

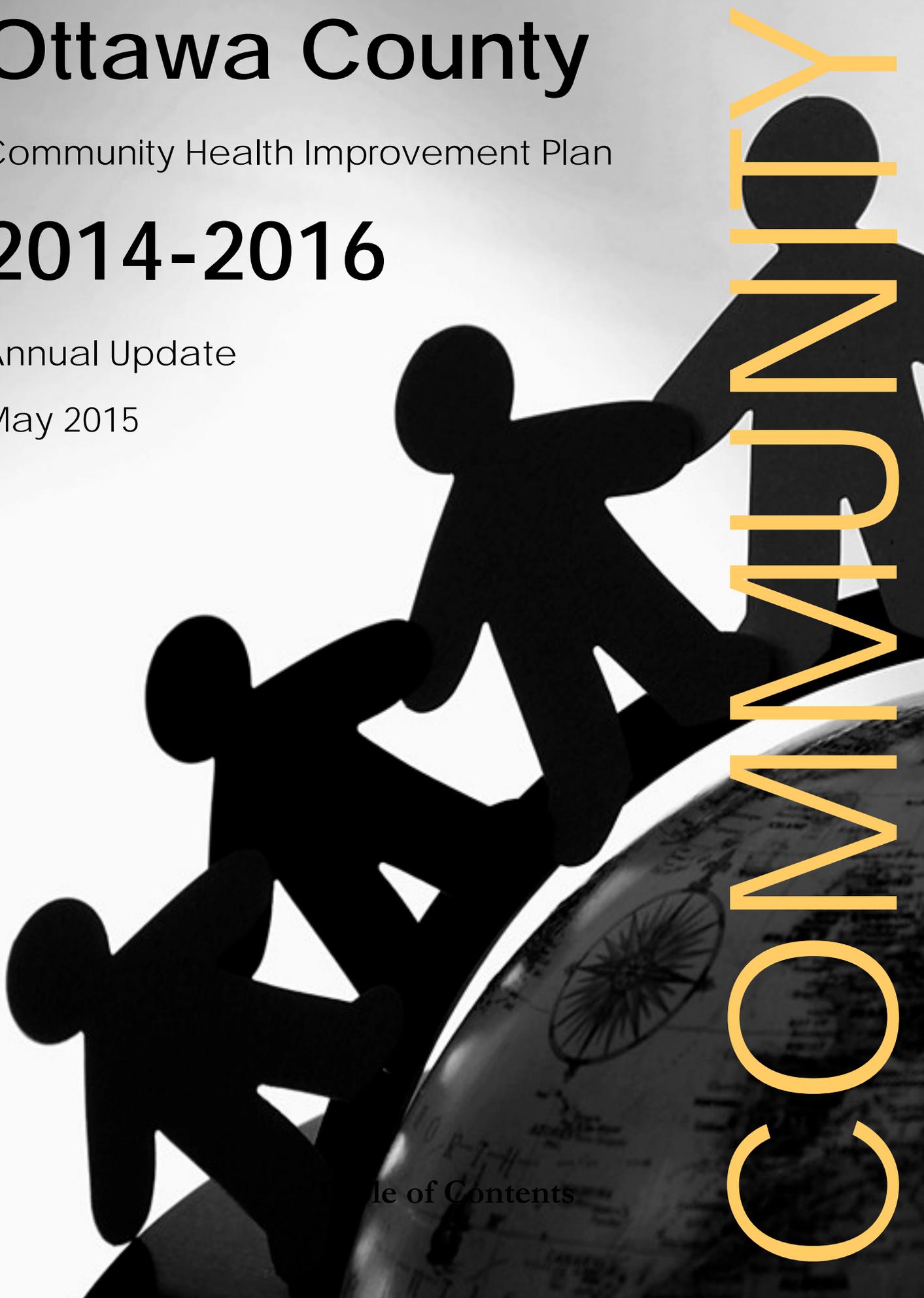
Ottawa County

Community Health Improvement Plan

2014-2016

Annual Update

May 2015



COMMUNITY

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Executive Summary

In 2012, Ottawa County conducted a community health assessment (CHA) for the purpose of measuring and addressing health status. This community health assessment was cross-sectional in nature and included a written survey of adults within Ottawa County. The majority of the questions on the survey instrument were derived from the CDC's Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Survey (YRBS). This has allowed Ottawa County to compare the data collected in their CHA to national, state and local health trends.

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 study. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment.

The Ottawa County CHA has been utilized as a vital tool for creating the Ottawa County Community Health Improvement Plan (CHIP). This CHIP process represents the second time that Ottawa County stakeholders have come together to prioritize the health issues that will require the commitment of every sector of the community to address these issues effectively. It is hoped that as a result of this plan, Ottawa County will rally around the issues identified and work together to implement best practices that will improve the health of Ottawa County.

The Ottawa County Health Department 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 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 the Ottawa County CHIP Committee 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.



Executive Summary, continued

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

Vision: Working together to improve the health of individuals, families, and our community by shifting our focus from treatment to prevention and wellness

Strategies:

Priority Health Issues for Ottawa County
1. Promote Healthy Living
2. Decrease Adult & Youth Substance Abuse
3. Build Resilient Youth

Target Impact Areas:

To promote **healthy living**, Ottawa County will focus on the following target impact areas: 1) Increase consumption of fruits and vegetables, 2) Increase physical activity, 3) Increase screenings for pre-diabetes, high blood pressure and high blood cholesterol, 4) Increase awareness of community wellness resources and 5) Increase policies that encourage Ottawa County residents to make positive healthy choices.

To decrease adult and youth **substance abuse**, Ottawa County will focus on the following target impact areas: 1) Decrease binge drinking, 2) Decrease prescription drug abuse, 3) Decrease adult tobacco use, and 4) Increase awareness of current trends.

To build **resilient youth**, Ottawa County will focus on the following target impact areas: 1) Decrease bullying, 2) Decrease youth who are purposefully hurting themselves, 3) Decrease youth mental health issues, and 4) Maintain current prevention programming.

Action Steps:

To work toward **promoting healthy living**, the following action steps are recommended: 1) Expand the wellness community guide and calendar, 2) Implement OHA *Good4You* Healthy Hospital Initiative, 3) Increase the number of business providing comprehensive wellness programs and/or insurance incentive programs to their employees and their families, 4) Increase the number of community gardens and farmers markets in Ottawa County, 5) Implement Grow It, Try It, Like It! programs in preschools, and 6) Expand youth summer food and enrichment program.

To work toward decreasing **adult and youth substance abuse**, the following actions steps are recommended: 1) Expand Lifeskills prevention programming in schools, 2) Expand current adult smoking cessation program, and 3) Increase awareness of drug trends for parents and community members, and 4) Expand Parent Project program.

To work toward **building resilient youth**, the following actions steps are recommended: 1) Implement the Olweus Bullying Prevention Program in schools, 2) Implement Signs of Suicide (SOS) program in middle and high schools, 3) Implement Incredible Years program in elementary schools, 4) Expand mentoring program for youth, 5) Expand LifeSkills prevention programming in schools, 6) Increase awareness of available mental health services, and 7) Increase the number of primary care providers screening for depression at office visits.

Alignment with National and State Standards

The 2014-2016 Ottawa County Health Improvement Plan priorities align perfectly with state and national priorities. Ottawa County will be addressing the following priorities: healthy living (obesity and screenings), substance abuse (alcohol, prescription, and tobacco), and building resilient youth (mental health and bullying).

Ottawa County priorities very closely mirror the following 2012-2014 Ohio State Health Improvement Plan priorities: chronic disease and integration of physical and behavioral health.

