or service was evidence-based, a best practice, or had no evidence indicated based on the following parameters:

An **evidence-based** practice has compelling evidence of effectiveness. Participant success can be attributed to the program itself and have evidence that the approach will work for others in a different environment. A **best practice** is a program that has been implemented and evaluation has been conducted. While the data supporting the program is promising, its scientific rigor is insufficient. A **non-evidence based** practice has neither no documentation that it has ever been used (regardless of the principals it is based upon) nor has been implemented successfully with no evaluation.

Each resource assessment is provided with the corresponding priority section and can be found on the following pages:

- Adult and Youth Obesity, *page 28*
- Adult and Youth Access to Healthcare, *pages 42-44*
- Adult and Youth Mental Health, *pages 57-59*
- Adult and Youth Substance Abuse, *pages 72-73*

Priority #1 | Decrease Adult and Youth Obesity

Obesity Indicators

The 2016 Health Assessment identified that 76% of Morrow County adults were overweight or obese based on Body Mass Index (BMI). The 2014 BRFSS indicates that 33% of Ohio and 30% of U.S. adults were obese by BMI. More than two-fifths (41%) of Morrow County adults were obese.

<u>Adult Weight Status</u>

In 2016, the health assessment indicated that more than three-fourths (76%) of Morrow County adults were either overweight (35%) or obese (41%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of diseases.

More than two-fifths (43%) of adults were trying to lose weight, 36% were trying to maintain their current weight or keep from gaining weight, and 1% were trying to gain weight.

Morrow County adults did the following to lose weight or keep from gaining weight: drank more water (45%), ate less food, fewer calories, or foods low in fat (42%), exercised (35%), ate a low-carb diet (10%), smoked cigarettes (2%), took diet pills, powders or liquids without a doctor's advice (2%), bariatric surgery (1%), used a weight loss program (1%), health coaching (<1%), participated in a prescribed dietary or fitness program (<1%), took laxatives (<1%), took prescribed medications (<1%), vomited after eating (<1%), and went without eating 24 or more hours (<1).

In Morrow County, 48% of adults were engaging in some type of physical activity or exercise for at least 30 minutes 3 or more days per week. 27% of adults were exercising 5 or more days per week. One-third (33%) of adults were not participating in any physical activity in the past week, including 6% who were unable to exercise.

Reasons for not exercising included: time (25%), too tired (21%), pain or discomfort (15%), weather (15%), laziness (14%), chose not to exercise (10%), could not afford a gym membership (9%), no walking, biking trails or parks (5%), no gym available (4%), no child care (3%), poorly maintained/no sidewalks (3%), did not know what activities to do (2%), no exercise partner (2%), safety (2%), lack of opportunities for those with physical impairments or challenges (1%), transportation (1%), doctor advised them not to exercise (<1%), no access to parks (<1%), and other reasons (6%).

Morrow County adults spent an average of 2.4 hours watching TV, 1.3 hours on their cell phone, 1.2 hours on the computer (outside of work), and 0.3 hours playing video games on an average day of the week.

Morrow County adults purchased their fruit and vegetables from the following places: large grocery store (88%), grow their own/garden (39%), local grocery store (26%), Farmer's Market (22%), restaurants (13%), Dollar General/Store (5%), food pantry (4%), community garden (1%), corner/convenience store (1%), Veggie Mobile (1%), group purchasing, Community Supported Agriculture (CSA) (<1%), Mobile Produce Market (<1%), and other places (3%).

Morrow County adults reported the following reasons they chose the types of food they ate: taste (66%), enjoyment (55%), cost (50%), ease of preparation (44%), healthiness of food (43%), availability (38%), time (32%), food they were used to (29%), what their spouse prefers (29%), nutritional content (24%), what their child prefers (18%), calorie content (15%), if it is genetically modified (5%), if it is organic (4%), other food sensitivities (4%), and other reasons (3%).

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

Priority #1 | Decrease Adult and Youth Obesity

Obesity Indicators, *continued*

Youth Weight Status

In 2016, 18% of youth were classified as obese by Body Mass Index (BMI) calculations (2013 YRBS reported 13% for Ohio and the 2015 YRBS reported 14% for the U.S.). 15% of youth were classified as overweight (2013 YRBS reported 16% for Ohio and the 2015 YRBS reported 16% for the U.S.). 65% were normal weight, and 2% were underweight.

30% of youth described themselves as being either slightly or very overweight. The 2013 YRBS reported 28% for Ohio and the 2015 YRBS reported 32% for the U.S.

Nearly half (46%) of all youth were trying to lose weight, increasing to 56% of Morrow County female youth (compared to 33% of males) (2013 YRBS reported 47% for Ohio and the 2015 YRBS reported 46% for the U.S.).

55% of Morrow County youth ate 1 to 2 servings of fruits and vegetables per day. 32% ate 3 to 4 servings of fruits and vegetables per day and 8% ate 5 or more servings per day.

Morrow County youth consumed the following sources of calcium daily: milk (76%), other dairy products (49%), yogurt (25%), calcium-fortified juice (9%), calcium supplements (3%) and other calcium sources (7%).

29% of youth drank soda pop (not diet), punch, Kool-Aid, sports drinks, energy drinks or other fruit flavored drinks at least once per day during the past week.

9% of youth reported they went to bed hungry at least one day per week because their family did not have enough money for food at least one night per week. <1% of youth went to bed hungry every night of the week.

80% of Morrow County youth participated in at least 60 minutes of physical activity on 3 or more days in the past week. 58% did so on 5 or more days in the past week (2013 YRBS reports 48% for Ohio and the 2015 YRBS reported 49% for the U.S.), and 36% did so every day in the past week (2013 YRBS reports 26% for Ohio and the 2015 YRBS reports 27% for the U.S.). 8% of youth did not participate in at least 60 minutes of physical activity on any day in the past week (2013 YRBS reports 13% for Ohio and the 2015 YRBS reports 14% for the U.S.).

90% of youth participated in extracurricular activities. They participated in the following: sports or intramural programs (64%), church youth group (21%), school club or social organization (38%), exercising (outside of school) (44%), church or religious organization (22%), part-time job (20%), caring for siblings after school (17%), babysitting for other kids (10%), volunteering in the community (12%), caring for parents or grandparents (4%) or some other organized activity (Scouts, 4H, etc.) (20%).

Morrow County youth spent an average of 3.3 hours on their cell phone, 1.6 hours watching TV, 1.3 hours on the computer/tablet, and 1.0 hour playing video games on an average day of the week.

Morrow County youth spent an average of 2.0 hours on family time, 1.8 hours doing extracurricular activities, 1.0 hour reading and 1.0 hour doing homework on an average day of the week.

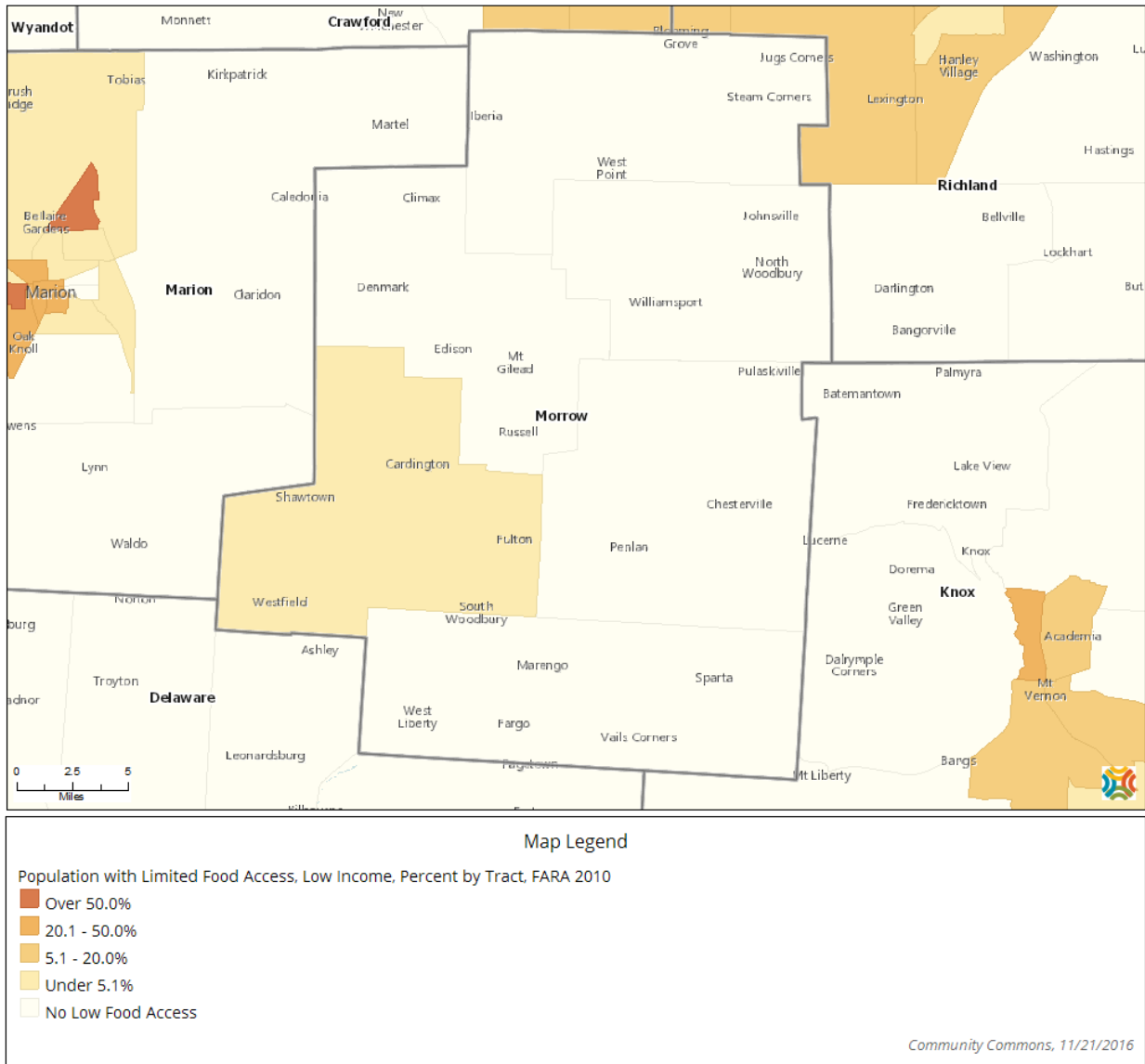# Priority #1 | Decrease Adult and Youth Obesity

Obesity Indicators, *continued*

Adult Comparisons	Morrow County 2016	Ohio 2014	U.S. 2014
Obese	41%	33%	30%
Overweight	35%	34%	35%

Youth Comparisons	Morrow County 2016 (6th-12th)	Morrow County 2016 (9th-12th)	Ohio 2013 (9th-12th)	U.S. 2015 (9th-12th)
Obese	18%	16%	13%	14%
Overweight	15%	15%	16%	16%
Described themselves as slightly or very overweight	30%	32%	28%	32%
Trying to lose weight	46%	44%	47%	46%
Went without eating for 24 hours or more	5%	4%	10%	13%*
Took diet pills, powders, or liquids without a doctor's advice	2%	5%	5%	5%*
Vomited or took laxatives	1%	1%	5%	4%*
Physically active at least 60 minutes per day on every day in past week	36%	42%	26%	27%
Physically active at least 60 minutes per day on 5 or more days in past week	58%	60%	48%	49%
Did not participate in at least 60 minutes of physical activity on any day in past week	8%	10%	13%	14%

Comparative YRBS data for U.S. is 2013

Priority #1 | Decrease Adult and Youth Obesity

Population with Limited Food Access, Low Income, Total by Tract, FARA 2010

Map Legend

Population with Limited Food Access, Low Income, Percent by Tract, FARA 2010

- Over 50.0%
- 20.1 - 50.0%
- 5.1 - 20.0%
- Under 5.1%
- No Low Food Access

Community Commons, 11/21/2016

(Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas: 2010, as compiled by Community Commons)

Priority #1 | Decrease Adult and Youth Obesity

Population with Park Access (Within ½ Mile). Total by Tract, ESRI/OSM 2013
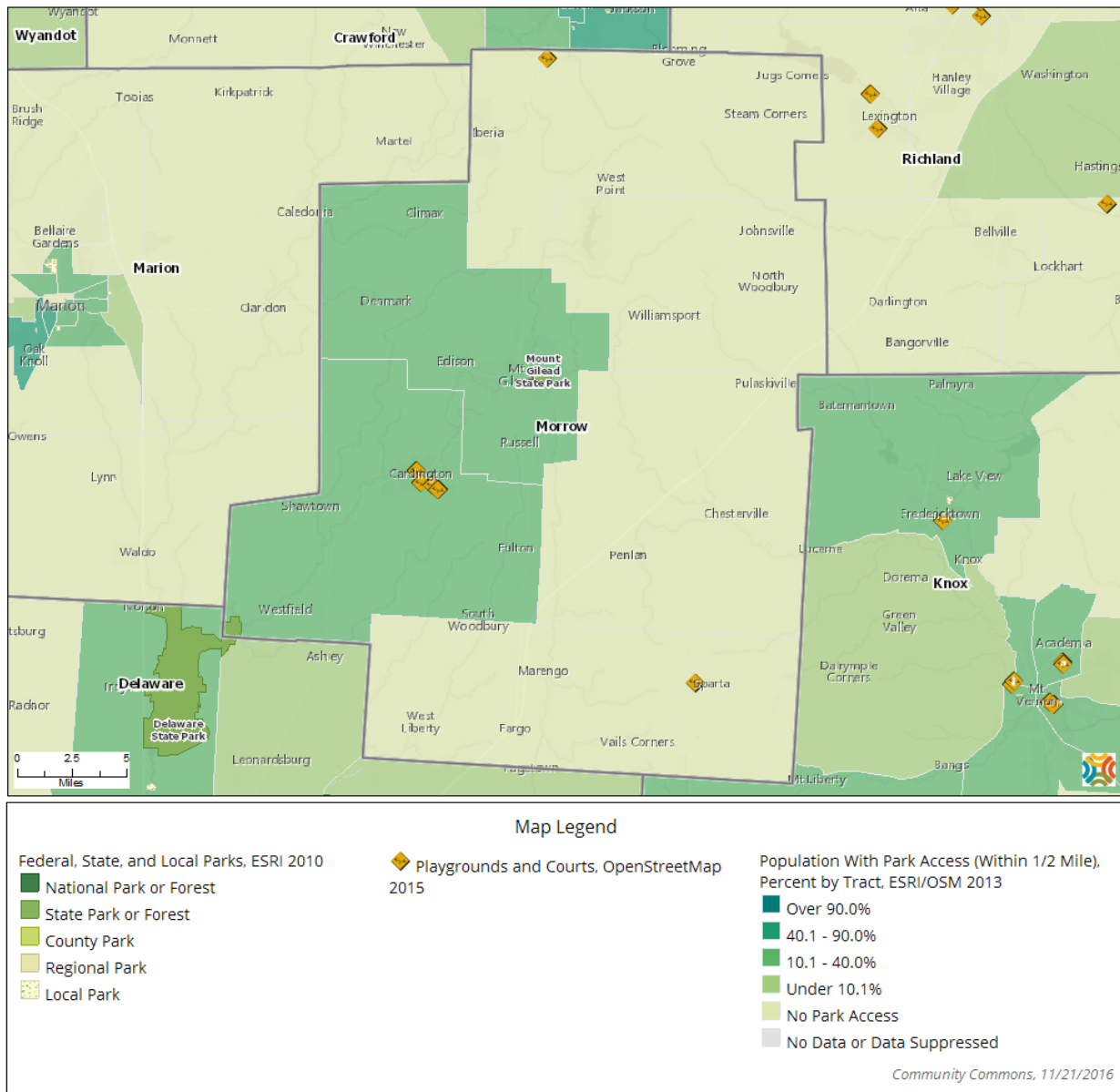
(Source: ESRI Map Gallery and OpenStreetMap: 2013. OpenStreetMap: 2013, as compiled by Community Commons)

