



Hancock County Community Health Improvement Plan

2012 – 2014

**Commissioned by:
Be Healthy Now Hancock County**

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Executive Summary

The Hancock County Community Assessment Collaborative received funding to identify the local needs, chose target impact areas, and develop a county-wide strategic plan.

Outcomes and Commitments:

The Hancock County local priorities will focus on the three following long-term commitments and outcomes: 1) Decrease obesity rates among adults and youth, 2) decrease alcohol-related behaviors among adults and youth, and 3) decrease youth violence.

Target Impact Areas:

To decrease youth and adult obesity-related behaviors, Hancock County will focus on the following target impact areas: 1) decrease rates of overweight and obese, 2) increase consumption of fruits and vegetables, and 3) increase exercise.

To decrease youth and adult substance abuse-related behaviors, Hancock County will focus on the following target impact areas: 1) decrease alcohol use, 2) decrease binge drinking, 3) decrease drinking and driving, 4) decrease prescription medication abuse and 5) decrease tobacco use.

To decrease youth violence, Hancock County will focus on the following target impact areas: 1) decrease bullying rates and 2) decrease the percentage of youth being threatened or injured at school.

Action Steps:

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

1) implement a higher-quality school lunch program, 2) increase opportunities for students to engage in physical activity, 3) implement a healthier choices campaign, and 4) implement community gardens at each school district.

To work toward decreasing **adult obesity**, the following action steps are recommended: 1) increase opportunities for adults to engage in physical activity, 2) increase opportunities for employed adults and their dependents to enroll in an evidence-based weight loss program, and 3) increase opportunities for un-employed/high risk adults to enroll in an evidence-based weight loss program.

To work toward decreasing **youth substance abuse**, the following actions steps are recommended: 1) implement the Adverse Childhood Experience Study (ACE), 2) increase seller/server trainings at local retailers, 3) decrease point of purchase advertising at local retailers, 4) implement evidence-based prevention programs in the elementary, middle school and high schools, 5) increase parent involvement and knowledge of the law as it relates to providing alcohol to minors, and 6) implement a youth smoking cessation program.

To work toward decreasing **adult substance abuse**, the following actions steps are recommended: 1) initiate a feasibility study of an outpatient detox facility in Hancock County, 2) implement a community based comprehensive program to reduce substance abuse, 3) increase the efforts of the Hancock County Prescription/Opiate Task Force, and 4) implement an adult smoking cessation program.

To work toward decreasing **youth violence**, the following actions steps are recommended: 1) increase violence/bullying prevention programs in schools and 2) increase educational opportunities for parents.

Our Partners

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

Hancock County Strategic Planning Committee Members

Kimberly Bash, Findlay-Hancock County Community Foundation
 Keith DuVernay, United Way of Hancock County
 Chris Press, Blanchard Valley Health System
 Marty Rothery, Blanchard Valley Health Foundation
 Barb Wilhelm, Findlay City Health Department
 Greg Arnette, Hancock County Health Department
 Larry Busdeker, Hancock County Schools/ESC
 Jennifer Rathburn, Hancock County Family First Council
 Precia Stuby, Hancock County ADAMHS Board
 Paul Lilley, Hancock County ADAMHS Board
 Barbara Brahm, Hancock County O.S.U. Extension, Hancock County
 Craig Kupferberg, Findlay City Schools

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

Our Strategic Planning Model

Beginning in January 2012, the Hancock County Strategic Planning Committee met six (6) times and completed the following planning steps:

1. Reviewed the 2011 Hancock County Community Health Assessment including youth and adult data
2. Selected priorities/targeted impact areas
3. Resource Assessment: created an inventory of current programs, services, and activities in the community that are specifically related to the selected priorities and associated short-term goals.
4. Gap Analysis including:
 - Identified any gaps in the continuum of care for the populations most at risk
 - Identified any systems issues that need to be addressed
5. Selected Strategies to impact a priority area based on one or more of the following:
 - Enhancing existing efforts
 - Implementing new programs or services
 - Building infrastructure
 - Implementing evidence based practices
 - Feasibility of implementation
6. Determined Action Steps

Needs Assessment

The Strategic Planning Committee reviewed the 2011 Hancock County Health Assessment. Each member completed an “Identifying Key Issues and Concerns” worksheet. The following three tables are the group results.

Q. What are the five (5) most significant adult health issues or concerns identified in the 2011 health assessment report?

Key Issue or Concern	Percent of Population Most at Risk	Age Group Most at Risk	Gender Most at Risk
Weight Control (diabetes, heart disease, CVD)	35% overweight 27% obese	65+	Male
Substance Abuse (Rx abuse, alcohol abuse)	30% binge drinkers 4% Rx abuse	< 30	Male
Women’s health (screenings, smoking & pregnancy)	59% mammogram of women 40+ in past 2 years 94% prenatal care in 1 st trimester	40+ N/A	Female
Stress & Depression	17% felt sad, blue, or depressed on 4 or more days in past month	< 30	Female
Preventive Health Screenings (male & female)	59% PSA test of men 50+ in past year 37% seasonal flu vaccine in past year 44% of adults 50+ had colonoscopy in past 5 years	50+ 65+ 50+	Male Neutral Neutral

Q. What are the five (5) most significant health issues and/or concerns for Hancock County youth identified in the 2011 health assessment report?

Key Issue or Concern	Percent of Population Most at Risk	Age Group Most at Risk	Gender Most at Risk
Weight Control/Nutrition/Obesity	15% obese	13 and under	Males
Substance abuse (Rx abuse, alcohol abuse)	23% drinkers 7% Rx abuse	9-12 grade	Neutral Neutral
Youth violence	41% bullied 34% verbally bullied 5% threatened or injured at school	14-16 years old	Female
Sexual behavior/teen births	15% sexually active 16% oral sex 17% sexting	All ages	No Difference
Suicide	12% considered 19% attempted	14-16 years 14-16 years	Female Female

Q. What are the five (4) most significant health issues and/or concerns for Hancock County children identified in the 2011 health assessment report?

Key Issue or Concern	Percent of Population Most at Risk	Age Group Most at Risk	Gender Most at Risk
Literacy (parents reading to children)	69% of parents do not read to their children	0-5	N/A
Preventive medical care	46% no check-up in past year	6-11	N/A
Child booster seats	20% never ride in booster seat	6-8	N/A
Child on back to sleep	71% sleeping on back	Infant	N/A

Priorities Chosen

The Hancock County Strategic Planning Committee then completed an exercise where they ranked the key issues based on the magnitude of the issue, seriousness of the consequence, and the feasibility of correcting the issue. A total score was given to each priority. The max score was 30. All committee members' scores were combined and then average numbers were produced. Based off these parameters, the group decided to focus on the following three issues: obesity, substance abuse and youth violence. The results were sent out to the full committee for approval.

