2016-2019

Crawford County & Galion City

Community Health Improvement Plan

CCHP CRAWFORD COUNTY HEALTH PARTNERS

TABLE OF CONTENTS

EXECUTIVE SUMMARY

In 2015, the Crawford County Health Partners began conducting community health assessments (CHA) for the purpose of measuring and addressing health status. The most recent Crawford County Health Assessment, conducted by the Hospital Council of Northwest Ohio, was cross-sectional in nature and included a written survey of adults within Crawford County. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national and state *Behavioral Risk Factor Surveillance System* (BRFSS). This has allowed Crawford County to compare the data collected in their CHA to national, state and local health trends. The Crawford-Marion ADAMH Board also conducted a youth survey in collaboration with Crawford County superintendents. The data from the youth survey was reviewed and incorporated as a part of this process as well.

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

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

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

To facilitate the Community Health Improvement Process, the Crawford County Health Department and the Galion City Health Department along with the local hospital, Avita Health System, 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 and County Health Officials (NACCHO) strategic planning tool, Mobilizing for Action through Planning and Partnerships (MAPP), was used throughout this process.

The MAPP Framework includes six phases which are listed below

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

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

Strategies:

Priority Health Issues for Crawford County
1. **Decrease Obesity**
2. **Decrease Adult Cardiovascular Disease**
3. **Decrease Youth Substance Abuse**
4. **Improve Prenatal Outcomes**

Action Steps:

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

1. Participate in the Healthier Food Challenge of Healthier Hospitals
2. Increase Nutrition/Physical Education Materials Being Offered to Patients by Primary Care Offices
3. Increase Education of Healthy Eating for Adults
4. Establish a Crawford County Obesity Coalition
5. Increase Businesses/Organizations Providing Wellness Programs and/or Insurance Incentive Programs to Their Employees
6. Explore The Possibility Of Recruiting A Bariatric Surgeon And Creating A Bariatric Surgery Program

To work toward **decreasing adult cardiovascular disease,** the following actions steps are recommended:

1. Initiate a Community–Based Walking Program
2. Increase Nutrition/Physical Education Materials Being Offered to Patients by Primary Care Offices
3. Implement Tobacco Policies

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

1. Increase Awareness of Trauma Informed Care
2. Expand the Operation Street Smart Program
3. Expand Evidence-based Programs and Counseling Services Targeting Youth
4. Continue and Enhance Leader In Me (LIM) in Crawford County
5. Increase The Number Of Primary Care Physicians Screening For Depression During Office Visits

To work toward **improving prenatal outcomes,** the following actions steps are recommended:

1. Implement Pathways Model
2. Increase the Use of Safe Sleep Practices
3. Increase Breastfeeding Practices

To work toward addressing all four priority areas**,** the following **trans-strategies** are recommended:

1. Create and Distribute A County-Wide Resource Assessment
2. Increase Transportation Through A County Transportation Plan
3. Create a Consistent Message
4. Market the CHIP with Crawford County Community Leaders

PARTNERS

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

Crawford County Health Partners

Brad DeCamp, Crawford-Marion ADAMH Board
Carrie Betts, Avita Health System
Cinda Kropka, Avita Health System
Cindy Wallis, Community Counseling Services
Crystina Wallar, Family & Children First Council
Deena Smith, Bucyrus YMCA
DeEtta Shaffer, Galion City Health Department
Gary Frankhouse, Crawford County Education and Economic Development Partnership
Jody Demo-Hodgins, Crawford-Marion ADAMH
Joe Stafford, Community Counseling Services & Restore Ministries
Kate Siefert, Crawford County Public Health
Kathy Bushey, Crawford County Public Health WIC
Lisa Workman, The Community Foundation for Crawford County
Madeline Novack, Maryhaven
Mary Jo Carle, Together We Hurt, Together We Heal
Pam Kalb, Crawford County Public Health Help Me Grow
Paula Brown, Maryhaven
Sis Love, City of Bucyrus
Stephanie Zmuda, Galion City Health Department
Steve Jozwiak, Crawford County Public Health
Tom O'Leary, City of Galion
Trish Factor, Galion City Health Department

This planning process was facilitated by Britney Ward, Director of Community Health Improvement, and Tessa Elliott, Community Health Improvement Coordinator, from the Hospital Council of Northwest Ohio.