Priority #1 | Decrease Adult and Youth Obesity

Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Live Healthy Live Now Program	OSU Extension	Ages 4+	Prevention & Early Intervention	None-specified
Healthy You Program	Area Office on Aging	Aging population (60+) or caregivers	Prevention & Early Intervention	Evidence based
Dietician	Hospital	Community	Prevention, Early Intervention & Treatment	None-specified
Outpatient Diabetes Program	Hospital	Diabetic population	Treatment	None-specified
Weight Loss Programs	Weight Watchers	Community	Treatment	Evidence based
Silver Sneakers	Community Center	Seniors	Prevention & Early Intervention	None-specified
Community Soccer Leagues	Various	All ages	Prevention	None-specified
Matter of Balance	Area Office on Aging	Ages 60+	Early Intervention	Evidence based
Various sports programs	Community Center	All ages	Prevention	None-specified
Exercise Facilities	Various gyms	Community	Prevention	None-specified
SNAP Education	OSU Extension	SNAP eligible children Grades K-12	Prevention & Early Intervention	Evidence based
Leader in Me Program	Northmor School Grades K-12	Grades K-6	Prevention & Early Intervention	None-specified
Various sports programs	Schools	School-aged	Prevention	None-specified

Priority #1 | Decrease Adult and Youth Obesity

Gaps and Potential Strategies

Priority #1 Adult and Youth Obesity	
Gap	Potential Strategies
1. Lack of education/awareness of available programs	• Implement the Let's Go 5-2-1-0 Program • Implement OSU extension 4-H program
2. Better use of state park/bike trails	• Partner with organizations to establish bike/walk clubs
3. Access to healthy foods	• Summer food programs • Community gardens and food preparation demonstrations

Priority #1 | Decrease Adult and Youth Obesity

Best Practices

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

1. **School-Based Obesity Prevention Interventions**: School-based obesity prevention programs seek to increase physical activity and improve nutrition before, during, and after school.

   Programs combine educational, behavioral, environmental, and other components such as health and nutrition education classes, enhanced physical education and activities, promotion of healthy food options, and family education and involvement. Specific components vary by program.

   Expected Beneficial Outcomes
   - Increased physical activity
   - Increased physical fitness
   - Improved weight status
   - Increased consumption of fruit & vegetables

   For more information go to: http://www.countyhealthrankings.org/policies/school-based-obesity-prevention-interventions

2. **OHA Good4You Healthy Hospital Initiative:** Good4You is a statewide initiative of Ohio hospitals, sponsored by the Ohio Hospital Association. Good4You seeks to help hospitals lead Ohioans to better health through healthy eating, physical activity and other statewide population health initiatives.

   As leaders in their communities and advocates of health and well-being, hospitals can model healthy eating to support the health of employees, visitors and the communities they serve.

   Hospitals can participate in this voluntary initiative by adopting the Good4You Eat Healthy nutrition criteria in four specific areas within the hospital: vending machines, cafeterias and cafes, meetings and events; and outside vendors and franchises. Participation is easy, and tools and resources are available to help hospitals as they transition to an Eat Healthy environment.

   For more information go to: www.ohiohospitals.org/Good4You

Priority #1 | Decrease Adult and Youth Obesity

Best Practices, *continued*

3. **Complete Streets:** Complete streets are designed and operated to enable safe access for all users, including pedestrians, bicyclists, motorists and transit riders of all ages and abilities. Complete Streets make it easy to cross the street, walk to shops, and bicycle to work.

   Creating Complete Streets means transportation agencies must change their approach to community roads. By adopting a Complete Streets policy, communities direct their transportation planners and engineers to **routinely design and operate the entire right of way to enable safe access for all users,** regardless of age, ability, or mode of transportation. This means that every transportation project will make the street network better and safer for drivers, transit users, pedestrians, and bicyclists – making your town a better place to live.

   Changing policy to routinely include the needs of people on foot, public transportation, and bicycles would make walking, riding bikes, riding buses and trains safer and easier. People of all ages and abilities would have more options when traveling to work, to school, to the grocery store, and to visit family.

   For more information go to: http://www.smartgrowthamerica.org/complete-streets/complete-streets-fundamentals/complete-streets-faq

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

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

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

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

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

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

Priority #1 | Decrease Adult and Youth Obesity

Alignment with National Standards

The Morrow County CHIP helps support the following **Healthy People 2020 Goals**:

- **Nutrition and Weight Status (NWS)-1** Increase the number of States with nutrition standards for foods and beverages provided to preschool-aged children in child care
- **Nutrition and Weight Status (NWS)-2** Increase the proportion of schools that offer nutritious foods and beverages outside of school meals
- **Nutrition and Weight Status (NWS)-3** Increase the number of States that have State-level policies that incentivize food retail outlets to provide foods that are encouraged by the Dietary Guidelines for Americans
- **Nutrition and Weight Status (NWS)-4** (Developmental) Increase the proportion of Americans who have access to a food retail outlet that sells a variety of foods that are encouraged by the Dietary Guidelines for Americans
- **Nutrition and Weight Status (NWS)-5** Increase the proportion of primary care physicians who regularly measure the body mass index of their patients
- **Nutrition and Weight Status (NWS)-6** Increase the proportion of physician office visits that include counseling or education related to nutrition or weight
- **Nutrition and Weight Status (NWS)-7** (Developmental) Increase the proportion of worksites that offer nutrition or weight management classes or counseling
- **Nutrition and Weight Status (NWS)-8** Increase the proportion of adults who are at a healthy weight
- **Nutrition and Weight Status (NWS)-9** Reduce the proportion of adults who are obese
- **Nutrition and Weight Status (NWS)-10** Reduce the proportion of children and adolescents who are considered obese
- **Nutrition and Weight Status (NWS)-11**(Developmental) Prevent inappropriate weight gain in youth and adults
- **Nutrition and Weight Status (NWS)-12** Eliminate very low food security among children
- **Nutrition and Weight Status (NWS)-13** Reduce household food insecurity and in doing so reduce hunger
- **Nutrition and Weight Status (NWS)-14** Increase the contribution of fruits to the diets of the population aged 2 years and older
- **Nutrition and Weight Status (NWS)-15** Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older
- **Nutrition and Weight Status (NWS)-16** Increase the contribution of whole grains to the diets of the population aged 2 years and older
- **Nutrition and Weight Status (NWS)-17** Reduce consumption of calories from solid fats and added sugars in the population aged 2 years and older
- **Nutrition and Weight Status (NWS)-18** Reduce consumption of saturated fat in the population aged 2 years and older
- **Nutrition and Weight Status (NWS)-19** Reduce consumption of sodium in the population aged 2 years and older
- **Nutrition and Weight Status (NWS)-20** Increase consumption of calcium in the population aged 2 years and older
- **Nutrition and Weight Status (NWS)-21** Reduce iron deficiency among young children and females of childbearing age
- **Nutrition and Weight Status (NWS)-22** Reduce iron deficiency among pregnant females

Priority #1 **|** Decrease Adult and Youth Obesity

Action Step Recommendations & Plan

To work toward decreasing **adult and youth obesity**, the following action steps are recommended:
1. Implement OHA Healthy Hospitals Initiative
2. Implement a Healthier Choices Campaign
3. Implement Complete Streets Policies
4. Implement Safe Routes to School
5. Distribute Wellness Community Guide & Calendar

Action Plan

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
Implement OHA Healthy Hospitals Initiative		
Year 1: Hospital should join Good4You educational webinars hosted by OHA and HCNO Complete all Assessment Tools provided by OHA to gather baseline information on current food and beverages in the hospital cafeterias, vending, meetings, and gift shops. Implement the Good 4 You Initiative in at least one of the following priority areas: • Healthy Cafeterias/Cafes • Healthy Vending Machines • Healthy Meetings and Events • Healthy Outside Vendors and Franchises Use marketing materials (posters, table tents, stickers, etc.) to better brand the program	Chad Miller Morrow County Hospital	December 31, 2017
Year 2: Implement the Good4You Initiative in all four priority areas within the hospital		December 31, 2018
Year 3: Introduce the program into other areas of the community (businesses, schools, churches, etc.)		December 31, 2019

Priority #1 | Decrease Adult and Youth Obesity

Action Step Recommendations & Plan, *continued*

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
Implement a Healthier Choices Campaign		
Year 1: Work with school nurses and administration as well as other youth-based organizations to introduce the following: • Healthier snack "extra choices" offered during school lunches • Healthier fundraising foods • Healthier choices in vending machines • Healthier choices at sporting events and concession stands, • Use local foods and/or community gardens Reducing unhealthy foods as rewards	Kanda Benner Family and Children First Council & Susie Sexton The Tomorrow Center	December 31, 2017
Year 2: Each school district and youth organization will choose at least 1 priority area to focus on and implement.		December 31, 2018
Year 3: Each school district and youth organization will implement at least 3 of the 5 priority areas.		December 31, 2019
Implement Complete Streets Policies		
Year 1: Raise awareness of Complete Streets Policy and recommend that all local jurisdictions adopt comprehensive complete streets policies for villages. Gather baseline data on all of the Complete Streets Policy objectives.	Tim Maceyko Morrow County Transportation Collaborative (MCTC)	December 31, 2017
Year 2: Begin to implement the following Complete Streets Objectives: • Increase in total number of miles of on-street bicycle facilities, defined by streets and roads with clearly marked or signed bicycle accommodations. • Increase in member jurisdictions which adopt complete streets policies. Increase in number of jurisdictions achieving or pursuing Bike-Friendly Community status from the League of American Bicyclists, or Walk-Friendly Community status from walkfriendly.org.		December 31, 2018
Year 3: Continue efforts from years 1 and 2.		December 31, 2019

Priority #1 | Decrease Adult and Youth Obesity

Action Step Recommendations & Plan, *continued*

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
Implement Safe Routes to Schools		
Year 1: Collect baseline data on current Safe Routes programs in Morrow County. Gather information on what types of activities are offered, how many people attend the activities, how often activities take place, and location. Identify key stakeholders to collaborate and develop a plan to start or expand Safe Routes Programs. Develop program goals and an evaluation process for tracking outcomes. Look for funding sources to incentivize participation in the Safe Routes program.	Kanda Benner Family and Children First Council & Tim Maceyko Morrow County Transportation Collaborative (MCTC)	December 31, 2017
Year 2: Recruit individuals to serve as walking/biking leaders. Decide on the locations, walking routes and number of walking/biking groups. Link the walking/biking groups with existing organizations to increase participation. Consider faith-based organizations, schools, community-based organizations, and health care providers. Begin implementing the program with 1 new school district.		December 31, 2018
Year 3: Raise awareness and promote the Safe Routes programs. Evaluate program goals. Increase the number of Safe Routes programs by 25%.		December 31, 2019

Priority #1 **|** Decrease Adult and Youth Obesity

Action Step Recommendations & Plan, *continued*

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
Distribute Wellness Community Guide & Calendar		
Year 1: Raise awareness in the community on current Walking Guides, iMap, and Program Guides (newspapers, hospital newsletters, church bulletins, etc.) Make sure guides and calendars are available online. Update key words on search engines. Search for funding to sustain guides and calendars. Develop infrastructure to encourage and enhance bike lanes, additional walking/biking trails, etc.)	Susan Hanson HelpLine	December 31, 2017
Year 2: Partner with local businesses, churches and schools to disseminate current information throughout Morrow County. Enlist organizations to update the guides and calendars Keep the community calendar updated on a quarterly basis. • Collect endorsements from the Morrow County Community Partners and other organizations to support moving forward with bike lanes and/or additional walking/biking trails, etc.		December 31, 2018
Year 3: Enlist local businesses to sponsor the printing and dissemination of the calendar Determine on an annual basis, who will update the guides and calendars for the next 3 years Secure funding to implement bike lanes and/or additional walking/biking trails, etc.		December 31, 2019

Priority #2 | Improve Adult and Youth Access to Healthcare

Access to Healthcare Indictors

The 2016 Health Assessment data has identified that 10% of Morrow County adults were without health care coverage. Those most likely to be uninsured were adults under the age of 30 and those with an income level under $25,000. In Morrow County, 13.4% of residents live below the federal poverty level (Source: U.S. Census, American Community Survey 5 Year Estimate, 2010-2014).

Adult Health Coverage & Access

In 2016, 90% Morrow County adults had health care coverage, leaving 10% who were uninsured. The 2014 BRFSS reports uninsured prevalence rates for Ohio (10%) and the U.S. (13%).

In the past year, 10% of adults were uninsured, increasing to 14% of those with incomes less than $25,000 and 20% of those under the age of 30.

11% of adults with children did not have healthcare coverage, compared to 10% of those who did not have children living in their household.

The following types of health care coverage were used: employer (43%), someone else's employer (13%), Medicare (11%), multiple-including private sources (10%), Medicaid or medical assistance (9%), multiple-including government sources (5%), self-paid plan (4%), Health Insurance Marketplace (2%), military or VA (1%), and other (2%).

Morrow County adult health care coverage includes the following: medical (100%), prescription coverage (91%), dental (74%), Morrow County facilities (73%), Morrow County physicians (73%), immunizations (72%), preventive health (70%), vision (70%), outpatient therapy (63%), their spouse (61%), mental health (59%), their children (56%), mental health counseling (46%), alcohol and drug treatment (29%), home care (28%), skilled nursing (26%), long-term care (24%), their partner (24%), hospice (22%), transportation (11%), and assisted living (5%).

Nearly two-thirds (66%) of Morrow County adults visited a doctor for a routine checkup in the past year, increasing to 82% of those over the age of 65.

Adults with health care coverage were more likely to have visited a doctor for a routine checkup in the past year (68%), compared to 56% of those without health care coverage.

More than half (58%) of Morrow County adults reported they had one person they thought of as their personal doctor or healthcare provider. 29% of adults had more than one person they thought of as their personal healthcare provider, and 10% did not have one at all.