The rankings were as follows:

1. Adult Weight Control (24.4)
2. Youth Substance Abuse (24.2)
3. Adult Substance Abuse (23.8)
4. Youth Violence (23.5)
5. Literacy (23.0)
6. Youth Weight Control (22.8)
7. Adult Stress & Depression (22.8)
8. Child Preventive Medical Care (22.2)
9. Youth Suicide (21.8)
10. Child Booster Seats (19.8)
11. Women's Health (19.2)
12. Child on Back to Sleep (18.8)
13. Youth Sexual Behavior (18.0)

Obesity

Obesity	Target Impact Area
Youth Obesity	<ul style="list-style-type: none"> • Decrease rates of overweight and obese • Increase consumption of fruits and vegetables • Increase exercise
Adult Obesity	<ul style="list-style-type: none"> • Decrease rates of overweight and obese • Increase consumption of fruits and vegetables • Increase exercise

Obesity, continued

Obesity Indicators	Hancock Grades 6-12		Ohio Grades 9-12	U.S. Grades 9-12
	2011	2003	2007	2009
Youth:				
% of youth who were obese	15%	N/A	12%	12%
% of youth who were overweight	13%	12%	15%	16%
% of youth who participated in at least 60 minutes of physical activity on 3 or more days in the past week	74%	N/A	N/A	N/A
% of youth trying to lose weight	42%	44%	N/A	N/A
% of youth drinking 100% fruit juice or eating fruit at least once a day in the past week	37%	40%	N/A	N/A
% of youth eating vegetables at least once a day in the past week	41%	35%	N/A	N/A
% of youth drinking milk at least once a day in the past week	54%	54%	N/A	N/A
Adult:			Ohio 2010	U.S. 2010
% of adults who were obese	27%	24%	30%	28%
% of adults who were overweight	35%	37%	36%	36%
% of adults who participated in at least 30 minutes of physical activity for 3 or more days in the past week	67%	N/A	N/A	N/A
% of adults eating 5 or more servings of fruits and vegetables per day	8%	N/A	21%	23%

Substance Abuse

Substance Abuse	Target Impact Area
Youth substance abuse	<ul style="list-style-type: none"> • Decrease alcohol use • Decrease binge drinking • Decrease drinking and driving • Decrease prescription drug abuse • Decrease tobacco use
Adult substance abuse	<ul style="list-style-type: none"> • Decrease alcohol use • Decrease binge drinking • Decrease drinking and driving • Decrease prescription drug abuse • Decrease tobacco use

Substance Abuse, continued

Alcohol Indicators	Hancock Grades 6-12		Ohio Grades 9-12	U.S. Grades 9-12
	2011	2003	2007	2009
Youth:				
% of youth who have had at least one drink in their lifetime	40%	49%	76%	73%
% of youth who were current drinkers (drank in the past month)	17%	25%	46%	42%
% of youth who were binge drinkers (having 5 or more drinks on one occasion)	9%	13%	29%	24%
% of youth who rode in a car with someone who had been drinking	15%	16%	23%	28%
% of youth who drank and drove	3%	3%	10%	10%
% of youth who ever misused medications	20%	7%	N/A	N/A
% of youth who used marijuana in the past 30 days	7%	9%	18%	21%
% of youth who reported that someone offered, sold, or gave them an illegal drug on school property	10%	13%	27%	23%
% of youth smokers	8%	16%	22%	20%
Adult:	2011	2003	Ohio 2010	US 2010
% of adults that had at least one drink in the past month	51%	45%	53%	54%
% of adults that were frequent drinkers (drank on 3 or more days per week)	9%	13%	N/A	N/A
% of those who were considered binge drinkers (having 5 or more drinks on one occasion)	15%	15%	17%	15%
% of those who reported driving after having too much to drink	10%	5%	N/A	N/A
% of adults who used marijuana in the past 6 months	4%	7%	N/A	N/A
% of adults who misused prescription medications in the past 6 months	4%	N/A	N/A	N/A
% of adult smokers	15%	28%	23%	17%

Youth Violence

Violence	Target Impact Area
Youth Violence	<ul style="list-style-type: none"> Decrease the number of youth being bullied. Decrease the percentage of youth being threatened or injured at school.

Violence Indicators	Hancock Grades 6-12		Ohio Grades 9-12	U.S. Grades 9-12
	2011	2003	2007	2009
Youth:				
% of youth who carried a weapon in past month	13%	9%	17%	18%
% of youth who did not go to school because felt unsafe	4%	5%	4%	5%
% of youth who were physically hurt by a boyfriend/girlfriend	6%	N/A	N/A	10%
% of youth who were forced to have sexual intercourse	6%	N/A	10%	7%
% of youth who were bullied	41%	N/A	N/A	N/A

Hancock County Forces of Change

Force of Change	Impact
Affordable Care Act/Governor Kasich	<ul style="list-style-type: none"> • Expansion of Medicaid • Electronic Medical Records • ICD-10
Organization of Local Public Health System	<ul style="list-style-type: none"> • 2 Local Health Departments may be merging • State may be reconfiguring Local Health Departments into Regional Health Departments • Accreditation mandates by 2018
Medical Home Movement	<ul style="list-style-type: none"> • Unsure
Flooding	<ul style="list-style-type: none"> • Housing issues, depression, anxiety, loss of jobs, etc.
Cooper Tire- company in process of being bought out	<ul style="list-style-type: none"> • Could lose jobs or gain jobs • Could move company out of county
I-75 Expansions	<ul style="list-style-type: none"> • Road construction on interchanges • Infrastructure
Schools (Consolidation)	<ul style="list-style-type: none"> • Issues the students had with the move • Issues the parents had with the move
Social Norms	<ul style="list-style-type: none"> • Family norms are changing
Social Media	<ul style="list-style-type: none"> • Access to the amount of information out there • Effects on bullying
Population is aging	<ul style="list-style-type: none"> • Unsure
Social Security	<ul style="list-style-type: none"> • More people are receiving Social Security than those working
Growing Diversity	<ul style="list-style-type: none"> • Cultural sensitivity needed

Hancock County Community Themes and Strengths

Hancock County CHIP

Community Themes and Strengths

Be Healthy Now Hancock County Committee (n=16)

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

- New hospital
- Access to family care facilities
- Being fully immunized
- Strong and growing economy along with a strong built environment
- Solid Community Foundation
- Growing community
- Family centered activities
- Low rates of risky behaviors
- Strong educational system
- Safety
- Community leaders working collaboratively
- Paying attention to the weakest
- University (educational opportunities and engagement)

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

- Provides a good quality of life
- Small town but home to a lot of Fortune 500 companies
- Resources
- Voted best 100 communities for youth four times
- Family oriented activities
- Resiliency after floods
- Safe place to live
- Volunteerism
- Positive attitudes
- Education system: pre-k through adult (university, public, private)

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

- Be Healthy Now Hancock County
- Reducing the Risk in schools
- Three separate tax levies passed in the midst of a recession
- Flood mitigation
- Prescription drug task force
- Family First Council
- Safe Kids Committee
- Fort Findlay playground
- Community Foundation
- Safe Routes to School

- Finding a use for the Central Middle School
- Family Center
- Literacy coalition
- Workforce coalition
- Mission/Christian Clearinghouse and family senior centers.
- Youth Asset Team (Hancock County's Promise-Growing Great Kids)
- Cube- Corporate, Rotary, City, Community members
- Re-entry Program
- Community Partnership
- Senior Center

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

- Obesity
- Substance abuse
- Violence
- Apathy
- Hunger
- Flood mitigation
- Workforce development
- Providing mental health services
- Life skills
- Social norms
- Environmental changes
- Communication of all of the items listed above

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

- Not enough caring adults in children's lives
- Taking personal responsibility of their health (not realizing it affects everyone)
- Lack of life skills
- Community buy-in for policies

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

- Following through with strategic plan and priorities chosen
- Getting information out to the community
- Feasibility of a treatment facility (finding partners to support this with their time, financially, and verbally)

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

- Implementing the strategic plan being carried through (especially by those outside of the coalition)
- Have our social norm be "all of us" or "none of us"
- It takes all sectors
- Early successes be celebrated

Hancock County Quality of Life Survey

The Hancock County Strategic Planning Committee urged community members to fill out a short Quality of Life Survey via survey monkey. There were 99 Hancock County community members who completed the survey.