VISION

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

The Vision of Crawford County Health Partners:
Making healthy happen in Crawford County through collaboration, prevention and wellness
The Mission of Crawford County Health Partners:
To bring together people and organizations to improve community wellness in Crawford County

ALIGNMENT WITH NATIONAL, STATE AND LOCAL STANDARDS

The 2016-2019 Crawford County Health Improvement Plan priorities align perfectly with state and national priorities. Crawford County will be addressing the following priorities: obesity, cardiovascular disease, youth substance abuse, and prenatal outcomes.

Ohio State Health Improvement Plan
Crawford County priorities very closely mirror the following 2015-2016 State Health Improvement Plan (SHIP) Addendum priorities:
Priority 1: Decrease Ohio's Infant Mortality Rate and Reduce Disparities in Birth Outcomes
Priority 2: Prevent and Reduce the Burden of Chronic Disease for All Ohioans
Priority 4: Promote Public Awareness, Policy, Programs and Data That Demonstrate That Injury and Violence Are Preventable

To align with and support **Priority 1** (Infant Mortality), Crawford County will work to decrease exposure to second hand smoke throughout the county. Furthermore, Crawford County will work to increase 1st Trimester prenatal care for pregnant Crawford County women as well as increase the use of safe sleep practice for infants.

To align with and support **Priority 2** (Chronic Disease), Crawford County will work to increase the number of businesses and organizations providing wellness programs and insurance incentives programs to their employees. Additionally, Crawford County will work to adopt complete streets policies and implement a healthier choices campaign in Crawford County schools.

To align with and support **Priority 4** (Injury and Violence), Crawford County will work to increase the number of health care providers screening for alcohol and drug abuse and expand the Operation Street Smart Program.

U.S. Department of Health and Human Services National Prevention Strategies
The Crawford County Plan also aligns with six of the National Prevention Strategies for the U.S. population: healthy eating, active living, injury and violence free living and preventing drug abuse and excessive alcohol use.

ALIGNMENT WITH NATIONAL, STATE AND LOCAL STANDARDS, *continued*

Healthy People 2020

Crawford 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
- ***Heart Disease and Stroke (HDS)-4***: Increase the proportion of adults who have had their blood pressure measured within the preceding 2 years and can state whether their blood pressure was normal or high
- ***Substance Abuse(SA)-2***: Increase the proportion of adolescents never using substances
- ***Maternal, Infant, and Child Health (MICH)-1***: Reduce the rate of fetal and infant deaths

There are 21 weight control objectives, 16 heart disease and stroke objectives, 20 substance abuse objectives, and 20 other maternal, infant, and child health objectives that support the work of the Crawford County CHIP. These objectives can be found in each individual section.

STRATEGIC PLANNING MODEL

Beginning in May 2016, Crawford County Health Partners met four (4) times and completed the following planning steps:

1. ***Initial Meeting***- Review process and timeline, finalize committee members, create or review vision
2. ***Choosing Priorities***- Use quantitative and qualitative data to prioritize target impact areas
3. ***Ranking Priorities***- Ranking the health problems based on magnitude, seriousness of consequences, and feasibility of correcting
4. ***Resource Assessment***- Determine existing programs, services, and activities in the community that address the priority target impact areas and look at the number of programs that address each outcome, geographic area served, prevention programs, and interventions
5. ***Forces of Change and Community Themes and Strengths***- Open-ended questions for committee on community themes and strengths
6. ***Gap Analysis***- Determine existing discrepancies between community needs and viable community resources to address local priorities; identify strengths, weaknesses, and evaluation strategies; and strategic action identification
7. ***Local Public Health Assessment***- Review the Local Public Health System Assessment with committee
8. ***Quality of Life Survey***- Review results of the Quality of Life Survey with committee
9. ***Best Practices***- Review best practices and proven strategies, evidence continuum, and feasibility continuum
10. ***Draft Plan***- Review 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