Adults visited the following places for health care services or advice: personal/family health care provider (84%), urgent care (27%), Morrow County Hospital (19%), emergency department (13%), Morrow County Health Department (4%), Morrow County Family Health Center (1%), Central Ohio Mental Health Center (<1%), and other places (10%).

92% of adults went outside of Morrow County for the following health care services in the past year: dental services (49%), primary care (44%), vision services (41%), specialty care (35%), obstetrics/ gynecology/NICU (19%), pediatric care (15%), orthopedic care (13%), cardiac care (9%), cancer care (5%), pediatric therapies (5%), mental health care (4%), counseling services (3%), hospice (<1%), and other services (9%).

Adults traveled to the following locations for their health care needs outside of Morrow County: Columbus (48%), Marion (38%), Delaware (27%), Mansfield (12%), Galion (10%), Mt. Vernon (9%), and other places (18%)

Priority #2 | Improve Adult and Youth Access to Healthcare

Adult Health Coverage & Access, continued

Morrow County adults did not get the following major or preventive care because of cost: lab testing (8%), mammogram (6%), colonoscopy (5%), surgery (5%), medication (4%), pap smear (4%), immunizations (3%), weight loss program (3%), alcohol/drug treatment (2%), family planning services (2%), PSA test (2%), smoking cessation (2%), and mental health services (1%).

Morrow County adults had the following issues regarding their healthcare coverage: deductibles were too high (34%), premiums were too high (23%), co-pays were too high (18%), high HSA account deductible (9%), opted out of certain coverage because they could not afford it (5%), working with their insurance company (5%), service not deemed medically necessary (4%), provider/facility no longer covered (3%), service no longer covered (3%), could not understand their insurance plan (2%), difficulty navigating the marketplace (2%), limited visits (1%), and opted out of certain coverage because they did not need it (1%).

Morrow County adults had the following transportation issues when they needed health services: no car (3%), limited public transportation available or accessible (2%), no driver's license (2%), car did not work (1%), could not afford gas (1%), did not feel safe to drive (1%), disabled (1%), no public transportation available or accessible (1%), no transportation before or after 8 a.m.- 4:30 p.m. (<1%), and other car issues/expenses (1%).

More than one-fourth (29%) of adults did not get their prescriptions from their doctor filled in the past year.

Those who did not get their prescriptions filled gave the following reasons: no prescriptions to be filled (48%), they could not afford the out-of-pocket expense (19%), they did not think they needed it (17%), they stretched their current prescription by taking less than prescribed (11%), their co-pays were too high (10%), they did not have insurance (7%), their deductibles were too high (6%), their premiums were too high (6%), opted out of prescription coverage because they could not afford it (4%), there was no generic equivalent (4%), they had a high HSA account deductible (4%), side effects (2%), they were taking too many medications (2%), and transportation (1%).

Morrow County adults reported they had looked for the following programs for themselves or a loved one: depression, anxiety or mental health (14%), weight problems (7%), disability (5%), alcohol abuse (4%), marital/family problems (4%), smoking cessation (4%), drug abuse (3%), and end-of-life/hospice care (3%). No adults reported they had looked for a program for gambling abuse.
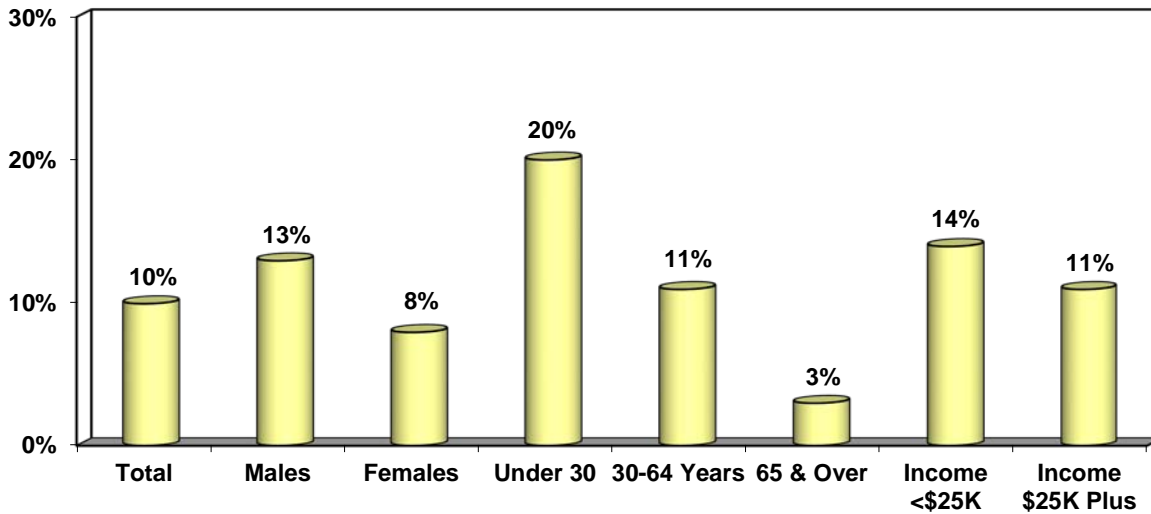
Youth Health Coverage & Access

Three-fourths (75%) of youth had been to the dentist for a check-up, exam, teeth cleaning or other dental work in the past year (2013 YRBS reported 75% for Ohio and the 2015 YRBS reported 74% for the U.S.).

Priority #2 | Improve Adult and Youth Access to Healthcare

Access to Healthcare Indictors, *continued*

Uninsured Morrow County Adults

Total	10%
Males	13%
Females	8%
Under 30	20%
30-64 Years	11%
65 & Over	3%
Income <$25K	14%
Income $25K Plus	11%

Morrow County Adults with a Routine Check-up in the Past Year

Total	66%
Male	68%
Female	65%
Under 30	62%
30-64 Years	67%
65 & Over	82%
Income <$25K	79%
Income $25K Plus	65%
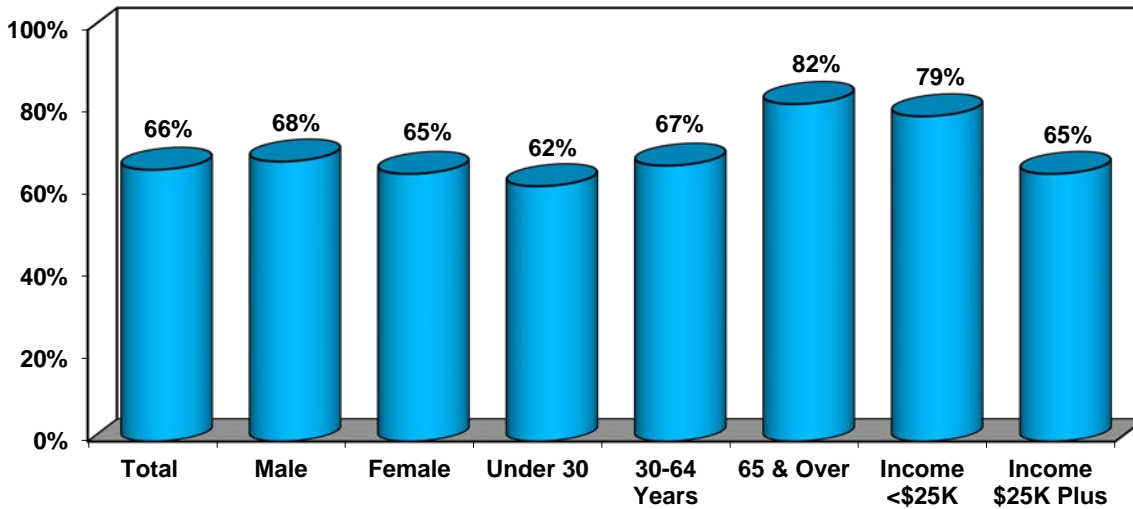
Priority #2 | Improve Adult and Youth Access to Healthcare

Access to Primary Care Physicians, Rate per 10,000 Population by County, CMS 2012
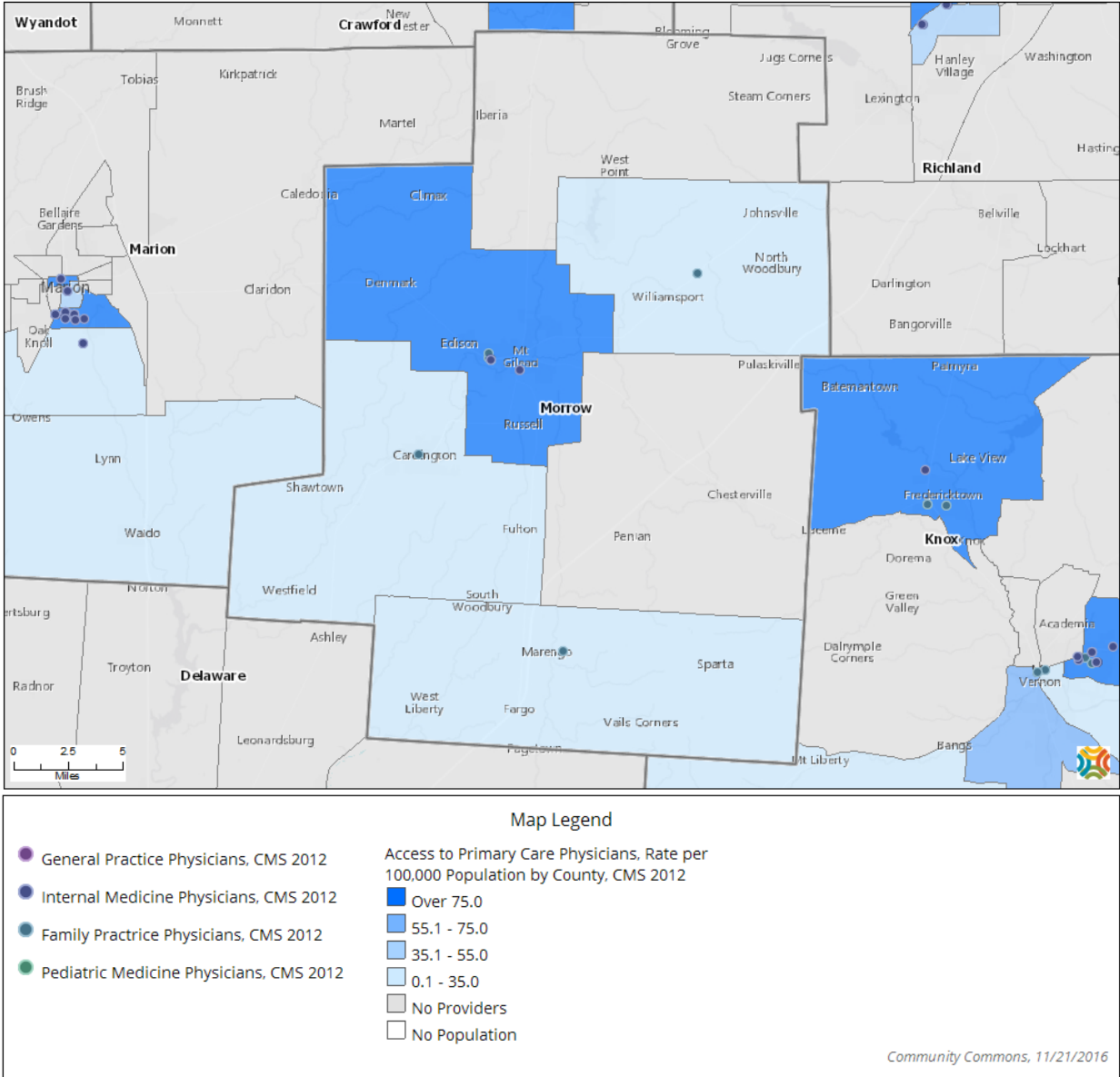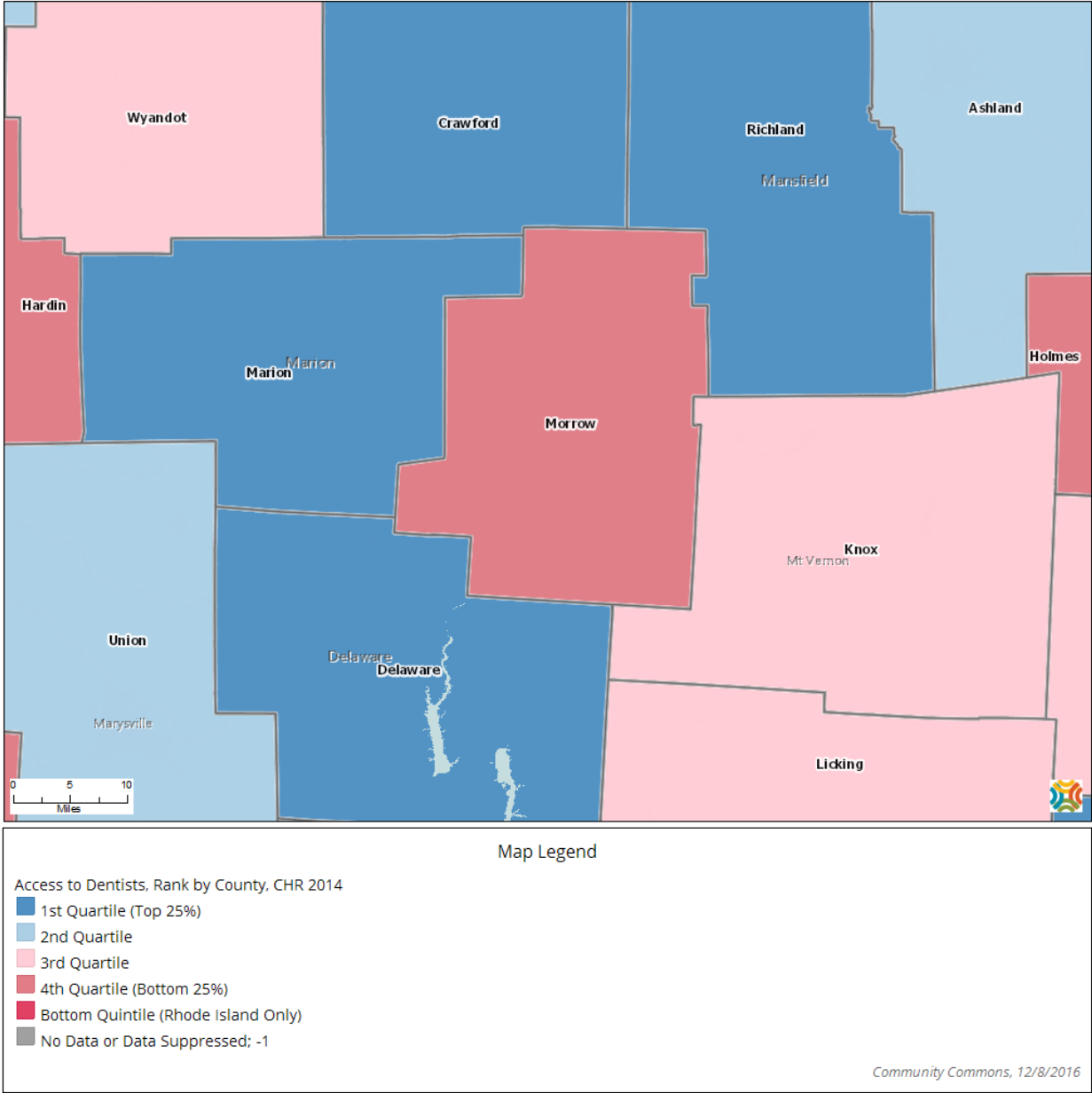