<i>Quality of Life Questions</i>	Likert Scale Average Response
	(1 to 5, with 5 being most positive)
1. Are you satisfied with the quality of life in our community? (Consider your sense of safety, well-being, participation in community life and associations, etc.)	4.0
2. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, options in health care, etc.)	3.3
3. Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	4.0
4. Is this community a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping; elder day care, social support for the elderly living alone, meals on wheels, etc.)	3.9
5. Is there economic opportunity in the community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)	3.5
6. Is the community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, the mall. Do neighbors know and trust one another? Do they look out for one another?)	3.9
7. Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, organizations) during times of stress and need?	3.8
8. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?	3.4
9. Do all residents perceive that they — individually and collectively — can make the community a better place to live?	3.0
10. Are community assets broad-based and multi-sectoral?	3.2
11. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?	3.2
12. Is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments?	3.4

Resource Assessment and Gap Analysis

The purpose of the resource assessment is to create a profile of current programs, services and activities in Hancock County that are related to the areas of focus. A resource inventory was compiled that identified the specific program/strategy/service, the responsible agency, populations served, continuum of care (prevention, early intervention, treatment), and evidence of effectiveness. One limitation of the resource assessment is that due to time constraints, the list of programs and services should not be considered all inclusive.

The gaps analysis begins by reviewing the results of the needs and resource assessments. The purpose is to identify any gaps and issues that may hinder progress.

Youth Obesity Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Yoga-Findlay City Wellness	Findlay City Schools Hancock Education Fund	K-5	Prevention	Pilot-tested
Family Nutrition Program	OSU Extension	Food-Stamp eligible adults	Prevention/Intervention	Pre/Post tests
Summer Feeding Program	FCFC/OSU Ext./Findlay City Schools	Ages 1-18	Prevention	Attendance of Program
Nutrition Education in schools	OSU Extension	K-2	Prevention	# of Students in classrooms
Community Nutrition Programs	OSU Extension	Countywide kids & adults	Prevention	# of participants/some evaluation
Be Healthy Now Challenge to Fitness	OSU Extension	Youth	Prevention/Early Intervention/Treatment	# of youth participating
Safe Routes To School	Safe Kids	School-aged kids	Prevention	Evidence-based program
YMCA after school activity programs	YMCA	Washington Elem. Northview (primary)	Prevention	Attendance of Program
Farm to School Club	Findlay Schools	Washington Elem. Whittier	Prevention	# of Students in classrooms
Health Fairs	OSU Extension	University of Findlay students/Adults	Prevention	# of participants
Parents as Teachers	Help Me Grow	Ages 0-3	Prevention/Early Intervention	Evidence-based/lots of data collected
WIC breastfeeding support	WIC	Ages 0-2	Prevention	Evidence-based program
Healthy Kids Day	YMCA	Elementary-6 th grade	Prevention	# of participants
Wee ones in the park outdoor Education	Park District	Ages 0-5	Prevention	# of participants
Church Community Meals	Area churches	Anyone	Prevention/Early Intervention/Treatment	# of participants
Bike Rodeo	Findlay City PD	School-age youth	Prevention	Evidence-based program

Youth Obesity Resource Assessment, Continued

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
School Gardens	Van Buren Schools (numerous schools) Mentor program	School ages	Prevention/Early Intervention	Evidence-based program
Various Organized sport clubs	Various	Various	Prevention	Attendance of Program
Community Gardens	United Way	All ages	Prevention	# of students in classrooms
Bike Club	Hancock Handlebars	All ages	Prevention	Pilot program/un-tested

Adult Obesity Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Be Healthy Now	OSU Extension	18+	Prevention/Intervention	Weigh-ins Post tests # of participants
Family Nutrition Program	OSU Extension	Families/ food stamp eligible adults	Prevention	# of participants
Dining w/ Diabetes	OSU Extension & hospital	Adults w/ diabetes and support people	Intervention	Statewide data/ weight loss/ pre-post tests/drop in blood sugar
YMCA Diabetes Program (free Y pass for 10 weeks)	YMCA (ODH grant)	Adults with diabetes	Treatment	# of participants/ weigh-ins/blood sugar tests
Community Nutrition program	OSU Extension	Groups within the community	Prevention	# of participants/some evaluation
Media (newspaper, newsletters, radio)	OSU Extension	General public	Prevention	# of articles
Health fairs	OSU Extension	General public	Prevention	# of participants

Adult Obesity Resource Assessment, Continued

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Mall Walkers program	Mall	General Public	Prevention/Early Intervention/Treatment	Walkers keep track of time spent walking
Gyms	multiple	General public	Prevention/Intervention	# of participants
Breastfeeding support	WIC	Lactating women	Prevention	# of participants
Sustainability Committee (bike trails, etc.)	University of Findlay	Hancock Co.	Prevention	Environment
Park programs	Park District	General public	All	# of participants
Church Community meals	Area churches	General Public	Prevention	# of participants
Bike Club	Hancock Handlebars	General public bikers	Prevention/Intervention	# of participants
Community Gardens (48 plots)	United Way	General Public	Prevention	# of participants
Adult Organized sports clubs	Various	General public	All	# of participants
Zero Holiday weight gain emails	OSU Extension	General Public Nov-Jan	Prevention	# of participants
Walks/Runs	Various	General public	All	# of participants
Food Preservation classes	OSU Extension	General Public	Prevention	# of participants
Famers Market	OSU Extension	General public	Prevention/Early Intervention/Treatment	# of participants
Community garden at senior center	Hancock County Committee on Aging	Senior Citizens	Prevention	# of participants
Healthy refreshment class	OSU Extension	General Public	Prevention	# of participants
Halt Hunger Initiative	United Way	Countywide	Prevention/Early Intervention/Treatment	

Obesity Gaps Identified:

Overall, the programs/services are not consistently implemented across Hancock County. Due to recent state budget cuts, some programs may face sustainability issues in the future. Hancock County would benefit from a coordinated strategy which includes agencies, churches, schools, and businesses.

The Hancock County Strategic Planning Committee identified the following obesity gaps:

Gap #1: Nutritious food in schools

Potential Strategies:

- Changes in Federal Policy and regulations
- Increase availability of fruits and vegetables
- Decrease the amount of unhealthy food sold as fundraisers
- Decrease the amount of unhealthy food given as rewards
- Monitor use of vending machines at school

Gap #2: Lack of community gardens

Potential Strategies:

- Create a community garden for each school district

Gap #3: Lack of grocery stores using the new Val # system

Potential Strategies:

- Increase the amount of stores using the Val # system

Gap #4: Using technology for weight loss and exercises

Potential Strategies:

- Increase the number of youth and adults using technology for weight loss purposes
- Increase the amount of youth and adults using technology for calorie counting
- Engage youth to use technology to stay healthy

Gap #5: Nutrition Education

Potential Strategies:

- Increase nutrition education activities in schools and the community
- Change community attitude (PR campaign)

Gap #6: Cooking skills for youth and adults

Potential Strategies:

- Cooking classes
- Educate on food choices/grocery shopping

Gap #7: Lack of organized activities during recess and P.E. classes

Potential Strategies:

- Re-charge boxes

Gap #8: Access to sports activities due to cost and transportation

Potential Strategies:

- Provide transportation for youth
- Financial support for youth to help purchase sports equipment

Gap #9: Free/Low cost workout opportunities

Potential Strategies:

- Recycle old work-out equipment
- Offer free passes to YMCA as incentives in school
- Grants for more YMCA or gym memberships
- Reduced prices at facilities
- Promote home work-out opportunities (videos, computers)

Gap #10: Senior population living sedentary lifestyles

Potential Strategies:

- Increase opportunities for exercise
- Increase the amount of seniors using Wii/Kinect as exercise

Youth Substance Abuse Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Too Good For Drugs	Family Resource Center (FRC)	Available to grades 7-9	Prevention	Evidence-based program
The Challenge Program	FRC	Youth at-risk/school violations of the drug screens or policy	Early Intervention	Promising-program
Word of Mouth	FRC	Available to grades 4-8	Prevention	Evidence-based program
Happy Youth Staff (Teen Institute)	FRC	Available to grades 9-12	Prevention	Promising program
Prescription Drug Abuse/Drug Collection efforts/community education	Prescription Drug Task Force/ADAM HS	General Community	Prevention	Un-tested program
Paragon The Pig (Alcohol-Free Action)	Community Partnership	All ages	Prevention	Un-tested program
Compliance Checks	Health Dept. – Tobacco Police Dept.- Alcohol	Youth	Prevention	Evidence-based program

Youth Substance Abuse Resource Assessment, Cont.