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

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

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

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

Partners

Acknowledgements

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

Ottawa County Community Health Improvement Plan (CHIP) Planning Committee Members:

Kathy Durlinger – Magruder Hospital
Rachel Fall – Magruder Hospital
Chris Galvin – United Way
Kendra German – Riverview Healthcare Campus
Kirk Halliday – Erie-Ottawa Mental Health and Recovery Board
Allison Holzaepfel – Danbury Local Schools
Diane Kokinda – Ottawa County Health Department
Stephanie Kowal – Ottawa County Dept. of Job & Family Services
Nancy Osborn – Ottawa County Health Department
Lisa Dobbelaire – Ottawa County Riverview Healthcare
Lori Clune – Ottawa County Probate/Juvenile Court
Jim Crist – Ottawa County Board of Developmental Disabilities
Sue Parker – Port Clinton City School District
Angela Reineck – Port Clinton City School District
Lisa Baldwin – Dental Center of Northwest Ohio

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

Strategic Planning Model

Beginning in January 2014, the Ottawa County CHIP Committee 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. Resource Assessment- Determine existing programs, services, and activities in the community that address the priority target impact areas and look at the number of programs that address each outcome, geographic area served, prevention programs, and interventions
4. Forces of Change and Community Themes and Strengths- Open-ended questions for committee on community themes and strengths
5. 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
6. Quality of Life Survey- Review Results of the Quality of Life Survey with committee
7. Best Practices- Review of best practices and proven strategies, Evidence Continuum, and Feasibility Continuum
8. Draft Plan- Review of all steps taken; Action step recommendations based on one or more the following: Enhancing existing efforts, Implementing new programs or services, Building infrastructure, Implementing evidence based practices, and Feasibility of implementation.

Needs Assessment

The CHIP Committee reviewed the 2012 Ottawa County Health Assessment. Each member completed an “Identifying Key Issues and Concerns” worksheet. The following two tables are the group results.

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

Key Issue or Concern	% of Population Most at Risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
1. Adult Healthy Living			
Obesity	34%	30-64 years	Male & Female
Overweight	37%	65 and over	Male
Had blood pressure checked in past year	87%	---	---
Had blood cholesterol checked in the past five years	76%	---	---
Diabetes	11%	65 and over	Male
High blood pressure	40%	65 and over	Male
High blood cholesterol	38%	65 and over	Male
2. Substance Abuse			
Prescription drug misuse	9%	Under age 30	Male & Female
Current Alcohol use	63%	Income <\$25,000	Male
Binge drinking	24%	Income <\$25,000	Male
Current Tobacco use	21%	Income <\$25,000	Male
Former Smokers	29%	65 and over	Male
Opiates	--	--	--
Accidental deaths due to drug overdose (tripled from last year)	--	--	--
Couldn't find a cessation program	69%		

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

Key Issue or Concern	% of Population Most at Risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
1. Building Resilient Youth			
Had been bullied in the past year	50%	---	---
Seriously considered suicide	10%	Ages 14-16	Female
Attempted suicide	4%	Ages 14-16	Male & Female
Purposely hurt self	19%	Ages 14-16	Female
2. Healthy Living			
Obese	16%	17 and older	Male
Overweight	9%	13 and younger	Female
Ate 5 or more servings of fruits and vegetables per day	16%	--	--
Ate 1 to 4 servings of fruits and vegetables per day	78%	--	--
Participated in at least 60 minutes of physical activity on 3 or more days in the past week	79%	--	--
3. Substance Abuse			
Prescription drug misuse	14%	17 and older	--
Current Alcohol use	30%	17 and older	Male
Binge drinking	45%	17 and older	Male
Current Tobacco use	15%	17 and older	Male
Former Smokers	6%	--	--
Opiates	--	--	--

Priorities Chosen

In 2009, the Ottawa County CHIP Committee completed an exercise where they ranked the key issues based on the magnitude of the issue, seriousness of the consequence, and the feasibility of correcting the issue. A total score was given to each priority. All committee members' scores were combined and then average numbers were produced. Based off these parameters, in 2009 the group decided to focus on the following two issues: decreasing obesity and decreasing alcohol abuse.

In 2013, the CHIP committee used the latest health assessment data that was completed in 2012 to readdress priority areas. After reviewing the data, the committee decided they wanted to continue to work on obesity and alcohol abuse, but wanted to expand their priority focus to three areas:

- **Promote Healthy Living** (focusing on obesity and increasing screenings for diabetes, blood pressure, and blood cholesterol)
- **Decrease Adult & Youth Substance Abuse** (focusing on alcohol, prescription drugs, and tobacco cessation)
- **Build Resilient Youth** (focusing on mental health, bullying, and purposefully hurting themselves)

Ottawa County Forces of Change Brainstorming Exercise

The Ottawa CHIP Committee was 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 Ottawa County in the near future. The table below summarizes the forces of change agent and its potential impacts.

Force of Change	Impact
Social Media	<ul style="list-style-type: none"> Youth communicating more through technology than through person to person interaction. Also has led to youth comparing themselves with others (low self-esteem) and bullying, etc.
Medicaid Expansion	<ul style="list-style-type: none"> More Ohio residents on Medicaid- great they will have coverage but could overload the system. Also, some physicians are still capping the number of Medicaid patients.
Reduction in Food Stamps	<ul style="list-style-type: none"> Low-income families will not have assistance to purchase food
Reduction in Food and Housing Dollars	<ul style="list-style-type: none"> Low-income families will not have assistance to purchase food or housing
Affordable Care Act	<ul style="list-style-type: none"> Changes with payments, access, and technology Re-alignment of providers No regulations to go with the law
Synthetic Drugs	<ul style="list-style-type: none"> These drugs are deadly, cheap, and easily accessible. These drugs are not regulated and the ingredients change often so they are technically legal.
Employer Insurance	<ul style="list-style-type: none"> Biometric measures could decide premium paid by employee Being forced to go on the exchange
Health Care Exchange	<ul style="list-style-type: none"> The system is not running smoothly Many people do not know how to access the exchange or do not have a computer
Aging Population	<ul style="list-style-type: none"> More home health needed and caregivers needed
Access to Prescription Drugs	<ul style="list-style-type: none"> Leading to misuse and overdoses
Weather Affecting Businesses and Schools	<ul style="list-style-type: none"> Recent weather has led to businesses and schools closing for days
Lack of Pediatricians	<ul style="list-style-type: none"> Have to travel outside of county for pediatrician. Pediatricians are different than family doctors in that they are trained to communicate with youth and ask specific questions
Now Have OB/GYN in Community	<ul style="list-style-type: none"> No longer have to travel out of county for OB services, however Magruder Hospital does not have a labor/delivery unit, so would still need to travel
More Physicians Assistants and Nurse Practitioners in the workforce	<ul style="list-style-type: none"> Less physicians needed Some people only want to see a doctor
Transport out of County for Dialysis	<ul style="list-style-type: none"> Have to leave the county for services
Route 53 (traffic/single lane)	<ul style="list-style-type: none"> Accidents
Transfer of Foster-Care Out to Community	<ul style="list-style-type: none"> These young adults have nowhere to go
East/West Divide and Islands (very divided)	<ul style="list-style-type: none"> County residents do not want to travel to other areas of the county, as it is a far drive. There is a division between different communities in the county.