(Source: Centers for Medicare and Medicaid Services: 2012, as compiled by Community Commons)

Priority #2 | Improve Adult and Youth Access to Healthcare

Access to Dentists, Rank by County, CHR 2014

(Source: University of Wisconsin Population Health Institute, County Health Rankings: 201, as compiled by Community Commons)

Priority #2 | Improve Adult and Youth Access to Healthcare

Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
ADRN- Aging and Disability Resource Network	Area Office on Aging	Ages 60+	Prevention, Early Intervention, & Treatment	Best-Practice
Rural Health Clinics	Morrow Family Health Center	Community	Prevention, Early Intervention, & Treatment	None-specified
Urgent Care	Hospital	Community	Treatment	None-specified
Connection to primary care physicians	Morrow Family Health Center	Community	Prevention, Early Intervention, & Treatment	None-specified
Various Home Health Agencies	Hospital	Community	Prevention, Early Intervention, & Treatment	None-specified
Hospital outpatient locations (3)	Hospital	Community	Treatment	None-specified
Private Home Care Agencies	Various	Community	Treatment	None-specified
Vaccinations	Essentra Pharmacy	Community	Prevention, Early Intervention, & Treatment	None-specified
Immunization Clinic	Health Department	Community	Prevention, Early Intervention, & Treatment	None-specified
Vaccinations	Hospital	Children- Medicaid eligible or uninsured	Prevention, Early Intervention, & Treatment	None-specified
Reproductive Health Clinic	Health Department	Women of childbearing age and men's health	Prevention, Early Intervention, & Treatment	None-specified
In-home Services	Area Office on Aging	Ages 60+	Treatment	None-specified
Transportation Services	Senior on Center, MCTC, Morrow County Veterans Services Commission	Ages 60+	Early Intervention	None-specified

Priority #2 | Improve Adult and Youth Access to Healthcare

Resource Assessment, *continued*

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Transportation	JFS	Medicaid eligible	Early Intervention	None-specified
Screenings/Profiles	Hospital	Adults	Prevention, Early Intervention, & Treatment	None-specified
County Wellness Program	County	County employees	Early Intervention	None-specified
Health and Safety Fair	Health Department	Amish	Early Intervention	None-specified
Employee Wellness	Hospital	Hospital employees	Early Intervention	None-specified
Diabetes Health Fair	Hospital	Adults	Early Intervention	None-specified
Sports Clinics/Concussion Services	Hospital	Athletes in school	Treatment	None-specified
Employee Exercise	Community Center	Youth/Adults	Early Intervention & Treatment	None-specified
Education and assistance to expecting mothers	Heartbeat of Morrow County	Expectant mothers	Early Intervention & Treatment	None-specified
Hospice	Various	Community	Treatment	None-specified
DME Equipment Agencies	Various	Community	Treatment	None-specified
Dental agencies	Various	Community	Prevention, Early Intervention, & Treatment	None-specified
Morrow County Hospital Rehab Services	Hospital	Community	Treatment	None-specified
Primary Care Physicians	Hospital	Community	Prevention, Early Intervention, & Treatment	None-specified
Morrow County Skilled Nursing Facilities	Various	Community	Treatment	None-specified

Priority #2 | Improve Adult and Youth Access to Healthcare

Resource Assessment, *continued*

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Medical Monitoring	Various	Community	Prevention, Early Intervention, & Treatment	None-specified
Income-based Medical Clinics	Center St. Community Clinic, Third St. Clinic, Vineyard Free Clinic, Morrow Family Health Center, Grace Clinic of Delaware	Community	Treatment	None-specified
Home Delivered Meals	Seniors on Center	Seniors	Early Intervention	None-specified
Assisted Living	Various	Community	Treatment	None-specified
Outpatient Therapy Services	Morrow County Hospital Rehab Services, Bennington Glen	Community	Treatment	None-specified
Respite Care	Family and Children First Council	Community	Treatment	None-specified
Summer Food Program	Family and Children First Council	Youth	Early Intervention	None-specified

Priority #2 | Improve Adult and Youth Access to Healthcare

Gaps and Potential Strategies

Priority #2 Adult and Youth Access to Healthcare	
Gap	**Potential Strategies**
1. Transportation	• Use levy funding to increase transportation accessibility (similar to Knox County) • Healthcare Uber • Provide extra funding for STNA trainings & higher mileage reimbursements
2. Lack of pediatric dentists	• Need to hire more dentists that accept Medicaid for children • Expand mobile dentist units
3. Awareness of available health care services/ insurance	• Community health workers to assist with open enrollment • Hospitals/other agencies to send out quarterly newsletter to residents
4. Accountability of parents to get healthcare services for children	• Hire more full time school nurses per school district

Priority #2 | Improve Adult and Youth Access to Healthcare

Best Practices

The following programs and policies have been reviewed and have proven strategies **to improve access to healthcare**:

1. **Expand Use of Community Health Workers (CHW):** Community health workers (CHW), sometimes called lay health workers, serve a variety of functions, including: providing outreach, education, referral and follow-up, case management, advocacy and home visiting services. They may work autonomously or as part of a multi-disciplinary team; training varies widely with intended role and location. CHW services are often targeted at women who are at high risk for poor birth outcomes.

   Expected Beneficial Outcomes
   - Increased patient knowledge
   - Increased access to care
   - Increased use of preventive services
   - Improved health behaviors

   Evidence of Effectiveness
   - There is some evidence that CHWs improve patient knowledge and access to health care, especially for minority women and individuals with low incomes.
   - CHWs have been shown to improve access to care for patients that my not otherwise receive care.
   - CHWs appear as effective as, and sometimes more effective than, alternate approaches to disease prevention, asthma management, efforts to improve colorectal cancer screening, chronic disease management, and maternal and child health.

   Impact on Disparities:
   - Likely to decrease disparities
     For more information go to: http://www.countyhealthrankings.org/policies/expand-use-community-health-workers-chw

2. **Systems Navigators and Integration (E.g., Patient Navigators):** Patient navigators provide culturally sensitive assistance and care-coordination, guiding patients through available medical, insurance, and social support systems. These programs seek to reduce racial, ethnic, and economic disparities in access to care and disease outcomes.

   Expected Beneficial Outcomes:
   - Increased use of preventive services
   - Increased cancer screening
   - Improved birth outcomes
   - Improved maternal health

   Evidence of Effectiveness
   - There is strong evidence that patient navigator programs improve cancer screenings, especially for breast cancer. Additional evidence is needed to confirm effects for programs focused on other health outcomes.

   Impact on Disparities:
   - Likely to decrease disparities

     For more information go to: http://www.countyhealthrankings.org/policies/patient-navigators

Best Practices, *continued*

3. **School-based health centers (SBHCs):** School-based health centers (SBHCs) provide elementary, middle, and high school students a variety of health care services on school premises or at offsite centers linked to schools. Teams of nurses, nurse practitioners, and physicians often provide primary and preventive care and mental health care; reproductive health services may be offered in middle and high schools, as allowed by district policy and state law. Providers at SBHCs often manage chronic illnesses such as asthma, mental health conditions, and obesity. Most patients treated at SBHCs are children insured by Medicaid or children without insurance. SBHCs are most common in urban areas and may be funded at the federal, state, or local level.

   Expected Beneficial Outcomes
   - Increased access to care
   - Improved health outcomes
   - Increased academic achievement

   Evidence of Effectiveness
   - There is strong evidence that school-based health centers (SBHCs) increase access to care, improve health and increase academic achievement.
   - SBHCs are associated with improved quality of care, fewer emergency room visits, reduced hospital utilization, and increased immunization rates. SBHCs have been shown to improve students' health behaviors including physical activity and consumption of healthy foods and may reduce barriers to mental health services.

   Impact on Disparities:
   - Likely to decrease disparities
     For more information go to: http://www.countyhealthrankings.org/policies/school-based-health-centers

4. **Building the Fully Coordinated Transportation System:**   Leaders in communities and states across the country have greatly improved mobility for millions of people over the last several decades. The shift away from providing rides to managing mobility is driving the success of fully coordinated transportation systems.

   The strategy coordinates human service agencies that support transportation with public and private transit providers. Such systems have gone far in meeting the needs of consumers who must have access to healthcare, jobs or job training, education and social networks. Coordinated transportation systems also increase the ability of government officials, at all levels, to make the most efficient and effective use of limited resources.

   The Framework for Action: Building the Fully Coordinated Transportation System helps stakeholders realize a shared perspective and build a roadmap for moving forward together. The Framework for Action was developed by analyzing the transportation coordination efforts in states and communities and successful models, with the advice and guidance of an expert panel. The assessment tool can be used by itself, or it can be an essential element of developing a work plan, a strategic plan, or some other plan.

   For more information go to:
   http://www.incog.org/transportation/coordinatedplan/UnitedWeRideFramework.pdf

Priority #2 | Improve Adult and Youth Access to Healthcare

Alignment with National Standards

The Morrow County CHIP helps support the following **Healthy People 2020 Goals**:

Healthy People 2020 Goals include:

- **Access to Health Services (AHS)-1** Increase the proportion of persons with health insurance
- **Access to Health Services (AHS)-2** (Developmental) Increase the proportion of insured persons with coverage for clinical preventive services
- **Access to Health Services (AHS)-3** Increase the proportion of persons with a usual primary care provider
- **Access to Health Services (AHS)-4** (Developmental) Increase the number of practicing primary care providers.
- **Access to Health Services (AHS)- 5** Increase the proportion of persons who have a specific source of ongoing care
- **Access to Health Services (AHS)-6** Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines
- **Access to Health Services (AHS)-7** (Developmental) Increase the proportion of persons who receive appropriate evidence-based clinical preventive services
- **Access to Health Services (AHS)-8** (Developmental) Increase the proportion of persons who have access to rapidly responding prehospital emergency medical services
- **Access to Health Services (AHS)-9** (Developmental) Reduce the proportion of hospital emergency department visits in which the wait time to see an emergency department clinician exceeds the recommended timeframe

Priority #2 | Improve Adult and Youth Access to Healthcare

Action Step Recommendations & Plan

To work toward improving **adult and youth access to healthcare,** the following actions steps are recommended:

1. Increase Transportation Through a County Transportation Plan
2. Increase Awareness of Healthcare Services and Education on Preventive Care
3. Increase Use of Mobile Dentistry
4. Increase Community Education on Health Insurance Opportunities and Enrollment
5. Implement School-based Health Centers

Action Plan

Improve Adult and Youth Access to Healthcare		
Action Step	**Responsible Person/Agency**	**Timeline**
Increase Transportation Through a County Transportation Plan		
Year 1: Establish collaborative effort between public health, transportation, community service, and local health care organizations to assess and address transportation needs. Identify existing public health data relating social determinants of health and transportation. Plan and conduct a Transportation Needs Assessment to gather public input. Review transportation efforts of Knox County and how they can be implemented for Morrow County. Research and implement The Framework for Action: Building the Fully Coordinated Transportation System. Analyze survey results, including successes, challenges, and recommendations for future projects. Release data to public.	Tim Maceyko Morrow County Transportation Collaborative (MCTC)	December 31, 2017
Year 2: Invite community stakeholders to attend a meeting to discuss transportation issues in Morrow County. Create strategies to address gaps and increase efficiency in transportation. Address strategies to increase the use of public transportation and reduce stigma. Begin implementing strategies identified.		December 31, 2018
Year 3: Increase efforts of years 1 and 2. Facilitate follow-up surveys to gauge the public's response to strategies that have been addressed and collect outcome measures.		December 31, 2019

Priority #2 | Improve Adult and Youth Access to Healthcare

Action Step Recommendations & Plan, *continued*

Improve Adult and Youth Access to Healthcare		
Action Step	**Responsible Person/Agency**	**Timeline**
Increase Awareness of Healthcare Services and Education on Preventive Care		
Year 1: Coordinate efforts between agencies to increase community outreach and education on available health services (many of which are free or at a reduced cost). Increase community education on the importance of preventive health care. Update 2-1-1 to reflect all organizations providing free or reduced cost healthcare services. Increase awareness and education on using 2-1-1 as a community resource.	Paul Damon Delaware-Morrow Mental Health & Recovery Services & Susan Montgomery Area Agency on Aging	December 31, 2017
Year 2: Continue community outreach efforts. Update 2-1-1 as needed.		December 31, 2018
Year 3: Increase efforts of years 1 & 2.		December 31, 2019
Increase Use of Mobile Dentistry		
Year 1: Explore feasibility of utilizing mobile dentistry at locations that have low-income clients as well as the schools Partner with an FQHC to provide basic dental services, such as fluoride treatment and cleanings. Pilot use of mobile dentistry at one school building and one additional location in the community	Pam Butler Morrow County Health District	December 31, 2017
Year 2: Expand efforts to other schools as well as other areas of the county		December 31, 2018
Year 3: Increase efforts from years 1 and 2.		December 31, 2019
Increase Community Education on Health Insurance Opportunities and Enrollment		
Year 1: Increase awareness and education regarding new Marketplace plans available. Work to hire care navigators to assist with open enrollment as well as assist patients with their healthcare needs. Begin educating and enrolling consumers.	Pam Butler Morrow County Health District & Sundie Brown Job and Family Services	December 31, 2017
Year 2: Increase enrollment by 10%.		December 31, 2018
Year 3: Increase efforts of years 1 & 2.		December 31, 2019

Priority #2 | Improve Adult and Youth Access to Healthcare

Action Step Recommendations & Plan, *continued*

Improve Adult and Youth Access to Healthcare		
Action Step	**Responsible Person/Agency**	**Timeline**
Implement School-based Health Centers		
Year 1: Gather community leaders, stakeholders, local qualified healthcare providers (such as nurse practitioners), and mental health providers to discuss and assess the need for a school-based health center and determine the type of services it will be provide to the students (including a mobile dentistry) that are in compliance with state standards. Become a School-Based Health Alliance member and complete the trainings and resource guides. http://www.sbh4all.org/ Determine the location of the school-based health center. Research and secure funding through the state, county health department, federally qualified heath centers (FQHC), local businesses, community providers, grants, and other fundraising.	Joanne Trainer Morrow Family Health Center & Pam Butler Morrow County Health District & Chad Miller Morrow County Hospital	December 31, 2017
Year 2: Continue efforts to sustain funding. Aim to hire 2 additional medical staff professionals.		December 31, 2018
Year 3: Continue efforts of year 2 and start to plan to open one new school-based health center.		December 31, 2019

Priority #3 | Improve Adult and Youth Mental Health

Mental Health Indicators

In 2016, 2% of Morrow County adults considered attempting suicide. 24% of adults used a program or service to help with depression, anxiety, or emotional problems.