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Individual and group counseling (Cognitive Behavioral Therapy/Motivational Interviewing)	Family Resource Centers	Youth substance abusers	Treatment	Evidence-based program
Residential and detox services	Purchased service out of county	Youth substance abusers	Treatment	Evidence-based program

Adult Substance Abuse Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
AA & NA classes	Pioneer Club	Addicts	Treatment	Suggested Program
Ohio Tobacco Quit Line	ODH	All ages	Treatment	# of participants
Driver Intervention	Clearview	All ages, primarily adult	Treatment	
Community Partnership Coalition	ADAMHS Board	All ages	Prevention	Evidence-based program
Medication Assisted Tx (suboxone/vivitrol)	Century Health/Anadonia	Adult substance abusers/addicts	Treatment	# of participants
Individual and group counseling (Cognitive Behavioral Therapy/Motivational interviewing)	Century Health	Adult substance abusers/addicts	Treatment	Evidence-based program
Prescription Drug abuse/drug collection efforts and community education	Prescription Drug Task Force/ADAMS	General Community	Prevention	# of participants
Forensic Unit Monitoring of treatment and case management services	Century Health	Adults involved in treatment with the criminal justice system	Treatment	Promising/Un-tested
Expansion on Recovery Supports	Re-Entry Coalition Community Corrections Board	Those returning to community from prison/jail	Early Intervention	Un-tested

Adult Substance Abuse Resource Assessment, Cont.

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Residential and Detox services	Purchased services out of county	Adult substance abusers/addicts	Treatment	Evidence-based program
Integrated Dual Disorder Treatment	Century Health	Adult substance abusers/addicts who also have a mental illness	Treatment	Evidence-based program
Basu Pointe (Housing)	ADAMHS	Adult substance abusers/addicts	Prevention	Evidence-based program
Parents Who Host Lose the Most	ADAMHS	Parents	Prevention	Evidence-based program

Substance Abuse Gaps Identified:

Similar to obesity, the programs/services are not consistently implemented across Hancock County and would benefit from a coordinated strategy which includes agencies, churches, schools, and businesses.

The Hancock County Strategic Planning Committee identified the following substance abuse gaps:

Gap #1: No Smoking Cessation Program in Hancock County

Potential Strategies:

- Find program for youth and adults
- Encourage businesses to raise insurance rates for smokers
- Increase drug testing programs (testing for nicotine)

Gap #2: Education on Impact of Trauma/Stress

Potential Strategies:

- Community education
- Professional development opportunities

Gap #3: Easy access to drugs and alcohol

Potential Strategies:

- Increase seller/server trainings
- Educate parents

Gap #4: Acute/Detox/ Residential treatment programs

Potential Strategies:

- Bed Board system

Gap #5: School Drug Testing Policies

Potential Strategies:

- Increase number of schools using drug testing
- Increase sub-groups of students being tested (athletes, drivers, extra-curricular activities)

Gap #6: Lack of early identification for substance abuse

Potential Strategies:

- Increase the number of physicians screening patients for substance abuse
- Electronic screening
- Increase problem identification and referrals in schools

Youth Violence Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
ART (Aggression Replacement Therapy)	Family Resource Centers	Youth at-risk-violence	Early Intervention	Evidence –based program
Second Step Anti-Bullying Program	FRC	Middle School Students	Prevention	Evidence –based program
Parent Project	FRC	Parents and Youth	Prevention/ Early Intervention	Evidence –based program
Threat Assessment Management	Univ. of Findlay	Local High Schools	Prevention	Evidence –based program
Project Hope (Equine Therapy)	Project Hope	Elementary and Middle School youth	Prevention/Early Intervention/ Treatment	Promising-program
Incredible Years	FRC	Ages 0-5	Prevention	Evidence-based program
Dinosaur School	FRC	Ages 0-5	Prevention	Evidence-based program
Reducing the Risks Coalition	ADAMS Board	All school age children	Prevention	Provide funding to evidence- based programs
Challenge Day	Findlay HS	10th grade	Prevention	Evidence-based program
Suicide Coalition	ADAMHS Board	Entire County	Prevention	Provide funding to evidence- based programs
Character Education (Virtues)	Various schools throughout the county	K-12	Prevention	Promising
Youth Groups (4-H, Scouts, Church)	Various	Youth	Prevention/Early Intervention/ Treatment	Evidence-based program
Youth Asset Building Trainings	Promise Growing Great Kids	Adults	Prevention	Evidence-based program
Parenting Classes	OSU Extension	Adults	Prevention/Early Intervention/ Treatment	Promising
Wrap Teams	FCFC	At-Risk Families	Treatment	Evidence-based program

Youth Violence Gaps Identified:

Youth violence has been highlighted in the media in recent years. Social networking and other technology have been thought to have played in a role in the increasing rates of youth violence.

The Hancock County Strategic Planning Committee identified the following youth violence gaps:

Gap #1: More prevention opportunities

Potential Strategies:

- Increase school programming on bullying/aggression
- Increase early elementary prevention programming

Gap #2: Lack of youth assets

Potential Strategies:

- Expand asset program
- Trainings for teachers, parents, youth, coaches, and other adults

Gap #3: Attitudes of parents and acceptance of bullying

Potential Strategies:

- Classes to increase family strengths, social media and teaching respect

Gap #4: Common language of violence and bullying

Potential Strategies:

- Work to educate parents and youth what bullying is

Gap #5: Youth protective factors

Potential Strategies:

- Increase pro-social support
- Create an attachment to school/caring school climate
- Youth centers