Crawford County Health Partners reviewed the 2015 Crawford County Health Assessment. The detailed primary data for each individual priority area can be found in the section it corresponds to. Each member completed an "Identifying Key Issues and Concerns" worksheet. The following tables were the group results.

What are the most significant <u>ADULT</u> health issues or concerns identified in the 2015 assessment report?

Key Issue or Concern	% of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
1. Weight Status (10 votes)			
Obese	35%	Age: 30-64, <$25K	--
Overweight	40%	Age: <30, $25K+	Male
2. Cardiovascular Disease (9 votes)			
High blood pressure	42%	Age: 65+,<$25K	Male
High blood cholesterol	40%	Age: 65+, $25K+	Male
Stroke	1%	--	--
Heart Attack	5%	--	--
3. Diabetes (9 votes)			
Diagnosed with diabetes	16%	Age: 65+, <25K	Male
4. Mental Health/Access (7 votes)			
Considered attempting suicide	5%	--	--
Attempted suicide	2%	--	--
Felt sad or hopeless for two or more weeks	14%	Age: <30, <25K	Female
5. Tobacco use (6 votes)			
Current smoker	20%	Age: 30-64, <$25K	Male
6. Prenatal outcomes (6 votes)			
Prenatal visit – 1st trimester	52%	--	Female
7. Alcohol consumption (5 votes)			
Average number of drinks	3.9 drinks on average	Age: <30	Female
Current drinker	51%	Age: <30	Male
Binger drinker	38%	Age: <30, <25K	Male
8. Drug overdose/poisoning (4 votes)	15.1 per 100,000	--	--
9. Parenting (3 votes)			
Parent read to their child every day	20%	--	--
Never breastfed child	32%	Income: <$25K	--
Affordable childcare	9%	--	--
Financial burden	33%	--	--
Child behavior	25%	--	--
Parent alcohol/drug use	1%	--	--
Child slept in bed with parent or another person	50%	--	--
Child slept in crib/bassinette (no bumper, etc.)	51%	--	--
Child slept in crib/bassinette (with bumper, etc.)	49%	--	--

NEEDS ASSESSMENT, continued

What are the most significant <u>ADULT</u> health issues or concerns identified in the 2015 assessment report? (continued)

Key Issue or Concern	% of Population at Risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
10. Screenings (3 votes)			
Had a mammogram in the past year (over 40)	53%	--	--
Had a PSA Test in the past year (over 50)	49%	--	--
11. Preventive medicine (2 votes)			
Pneumonia vaccine 65+	59%	Age: 65+	--
12. Arthritis (2 votes)			
Diagnosed with arthritis	32%	Age: 65+	--
13. Access to care (1 vote)			
Uninsured	12%	Age: <30, <$25K	Female
Could not see doctor because of cost	14%	Income: <$25K	--
14. Limitations for Seniors (1 vote)			
Limited in some way	20%	Age: 65+, <$25K	Female
15. Educational attainment (1 vote)			
Less than High School Diploma	4.8%	--	--
High School Diploma	40.5%	--	--
Some college/college graduate	50.8%	--	--

NEEDS ASSESSMENT, continued

What are the most significant <u>YOUTH</u> health issues or concerns identified in the 2015 assessment report?