<u>**Adult Mental Health**</u>

7% of Morrow County adults felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing usual activities, increasing to 9% of those with incomes less than $25,000.

2% of Morrow County adults considered attempting suicide in the past year.

No adults reported actually attempting suicide in the past year.

Morrow County adults reported they or a family member were diagnosed with or treated for the following mental health issues: depression (47%), anxiety or emotional problems (35%), an anxiety disorder (33%), attention deficit disorder (ADD/ADHD) (24%), alcohol and illicit drug abuse (20%), bipolar (20%), post-traumatic stress disorder (PTSD) (13%), autism spectrum (8%), developmental disability (7%), other trauma (7%), life-adjustment disorder (5%), psychotic disorder (5%), and some other mental health disorder (6%). 32% indicated they or a family member had taken medication for one or more mental health issues.

Adults would do the following if they knew someone who was suicidal: talk to them (74%), try to calm them down (46%), call a crisis line (44%), call 9-1-1 (36%), call a friend (21%), take them to the ER (21%), call their spiritual leader (20%), nothing (1%), and other (3%).

Morrow County adults received the social and emotional support they needed from the following: family (75%), friends (64%), church (28%), a professional (7%), neighbors (6%), community (5%), Internet (3%), self-help group (1%), online support group (<1%), and other (5%).

Morrow County adults indicated the following caused them anxiety, stress, or depression: financial stress (33%), job stress (30%), death of close family member or friend (17%), poverty/no money (17%), fighting at home (12%), other stress at home (12%), marital/dating relationship (11%), caring for a parent (9%), sick family member (9%), unemployment (7%), and other stressors (6%).

24% of Morrow County adults used a program or service for themselves or a loved one to help with depression, anxiety, or emotional problems. Reasons for not using such a program included: stigma of seeking mental health services (4%), did not know how to find a program (3%), had not thought of it (3%), co-pay/deductible too high (2%), could not afford to go (2%), fear (2%), other priorities (1%), transportation (1%), could not get to the office or clinic (<1%), and other reasons (2%). 62% of adults indicated they did not need such a program.

Priority #3 | Improve Adult and Youth Mental Health

Mental Health Indicators, *continued*

Youth Mental Health

In 2016, over one-fourth (27%) 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, increasing to 34% of females (2013 YRBS reported 26% for Ohio and the 2015 YRBS reported 30% for the U.S.).

14% of youth reported they had seriously considered attempting suicide in the past 12 months, increasing to 16% of females. 17% of high school youth had seriously considered attempting suicide, compared to the 2013 YRBS rate 14% for Ohio youth and the 2015 YRBS rate of 18% for U.S. youth.

In the past year, 6% of Morrow County youth had attempted suicide. 2% of youth had made more than one attempt. The 2015 YRBS reported a suicide attempt prevalence rate of 9% for U.S. youth and the 2013 YRBS reported a 6% rate for Ohio youth.

Morrow County youth reported the following causes of anxiety, stress and depression: academic success (48%), sports (38%), fighting with friends (36%), death of close family member or friend (34%), self-image (31%), peer pressure (28%), other stress at home (27%), fighting at home (24%), dating relationship (22%), breakup (22%), being bullied (22%), poverty/no money (17%), parent divorce/separation (16%), caring for younger siblings (11%), parent lost their job (7%), and 18% reported other causes of anxiety, stress and depression.

41% of youth reported they would seek help if they were dealing with anxiety, stress, depression or thoughts of suicide. Of youth who reported they would not seek help the following reasons were reported: they can handle it themselves (58%), worried what others might think (33%), no time (29%), cost (16%), did not know where to go (15%), transportation (11%), their family would not support them (10%), currently seeking treatment (10%) and their friends would not support them (8%).

Morrow County youth reported the following ways of dealing with anxiety, stress, or depression: sleeping (40%), texting someone (34%), hobbies (31%), exercising (30%), eating (22%), talking to a peer (22%), praying (20%), talking to someone in their family (18%), using social media (14%), breaking something (12%), reading the Bible (9%), shopping (9%), writing in a journal (8%), smoking/using tobacco (7%), alcohol (6%), and using illegal drugs (2%). 10% of youth reported they did not have anxiety, stress, or depression.

Morrow County youth reported the following adverse childhood experiences (ACEs): parents became separated or were divorced (33%), parents or adults in home swore at them, insulted them or put them down (27%), lived with someone who was depressed, mentally ill or suicidal (20%), lived with someone who was a problem drinker or alcoholic (20%), lived with someone who served time or was sentenced to serve in prison or jail (14%), parents were not married (12%), lived with someone who used illegal drugs or misused prescription drugs (8%), parents or adults in home abused each other (7%), parents or adults in home abused them (6%), an adult or someone 5 years older than them touched them sexually (2%), an adult or someone 5 years older tried to make them touch them sexually (1%), and an adult or someone 5 years older than them forced them to have sex (1%).

22% of youth had three or more adverse childhood experiences

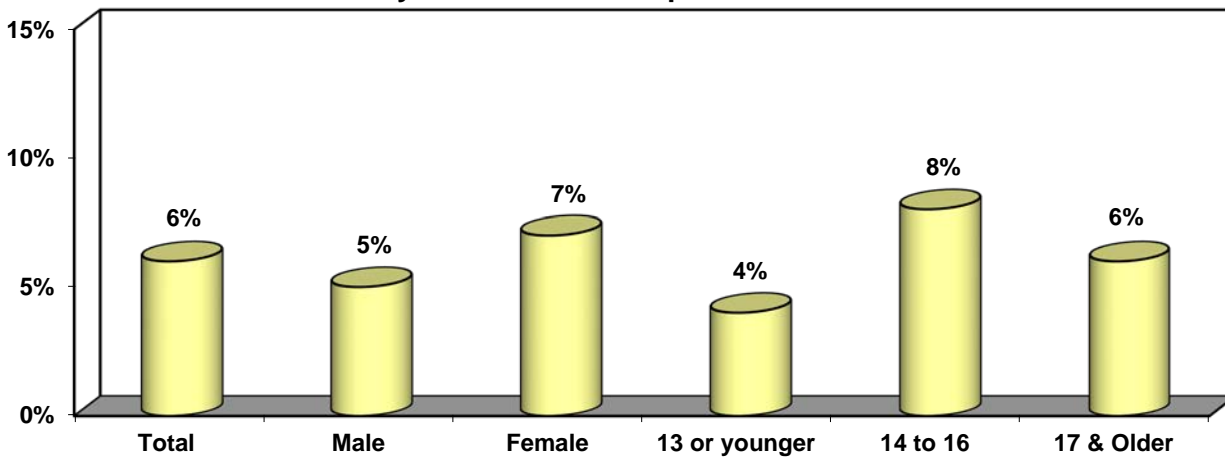# Priority #3 | Improve Adult and Youth Mental Health

Mental Health Indicators, *continued*

Youth Comparisons	Morrow County 2016 (6th-12th)	Morrow County 2016 (9th-12th)	Ohio 2013 (9th-12th)	U.S. 2015 (9th-12th)
Youth who had seriously considered attempting suicide in the past year	14%	17%	14%	18%
Youth who had attempted suicide in the past year	6%	7%	6%	9%
Youth who felt sad or hopeless almost every day for 2 or more weeks in a row	27%	28%	26%	30%

Morrow County Youth Who Had Seriously Considered Attempting Suicide in the Past 12 months

	Total	Male	Female	13 or younger	14 to 16	17 & Older
	14%	12%	16%	11%	16%	15%
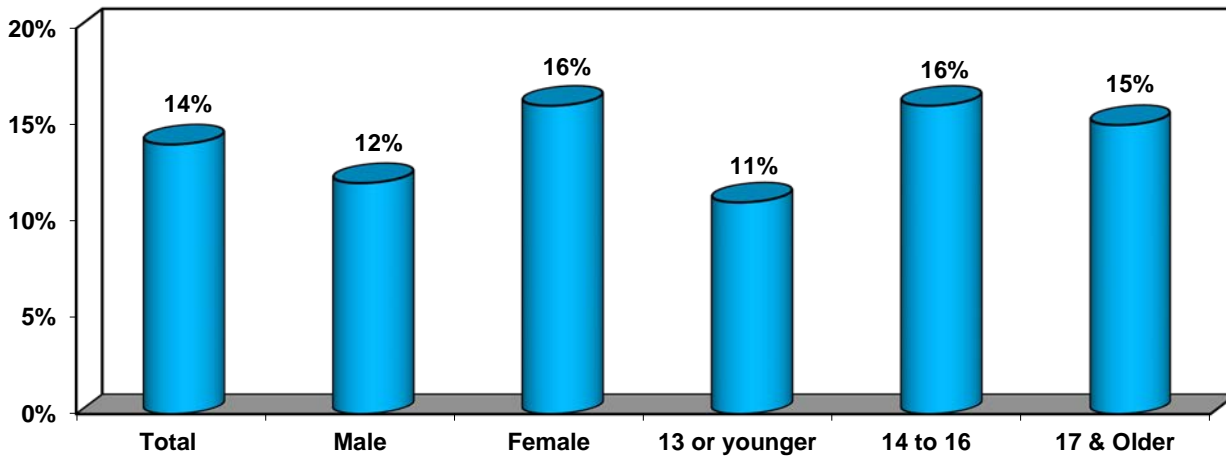
Morrow County Youth Who Attempted Suicide in the Past 12 Months

	Total	Male	Female	13 or younger	14 to 16	17 & Older
	6%	5%	7%	4%	8%	6%

Priority #3 | Improve Adult and Youth Mental Health

Access to Mental Health Care Providers, Rank by County, CHR 2016
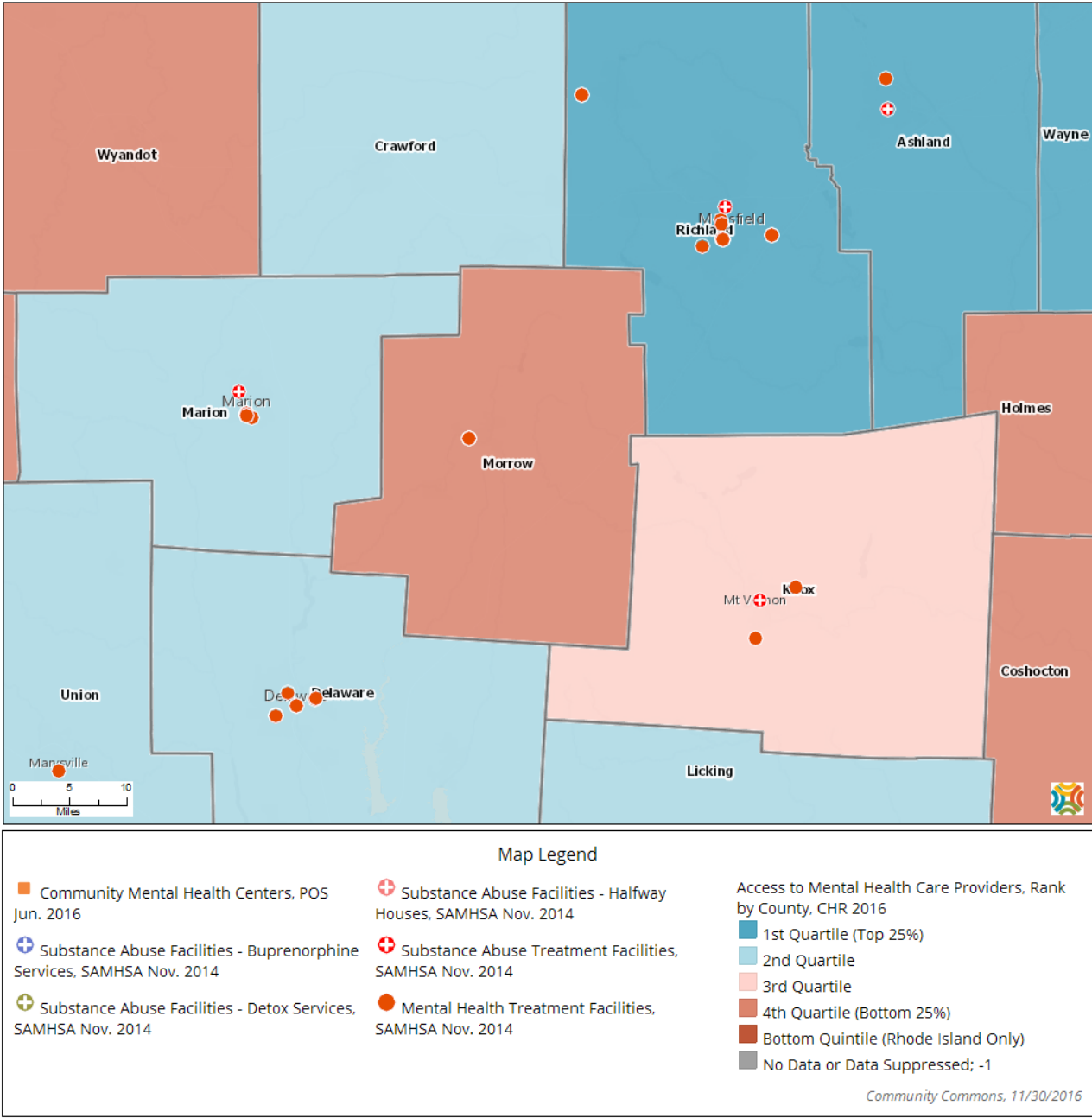
(Source: University of Wisconsin Population Health Institute, County Health Rankings: 2016 as compiled by Community Commons)