Ottawa County Local Public Health System Assessment

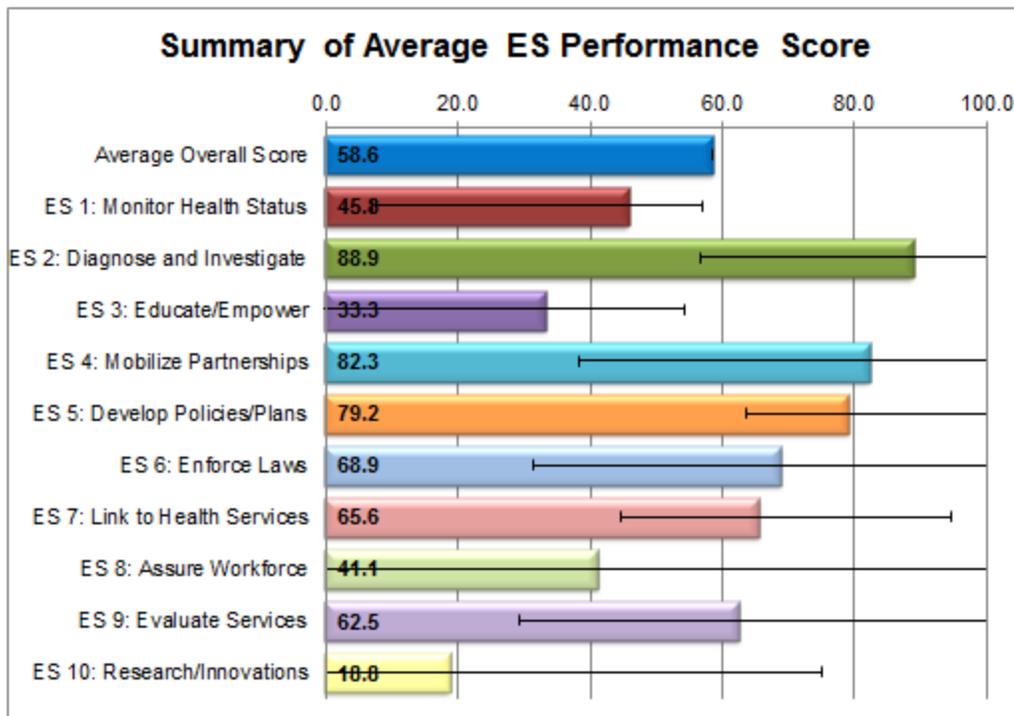
The Local Public Health System Assessment (LPHSA) answers the questions, "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?"

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

Members of the Ottawa County Health Department administrative team met to discuss the 10 Essential Public Health Services and how they are being provided within the community. The health department administration then met with the CHIP committee to complete the performance measures instrument. Each model standard was discussed and the group came to a consensus on responses for all questions. The challenges and opportunities that were discussed were then used in the action planning process.

Ten percent (10%) of the Essential Services were given a “minimal” status.

Below is the summary of the Essential Services Performance Scores. To see the full results of the LPHSA, please contact the Ottawa County Health Department.



Ottawa County Local Public Health System Assessment

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; <http://www.cdc.gov/nphps/essentialservices.html>)

Ottawa County Community Themes and Strengths

The Ottawa County CHIP committee participated in an exercise to discuss community themes and strengths. The results were as follows:

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

- Physical and emotional health
- Safety
- Being proud of the community
- Access to open space
- Poverty (Economics)

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

- Looking out for each other
- Close-knit
- Destination for others/recruiting tool (lake)

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

- Greater Port Clinton Arts Council
- Council of Health and Social Concerns
- Walleye events
- Festivals
- Wellness groups
- Faith-based organizations
- Safe Routes to School
- Adventure Play

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

- Healthy living (reduce obesity, increase screenings)
- Substance abuse (increase tobacco cessation, decrease alcohol and drug use)
- Building resilient youth (decrease bullying, decrease mental health issues)

Ottawa County Community Themes and Strengths, continued

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

- Poverty/Economics
- 46%-50% of youth on free or reduced lunches
- Lack of resource awareness
- Population complacent with doing seasonal work and being in poverty (utilization of government help) for portion of the year
- Comfort zones
- Lack of hope/vision
- Tourism (Put-In-Bay, chartered boats, etc.) many times based on drinking
- Emergency Room is a detox center
- A lot of companies closing
- Seasonal workers do not get screenings and do not have good insurance

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

- Safe Routes to School (sidewalks)
- Healthy living, substance abuse, and building resilient youth (priority areas identified in Community Health Improvement Plan)
- Innovative play for kids
- Comprehensive wellness/insurance programs
- Focus on 5 pillars of health and reduction of costs
- Policy work (i.e. no smoking while at work)
- Community-wide mentoring programs
- Dialogue between businesses, schools, and social service agencies

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

- Most of the items that are listed above

Quality of Life

The Ottawa County CHIP Committee urged community members to fill out a short Quality of Life Survey via Survey Monkey. There were 222 Ottawa County community members who completed the survey. The goal of the Ottawa County CHIP Committee is to repeat the Quality of Life Survey on an annual basis and increase participation.

Quality of Life Questions	
	Likert Scale Average Response (1 - 5, 5 most positive)
1. Are you satisfied with the quality of life in our community? (Consider your sense of safety, well-being, participation in community life and associations, etc.) [IOM, 1997]	3.8
2. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, options in health care, etc.)	3.8
3. Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	3.9
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.)	3.8
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.)	2.3
6. Is the community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, the mall. Do neighbors know and trust one another? Do they look out for one another?)	4.1
7. Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, organizations) during times of stress and need?	3.7
8. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?	3.6
9. Do all residents perceive that they — individually and collectively — can make the community a better place to live?	3.3
10. Are community assets broad-based and multi-sectoral? (There are a variety of resources and activities available county-wide)	3.0
11. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?	3.1
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?)	3.2

Strategy #1: Promote Healthy Living

Healthy Living Indicators

71% of Ottawa County adults were overweight or obese based on Body Mass Index (BMI). Over one-third (34%) of Ottawa County adults were obese. Nearly half (47%) of adults were trying to lose weight. 16% of Ottawa County youth were obese based on the Body Mass Index (BMI). When asked how they would describe their weight, 26% of Ottawa youth reported that they were slightly or very overweight. 79% of youth were exercising for 60 minutes on 3 or more days per week.

Adult Weight Status

In 2012, the health assessment indicated that almost three-fourths (71%) of Ottawa County adults were either overweight (37%) or obese (34%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of diseases.

Nearly half (47%) of adults were trying to lose weight, 32% were trying to maintain their current weight or keep from gaining weight, and 2% were trying to gain weight.

Ottawa County adults did the following to lose weight or keep from gaining weight: ate less food, fewer calories, or foods low in fat (48%), exercised (46%), ate a low-carb diet (13%), used a weight loss program (3%), smoked cigarettes (2%), participated in a dietary or fitness program (2%), took diet pills, powders, or liquids without a doctor's advice (2%), went without eating 24 or more hours (1%), and took prescribed medication (<1%).

Youth Weight Status

BMI for children is calculated differently from adults. The CDC uses BMI-for-age, which is gender and age specific as children's body fatness changes over the years as they grow. In children and teens, BMI is used to assess underweight, normal, overweight, and obese.

In 2012, 16% of youth were classified as obese by Body Mass Index (BMI) calculations (2011 YRBS reported 15% for Ohio and 13% for the U.S.). 9% of youth were classified as overweight, (2011 YRBS reported 15% for Ohio and 15% for the U.S.), 67% were normal weight, and 8% were underweight.

26% of youth described themselves as being either slightly or very overweight (2011 YRBS reported 30% for Ohio and 29% for the U.S.).

Nearly half (48%) of all youth were trying to lose weight, increasing to 58% of Ottawa County female youth (compared to 39% of males). Ottawa County youth reported doing the following to lose weight or keep from gaining weight in the past 30 days: exercised (50%), ate less food, fewer calories or food lower in fat (34%), went without eating for 24 hours or more (5%), smoked to lose weight (3%), took diet pills, powders, or liquids without a doctor's advice (2%), vomited or took laxatives to lose weight (2%).

Adult Physical Activity

The CDC recommends that adults participate in moderate exercise for at least 2 hours and 30 minutes every week or vigorous exercise for at least 1 hour and 15 minutes every week. Whether participating in moderate or vigorous exercise, CDC also recommends muscle-strengthening activities that work all major muscle groups on 2 or more days per week (Source: CDC, *Physical Activity for Everyone*, <http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html>).