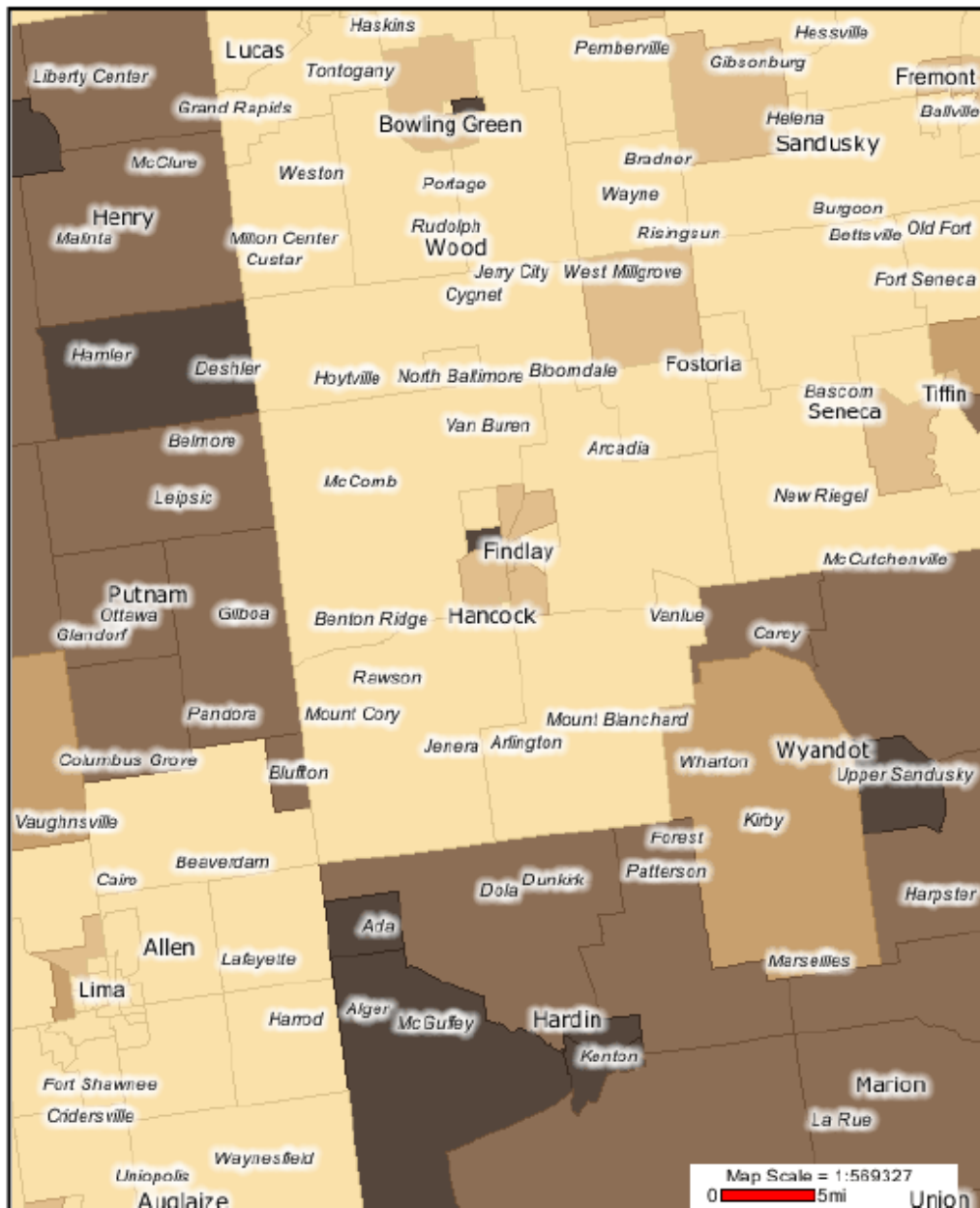
Gap #6: Youth screening tools for violence

Potential Strategies:

- Increase education and screening for dating violence
- Screening tools for physicians

Mapping Variables Associated with Priority Areas

Hancock County Alcohol Beverages Expenditures by City, 2011

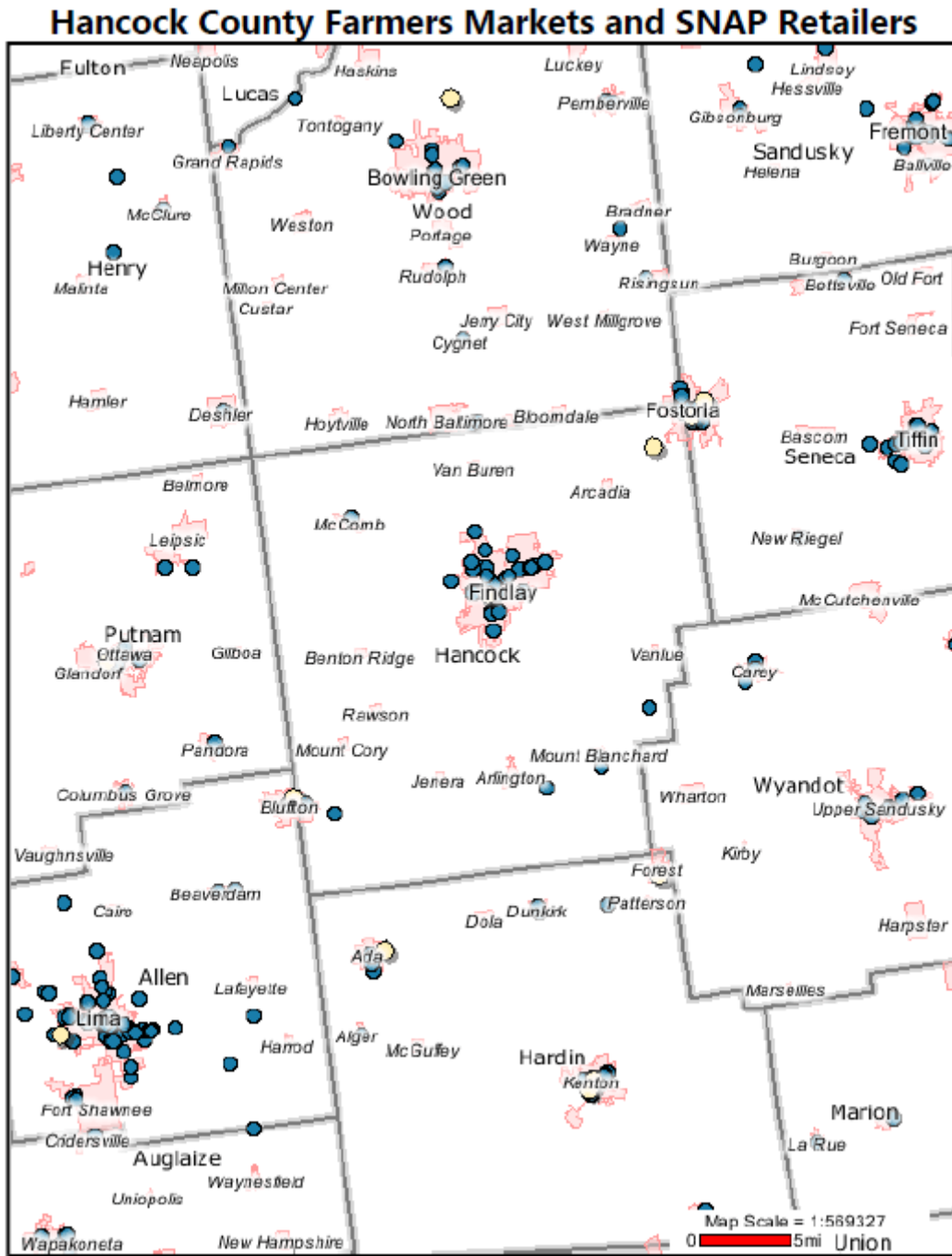


- Top 80th Percentile (Highest)
- 61st - 80th Percentile (High)
- 41st - 60th Percentile (Median)
- 21st - 40th Percentile (Low)
- Bottom 20th Percentile (Lowest)
- No Data
- Cities and Towns (Census, 2010)
- County Boundaries

Source: Nielsen-Claritas Site Reports 2011, Obtained from Community Commons at <http://initiatives.communitycommons.org/tool/maps/default.aspx>