Priority #3 | Improve Adult and Youth Mental Health

Poor Mental Health Days, Average (Per Month) by County, CHR 2014
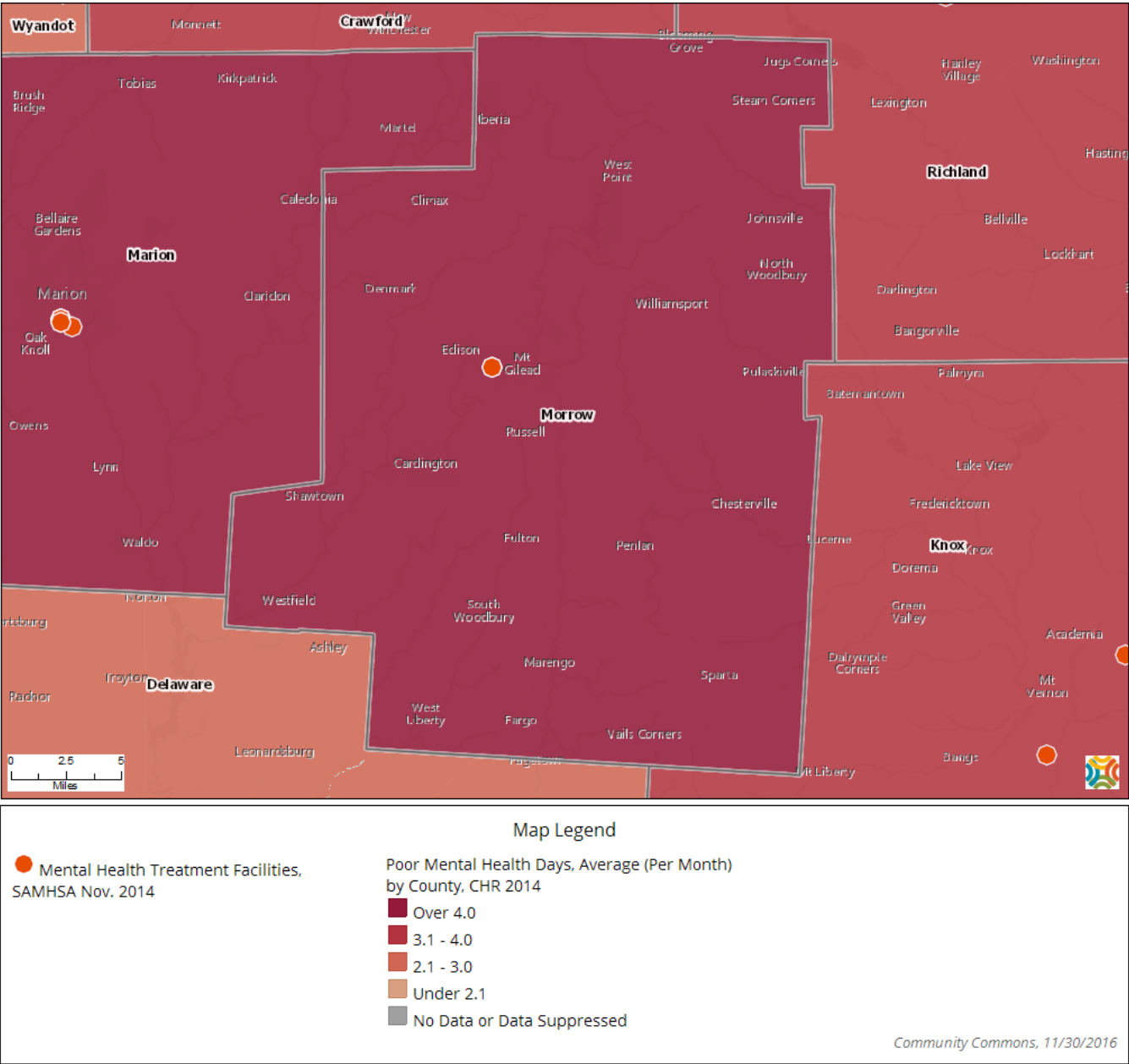

Map Legend

● Mental Health Treatment Facilities, SAMHSA Nov. 2014

Poor Mental Health Days, Average (Per Month) by County, CHR 2014
- ▪ Over 4.0
- ▪ 3.1 - 4.0
- ▪ 2.1 - 3.0
- ▪ Under 2.1
- ▪ No Data or Data Suppressed

Community Commons, 11/30/2016

(Source: University of Wisconsin Population Health Institute, County Health Rankings: 2014 as compiled by Community Commons)

Priority #3 **I** Improve Adult and Youth Mental Health

Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Leader in Me	Northmor	Youth	Prevention & Intervention	Evidence-Based
Mental Health Counseling	Mary Haven	Adult and Youth	Early Intervention & Treatment	None Specified
Psychiatric Services	Central Ohio Mental Health	Adult and Youth	Treatment	None Specified
Crisis Services	Mary Haven	Adult and Youth	Treatment	None Specified
Emergency Mental Health Services	Central Ohio Mental Health	Adult and Youth	Treatment	None Specified
Social Worker	Hospital	Community	Prevention	None Specified
Suicide Prevention	Help-line	Community	Prevention	None Specified
Intensive Day Treatment	Central Ohio Mental Health	Students at Tomorrow Center	Treatment	None Specified
Text or call 4-1-1	None specified	Adult and Youth	Early Intervention	None Specified
Volunteer chaplains (inpatient spiritual support and education)	Hospital	Community	Early Intervention	None Specified
Talking about Touching Program	Northmor	Northmor Grades K-5	Early Intervention	Best-Practice
Relationships under Construction Program	Northmor	Youth	Early Intervention	Best-Practice
Counseling (individual, grief, divorce, grief, loss, etc.)	Hospice	Community	Early Intervention	None Specified

Priority #3 | Improve Adult and Youth Mental Health

Resource Assessment, *continued*

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Positive Behavior Intervention System (PBIS)	Northmor and Tomorrow Center	Youth	Early Intervention	Best-Practice
Rachel's Program	Highland	Middle School and High School	Early Intervention	Best-Practice
Mentor Program	Highland	Middle School and High School	Early Intervention	Best-Practice
Help line	Highland	Freshman Health Class	Early Intervention	None Specified
Social workers in elementary school	Highland	Middle School and High School	Early Intervention	None Specified
Mental Health Liaison	Highland	High School	Early Intervention	None Specified
Lunch- Preacher comes in to volunteer	Highland	Youth	Early Intervention & Treatment	None Specified
School Climate Survey	Tomorrow Center	Youth	Early Intervention	None Specified
Challenge Day (Bulling) "Be the Change"	Northmor	High School	Early Intervention	Best-Practice
Morrow County Hospital Rehab Services	Hospital	Community	Early Intervention	None Specified
"ENGAGE" Grant *(Empowering the New Generation to Achieve their Goals through Empowerment)*	Family and Children First Council	Youth/young adults (ages 14-21)	Early Intervention	Evidence-Based
Family Services and Support	Family and Children First Council	Community	Early Intervention & Treatment	None Specified

Priority #3 | Improve Adult and Youth Mental Health

Resource Assessment, *continued*

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Mental Health Services	Mary Haven	Inmates	Treatment	None Specified
Morrow Getting Ahead - 8 week workshop	CAC/United Way	Ages 18+	Treatment	None Specified
Social Work Counseling	Area Office on Aging	Ages 60+	Early Intervention & Treatment	None Specified
Lunch with Friends Support Group	Hospice	Adults	Treatment	None Specified
24/7 Crisis hotline	HelpLine	All ages	Intervention	None-Specified
24/7 (2-1-1) Information Linkage	HelpLine	All ages	Intervention/Treatment	None- Specified
Family Violence & Sexual/Relationship Violence Prevention	HelpLine	Adults	Prevention	None-Specified
Sexual Assault Response Network (SARN)	HelpLIne	Adults	Treatment	None-Specified
Safe at Home Site	HelpLine	Adults	Treatment	None-Specified

Priority #3 | Improve Adult and Youth Mental Health

Gaps and Potential Strategies

Priority #3 Adult and Youth Mental Health	
Gap	**Potential Strategies**
1. Reduce the stigma of mental health & understanding the signs of mental health	• Develop/provide educational material on what Mental health disorders there are and what's acceptable/not acceptable terminology
2. Trauma informed care	• Provide Trauma Informed Care trainings for first responders, school staff, law enforcement and healthcare providers (research Richland County)
3. Lack of mental health service for senior population	• Develop a senior mental wellness program
4. Lack of psychiatric care and in-patient care	• Mental health & substance abuse services link together to establish a regional Net Care 24-hr facility
5. No policies in place for post-partum depression	• None specified

Priority #3 | Improve Adult and Youth Mental Health

Best Practices

1. **SOS Signs of Suicide®:** The Signs of Suicide Prevention Program is an award-winning, nationally recognized program designed for middle and high school-age students. The program teaches students how to identify the symptoms of depression and suicidality in themselves or their friends, and encourages help-seeking through the use of the ACT® technique (Acknowledge, Care, Tell).

    The SOS High School program is the only school-based suicide prevention program listed on the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices that addresses suicide risk and depression, while reducing suicide attempts. In a randomized control study, the SOS program showed a reduction in self-reported suicide attempts by 40% (BMC Public Health, July 2007).

    For more information go to:
    http://www.mentalhealthscreening.org/programs/youth-prevention-programs/sos/

2. **PHQ-9:** The PHQ-9 is the nine item depression scale of the Patient Health Questionnaire. The PHQ-9 is a powerful tool for assisting primary care clinicians in diagnosing depression as well as selecting and monitoring treatment. The primary care clinician and/or office staff should discuss with the patient the reasons for completing the questionnaire and how to fill it out. After the patient has completed the PHQ-9 questionnaire, it is scored by the primary care clinician or office staff.

    There are two components of the PHQ-9:
    *   Assessing symptoms and functional impairment to make a tentative depression diagnosis, and
    *   Deriving a severity score to help select and monitor treatment
        The PHQ-9 is based directly on the diagnostic criteria for major depressive disorder in the Diagnostic and Statistical Manual Fourth Edition (DSM-IV).

    For more information go to:
    http://www.depression-primarycare.org/clinicians/toolkits/materials/forms/phq9/

3. **Challenge Day:** Challenge Day is a 501(c)(3) nonprofit organization that helps people learn to connect through powerful, life-changing programs in their schools, businesses, communities and families. Challenge Day is also the name of our signature school program. Using highly interactive and energetic activities, our programs provide teens and adults with tools to break down the walls of separation and isolation and replace them with compassion. We inspire people to live, study, and work in an environment of acceptance, love, and respect. 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.**

    The program is 6 ½ hours and takes place in a gym, assembly room, or large conference room. Challenge Day Leaders work to create trust and connection in the morning by helping participants step out of their comfort zones through music and games. Participants begin to recognize stereotypes and labels that exist among them, and are then willing to share and connect as human beings. During the afternoon, participants examine the impact that bullying, oppression and other forms of violence has on their lives and the lives of people around them.

    For more information go to: http://www.challengeday.org/

Priority #3 | Improve Adult and Youth Mental Health

Best Practices

4. **The Incredible Years®:** The Incredible Years programs for parents and teachers reduce challenging behaviors in children and increase their social and self-control skills. The Incredible Years programs have been evaluated by the developer and independent investigators. Evaluations have included randomized control group research studies with diverse groups of parents and teachers.

   The programs have been found to be effective in strengthening teacher and parent management skills, improving children's social competence and reducing behavior problems. Evidence shows that the program have turned around the behaviors of up to 80 percent of the children of participating parents and teachers. If left unchecked these behaviors would mean those children are at greater risk in adulthood of unemployment, mental health problems, substance abuse, early pregnancy/early fatherhood, criminal offending, multiple arrests and imprisonment, higher rates of domestic violence and shortened life expectancy.

   Incredible Years training programs give parents and teachers strategies to manage behaviors such as aggressiveness, ongoing tantrums, and acting out behavior such as swearing, whining, yelling, hitting and kicking, answering back, and refusing to follow rules. Through using a range of strategies, parents and teachers help children regulate their emotions and improve their social skills so that they can get along better with peers and adults, and do better academically. It can also mean a more enjoyable family life.

   For more information go to: http://www.incredibleyears.com

5. **The Leader in Me Program**: The Leader in Me is Franklin Covey's whole school transformation process. It teaches 21st century leadership and life skills to students and creates a culture of student empowerment based on the idea that every child can be a leader. The program is aligned with best-in-class content and concepts practiced by global education thought leaders. It is also aligned to many national and state academic standards and provides a logical, sequential and balanced process to help schools proactively design the culture that reflects their vision of the ideal school. Content from *The 7 Habits of Highly Effective People* is a key component of the overall The Leader in Me process.

   For more information go to:
   http://www.theleaderinme.org/

Priority #3 | Improve Adult and Youth Mental Health

Best Practice, *continued*

6. **Mental Health First Aid**: Mental Health First Aid is an adult public education program designed to improve participants' knowledge and modify their attitudes and perceptions about mental health and related issues, including how to respond to individuals who are experiencing one or more acute mental health crises (i.e., suicidal thoughts and/or behavior, acute stress reaction, panic attacks, and/or acute psychotic behavior) or are in the early stages of one or more chronic mental health problems (i.e., depressive, anxiety, and/or psychotic disorders, which may occur with substance abuse).

   The intervention is delivered by a trained, certified instructor through an interactive 12-hour course, which can be completed in two 6-hour sessions or four 3-hour sessions. The course introduces participants to risk factors, warning signs, and symptoms for a range of mental health problems, including comorbidity with substance use disorders; builds participants' understanding of the impact and prevalence of mental health problems; and provides an overview of common support and treatment resources for those with a mental health problem. Participants also are taught a five-step action plan, known as ALGEE, for use when providing Mental Health First Aid to an individual in crisis:
   - **A**--Assess for risk of suicide or harm
   - **L**--Listen nonjudgmentally
   - **G**--Give reassurance and information
   - **E**--Encourage appropriate professional help
   - **E**--Encourage self-help and other support strategies

   In addition, the course helps participants to not only gain confidence in their capacity to approach and offer assistance to others, but also to improve their personal mental health. After completing the course and passing an examination, participants are certified for 3 years as a Mental Health First Aider.