Over half (52%) of Ottawa County adults reported they exercised. Ottawa County adults gave the following reasons for not exercising: time (20%), too tired (18%), laziness (18%), weather (15%), pain/discomfort (14%), chose not to exercise (10%), could not afford a gym membership (7%), no sidewalks (4%), no childcare (3%), no walking or biking trails (3%), did not know what activity to do (2%), no gym available (2%), safety (1%), doctor advised them not to exercise (1%), and other (4%).

Strategy #1: Promote Healthy Living

Healthy Living Indicators, continued

Ottawa County adults spent an average of 2.8 hours watching TV, 1.2 hours on their computer/tablet, 1.0 hours on their cell phone, and 0.2 hours playing video games on an average day of the week.

Youth Physical Activity

79% of Ottawa 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 and 34% did so every day in the past week. 7% of youth did not participate in at least 60 minutes of physical activity on any day in the past week (2011 YRBS reports 16% for Ohio and 14% for the U.S.).

Ottawa County youth spent an average of 3.7 hours on their cell phone, 2.3 hours watching TV, 2.1 hours on their computer/tablet, and 1.3 hours playing video games on an average day of the week. 35% of youth spent 3 or more hours watching TV on an average day (2011 YRBS reported 31% for Ohio and 32% for the U.S.).

87% of youth participated in extracurricular activities. They participated in the following: sports or intramural programs (54%), school club or social organization (31%), part-time job (31%), church youth group (22%), babysitting for other kids (21%), caring for siblings after school (20%), church or religious organization (18%), volunteering in the community (11%), or some other organized activity (Scouts, 4H, etc.) (13%).

Adult Nutrition

In 2012, 9% of adults were eating 5 or more servings of fruits and vegetables per day. 86% were eating between 1 and 4 servings per day. The American Cancer Society recommends that adults eat 5-9 servings of fruits and vegetables per day to reduce the risk of cancer and to maintain good health. The 2009 BRFSS reported that only 21% of Ohio adults and 23% nationwide were eating the recommended number of servings of fruits and vegetables.

Ottawa County adults reported the following reasons they choose the types of food they eat: taste (67%), cost (48%), enjoyment (47%), healthiness of food (46%), ease of preparation (41%), availability (37%), nutritional value (35%), time (27%), calorie content (27%), food that they are used to (25%), what their spouse prefers (24%), what their child prefers (7%), health care provider's advice (5%), and other (3%).

Ottawa County adults ate most of their food at the following places: home (89%), fast food (3%), restaurant (3%), convenience store (<1%), and other places (1%).

Youth Nutrition

16% of Ottawa County youth ate 5 or more servings of fruits and vegetables per day. 78% ate 1 to 4 servings of fruits and vegetables per day.

Ottawa County youth consumed the following sources of calcium daily: milk (84%), other dairy products (34%), yogurt (33%), calcium-fortified juice (14%), calcium supplements (8%), and other calcium sources (15%).

53% of youth reported drinking energy drinks for the following reasons: to stay awake (33%), to get pumped up (17%), before games or practice (7%), to help them perform (8%), to mix with alcohol (3%), and some other reason (27%).

Strategy #1: Promote Healthy Living Healthy Living Indicators, continued

2006/2012 Adult Comparisons	Ottawa County 2006	Ottawa County 2012	Ohio 2011	U.S. 2011
Obese	33%	34%	30%	28%
Overweight	34%	37%	36%	36%
Ate 5 or more servings of fruits/vegetables per day	N/A	9%	21%*	23%*

N/A – Not available
* 2009 BRFSS

2006/2012 Youth Comparisons	Ottawa County 2006 (6 th -12 th)	Ottawa County 2012 (6 th -12 th)	Ottawa County 2012 (9 th -12 th)	Ohio 2011 (9 th -12 th)	U.S. 2011 (9 th -12 th)
Obese	13%	16%	19%	15%	13%
Overweight	13%	9%	8%	15%	15%
Described themselves as slightly or very overweight	28%	26%	27%	30%	29%
Trying to lose weight	51%	48%	46%	N/A	N/A
Exercised to lose weight	49%	50%	50%	61%*	61%*
Ate less food, fewer calories, or foods lower in fat to lose weight	24%	34%	35%	43%*	39%*
Went without eating for 24 hours or more	4%	5%	6%	13%	12%
Took diet pills, powders, or liquids without a doctor's advice	2%	2%	3%	6%	5%
Vomited or took laxatives	1%	2%	1%	6%	4%
Ate 1 to 4 servings of fruits and vegetables per day	N/A	78%	80%	85%*	78%*
Physically active at least 60 minutes per day on less than 7 days in past week	N/A	66%	68%	75%	71%
Physically active at least 60 minutes per day on less than 5 days in past week	N/A	42%	44%	55%	51%
Did not participate in at least 60 minutes of physical activity on any day in past week	N/A	7%	7%	16%	14%
Watched TV 3 or more hours per day	N/A	35%	35%	31%	32%

N/A – Not available
* Comparative YRBSS data for Ohio is 2007 and U.S. is 2009

Resource Assessment

The Ottawa County CHIP Committee generated a comprehensive resource assessment. There were more than 40 programs, strategies, or services identified that are related to healthy living. The responsible agency, population(s) served, continuum of care, and evidence of effectiveness are included in the resource assessment. If you would like a copy, please contact the Ottawa County Health Department.

Strategy #1: Promote Healthy Living Best Practices

Best Practices

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

1. **Grow It, Try It, Like It!** Preschool Fun with Fruits and Vegetables is a garden-themed nutrition education kit for child care center staff that introduces children to: three fruits - peaches, strawberries, and cantaloupe, and three vegetables - spinach, sweet potatoes, and crookneck squash. The kit includes seven booklets featuring three fruits and vegetables with fun activities through the imaginary garden at Tasty Acres Farm can be used to introduce any fruit or vegetable! It also has a CD-ROM with Supplemental Information and a DVD. Each set of lessons in the six fruit or vegetable booklets contain: hands-on activities, planting activities, and nutrition education activities that introduce MyPlate. Use the kit to promote learning at home with fun parent/child activities and family-sized recipes that give tips for cooking with children.
2. **Breastfeeding Promotion Programs:** Breastfeeding promotion programs aim to increase breastfeeding initiation, exclusive breastfeeding, and duration of breastfeeding.

Evidence of Effectiveness

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

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

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

3. **Weight Watchers-** Weight Watchers has been the gold standard for successful weight loss programs. Among the reasons for Weight Watchers' longevity, the program is based on science and addresses the dieter's lifestyle as a whole. Weight Watchers has always focused on long-term weight management and a commitment to an overall healthy lifestyle. The program is based on four basic principles: eating smarter, moving more, getting support, and developing better habits. For more information go to <http://www.weightwatchers.com>.

Strategy #1: Promote Healthy Living

Best Practices, continued

4. **Health Insurance Incentives & Penalties:** The number of employers offering financial rewards for participating in wellness programs rose by 50 percent from 2009 to 2011. In 2012, four out of five companies plan to offer some type of financial health incentive. The use of penalties among employers more than doubled from 2009 to 2011, rising from 8% to 19%. It could double again next year when 38% of companies plan to have penalties in place. Requiring smokers to pay a higher portion of the health insurance premium is among the most common penalties. A growing number of employers also base rewards on actual outcomes, such as reaching targeted healthy weights or cholesterol levels, rather than simply rewarding participation. A provision in the federal health care reform law will let employers offer greater incentives for participating in wellness programs starting in 2014. Under current rules, employers can provide incentives of up to 20% of the total health insurance premium per person.