Hancock County CHIP Plan 2012-2014

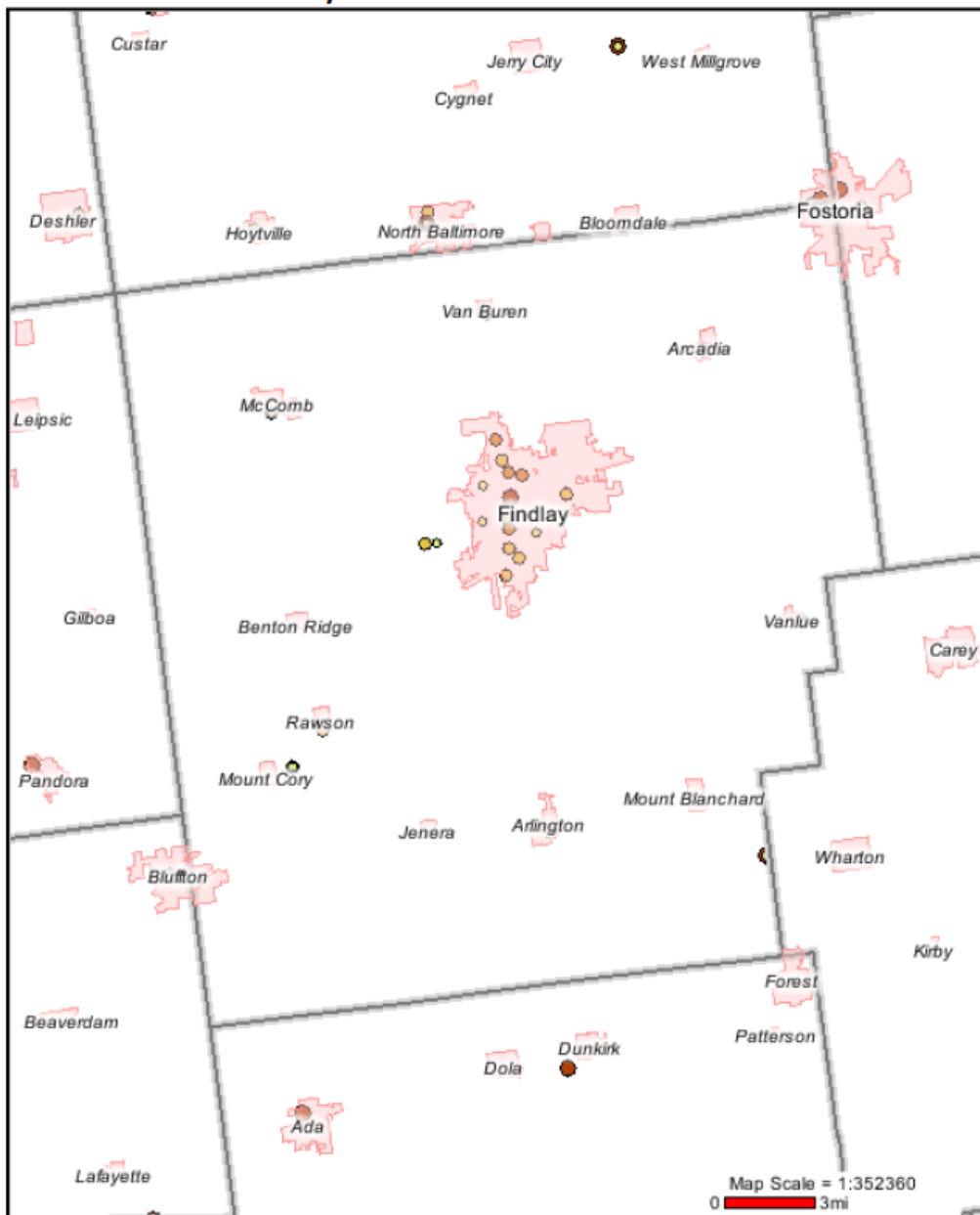
Mapping Variables Associated with Priority Areas



Source: USDA 2011, Obtained from Community Commons at <http://initiatives.communitycommons.org/tool/maps/default.aspx>

Mapping Variables Associated with Priority Areas

Hancock County Free and Reduced Lunch Percentage by School, 2010-2011 Academic Year



- 70.1% Or More
- 50.1% - 70%
- 30.1% - 50%
- 15.1% - 30%
- 0.1% - 15%
- Non-Operational/No Data
- Cities and Towns (Census, 2010)
- County Boundaries

Source: National Center for Education Statistics 2012, Obtained from Community Commons at <http://initiatives.communitycommons.org/tool/maps/default.aspx>

Our Plan

The Hancock County Strategic Planning Committee selected strategies to impact the priority areas based on one or more of the following:

- Enhancing existing efforts
- Implementing new programs or services
- Building infrastructure
- Implementing evidence based practices
- Feasibility of implementation

Best Practices

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

1. **CATCH** (Coordinated Approach to Child Health) - This program is designed for after-school youth groups and community recreation programs and has a large base of scientific evidence to support its effectiveness in teaching healthy activity to adolescents and younger kids. CATCH consists of classroom curricula for third through fifth grades, parental involvement programs, CATCH PE, the Eat Smart foodservice program and CATCH Kids Club (K-8th grade after-school participants). The emphasis in the curricula is on making healthy food choices through skills training. For more information go to <http://catchinfo.org>
2. **FRESH FRUITS AND VEGETABLES PROGRAM**
 The Fresh Fruit and Vegetable Program (FFVP) provides all children in participating schools with a variety of free fresh fruits and vegetables throughout the school day. It is an effective and creative way of introducing fresh fruits and vegetables as healthy snack options. The FFVP also encourages schools to develop partnerships at the State and local level for support in implementing and operating the program.
 The Goal of the FFVP
 Create healthier school environments by providing healthier food choices
 - Expand the variety of fruits and vegetables children experience
 - Increase children's fruit and vegetable consumption
 - Make a difference in children's diets to impact their present and future health
 This program is seen as an important catalyst for change in efforts to combat childhood obesity by helping children learn more healthful eating habits. The FFVP introduces school children to a variety of produce that they otherwise might not have had the opportunity to sample. Each school that participates in the FFVP must submit an application that includes, at a minimum:
 - The total number of enrolled students and the percentage eligible for free/reduced price meals
 - A certification of support for participation in the FFVP signed by the school food service manager, school principal, *and* district superintendent (or equivalent position)
 - A program implementation plan that includes efforts to integrate the FFVP with other efforts to promote sound health and nutrition, reduce overweight and obesity, or promote physical activity

It is recommended that each school include a description of partnership activities undertaken or planned. Schools are encouraged to develop partnerships with one or more entities that will provide non-Federal resources, including entities representing the fruit and vegetable industry and entities working to promote children's health in the community. For more information go to:

www.fns.usda.gov/cnd/FFVP/handbook.pdf

3. **FUEL UP TO PLAY 60-** (National Dairy Council & National Football League)
Fuel Up to Play 60 encourages youth to eat healthy and move more — and studies suggest that well-nourished, physically active kids can be better students. Better nutrition, including eating a healthy breakfast each day, helps students get the nutrients they need and may help improve their academic performance. What's more, being physically active may help students improve self-esteem, cognitive function and test scores.
And with Fuel Up to Play 60, healthy students can have more fun! By participating in the program, youth have the opportunity to earn rewards and prizes. Those students who help build the program may benefit even more. In fact, researchers say peer group interaction may help to influence healthy choices, and student involvement can lead to motivation and engagement in learning.⁷
Schools have the chance to receive \$4,000 through a competitive, nationwide funding program to help implement the program successfully. The next application deadline is June 01, 2012. For more information go to:
<http://school.fueluptoplay60.com/home.php>

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

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

outcomes, such as reaching targeted healthy weights or cholesterol levels, rather than simply rewarding participation.

A provision in the federal health care reform law will let employers offer greater incentives for participating in wellness programs starting in 2014. Under current rules, employers can provide incentives of up to 20 percent of the total health insurance premium per person. The 2010 Patient Protection and Affordable Care Act boosts the threshold to 30 percent and, in cases approved by federal health and labor officials, up to 50 percent in 2014.

Employer programs often reward employees who exercise, lose weight or participate in disease management programs. Incentives may include cash awards, gift cards, higher employer contributions toward the health insurance premium, contributions toward employee health savings accounts or the chance to compete in a sweepstakes. A lot of research shows people are very much motivated by the potential of a large prize. Some employers offer both individual awards and team awards.

Some employers have found rescission of a reward especially effective. For instance, an employer might offer a \$500 health insurance premium discount to everyone and rescind the reward for employees who choose not to participate in the care management program.