   In the studies reviewed for this summary, Mental Health First Aid was delivered as a 9-hour course, through three weekly sessions of 3 hours each. Participants were recruited from community and workplace settings in Ashtabula or were members of the general public who responded to recruitment efforts. Some of the participants (7%-60% across the three studies reviewed) had experienced mental health problems

   For more information go to: http://www.mentalhealthfirstaid.org/cs/

Priority #3 | Improve Adult and Youth Mental Health

Alignment with National Standards

The Morrow County CHIP will help support the following **Healthy People 2020** Goals:

- **Mental Health and Mental Disorders (MHMD)-1**Reduce the suicide rate
- **Mental Health and Mental Disorders (MHMD)-2** Reduce suicide attempts by adolescents
- **Mental Health and Mental Disorders (MHMD)-3** Reduce the proportion of adolescents who engage in disordered eating behaviors in an attempt to control their weight
- **Mental Health and Mental Disorders (MHMD)-4** Reduce the proportion of persons who experience major depressive episodes (MDEs)
- **Mental Health and Mental Disorders (MHMD)-5** Increase the proportion of primary care facilities that provide mental health treatment onsite or by paid referral
- **Mental Health and Mental Disorders (MHMD)-6** Increase the proportion of children with mental health problems who receive treatment
- **Mental Health and Mental Disorders (MHMD)-7** Increase the proportion of juvenile residential facilities that screen admissions for mental health problems
- **Mental Health and Mental Disorders (MHMD)-9** Increase the proportion of adults with mental health disorders who receive treatment
- **Mental Health and Mental Disorders (MHMD)-10** Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders
- **Mental Health and Mental Disorders (MHMD)-11**Increase depression screening by primary care providers
- **Mental Health and Mental Disorders (MHMD)-12** Increase the proportion of homeless adults with mental health problems who receive mental health services

Priority #3 **I** Improve Adult and Youth Mental Health

Action Step Recommendations & Action Plan

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

1. Increase Awareness of Trauma Informed Care
2. Increase the Number Primary Care Physicians Screening for Depression During Office Visits
3. Re-Establish Suicide Prevention Coalition
4. Provide Mental Health First Aid Training
5. Expand The Leader in Me Program
6. Implement Evidence-Based Bullying Prevention Programs

Action Plan

Improve Adult and Youth Mental Health		
Action Step	**Responsible Person/ Agency**	**Timeline**
Increase Awareness of Trauma Informed Care		
Year 1: Facilitate an assessment among clinicians, teachers and community members in Morrow County on their awareness and understanding of trauma informed care, including toxic stress and adverse childhood experiences. Facilitate a training to increase education and understanding of trauma informed care.	Paul Damron Delaware-Morrow Mental Health & Recovery Services & Kanda Benner Family Children First Council	December 31, 2017
Year 2: Continue efforts from year 1. Develop and implement a trauma screening tool for social service agencies who work with at risk youth.		December 31, 2018
Year 3: Continue efforts of years 1 and 2 Increase the use of trauma screening tools by 10%.		December 31, 2019
Increase the Number of Primary Care Physicians Screening for Depression During Office Visits		
Year 1: Collect baseline data on the number of primary care physicians that currently screen for depression during office visits.	Chad Miller Morrow County Hospital & Rich Steele MaryHaven	December 31, 2017
Year 2: Introduce PHQ2 and PHQ9 to physicians' offices and hospital administration. Pilot the protocol with one primary care physicians' office.		December 31, 2018
Year 3: Increase the number of primary care physicians using the PHQ2 screening tool by 10% from baseline.		December 31, 2019

Priority #3 | Improve Adult and Youth Mental Health

Action Step Recommendations & Action Plan, *continued*

Improve Adult and Youth Mental Health		
Action Step	**Responsible Person/ Agency**	**Timeline**
Re-Establish Suicide Prevention Coalition		
Year 1: Enlist any missing sectors to be a part of the coalition. Apply for 501(c)3 status in order for the coalition to have more grant funding opportunities. Increase community awareness and participation in the coalition. Research the LOSSteam framework and attend trainings/workshops. http://www.lossteam.com	Susan Hanson HelpLine	December 31, 2017
Year 2: Begin to introduce the SOS program to school administration (superintendents, principals, and guidance counselors). Research potential funding sources to further the work of the coalition.		December 31, 2018
Year 3: Implement the SOS program in at least 2 school districts. Continue efforts from year 2.		December 31, 2019
Provide Mental Health First Aid Training		
Year 1: Research Mental Health First Aid Training opportunities near Morrow County. Market the training to Morrow County area churches, schools, Rotary Clubs, Law Enforcement, Chamber of Commerce, City Councils, college students majoring in social work/mental health, etc. Enlist and/or hire at least 2 to additional trainers. Provide at least 2 trainings.	Paul Damron Delaware-Morrow Mental Health & Recovery Services & Susan Hanson HelpLine	December 31, 2017
Year 2: Provide 3 additional trainings and continue marketing efforts.		December 31, 2018
Year 3: Continue efforts from year 2.		December 31, 2019

Priority #3 | Improve Adult and Youth Mental Health

Action Step Recommendations & Action Plan, *continued*

Improve Adult and Youth Mental Health		
Action Step	**Responsible Person/ Agency**	**Timeline**
Expand The Leader in Me Program		
Year 1: Introduce the program to all Morrow County school districts. Introduce The Leader in Me program elements to the staff: • 7 habits Signature 4.0 • Launching Leadership • Creating Culture Develop small team work groups. Complete The Leader in Me Coaching System, The Leader in me Online and Intellectual Property License	Kanda Benner Family and Children First Council & Amanda Albert Northmor School District	December 31, 2017
Year 2: Align school academics with The Leader in Me strategies. Complete the regional 7 Habits 2-3 day training for all new staff members. Create a sustaining work plan. Implement the program in at least 1 other school district.		December 31, 2018
Year 3: Expand the program to Northmor Junior/Senior High School. Continue efforts from year 2 and work to expand the program into 1 additional school.		December 31, 2019
Implement Evidence-Based Bullying Prevention Programs		
Year 1: Gather baseline data on which bullying prevention programs are currently being implemented (in which districts and which grade levels). Explore evidence based prevention programs such as Challenge Day, LifeSkills and The Incredible Years. Decide which program(s) will be offered and are sustainable.	Susan Hanson HelpLine	December 31, 2017
Year 2: Introduce or re-introduce the evidence based program(s) to the school districts. Pilot any new programs in at least one district. Expand any current programming to other districts or grade levels.		December 31, 2018
Year 3: Expand programming to all districts in all grade levels.		December 31, 2019

Priority #4 | Decrease Adult and Youth Substance Abuse

Drug Use Indicators

In 2016, 3% of Morrow County adults had used marijuana during the past 6 months. 9% of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

<u>Adult Drug Use</u>

3% of Morrow County adults had used marijuana in the past 6 months

2% of Morrow County adults reported using other recreational drugs in the past six months such as cocaine, synthetic marijuana/K2, heroin, LSD, inhalants, Ecstasy, bath salts, and methamphetamines.

When asked about their frequency of marijuana and other recreational drug use in the past six months, 12% of Morrow County adults who used drugs did so almost every day, and 35% did so less than once a month.

9% of adults had used medication not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past 6 months, increasing to 15% of those with incomes less than $25,000.

When asked about their frequency of medication misuse in the past six months, 7% of Morrow County adults who used these drugs did so 1 or 2 days per week, and 40% did so less than once a month.

Morrow County adults indicated they did the following with their unused prescription medication: took as prescribed (19%), flushed it down the toilet (17%), kept it (17%), threw it in the trash (16%), took it to the Medication Collection program (8%), took them to the Sheriff's Office (5%), kept in a locked cabinet (3%), took them in on Drug Take Back Days (2%), gave it away (1%), mailer to ship back to pharmacy (1%), traded it (<1%), and some other destruction method (3%). 37% of adults did not have unused medication.

2% of Morrow County adults have used a program or service to help with drug problems for either themselves or a loved one. Reasons for not using such a program included: had not thought of it (5%), could not afford to go (2%), did not want to miss work (2%), did not know how to find a program (1%), fear (1%), no program available (1%), stigma of seeking drug services (1%), could not get to the office or clinic (<1%), did not want to get in trouble (<1%), and other reasons (3%). 79% of adults indicated they did not need a program or service to help with drug problems.

Priority #4 | Decrease Adult and Youth Substance Abuse

Drug Use Indicators, *continued*

In 2016, 8% of Morrow County youth had used marijuana at least once in the past 30 days, increasing to 15% of those ages 17 and older. 7% of youth used medications that were not prescribed for them or took more than prescribed to get high at some time in their life, increasing to 13% of those over the age of 17.

Youth Drug Use

In 2016, 8% of all Morrow County youth had used marijuana at least once in the past 30 days, increasing to 15% of those over the age of 17. The 2013 YRBS found a prevalence of 21% for Ohio youth and the 2015 YRBS found a prevalence of 22% for U.S. youth.

7% Morrow County youth used medications that were not prescribed for them or took more than prescribed to feel good or get high at some time in their lives, increasing to 13% of those over the age of 17.

During the past 12 months, 4% of all Morrow County youth reported that someone had offered, sold, or given them an illegal drug on school property. The 2013 YRBS reports 20% for Ohio and the 2015 YRBS reports 22% for the U.S. had the same offers.

Youth reported their parents would disapprove of the following: misusing prescription drugs (80%), smoking cigarettes (78%), using marijuana (76%) and drinking alcohol (70%).
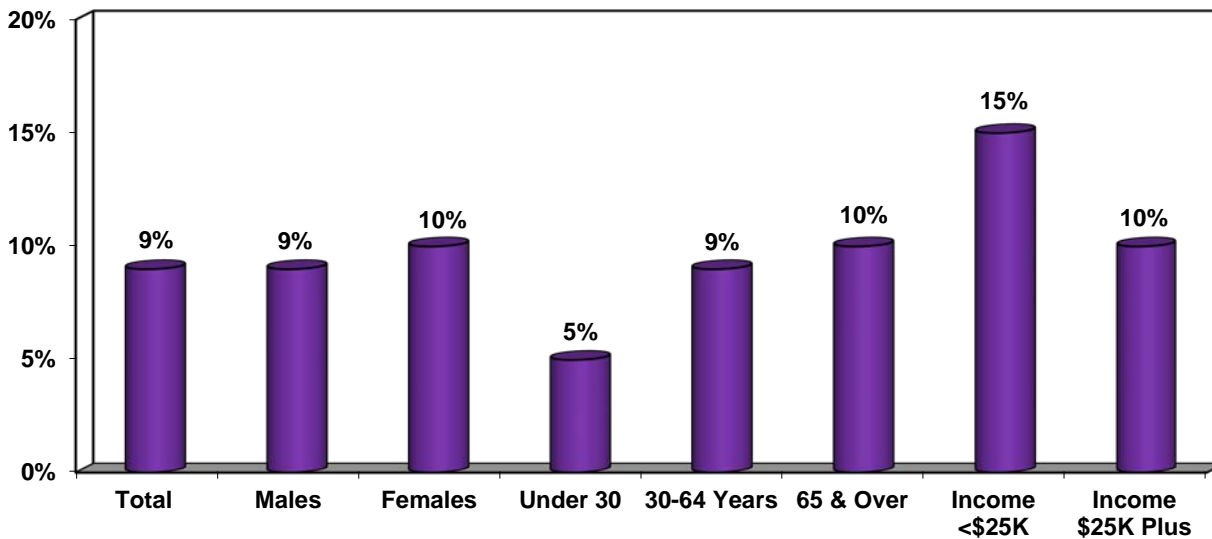
Youth reported their friends would disapprove of the following: misusing prescription drugs (75%), smoking cigarettes (66%), using marijuana (65%) and drinking alcohol (52%).

Priority #4 | Decrease Adult and Youth Substance Abuse

Drug Use Indicators, *continued*

Youth Comparisons	Morrow County 2016 (6th-12th)	Morrow County 2016 (9th-12th)	Ohio 2013 (9th-12th)	U.S. 2015 (9th-12th)
Youth who used marijuana in the past month	8%	14%	21%	22%
Ever used methamphetamines	2%	2%	N/A	3%
Ever used cocaine	2%	2%	4%	5%
Ever used heroin	2%	2%	2%	2%
Ever used steroids	2%	1%	3%	4%
Ever used inhalants	6%	7%	9%	7%
Ever used ecstasy/MDMA	2%	3%	N/A	5%
Ever been offered, sold, or given an illegal drug by someone on school property in the past year	4%	5%	20%	22%

Morrow County Adult Medication Misuse in Past 6 Months

	Total	Males	Females	Under 30	30-64 Years	65 & Over	Income <$25K	Income $25K Plus
	9%	9%	10%	5%	9%	10%	15%	10%

Priority #4 | Decrease Adult and Youth Substance Abuse

Opioid Drug Claims, Percentage of Total Prescription Drug Claims by ZCTA, CMS 2013
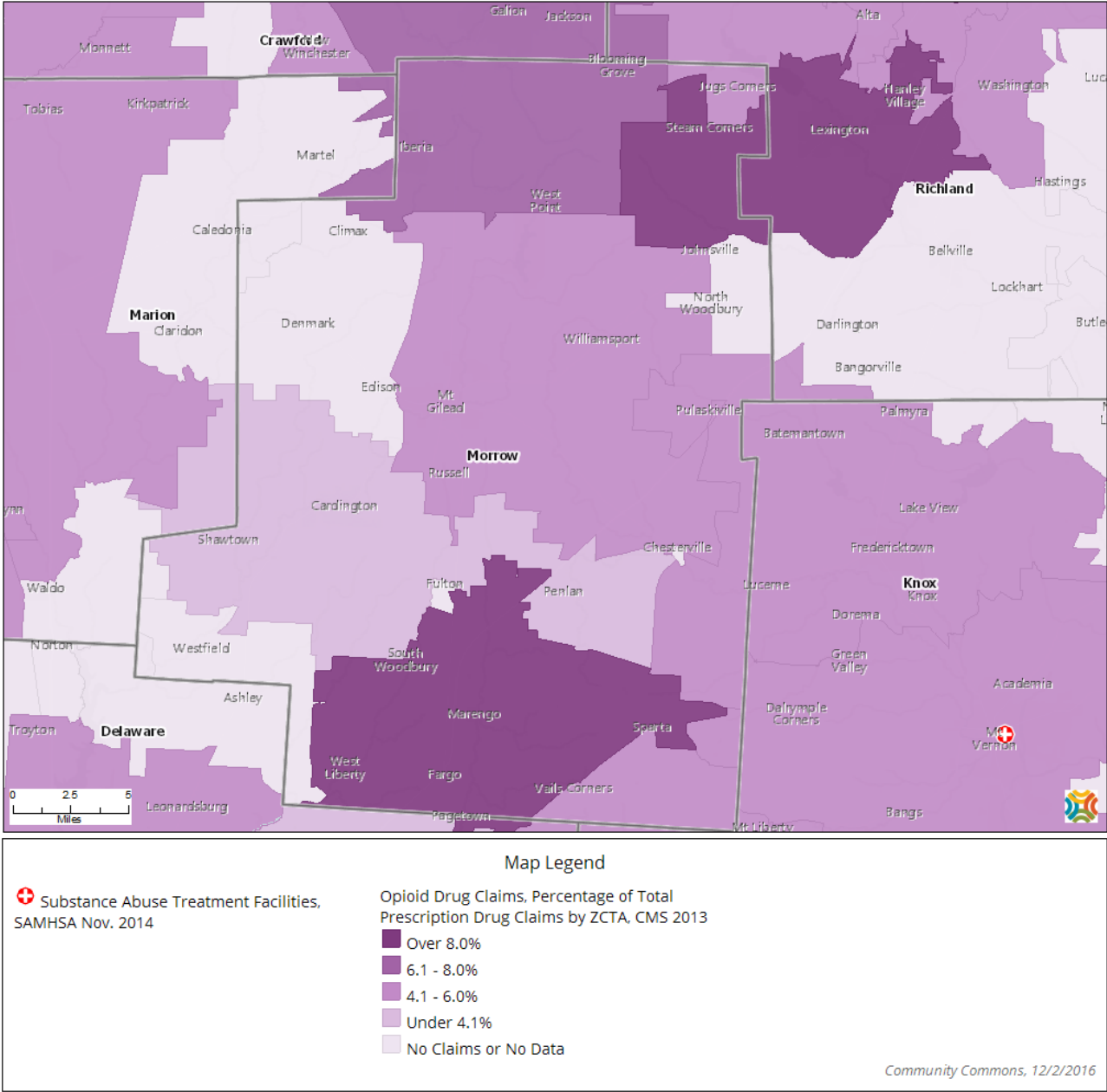
(Source: Centers for Medicare and Medicaid Services: 2013, as compiled by Community Commons)