Key Issue or Concern	% of Population at Risk	Age Group Most at Risk	Gender Most at Risk
1. Substance abuse (14 votes)			
Marijuana use	21%	Age: 17+	Male
Life time drinker (of all youth)	45%	Age: 17+	--
Binge drinker (of all youth)	15%	Age: 17+	--
Current drinker	21%	Age: 17+	Female
Drank alcohol before the age of 13 (of all youth)	12%	--	--
Rode with someone who was drinking	13%	--	--
Drank and drove (of youth drivers)	7%	--	--
2. Tobacco Use (10 votes)			
Current smoker	11%	Age: 17+	Female
Smoked a whole cigarette at 10 years old or younger	18%	--	--
Smoked more than 10 cigarettes per day (of current smokers)	19%	--	--
3. Hunger/malnutrition (7 votes)			
Percent of Crawford County youth on free/reduced lunch	53.31%	--	--
4. Bullying (6 votes)			
Bullied on school property	26%	--	--
Electronically bullied	19%	--	--
5. Parental involvement (4 votes)			
Parent always involved in education	45%	--	--
Parent seldom involved in education	18%	--	--
Parent never involved in education	5%	--	--
6. Texting and driving (4 votes)			
Youth drivers who texted or e-mailed while driving	34%	--	--
7. Mental Health/Depression (3 votes)			
2015 Crawford county penetration rate	62/1,000	--	--
8. Obesity/lack of recreation (1 vote)			
Percent of Crawford County 3rd graders who were overweight/obese	33.6%	--	--
9. Infant low birth weight/Malnutrition (1 vote)			
Crawford County low birth weight percentage	7.3%	--	--

PRIORITIES CHOSEN

Based on the 2015 Crawford County Health Assessment, key issues were identified for adults and youth. Committee members then completed a ranking exercise, giving a score for magnitude, seriousness of the consequence, and feasibility of correcting, resulting in an average score for each issue identified. Committee members' rankings were then combined to give an average score for the issue.

Health Issue	Average Score
Adult Obesity	23.3
Adult Cardiovascular	21.1
Youth Substance Abuse	20.7
Prenatal Outcomes	19.9
Youth Tobacco	18.9
Adult Diabetes	17.1
Adult Tobacco	17.0
Youth Bullying	17.0
Adult Mental Health	16.8
Adult Alcohol	15.3

Crawford County will focus on the following four priorities over the next 3 years:

- Obesity
- Adult Cardiovascular Disease
- Youth Substance Abuse
- Prenatal Outcomes

FORCES OF CHANGE

Crawford County Health Partners 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 Crawford County in the near future. The table below summarizes the forces of change agent and its potential impacts.

Force of Change	Impact
1. Ohio Department of Health (ODH)	○ Reduction in vaccination funding ○ The Children with Medical Handicaps Program (BCMH) not funded the same way
2. Court programs	○ Better outcomes for at-risk youth
3. Election year	○ 2016 is an election year. This could have positive or negative effects on the residents and the community as a whole ○ Changes at county, state, and federal level
4. Transportation	○ Transportation system now in place
5. Aging population	○ Higher medical expenses ○ Skilled workers are retiring
6. County debt	○ Crawford County unable to grow economically
7. Declining population	○ Declining economic growth ○ Loss of taxes and funding ○ People are leaving Crawford County for better opportunities
8. Crawford works	○ Connecting people to jobs ○ Giving residents a second chance
9. Access to clean water	○ Health of Crestline residents
10. Law enforcement leadership	○ Crisis Intervention Team (CIT) Training ○ Committed to the safety of Crawford County residents
11. Crawford County School System	○ Losing funding due to online and home schools ○ Kids are less social, isolated
12. Human trafficking	○ Becoming more prevalent in Crawford County
13. State and Federal Funding	○ Reimbursement vs. money up front
14. Reliability	○ Cannot rely on the state, have to do it locally
15. Regionalization	○ Office of Health Transformation is proposing regionalizing the state and funding public health differently
16. Use of drones	○ Using drones to farm, deliver groceries, pizza, etc.
17. Unfunded mandates	○ Unfunded mandates provide strain and stress on systems and agencies ○ Have to choose between health programs
18. Technology	○ Technology is getting better ○ Use it for skyping (for personal and business use)