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

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

children to resist drug use successfully. GGC is based on research that shows that consistent, positive parental involvement is important to helping children resist substance use and other antisocial behaviors. The current intervention is a five-session curriculum and families also receive a Family Guide containing family activities, discussion topics, skill-building exercises, and information on positive parenting. For more information go to <http://www.channing-bete.com/ggc>.

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

1. **Motivational Interviewing (MI)**- MI is a goal-directed, client-centered counseling style for eliciting behavioral change by helping clients to explore and resolve ambivalence. MI has been applied to a wide range of problem behaviors related to alcohol and substance abuse as well as health promotion, medical treatment adherence, and mental health issues. Although many variations in technique exist, the MI counseling style generally includes the following elements:
 - Establishing rapport with the client and listening reflectively.
 - Asking open-ended questions to explore the client's own motivations for change.
 - Affirming the client's change-related statements and efforts.
 - Eliciting recognition of the gap between current behavior and desired life goals.
 - Asking permission before providing information or advice.
 - Responding to resistance without direct confrontation. (Resistance is used as a feedback signal to the therapist to adjust the approach.)
 - Encouraging the client's self-efficacy for change.
 - Developing an action plan to which the client is willing to commit.

For more information go to <http://www.motivationalinterview.org>.

2. **Alcoholics Anonymous**
Alcoholics Anonymous® is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership; we are self-supporting through our own contributions. AA is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy, neither endorses nor opposes any causes. Our primary purpose is to stay sober and help other alcoholics to achieve sobriety.
For more information go to <http://www.aa.org>
3. **ModerateDrinking.com and Moderation Management** - ModerateDrinking.com and Moderation Management are complementary online interventions designed for nondependent, heavy-drinking adults who want to reduce the number of days on which they drink, their peak alcohol use on days they drink, and their alcohol-related problems. For more information go to http://www.moderatedrinking.com/home/default_home.aspx?p=register_login
4. **Community Trials Intervention to Reduce High-Risk Drinking** - Community Trials Intervention to Reduce High-Risk Drinking is a multicomponent, community-based program developed to alter the alcohol use patterns and related problems of people of all ages. The program incorporates a set of environmental interventions that assist communities in (1) using zoning and municipal regulations to restrict alcohol access through alcohol outlet density control; (2) enhancing responsible beverage service by training, testing, and assisting beverage servers and retailers in the development of policies and procedures to reduce intoxication and driving after drinking; (3) increasing law enforcement and sobriety checkpoints to raise actual and perceived risk of arrest for driving after drinking; (4) reducing youth access to

alcohol by training alcohol retailers to avoid selling to minors and those who provide alcohol to minors; and (5) forming the coalitions needed to implement and support the interventions that address each of these prevention components. For more information go to <http://www.pire.org/communitytrials/index.htm>

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

1. **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>
2. **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>.
3. **PATHS (Promoting Alternative Thinking Strategies)** PATHS Curriculum is a comprehensive program for promoting emotional and social competencies and reducing aggression and behavior problems in elementary school-aged children while simultaneously enhancing the educational process in the classroom. This innovative curriculum is designed to be used by educators and counselors in a multi-year, universal prevention model. Although primarily focused on the school and classroom settings, information and activities are also included for use with parents. For more information go to:
<http://www.colorado.edu/cspv/blueprints/modelprograms/PATHS.html>
4. **Aggression Replacement Training® (ART®)**
Date Published: 2007
Aggression Replacement Training® (ART®) is a cognitive behavioral intervention program to help children and adolescents improve social skill competence and moral reasoning, better manage anger, and reduce aggressive behavior. The program specifically targets chronically aggressive children and adolescents. Developed by Arnold P. Goldstein and Barry Glick, ART® has been implemented in schools and juvenile delinquency programs across the United States and throughout the world. The program consists of 10 weeks (30 sessions) of intervention training, and is divided into three components—social skills training, anger-control training, and training in moral reasoning. Clients attend a one-hour session in each of these components each week. Incremental learning, reinforcement techniques, and guided group discussions enhance skill acquisition and reinforce the lessons in the curriculum.

For more information go to: <http://www.promoteprevent.org/publications/ebi-factsheets/aggression-replacement-training%C2%AE-art%C2%AE>

5. **STEPS TO RESPECT:** The [research-based](#) STEPS TO RESPECT program teaches elementary students to recognize, refuse, and report bullying, be assertive, and build friendships. In fact, a recent [study](#) found that the program led to a 31 percent decline in bullying and a 70 percent cut in destructive bystander behavior. STEPS TO RESPECT lessons can help kids feel safe and supported by the adults around them, so they can build stronger bonds to school and focus on [academic achievement](#). And the program supports your staff too, with school wide policies and training. Now everyone can work together to build a safe environment free from bullying. For more information go to: <http://www.cfchildren.org/programs/str/overview/>

Action Step Recommendations

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

1. Implement a higher-quality school lunch program throughout Hancock County.
2. Increase opportunities for students to engage in physical activity.
3. Create a healthier choices campaign.
4. Implement a community garden at each school district.

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

1. Increase opportunities for adults to engage in physical activity.
2. Increase opportunities for employed adults and their dependents to enroll in an evidence-based weight loss program.
3. Increase opportunities for unemployed/ high risk adults to enroll in an evidence-based weight loss program.

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

1. Implement the ACE in Hancock County.
2. Increase seller/server trainings for local retailers.
3. Decrease point of purchase advertising at local retailers.
4. Implement evidence-based prevention programs at the elementary, middle school and high school levels.
5. Increase parent involvement and knowledge of the law as it relates to providing alcohol to minors.
6. Implement a youth smoking cessation program in Hancock County.

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

1. Initiate a feasibility study of an out-patient detox facility in Hancock County.
2. Implement a community based comprehensive program to reduce substance abuse.
3. Increase the efforts of the Hancock County Prescription/Opiate Task Force.
4. Implement an adult smoking cessation program in Hancock County.

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

1. Increase violence/bullying prevention programs in schools.
2. Increase educational opportunities for parents and families.

Decrease Youth Obesity		
Action Step	Responsible Person/Agency	Timeline
Implement a Higher Quality School Lunch Program		
Year 1: Work with school and community wellness committees as well as other youth-based organizations to introduce idea, obtain baseline information, and design a healthier program.	Barb Wilhelm: Findlay City Health Department	June 30, 2013
Year 2: Pilot new school lunch program in at least 1 building from each school district. Pilot lunch program in 1 youth-based organization.		June 30, 2014
Year 3: Implement in all school districts and buildings county-wide. Implement lunch program in multiple youth-based organizations.		June 30, 2015
Community Gardens		
Year 1: Introduce idea to school and community wellness committees, as well as other youth-based organizations. Obtain baseline data regarding which districts and youth-organizations currently have community gardens.	Keith DuVernay: United Way of Hancock County	June 30, 2013
Year 2: Help school districts and other youth-based organizations research and apply for grants to obtain funds for community gardens.		June 30, 2014
Year 3: Implement community gardens at all districts and other youth-based organizations.		June 30, 2015
Create a Healthier Choices Campaign		
Year 1: Work with school and community wellness committees as well as other youth-based organizations to introduce priority areas: healthier fundraising foods, healthier choices in vending machines, healthier choices at sporting events concession stands, reducing foods as rewards.	Barb Wilhelm: Findlay City Health Department	June 30, 2013
Year 2: Each school district and youth organization will choose 1 priority area to focus on.		June 30, 2014
Year 3: Continue to increase efforts/priorities.		June 30, 2015

Decrease Youth Obesity, Continued		
Action Step	Responsible Person/Agency	Timeline
Implement Organized Activities (During recess times or before/after school to increase physical activity)		
Year 1: Introduce program to school and community wellness committees as well as other youth-based organizations. (Peer based recess program)	Barb Wilhelm: Findlay City Health Department	June 30, 2013
Year 2: Pilot program at one school district and one youth-based organization.		June 30, 2014
Year 3: Increase programming in more schools/districts and youth-based organizations.		June 30, 2015