Priority #4 | Decrease Adult and Youth Substance Abuse

Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Hidden in Plain Sight	Office of Ohio Attorney General/Pharmacist	Adults/parents	Prevention & Early Intervention	Best-Practice
Opiate Detox	Mary Haven	Adults	Treatment	None-specified
Medication Assistance Therapy	Mary Haven	Adults	Treatment	None-specified
Intensive Outpatient Therapy	Mary Haven	Adults	Treatment	None-specified
Residential Detox (outside of county)	Mary Haven	Adults	Treatment	None-specified
Residential Detox	Mary Haven	Adults and adolescence	Treatment	None-specified
Non-intensive Outpatient Therapy	Mary Haven	Adults and adolescence	Treatment	None-specified
Family Education Program	Mary Haven	Adults and adolescence	Prevention & Early Intervention	None-specified
Family Support Program	Mary Haven	Adults and adolescence	Prevention & Early Intervention	None-specified
Stable Cradle Program	Mary Haven	Pregnant mothers and children <1	Prevention & Early Intervention	None-specified
Project DAWN	Heath Department	Community	Prevention & Early Intervention	Evidence-Based
Naloxone kits for law enforcement	Health Department	Community	Treatment	None-specified
Drug drop off/take back days	Sheriff/Cardington Police Department	Community	Treatment	None-specified
Hospice Drug Destruction Program	Hospice	Community	Treatment	None-specified
Lunch boxes for medication	Home Heath/Hospice	Community	Treatment	None-specified

Priority #4 | Decrease Adult and Youth Substance Abuse

Resource Assessment, *continued*

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Re-entry Juvenile Felony	Drug Court	Those in the court system	Treatment	None-specified
Full time staff person in jail for treatment and linkage	Mary Haven/Sheriff	Jail population	Treatment	None-specified
Too Good for Drugs	Northmor	Elementary	Prevention & Early Intervention	Best-Practice
AOD Counseling	Tomorrow Center	Youth	Early Intervention & Treatment	Evidence Based
Youth Forum	Tomorrow Center	High School Youth	Prevention	None-specified
Youth Development (education program for youth)	OSU Extension	8-18 years old	Prevention	None-specified
Project DAWN	Heath Department & ADAMHS Board	Community	Prevention	Evidence-Based
Morrow County Hospital Rehab Services	Hospital	Community	Treatment	None-specified

Priority #4 | Decrease Adult and Youth Substance Abuse

Gaps and Potential Strategies

Priority #4 Adult and Youth Drug Use	
Gap	Potential Strategies
1. Prevention education	• Collaborate with courts, law enforcement and local agencies to develop a prevention plan • Provide programs during schools hours • Create a youth-led prevention plan
2. Lack a drug prevention coalition	• Apply for DFC grant or DFC mentoring grant • Collaborate with local law enforcement and schools
3. No crisis center for mental health and alcohol and other drug use (AOD)	• Mental health & substance abuse services link together to establish a regional Net Care 24-hr facility
4. Parents and schools lack of awareness about alcohol and other drug issues among students	• Expand "The Leader in Me" program throughout school systems • Develop a referral process for schools to refer treatment options and information to provide to parents • Implement D.A.R.E program that includes law enforcement

Priority #4 **I** Decrease Adult and Youth Substance Abuse

Best Practices

The following programs and policies have been reviewed and have proven strategies to **decrease adult and youth drug use**:

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

   For more information go to: http://www.pire.org/communitytrials/index.hty

2. **Project ASSERT**- Project ASSERT (Alcohol and Substance Abuse Services, Education, and Referral to Treatment) is a screening, brief intervention, and referral to treatment (SBIRT) model designed for use in health clinics or emergency departments (EDs). Project ASSERT targets three groups:

   a. Out-of-treatment adults who are visiting a walk-in health clinic for routine medical care and have a positive screening result for cocaine and/or opiate use. Project ASSERT aims to reduce or eliminate their cocaine and/or opiate use through interaction with peer educators (substance abuse outreach workers who are in recovery themselves for cocaine and/or opiate use and/or are licensed alcohol and drug counselors).
   b. Adolescents and young adults who are visiting a pediatric ED for acute care and have a positive screening result for marijuana use. Project ASSERT aims to reduce or eliminate their marijuana use through interaction with peer educators (adults who are under the age of 25 and, often, college educated).
   c. Adults who are visiting an ED for acute care and have a positive screening result for high-risk and/or dependent alcohol use. Project ASSERT aims to motivate patients to reduce or eliminate their unhealthy use through collaboration with ED staff members (physicians, nurses, nurse practitioners, social workers, or emergency medical technicians).

   On average, Project ASSERT is delivered in 15 minutes, although more time may be needed, depending on the severity of the patient's substance use problem and associated treatment referral needs. The face-to-face component of the intervention is completed during the course of medical care, while the patient is waiting for the doctor, laboratory results, or medications.

   For more information go to: http://nrepp.samhsa.gov/ViewIntervention.aspx?id=222

Priority #4 I Decrease Adult and Youth Substance Abuse

Best Practices, *continued*

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

    There are two highly effective Parent Project® programs serving families:
    - Loving Solutions is a 6 to 7 week program written for parents raising difficult or strong-willed children, 5 to 10 year of age. Designed for classroom instruction, this program has special application to ADD and ADHD issues, and was written for the parents of more difficult children.

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

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

4. **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

Priority #4 | Decrease Adult and Youth Substance Abuse

Best Practices, *continued*

5. **Too Good For Drugs:** Too Good for Drugs (TGFD) is a school-based prevention program for kindergarten through 12th grade that builds on students' resiliency by teaching them how to be socially competent and autonomous problem solvers. The program is designed to benefit everyone in the school by providing needed education in social and emotional competencies and by reducing risk factors and building protective factors that affect students in these age groups. TGFD focuses on developing personal and interpersonal skills to resist peer pressures, goal setting, decision making, bonding with others, having respect for self and others, managing emotions, effective communication, and social interactions. The program also provides information about the negative consequences of drug use and the benefits of a nonviolent, drug-free lifestyle.

   TGFD has developmentally appropriate curricula for each grade level through 8th grade, with a separate high school curriculum for students in grades 9 through 12. The K-8 curricula each include 10 weekly, 30- to 60-minute lessons, and the high school curriculum includes 14 weekly, 1-hour lessons plus 12 optional, 1-hour "infusion" lessons designed to incorporate and reinforce skills taught in the core curriculum through academic infusion in subject areas such as English, social studies, and science/health. Ideally, implementation begins with all school personnel (e.g., teachers, secretaries, janitors) participating in a 10-hour staff development program, which can be implemented either as a series of 1-hour sessions or as a 1- or 2-day workshop.

   Five studies conducted by an independent evaluator have examined TGFD's effectiveness in reducing adolescents' intention to use tobacco, alcohol, and marijuana; reducing fighting; and strengthening protective and resiliency factors. Each of the five studies showed positive effects on risk and protective factors relating to alcohol, tobacco, illegal drug use, and violence, including significant positive effects on the following:

   - Attitudes toward drugs
   - Attitudes toward violence
   - Perceived peer norms
   - Peer disapproval of use
   - Emotional competence
   - Social and resistance skills
   - Goals and decision making
   - Perceived harmful effects

   For more information go to: http://www.mendezfoundation.org/

Priority #4 | Decrease Adult and Youth Substance Abuse

Alignment with National Standards

The Morrow County CHIP will help support the following **Healthy People 2020** Goals:

- **Substance Abuse (SA)-1** Reduce the proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol
- **Substance Abuse (SA)-2** Increase the proportion of adolescents never using substances
- **Substance Abuse (SA)-3** Increase the proportion of adolescents who disapprove of substance abuse
- **Substance Abuse (SA)-4** Increase the proportion of adolescents who perceive great risk associated with substance abuse
- **Substance Abuse (SA)-5** (Developmental) Increase the number of drug, driving while impaired (DWI), and other specialty courts in the United States
- **Substance Abuse (SA)-6** Increase the number of States with mandatory ignition interlock laws for first and repeat impaired driving offenders in the United States
- **Substance Abuse (SA)-8** Increase the proportion of persons who need alcohol and/or illicit drug treatment and received specialty treatment for abuse or dependence in the past year
- **Substance Abuse (SA)-9** (Developmental) Increase the proportion of persons who are referred for follow-up care for alcohol problems, drug problems after diagnosis, or treatment for one of these conditions in a hospital emergency department (ED)
- **Substance Abuse (SA)-10** Increase the number of Level I and Level II trauma centers and primary care settings that implement evidence-based alcohol Screening and Brief Intervention (SBI)
- **Substance Abuse (SA)-11** Reduce cirrhosis deaths
- **Substance Abuse (SA)-14** Reduce the proportion of persons engaging in binge drinking of alcoholic beverages
- **Substance Abuse (SA)-16** Reduce average annual alcohol consumption
- **Substance Abuse (SA)-17** Decrease the rate of alcohol-impaired driving (.08+ blood alcohol content [BAC]) fatalities
- **Substance Abuse (SA)-20** Reduce the number of deaths attributable to alcohol

Priority #4 | Decrease Adult and Youth Substance Abuse

Action Step Recommendations & Action Plan

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

1. Expand Evidence-Based Programs and Counseling Services Targeting Youth and Families
2. Increase Treatment Options for Those with Substance Use Disorder
3. Expand Efforts of the Drug and Alcohol Awareness & Prevention Coalition
4. Increase the Number of Health Care Providers Screening for Drugs and Alcohol
5. Expand Hidden in Plain Sight Program to Reduce Alcohol and Drugs Use Among Youth

Action Plan

Decrease Adult and Youth Substance Abuse		
Action Step	**Responsible Person/Agency**	**Timeline**
Expand Evidence-based Programs and Counseling Services Targeting Youth and Families		
Year 1: Introduce the Too Good for Drugs/LifeSkills program(s) to schools, churches, parents and community members. Discuss program/service needs and gaps with school personnel at all schools within the county. Work with school administrators, guidance counselors and other community organizations to raise awareness of the program(s). Implement the program(s) in at least one new location or school.	Steve Denovchek Morrow County Resident	December 31, 2017
Year 2: Increase awareness and participation of the Too Good for Drugs/LifeSkills program(s). Double the number of locations and or schools providing evidence based programming for youth and/or in school counseling for youth and families.		December 31, 2018
Year 3: Continue efforts of years 1 and 2.		December 31, 2019
Increase Treatment Options for Those with Substance Use Disorder		
Year 1: Research current available treatment options in the county. Explore partnerships with local mental health providers, hospitals and the health department to establish a referral system for treatment. Explore other treatment options for detox, recovery housing, etc.	Rich Steele MaryHaven & Joanne Trainer Morrow Family Health Center (FQHC)	December 31, 2017
Year 2: Plan and implement a community awareness campaign that will help others recognize signs of substance abuse and where to find treatment.		December 31, 2018
Year 3: Continue efforts of years 1 and 2.		December 31, 2019

Priority #4 | Decrease Adult and Youth Substance Abuse

Action Step Recommendations & Action Plan, *continued*

Decrease Adult and Youth Substance Abuse		
Action Step	**Responsible Person/Agency**	**Timeline**
Expand Efforts of the Drug and Alcohol Awareness & Prevention (DAAP) Coalition		
Year 1: Enlist any missing sectors to be a part of the coalition Complete a Coalition Satisfaction Survey to determine areas of improvement. Apply for 501(c)3 status in order for the coalition to have more grant funding opportunities Plan a community awareness campaign to increase education and awareness of risky behaviors and substance abuse trends. Determine best ways to educate community and parents (social media, newspaper, school websites or newsletters, television, church bulletins, etc.) Research Community Trials Intervention to Reduce High-Risk Drinking program.	Steve Denovchek Morrow County Resident & Ben McDay MaryHaven & Ashley Glass Ohio Heartland Community Action Commission	December 31, 2017
Year 2: Apply for funding from the Attorney General's Office. Enlist grant writers and research pre-work that has to be done to secure a Drug Free Communities Grant (DFC. Plan awareness programs/workshops focusing on different "hot topics" and risky behavior trends. Work with law enforcement to determine which strategies would be feasible to do and implement at least 1 of the following: • Sobriety checkpoints • Seller/server trainings • Parents Who Host Lose the Most campaign(education parents on the laws of distributing alcohol to minors) Attain media coverage for all programs/workshops		December 31, 2018
Year 3: Continue efforts from year 2.		December 31, 2019

Priority #4 **I** Decrease Adult and Youth Substance Abuse

Action Step Recommendations & Action Plan, *continued*

Decrease Adult and Youth Substance Abuse		
Action Step	**Responsible Person/Agency**	**Timeline**
Increase The Number of Health Care Providers Screening for Drugs and Alcohol		
Year 1: Collect baseline data on the number of emergency departments, primary care and specialty care providers that currently screen for drug and alcohol abuse. Research a screening tool.	Chad Miller Morrow County Hospital	December 31, 2017
Year 2: Introduce a screening, brief intervention, and referral to treatment model to physicians' offices. Pilot the model with one primary care office.		December 31, 2018
Year 3: Increase the number of primary care physicians using the model by 10% from baseline.		December 31, 2019
Expand Hidden in Plain Sight Program to Reduce Alcohol and Drugs Use Among Youth		
Year 1: Assist the office of Attorney General and local pharmacists in coordinating with local schools districts to designate a location in 2-3 schools to set up a display. Enlist local law enforcement to assist with providing materials for the program.	Steve Denovchek Morrow County Resident	December 31, 2017
Year 2: Introduce the program to 2-3 more schools.		December 31, 2018
Year 3: Continue the efforts of year 2.		December 31, 2019

PROGRESS AND MEASURING OUTCOMES

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

Morrow County will continue facilitating a Community Health Assessment every 3 years to collect and track data. Primary data will be collected for adults and youth using national sets of questions to not only compare trends in Morrow County, but also be able to compare to the state, the nation, and Healthy People 2020.

This data will serve as measurable outcomes for each of the priority areas. Indicators have already been defined throughout this report:

- To evaluate decreasing obesity, the indicators found on pages 23-36 will be collected every 3 years.
- To evaluate improving access to healthcare, the indicators found on pages 37-51 will be collected every 3 years.
- To evaluate improving mental health, the indicators found on pages 52-67 will be collected every 3 years.
- To evaluate decreasing youth substance abuse, the indicators found on pages 68-81 will be collected every 3 years.

In addition to outcome evaluation, process evaluation will also be used on an ongoing basis to focus on how well action steps are being implemented. Areas of process evaluation that the CHIP committee will monitor will include the following: number of participants, location(s) where services are provided, economic status and racial/ethnic background of those receiving services (when applicable), and intervention delivery (quantity and fidelity).

Furthermore, all action steps have been incorporated into a Progress Report template that can be completed at all future Morrow County Community Partners meetings, keeping the committee on task and accountable. This progress report may also serve as meeting minutes.

Contact Us

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

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