The 2010 Patient Protection and Affordable Care Act boosts the threshold to 30% and, in cases approved by federal health and labor officials, up to 50% in 2014. Employer programs often reward employees who exercise, lose weight or participate in disease management programs. Incentives may include cash awards, gift cards, higher employer contributions toward the health insurance premium, contributions toward employee health savings accounts, or the chance to compete in a sweepstakes. A lot of research shows people are very much motivated by the potential of a large prize. Some employers offer both individual awards and team awards. Some employers have found rescission of a reward especially effective. For instance, an employer might offer a \$500 health insurance premium discount to everyone and rescind the reward for employees who choose not to participate in the care management program.

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

Expected Beneficial Outcomes

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

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

6. **Good4You:** Good4You is an initiative of the Ohio Hospital Association to encourage and reward hospitals for taking a leadership role within their communities to promote healthier eating and living. The Ohio Hospital Association will provide tools and resources to help hospitals meet the best practice criteria and reach their goals, providing recognition and encouragement along the way. The initiative focuses on eating healthy, playing healthy, breathing healthy, and living healthy. The first phase of the initiative is eating healthy. This includes healthy beverages, vending machines, cafeterias/cafes, meetings and events, outside vendors and franchises, gift shops, and not providing free samples or coupons for infant formula routinely.

Strategy #1: Promote Healthy Living

Action Step Recommendations & Action Plan

Action Step Recommendations

To work toward **promoting healthy living**, the following action steps are recommended:

1. Expand the wellness community guide and calendar.
2. Implement OHA Good4You Healthy Hospital Initiative
3. Increase the number of business providing comprehensive wellness programs and/or insurance incentive programs to their employees and their families.
4. Increase the number of community gardens and farmers markets in Ottawa County.
5. Implement *Grow It, Try It, Like It!* programs in preschools
6. Expand youth summer food and enrichment program

Action Plan

Increase Healthy Living		
Action Step	Responsible Person/Agency	Timeline
Expand Wellness Community Guide & Calendar		
<p>Year 1: Expand the current community calendar/guide by including the Ottawa County communities outside of Port Clinton.</p> <p>Include information regarding community gardens and farmer's markets in the area.</p> <p>Make sure guides and calendars are available online. Use social media (Facebook, Twitter, etc.) to promote the guide and any new programs that are added.</p>	<p>Rachel Fall Magruder Hospital</p>	<p>Did not meet year 1 goals. Will continue efforts in year 2</p>
<p>Year 2: Increase use of social media.</p> <p>Keep the community calendar updated on a quarterly basis.</p>		
<p>Year 3: Enlist local businesses to sponsor the printing and dissemination of the calendar.</p> <p>Determine on an annual basis, who will update the guides and calendars for the next 3 years.</p>		
Implement OHA <i>Good4You</i> Healthy Hospitals Initiative		
<p>Year 1: Magruder Hospital will implement guidelines and strategies from the Good4You Initiative within their hospital (changes in cafeteria, vending, meetings, etc.)</p>	<p>Rachel Fall Magruder Hospital</p>	<p>OHA will not be releasing the program until fall 2015. NW Ohio will serve as a pilot in spring 2015</p>
<p>Year 2: The program will be introduced to area businesses and organizations.</p> <p>The hospital will assist others to adopt the guidelines and strategies, providing sample policies, signage and timeframes</p>		
<p>Year 3: The program will be introduced into other areas of the community (schools, churches, etc.)</p>		

Strategy #1: Promote Healthy Living

Action Step Recommendations & Action Plan, continued

Increase Healthy Living		
Action Step	Responsible Person/Agency	Timeline
Increase Businesses/Organizations Providing Comprehensive Wellness Programs & Insurance Incentive Programs to Their Employees and Families		
<p>Year 1: Collect baseline data on businesses and organizations offering comprehensive wellness and insurance incentive programs to employees and spouses.</p> <p>Educate Ottawa County Businesses about the benefits of implementing these programs.</p>	<p style="text-align: center;">Rachel Fall Magruder Hospital</p> <p style="text-align: center;">Angela Reineck Port Clinton Schools</p> <p style="text-align: center;">Allison Holzaepfel Danbury Schools</p>	<p>Complete- baseline data shows 89% of businesses have a wellness program. Of those who do not, are currently looking into one or are offering healthy lifestyle options. Will continue as a resource for businesses in year 2.</p>
<p>Year 2: Enlist 5 small and 3 large businesses/organizations to initiate comprehensive wellness and/or insurance incentive programs. Partner with hospital when appropriate.</p>		
<p>Year 3: Double the number of businesses/organizations providing comprehensive wellness and insurance incentive programs from baseline.</p>		
Expand Community Gardens & Farmer's Markets		
<p>Year 1: Obtain baseline data regarding which cities/towns, school districts, churches, and organizations currently have community gardens and/or farmer's markets.</p> <p>Obtain baseline data regarding which local food pantries have fresh produce available.</p> <p>Create a community garden/famer's market coalition.</p> <p>Research grants and funding opportunities to increase the number of community gardens and/or farmer's markets.</p>	<p style="text-align: center;">Chris Galvin United Way</p>	<p>United Way and WSOS have database of existing community gardens and have applied for grant funding to expand. Will continue efforts into year 2.</p>
<p>Year 2: Help school districts and other organizations apply for grants to obtain funding to start a community garden or farmer's market.</p> <p>Increase the number of food pantries offering fresh produce</p> <p>Encourage the use of SNAP benefits at farmer's markets, as well as credit cards.</p>		
<p>Year 3: Implement community gardens in at least half of the school districts and double the number of organizations with community gardens and/or farmer's markets from baseline.</p> <p>Implement SNAP benefits in all farmer's markets.</p>		

Strategy #1: Promote Healthy Living

Action Step Recommendations & Action Plan, continued

Increase Healthy Living		
Action Step	Responsible Person/Agency	Timeline
Implement <i>Grow It, Try It, Like It!</i> Program in Preschools		
<p>Year 1: Research the <i>Grow It, Try It, Like It!</i> Program.</p> <p>Meet with local grocery stores or farmer's markets to introduce the program and seek donations of fruits and vegetables</p> <p>Enlist at least 1 preschool to participate in the program</p>	<p>Diane Kokinda Ottawa County Health Department</p>	<p>ODH will not fund this program as it is not evidence-based but only a promising practice. Instead, the HD will work with afterschool programs with elementary-age children.</p>
<p>Year 2: Continue efforts to seek donations of fruits and vegetables</p> <p>Provide program in 3 preschools in the county</p>		
<p>Year 3: Continue efforts to seek donations of fruits and vegetables</p> <p>Provide program in 5 preschools in the county</p>		
Expand Youth Summer Food and Enrichment Program		
<p>Year 1: Expand efforts to:</p> <ul style="list-style-type: none"> • Reach more children and youth in Port Clinton. • Expand programming to include adventure play, music education and financial literacy. • Recruit and retain volunteers to pack lunches and serve lunches. • Secure more food and financial donations to support the program. 	<p>Chris Galvin United Way</p>	<p>Efforts have been expanded inside and outside of Port Clinton. The summer lunch program has been expanded to 3 days per week. Will continue efforts in year 2.</p>
<p>Year 2: Using efforts and strategies from year 1, increase participation by 10%</p>		
<p>Year 3: Using efforts and strategies from years 1 and 2, increase participation by 20%</p>		

Strategy #2: Decrease Adult and Youth Substance Abuse Substance Abuse Indicators

In 2012, the Health Assessment indicated that 18% of Ottawa County adults were considered frequent drinkers (drank an average of three or more per week, per CDC guidelines). 21% of Ottawa County adults were current smokers. 4% of 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 alter during the past 6 months. More than one-quarter (30%) of Ottawa County youth had at least one drink of alcohol in the past thirty days. 9% of youth had used marijuana at least once in the past thirty days and one in seven (14%) used medication that was not prescribed to them. 15% of youth were current smokers.