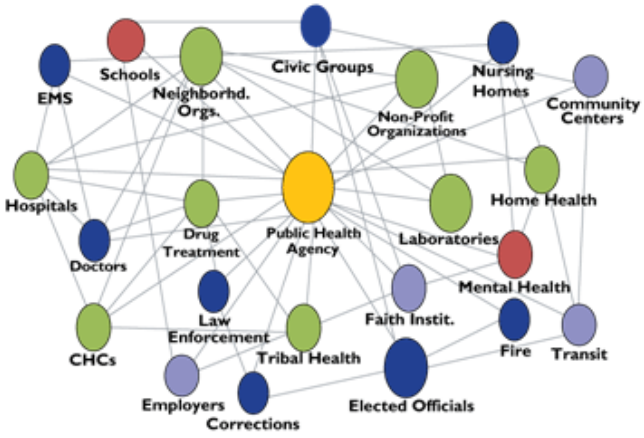
LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

The Local Public Health System

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

The public health system includes:

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



The 10 Essential Public Health Services

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

Public health systems should:

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

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

The Local Public Health System, continued

The Local Public Health System Assessment (LPHSA) answers the questions, "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the 10 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**.

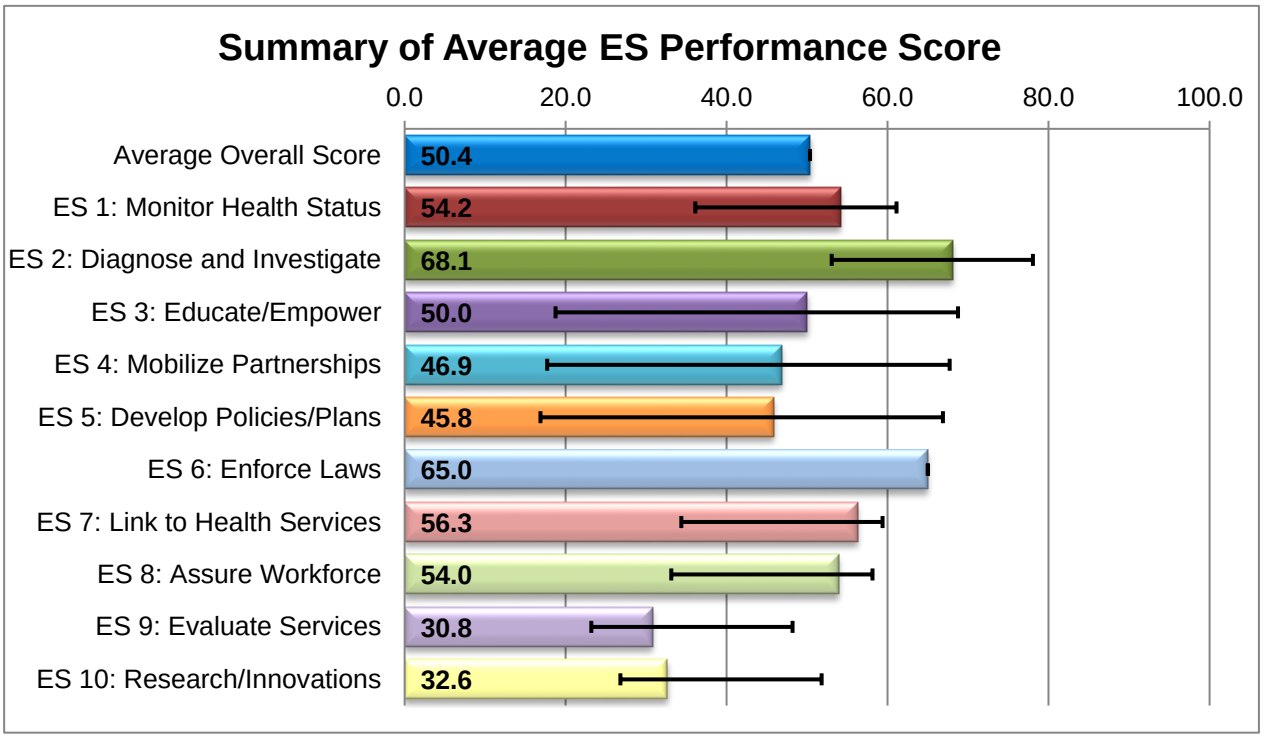
Members of Crawford County Public Health and Galion City Health Department completed the performance measures instrument. The LPHSA results were then presented to the full CHIP committee for discussion. The 10 Essential Public Health Services and how they are being provided within the community as well as each model standard was discussed and the group came to a consensus on responses for all questions The challenges and opportunities that were discussed were used in the action planning process.