Decrease Adult Obesity		
Action Step	Responsible Person/Agency	Timeline
Increase Opportunities for Employed Adults and their Dependents to Enroll in Evidence-Based Weight Loss Programs		
Year 1: Research insurance companies and/or employers that offer reduced rates for Weight Watchers to employees and any other covered dependents.	Chris Press: Blanchard Valley Health System	June 30, 2013
Year 2: Provide education to those people who are eligible		June 30, 2014
Year 3: Get more insurance companies/employers to offer reduced rates.		June 30, 2015
Increase Opportunities for Un-employed/High Risk Adults to Enroll in an Evidence –Based Weight Loss Programs		
Year 1: Research wellness programs that are available to Medicaid –eligible adults.	Jennifer Rathburn: Hancock County Family First Council	June 30, 2013
Year 2: Educate adults who are receiving Medicaid of the wellness programs that are available to them.		June 30, 2014
Year 3: Increase efforts to enroll Medicaid-eligible adults into a wellness program.		June 30, 2015
Increase Opportunities for Adults to Engage in Physical Activity.		
Year 1: Research employers/insurance companies who offer incentives to employees and any other covered dependents that engage in physical activity.	Chris Press: Blanchard Valley Health System	June 30, 2013
Year 2: Educate employers on cost savings for insurance plans if employees increase physical activity.		June 30, 2014
Year 3: Pilot an incentive program with one large company and one small company in Hancock County.		June 30, 2015

Decrease Youth Substance Abuse		
Action Step	Responsible Person/Agency	Timeline
Implement the Adverse Childhood Experience (ACE Study) in Hancock County		
Year 1: Educate physicians and youth mental health treatment providers in Hancock County about the ACE study.	Precia Stuby: Hancock County ADAMHS Board	June 30, 2013
Year 2: Pilot the ACE study with one doctor's office or mental health clinic.		June 30, 2014
Year 3: Increase the number of providers who are using the ACE study.		June 30, 2015
Increase Seller/Server Trainings		
Year 1: Work with the Ohio Investigative Unit to find out which establishments are currently doing trainings.	Precia Stuby: Hancock County ADAMHS Board	June 30, 2013
Year 2: Implement more trainings throughout the county and advertise		June 30, 2014
Year 3: Continue to offer trainings, provide incentives to establishments who have completed the trainings.		June 30, 2015
Implement Evidence-Based Prevention Programs in Elementary, Middle and High Schools		
Year 1: Research which programs are currently being implemented and where	Precia Stuby: Hancock County ADAMHS Board	June 30, 2013
Year 2: Introduce LifeSkills or other evidence based program to one district		June 30, 2014
Year 3: Expand programming to all districts		June 30, 2015
Decrease Point of Purchase Advertising at Local Retailers. (Operation Store Front)		
Year 1: Introduce idea to wellness committees and decide which student groups should be involved.	Precia Stuby: Hancock County ADAMHS Board	June 30, 2013
Year 2: Implement program		June 30, 2014
Year 3: Make results available to retailers and the community and create strategies to address the issues		June 30, 2015
Increase Parent Involvement and Knowledge of the Law as it Relates to Providing Alcohol to Minors		
Year 1: Obtain baseline data on which areas of the county are using the Parents Who Host Campaign and what strategies they are using (signs, postcards, events)	Precia Stuby: Hancock County ADAMHS Board	June, 30 2013
Year 2: Create a PSA for the campaign		June 30, 2014
Year 3: Strengthen the message and efforts of the Parents Who Host Campaign		June 30, 2015

Decrease Youth Substance Abuse Continued		
Action Step	Responsible Person/Agency	Timeline
Implement a youth smoking cessation program in Hancock County		
Year 1: Get providers trained in a smoking cessation program	Family Resource Center	June, 30 2013
Year 2: Work with schools, churches and youth organizations to recruit youth to participate in a smoking cessation program.		June 30, 2014
Year 3: Continue to increase the number of youth involved in completing a smoking cessation program.		June 30, 2015

Decrease Adult Substance Abuse		
Action Step	Responsible Person/Agency	Timeline
Initiate a Feasibility Study of an Outpatient Detox Facility in Hancock County		
Year 1: Obtain quotes and secure an organization to complete the study. Work with other nearby counties that have completed a feasibility study.	Precia Stuby: Hancock County ADAMHS Board	June, 30 2013
Year 2: Share results of the study with key stakeholders to obtain support or to discuss alternative solutions.		June 30, 2014
Year 3: Secure funding for a detox facility or secure funding for alternative solutions such as a regional detox bed tracker and/or corresponding transportation to nearby detox facilities.		June 30, 2015
Implement a Community Based Comprehensive Program to Reduce Substance Abuse		
Year 1: Educate community on problems associated with high-risk drinking.	Precia Stuby: Hancock County ADAMHS Board	June, 30 2013
Year 2: Expand the current coalition's efforts by increasing community engagement and supporting strategies and interventions. (Ex. Increase sobriety checkpoints, increase seller/server trainings and responsible beverage service trainings)		June 30, 2014
Year 3: Publicize results of efforts and expand strategies of the Coalition.		June 30, 2015
Increase the efforts of the Hancock County Prescription/Opiate Task Force		
Year 1: Increase awareness of prescription drug collections and collection sites.	Precia Stuby: Hancock County ADAMHS Board	June, 30 2013
Year 2: Create a full-time prescription drug drop off location in Hancock County		June 30, 2014
Year 3: Implement additional drop-off site locations in the county.		June 30, 2015

Decrease Adult Substance Abuse Continued		
Action Step	Responsible Person/Agency	Timeline
Implement an adult smoking cessation program in Hancock County		
Year 1: Gather information on which organizations still have employees that are trained in smoking cessation program.	Chris Press: Blanchard Valley Health System	June, 30 2013
Year 2: Pilot a smoking cessation program in one facility.		June 30, 2014
Year 3: Continue offering more smoking cessation programs.		June 30, 2015

Decrease Youth Violence		
Action Step	Responsible Person/Agency	Timeline
Implement Bullying Prevention Program		
Year 1: Work with schools districts to find out who is implementing violence prevention programs. Partner with community agencies to write grants to secure funds for future programming.	Precia Stuby: Reducing Risk Coalition	June, 30 2013
Year 2: Introduce an evidence based bullying prevention program in one district at the Elementary School level.		June 30, 2014
Year 3: Expand program to the Middle School and High School level.		June 30, 2015
Increase education for parents and families		
Year 1: Research evidence based program for families to help increase family strengths, reduce problem behaviors, and build protective factors at the Middle School level.	Kimberly Bash: Findlay-Hancock County Community Foundation Barbara Brahm: O.S.U Extension, Hancock County	June, 30 2013
Year 2: Chose program and implement in one school district.		June 30, 2014
Year 3: Offer program in multiple districts and at the Elementary and High School level.		June 30, 2015

The progress of meeting the local priorities will be monitored with measurable indicators identified by the Hancock County Strategic Planning Committee. There will be three chairpersons responsible for coordinating the efforts of the three target impact areas. Each target impact area will be broken into a sub-committee (obesity, substance abuse and youth violence). Each sub-committee will meet monthly or bi-monthly. The full strategic planning committee will meet quarterly and each of the three chairpersons will report out the progress made by their subcommittee. Meetings will be hosted and coordinated by one of the three chairpersons or by another planning committee member.

Action steps, responsible person/agency and timelines will be reviewed at the end of each year by the steering committee. Edits and revisions will be made accordingly.

Contact Us

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

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