Adult Alcohol Consumption

In 2012, nearly two-thirds (63%) of the Ottawa County adults had at least one alcoholic drink in the past month. The 2011 BRFSS reported current drinker prevalence rates of 56% for Ohio and 57% for the U.S.

About one in four (24%) of all Ottawa County adults were considered binge drinkers. The 2011 BRFSS reported binge drinking rates of 20% for Ohio and 18% for the U.S.

4% of adult drinkers reported driving after having perhaps too much to drink in the past month, increasing to 6% of males. Ottawa County adults have operated the following within a couple hours after consuming alcohol: motor vehicle (18%), water craft (1%), boat (1%), ATV (1%), snowmobile (<1%), and other (2%).

Youth Alcohol Consumption

In 2012, the Health Assessment results indicate that more than half (59%) of all Ottawa County youth (ages 12 to 18) have had at least one drink of alcohol in their life, increasing to 81% of those ages 17 and older (2011 YRBS reports 71% for Ohio and 71% for the U.S.).

More than one-quarter (30%) of youth had at least one drink in the past 30 days, increasing to 48% of those ages 17 and older (2011 YRBS reports 38% for Ohio and 39% for the U.S.).

Based on all youth surveyed, 14% were defined as binge drinkers, increasing to 36% of those ages 17 and older (2011 YRBS reports 24% for Ohio and 22% for the U.S.). 5% of Ottawa County youth who reported drinking in the past 30 days drank on at least 10 or more days during the month.

Ottawa County youth drinkers reported they got their alcohol from the following: someone older bought it for them (34%), someone gave it to them (32%), (2011 YRBS reports 40% for the U.S.), a parent gave it to them (28%), a friend's parent gave it to them (7%), took it from a store of family member (7%), bought it in a liquor store/ convenience store/gas station (4%), bought it at a public event (concert/sporting event) (3%), bought it with a fake ID (2%), bought it at a restaurant/bar/club (1%), and some other way (22%).

Adult Tobacco Use

The 2012 health assessment identified that more than one-fifth (21%) of Ottawa County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoke some or all days). The 2011 BRFSS reported current smoker prevalence rates of 25% for Ohio and 21% for the U.S.

10% of Ottawa County adults have looked for a smoking cessation program for either themselves or a loved one. Of those who looked, 69% have looked but have not found a specific program.

Strategy #2: Decrease Adult and Youth Substance Abuse Substance Abuse Indicators, continued

Youth Tobacco Use

One third (33%) of Ottawa County youth had tried a cigarette. The 2011 YRBS reported that 52% of youth in Ohio and 45% of U.S. youth had done the same. The average age of onset for smoking was 13.4 years old.

In 2012, 15% of Ottawa County youth were current smokers, having smoked at some time in the past 30 days (2011 YRBS reported 21% for Ohio and 18% for the U.S).

33% of youth smokers asked someone else to buy them cigarettes, 33% indicated they bought cigarettes from a store or gas station, 28% borrowed cigarettes from someone else, 21% said a person 18 years or older gave them the cigarettes, 12% said a parent gave them the cigarettes, 12% said another family member gave them the cigarettes, 7% took them from a store or family member, and 16% got them some other way.

Adult Drug Use

4% of Ottawa County adults had used marijuana in the past 6 months. 4% of Ottawa County adults reported using recreational drugs such as marijuana, cocaine, heroin, LSD, inhalants, Ecstasy, and methamphetamines.

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 11% of those under the age of 30.

Adults indicated they did the following with unused prescription medications: take as prescribed (42%), threw them in the trash (22%), took them to a medication collection/disposal program (20%), flushed them down the toilet (19%), kept them (18%), gave them away (1%), sell them (<1%), and some other method (4%).

Youth Drug Use

In 2012, 9% of all Ottawa County youth had used marijuana at least once in the past 30 days, increasing to 21% of those over the age of 17. The 2011 YRBS found a prevalence of 24% for Ohio youth and a prevalence of 23% for U.S. youth who had used marijuana in the past 30 days.

One in seven (14%) Ottawa 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 30% of those 17 and older.

Ottawa County youth had tried the following sometime during their life: K2/spice/posh/salvia/synthetic marijuana (11%), inhalants (7%), misused over-the-counter medication (4%), cocaine (2%), methamphetamines (2%), ecstasy/MDMA (2%), steroids (1%), heroin (1%), bath salts (1%), and participated in a pharm party (<1%).

Adult Variables	Ottawa County 2006	Ottawa County 2012	Ohio 2011	U.S. 2011
Alcohol Consumption				
Had at least one alcoholic beverage in past month	55%	63%	56%	57%
Binged in past month (5 or more drinks in a couple of hours on an occasion)	31%	24%	20%	18%
Tobacco Use				
Current smoker (currently smoke some or all days)	21%	21%	25%	21%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	33%	29%	25%	25%
Marijuana & Drug Use				
Adults who used marijuana in the past 6 months	2%	4%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	8%	9%	N/A	N/A

N/A – Not available

Strategy #2: Decrease Adult and Youth Substance Abuse Substance Abuse Indicators, continued

Youth Variables	Ottawa County 2006 (6-12 grade)	Ottawa County 2012 (6-12 grade)	Ottawa County 2012 (9-12 grade)	Ohio 2011 (9-12 grade)	U.S. 2011 (9-12 grade)
Alcohol Use					
Ever had at least one drink of alcohol in lifetime	66%	59%	76%	71%	71%
Used alcohol during past month	32%	30%	39%	38%	39%
Binged during past month (5 or more drinks in a couple of hours on an occasion)	18%	14%	22%	24%	22%
Drank for the first time before age 13 (of all youth)	38%	18%	17%	18%	21%
Rode with someone who was drinking in past month	24%	17%	14%	21%	24%
Drank and drove	7%	1%	3%	7%	8%
Obtained the alcohol they drank by someone giving it to them	N/A	32%	36%	N/A	40%
Tobacco Use					
Lifetime cigarette use (ever tried cigarette smoking, even 1 or 2 puffs)	37%	33%	46%	52%	45%
Used cigarettes on one or more days in the past month	16%	15%	23%	21%	18%
Smoked a whole cigarette for the first time before the age of 13 (of all youth)	13%	8%	9%	14%	10%
Tried to quit smoking in past year	43%	50%	47%	56%	50%
Used chewing tobacco or snuff in past month	8%	7%	11%	12%	8%
Drug Use					
Used marijuana in the past month	14%	9%	14%	24%	23%
Used cocaine in their lifetime	6%	2%	3%	7%	7%
Used heroin in their lifetime	1%	1%	<1%	3%	3%
Used methamphetamines in their lifetime	1%	2%	3%	6%*	4%
Used steroids in their lifetime	3%	1%	1%	4%	4%
Used prescription medication in order to get high or feel good	15%	14%	22%	N/A	N/A
Used inhalants in order to get high in their lifetime	13%	7%	5%	12%**	11%
Used ecstasy/MDMA in their lifetime	2%	2%	3%	N/A	8%
Ever been offered, sold, or given an illegal drug by someone on school property in the past year	16%	5%	5%	24%	26%

N/A – Not available

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

**2005 YRBS Data

Resource Assessment

The Ottawa County CHIP Committee generated a comprehensive resource assessment. There were more than 20 programs, strategies, or services identified that are related to substance abuse. The responsible agency, population(s) served, continuum of care, and evidence of effectiveness are included in the resource assessment. If you would like a copy, please contact the Ottawa County Health Department.