The CHIP committee identified 26 indicators that had a status of "minimal" and 0 indicators that had a status of "no activity". The remaining indicators were all moderate, significant or optimal.

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

To view the full results of the LPHSA, please contact Stephanie Zmuda from the Galion City Health Department at stephanie.zmuda@galionhealth.org

Crawford County Local Public Health System Assessment
2016 Summary



COMMUNITY THEMES AND STRENGTHS

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

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

- Residents are physically active
- Safe
- Healthy food options
- Safe water
- Adequate green space
- Educational opportunities for youth and adults
- Low crime
- Access to healthcare
- Activities available for community members
- Sense of community/knowing your neighbors
- Faith based
- Accessible and affordable resources to help those in need
- Decent wages and high median income

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

- Farming industry
- Parks
- Resiliency
- Giving, kind people
- Collaboration of local faith-based groups
- Partnerships within the community
- Hospital system
- Growing economics
- Youth activities (ex. libraries)
- Good leadership in the county – open to change
- Collaboration among school systems

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

- Crawford County Health Partners (CHIP Committee)
- 2020 Quality of Life Team
- Drug Abuse Task Force
- Family and Children First Council (FCFC)
- Healthcare Coalition
- Libraries
- First Fridays
- Crawford Success Center
- YMCA Programs
- Together We Hurt, Together We Heal
- Ministerial Association
- Hospital and Health Department donating space to Mental Health
- Signs of Suicide (SOS) (program between Mental Health and Schools)
- Mental Health court (program between Court and Mental Health)
- ADAMHs Board
- Arts Council
- Crawford County Metropolitan Housing Authority
- Positive Seekers
- Crawford Works
- Recovery to Work
- Born
- Christian Cooperative
- Workforce Awareness for Graduates and Educators (WAGE)
- Crawford Foundation
- United Way

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

- Addiction epidemic
- Leadership at the youth level
- Economics
- Changing the sense of hopelessness
- Transportation
- Childcare
- Instilling a sense of pride in community members
- Value education
- Self-accountability
- Focus on prevention
- Retain youth

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:

- Financial resources
- Breaking down silos
- Closed mindset
- Lack of political support at the local, state and federal level
- Lack of hope in the community
- Negative media – include more positive media
- Lack of prevention funding

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

- Mental Health court
- Prevention funding
- School consolidation
- Method for shared resources
- Employee needs (i.e. sick time, child care)
- Local drug detox facility
- Inpatient psychiatric unit and inpatient detox unit
- Newborn/prenatal care (funding for "Welcome Home Visits")
- Kinship program
- Respite care
- Sports-entertainment complex
- Hire a grant writer
- Getting the necessary leaders in the community to show up to the table
- Improvement to rental houses

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

- Backing from leadership and politicians
- Having confidence in solutions

QUALITY OF LIFE SURVEY

Crawford County Health Partners urged community members to fill out a short Quality of Life Survey via Survey Monkey. There were 273 Crawford County community members who completed the survey. The anchored Likert scale responses were converted to numeric values ranging from 1 to 5, with 1 being lowest and 5 being highest. For example, an anchored Likert scale of "Very Satisfied" = 5, "Satisfied" = 4, "Neither Satisfied or Dissatisfied" = 3, "Dissatisfied" = 2, and "Very Dissatisfied" = 1. For all responses of "Don't Know," or when a respondent left a response blank, the choice was a non-response, was assigned a value of 0 (zero) and the response was not used in averaging response or calculating descriptive statistics.

Quality of Life Questions	Likert Scale Average Response
1. Are you satisfied with the quality of life in our community? (Consider your sense of safety, well-being, participation in community life and associations, etc.) [IOM, 1997]	3.38
2. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, options in health care, etc.)	3.71
3. Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	3.41
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.)	3.35
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.)	2.58
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?)	3.31
7. Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, or organizations) during times of stress and need?	3.45
8. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?	3.38
9. Do all residents perceive that they — individually and collectively — can make the community a better place to live?	2.86
10. Are community assets broad-based and multi-sectoral? (There are a variety of resources and activities available county-wide)	2.88
11. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?	2.93
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?)	2.89

RESOURCE ASSESSMENT

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

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

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

- Obesity, *pages 21-24*
- Adult Cardiovascular Disease, *pages 35-36*
- Youth Substance Abuse, *pages 48-49*
- Prenatal Outcomes, *page 58*

Priority #1 I Decrease obesity

Obesity Indicators

The 2015 Health Assessment identified that 75% of Crawford County adults were overweight or obese based on Body Mass Index (BMI). The 2014 BRFSS indicates that 33% of Ohio and 30% of U.S. adults were obese by BMI. More than one-third (35%) of Crawford County adults were obese. Almost two-fifths (38%) of adults were trying to lose weight.

Adult Weight Status

In 2015, the health assessment indicated that three-fourths (75%) of Crawford County adults were either overweight (40%) or obese (35%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of diseases.

Almost two-fifths (38%) of adults were trying to lose weight, 38% were trying to maintain their current weight or keep from gaining weight, and 1% were trying to gain weight.

In Crawford County, 51% of adults were engaging in some type of physical activity or exercise for at least 30 minutes 3 or more days per week. 26% of adults were exercising 5 or more days per week. One-fourth (25%) of adults were not participating in any physical activity in the past week, including 3% who were unable to exercise.

In 2015, 4% of adults were eating 5 or more servings of fruits and vegetables per day. 91% were eating between 1 and 4 servings per day.

Crawford County adults had access to a wellness program through their employer or spouse's employer with the following features: health risk assessment (10%), free/discounted gym membership (8%), lower insurance premiums for participation in wellness program (8%), on-site health screenings (7%), gift cards or cash for participation in wellness program (4%), on-site fitness facility (4%), healthier food options in vending machines or cafeteria (4%), lower insurance premiums for positive changes in health status (3%), free/discounted smoking cessation program (3%), gift cards or cash for positive changes in health status (3%), free/discounted weight loss program (2%), on-site health education classes (1%), and other (3%).

31% of Crawford County adults did not have access to any type of wellness program.

Galion City Weight Status

In 2015, the health assessment indicated that over three-quarters (80%) of Galion City adults were either overweight (40%) or obese (40%) by Body Mass Index (BMI).