Strategy #2: Decrease Adult and Youth Substance Abuse Best Practices

Best Practices

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

- 1. LifeSkills Training (LST):** LST is a school-based program that aims to prevent alcohol, tobacco, and marijuana use and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. LST is based on both the social influence and competence enhancement models of prevention. Consistent with this theoretical framework, LST addresses multiple risk and protective factors and teaches personal and social skills that build resilience and help youth navigate developmental tasks, including the skills necessary to understand and resist pro-drug influences. LST is designed to provide information relevant to the important life transitions that adolescents and young teens face, using culturally sensitive and developmentally and age-appropriate language and content. Facilitated discussion, structured small group activities, and role-playing scenarios are used to stimulate participation and promote the acquisition of skills. Separate LST programs are offered for elementary school (grades 3-6), middle school (grades 6-9), and high school (grades 9-12). For more information, go to <http://www.lifeskillstraining.com>.
- 2. 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. We provide parents 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, “Changing Destructive Adolescent Behavior” provides concrete, no-nonsense solutions to even the most destructive of adolescent behaviors.

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

Strategy #2: Decrease Adult and Youth Substance Abuse Action Step Recommendations & Action Plan

Action Step Recommendations

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

1. Expand Lifeskills prevention programming in schools.
2. Expand current adult smoking cessation program
3. Increase awareness of drug trends for parents and community members.
4. Expand Parent Project program

Action Plan

Decrease Adult and Youth Substance Abuse		
Action Step	Responsible Person/Agency	Timeline
Expand LifeSkills Prevention Programming in Schools		
Year 1: Continue current programming. Meet with Firelands to confirm future programming and the option of expansion to more grade levels.	Kirk Halliday Mental Health and Recovery Board of Erie and Ottawa Counties	Due to a merging of services with Firelands, this programming will need to be re-approved for future years. It is currently written into the budget. Will have approval by May 2015. Will tentatively continue efforts in year 2.
Year 2: Expand programming to all grade levels (elementary, middle, and high schools) in all four school districts		
Year 3: Continue programming at the various grade levels in all districts		
Expand Current Smoking Cessation Program in Ottawa County		
Year 1: Increase marketing efforts of current smoking cessation program Explore the feasibility of offering: <ul style="list-style-type: none"> • The program at various locations in the county. • The program free of cost • Alternative options such as hypnosis, acupuncture, etc. 	Rachel Fall Magruder Hospital	Numerous marketing efforts were made throughout the county. There are options for cessation, but the feasibility of cost reduction is very low. Will continue to offer cessation in year 2.
Year 2: Work with employers, churches and other organizations to recruit		
Year 3: Continue efforts from years 1 and 2		
Increase Awareness of Drug Trends for Parents and Community Members		
Year 1: Plan a community awareness campaign to increase education and awareness of substance abuse issues and proper disposal of prescription medications. Determine best ways to educate community and parents (social media, newspaper, school websites or newsletters, Honeywell alert system, television, church bulletins, sheriff's alerts, etc.)	Kirk Halliday Mental Health and Recovery Board of Erie and Ottawa Counties	No work has been done to date. Will continue year 1 efforts into year 2.
Year 2: Plan awareness programs/workshops focusing on different "hot topics" and substance abuse trends. Attain media coverage for all programs/workshops		
Year 3: Continue efforts of years 1 and 2.		

Strategy #2: Decrease Adult and Youth Substance Abuse Action Step Recommendations & Action Plan, cont'd

Decrease Adult and Youth Substance Abuse		
Action Step	Responsible Person/Agency	Timeline
Expand Parent Project Program		
<p>Year 1: Re-introduce program to school guidance counselors and churches. Ask them to make referrals to those who offer the program</p> <p>Explore feasibility of implementing junior version (ages 5-10) so would reach 5-18 year olds</p>	<p>Lori Clune Ottawa County Probate/Juvenile Court</p>	<p>Multiple sessions were conducted and will continue to run 3x/year. This program will be provided on an as-needed basis.</p> <p>Will continue efforts in year 2.</p>
<p>Year 2: Implement the program with at least 20 parents</p> <p>Recruit new trainers from other counties if needed or have current staff trained</p> <p>Implement junior version if feasible</p>		
<p>Year 3: Expand program to be offered in different areas of the county</p> <p>Implement the program with at least 50 parents</p>		

Strategy #3: Building Resilient Youth

Youth Indicators

In 2012, the Health Assessment results indicated that 10% of Ottawa County youth had seriously considered attempting suicide in the past year and 4% admitted actually attempting suicide in the past year.

In 2012, 10% of Ottawa County youth reported they had seriously considered attempting suicide in the past 12 months. 11% of high school youth had seriously considered attempting suicide, compared to the 2011 YRBS rate of 16% for U.S. youth and 14% for Ohio youth.

In the past year, 4% of Ottawa County youth had attempted suicide and 2% had made more than one attempt. The 2011 YRBS reported a suicide attempt prevalence rate of 8% for U.S. youth and a 9% rate for Ohio youth.

Nearly one-quarter (24%) of youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities (2011 YRBS reported 27% for Ohio and 29% for the U.S.).

Ottawa County youth reported the following ways of dealing with anxiety, stress, or depression: sleeping (42%), texting someone (37%), hobbies (34%), exercising (29%), talking to a peer (26%), talking to an adult (20%), eating (19%), praying (15%), using social media (13%), breaking something (11%), shopping (9%), writing in a journal (9%), smoking/using tobacco (7%), drinking alcohol (7%), self-harm (6%), using illegal drugs (5%), using prescribed medication (3%), reading the Bible (3%), vandalism/violent behavior (3%), talking to a medical professional (2%), gambling (2%), and using un-prescribed medication (1%).

Ottawa County youth reported the following causes of anxiety: fighting with friends (32%), fighting at home (28%), academic success (27%), dating relationship (23%), sports (22%), breakup (21%), death of close family member or friend (20%), peer pressure (16%), parent divorce/separation (13%), caring for younger siblings (12%), poverty/no money (9%), parent lost their job (6%), sick parent (6%), alcohol/drug use in the home (3%), family member in the military (2%), parent/caregiver with substance abuse problem (2%), and other stress at home (28%).

When Ottawa County youth are dealing with feelings of depression or suicide, they usually talk to the following: best friend (22%), girlfriend/boyfriend (13%), parents (11%), brother/sister (8%), school counselor (4%), teacher (3%), youth minister (2%), professional counselor (2%), pastor/priest/religious leader (2%), coach (1%), someone else (5%).

More than four-fifths (81%) of youth had a MySpace, facebook or other social network account. Of those who had an account, they reported the following: they knew all of the people in “my friends” (56%), their account was currently checked private (52%), their parents monitored their account (31%), their parents had their password (26%), they had problems as a result of their account (8%), and their friends had their password (7%). 9% of youth have been asked to meet someone they met online. 3% of youth have participated in sexual activity with someone they met online.

19% of youth had purposefully hurt themselves at some time in their lives. They did so in the following ways: cutting (11%), scratching (8%), hitting (6%), burning (4%), biting (2%), and self-embedding (1%).

50% of youth had been bullied in the past year. The following types of bullying were reported: verbally bullied (39%), indirectly bullied (24%), cyber bullied (15%), and physically bullied (11%).

In the past year, 34% of youth had been bullied on school property (2011 YRBS reported 23% for Ohio and 20% for the U.S.).

Strategy #3: Building Resilient Youth

Youth Indicators, continued

2006/2012 Youth Comparisons	Ottawa 2006 (6 th -12 th)	Ottawa 2012 (6 th -12 th)	Ottawa 2012 (9 th -12 th)	Ohio 2011 (9 th -12 th)	U.S. 2011 (9 th -12 th)
Youth who had seriously considered attempting suicide	13%	10%	11%	14%	16%
Youth who had attempted suicide	6%	4%	4%	9%	8%
Youth who felt sad or hopeless almost every day for 2 or more weeks in a row	21%	24%	28%	27%	29%

Youth Behaviors	Total	Male	Female	13 or younger	14-16 Years old	17 and older
Physically Bullied	11%	12%	11%	18%	12%	2%
Verbally Bullied	39%	36%	42%	46%	40%	26%
Indirectly Bullied	24%	14%	36%	27%	29%	11%
Cyber Bullied	15%	11%	20%	18%	17%	8%

Resource Assessment

The Ottawa County CHIP Committee generated a comprehensive resource assessment. There were more than 60 programs, strategies, or services identified that are related to healthy living. The responsible agency, population(s) served, continuum of care, and evidence of effectiveness are included in the resource assessment. If you would like a copy, please contact the Ottawa County Health Department.

Strategy #3: Building Resilient Youth

Best Practices

Best Practices

The following programs and policies have been reviewed and have proven strategies to build resilient youth:

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

Strategy #3: Building Resilient Youth

Best Practices (cont'd)

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

There are two components of the PHQ-9:

- Assessing symptoms and functional impairment to make a tentative depression diagnosis, and
- Deriving a severity score to help select and monitor treatment

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

For more information go to:

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

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

Healthy People 2020 goals include:

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

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

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

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

Strategy #3: Building Resilient Youth

Action Step Recommendations & Action Plan

Action Step Recommendations

To work toward **building resilient youth**, the following actions steps are recommended:

1. Implement the Olweus Bullying Prevention Program in schools
2. Implement Signs of Suicide (SOS) program in middle and high schools
3. Implement Incredible Years program in elementary schools
4. Expand mentoring program for youth
5. Expand LifeSkills prevention programming in schools
6. Increase awareness of available mental health services
7. Increase the number of primary care providers screening for depression at office visits

Building Resilient Youth		
Action Step	Responsible Person/Agency	Timeline
Implement the Olweus Bullying Prevention Program in Schools		
<p>Year 1: Research the Olweus Bullying Prevention Program. Introduce program to school district administration and guidance counselors.</p> <p>Collect baseline data on which school districts currently implement the Olweus Program.</p>	<p>Lori Clune Ottawa County Probate/Juvenile Court</p> <p>Kirk Halliday Mental Health and Recovery Board of Erie and Ottawa Counties</p>	<p>One out of four school districts is using the Olweus program. The other 3 are doing their own version of bullying prevention.</p> <p>Will continue with year 2 efforts.</p>
<p>Year 2: Secure funding for the program through grants and/or local funding.</p> <p>Implement the program in at least one school building per district</p>		
<p>Year 3: Expand the Olweus Bullying Prevention Program to additional grades including middle school and high school.</p>		
Implement the Signs of Suicide (SOS) Program in Middle and High Schools		
<p>Year 1: Introduce the Signs of Suicide (SOS) prevention program to school district administration and guidance counselors. Secure funding for the program.</p>	<p>Lori Clune Ottawa County Probate/Juvenile Court</p> <p>Kirk Halliday Mental Health and Recovery Board of Erie and Ottawa Counties</p>	<p>Only heard back from 2/4 school districts. Neither is implementing SOS evidence-based programing.</p> <p>Will continue efforts based on funding.</p>
<p>Year 2: Implement the SOS prevention program in at least one school district.</p>		
<p>Year 3: Implement the SOS prevention program in all four school districts.</p>		
Implement Incredible Years Program in Elementary Schools		
<p>Year 1: Introduce the Incredible Years prevention program to school district administration and guidance counselors. Secure funding for the program.</p>	<p>Lori Clune Ottawa County Probate/Juvenile Court</p> <p>Kirk Halliday Mental Health and Recovery Board of Erie and Ottawa Counties</p>	<p>Only heard back from 2/4 school districts. Neither is implementing Incredible Years.</p> <p>Will continue efforts based on funding</p>
<p>Year 2: Implement the Incredible Years prevention program in at least one school district.</p>		
<p>Year 3: Implement the Incredible Years prevention program in all four school districts.</p>		

Strategy #3: Building Resilient Youth

Action Step Recommendations & Action Plan continued

Building Resilient Youth		
Action Step	Responsible Person/Agency	Timeline
Expand Mentoring Program for Youth		
Year 1: Meet with key leaders in Ottawa County to discuss how to replicate their successful mentoring program on a larger scale. Secure space and materials needed to begin the program.	Lori Clune Ottawa County Probate/Juvenile Court Chris Galvin United Way	This program is fully operational in Port Clinton and is in the process of expanding to into 3 more districts next school year. Will continue expansion based on funding.
Year 2: Collaborate with local organizations such as schools, libraries and churches to pilot a youth mentoring program in one local community.		
Year 3: Expand the mentoring program geographically throughout Ottawa County to encompass all local communities.		
Expand LifeSkills Prevention Programming in Schools		
Year 1: Continue current programming. Meet with Firelands to confirm future programming and the option of expansion to more grade levels.	Kirk Halliday Mental Health and Recovery Board of Erie and Ottawa Counties	Due to a merging of services with Firelands, this programming will need to be re-approved for future years. It is currently written into the budget. Will have approval by May 2015. Will tentatively continue efforts in year 2.
Year 2: Expand programming to all grade levels (elementary, middle, and high schools) in all four school districts		
Year 3: Continue programming at the various grade levels in all districts		
Increase Awareness of Available Mental Health Services		
Year 1: Educate school personnel and social workers on the availability of mental health services (including SOS, Incredible Years, Olweus, etc.) Create a presentation on available mental health services and present to churches, law enforcement, Chamber of Commerce, City Councils, etc. Support and disseminate an informational brochure that highlights all organizations that provide mental health services. (“speed dating” idea)	Kirk Halliday Mental Health and Recovery Board of Erie and Ottawa Counties	No work has been done to date. Will continue year 1 efforts into year 2.
Year 2: Continue educations and presentations on available mental health services		
Year 3: Continue efforts of years 1 and 2 and expand outreach		

Strategy #3: Building Resilient Youth

Action Step Recommendations & Action Plan continued

Increase the Number Primary Care Providers Screening for Depression During Office Visits		
Year 1: Collect baseline data on the number of primary care physicians and OBGYNs that currently screen for depression and/or mental health issues during office visits.	Rachel Fall Magruder Hospital	A depression screening is being done at the hospital. No work has been doing to determine if physician offices are screening as well. Will continue efforts
Year 2: Introduce PQH2 and PQH9 to physicians' offices and hospital administration. Pilot the protocol with one primary care physician's office.		
Year 3: Increase the number of primary care physicians and OBGYNs using the PQH2 screening tool by 25% from baseline.		

Trans-Strategy and Progress & Measuring Outcomes

Trans-Strategy		
Action Step	Responsible Person/Agency	Timeline
Community Resource Guide		
<p>Year 1: Secure funding to update and replicate the current Community Resource Guide</p> <ul style="list-style-type: none"> • Community foundation grant • Local business sponsors <p>Make sure guides and calendars are available on facebook and other social network sites, as well as online.</p>	<p style="text-align: center;">Chris Galvin United Way</p> <p style="text-align: center;">Jim Crist Ottawa County Board of Developmental Disabilities</p> <p style="text-align: center;">Stephanie Kowal Ottawa County Dept. of Job & Family Services</p>	<p>Production was completed and resource guide was distributed. In future years, the guide will not be published but work will be done to educate the community on how to access the information through calling 211.</p>
<p>Year 2: Secure funding for annual publication of Resource Guide.</p> <p>Determine on an annual basis who will update the guide.</p>		
<p>Year 3: Continue funding efforts from years 1 and 2.</p> <p>Determine on an annual basis who will update the guide for the next 3 years.</p>		

Progress and Measuring Outcomes

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

Contact Us

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