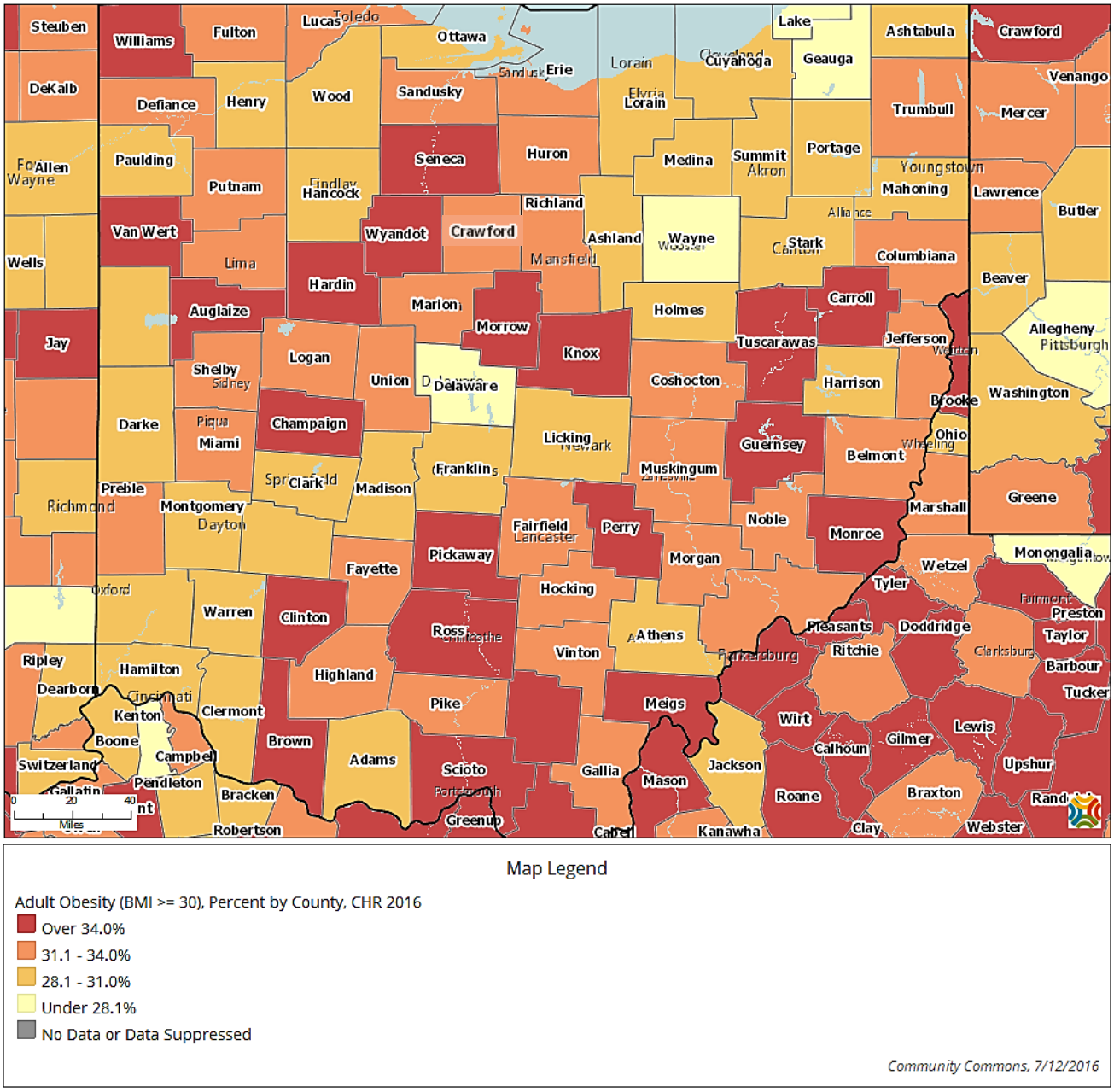
In 2015, 5% of Galion City adults were eating 5 or more servings of fruits and vegetables per day. 90% were eating between 1 and 4 servings per day.

In Galion City, 53% of adults were engaging in some type of physical activity or exercise for at least 30 minutes 3 or more days per week. 22% of adults were exercising 5 or more days per week. Almost one-fourth (23%) of adults were not participating in any physical activity in the past week, including 2% who were unable to exercise.

Adult Comparisons	Galion City 2015	Crawford County Total 2015	Ohio 2014	U.S. 2014
Obese	40%	35%	33%	30%
Overweight	40%	40%	34%	35%

Priority #1 | Decrease obesity

Adult Obesity (BMI >= 30), Percent by County, County Health Rankings, 2016



Map Legend

Adult Obesity (BMI >= 30), Percent by County, CHR 2016

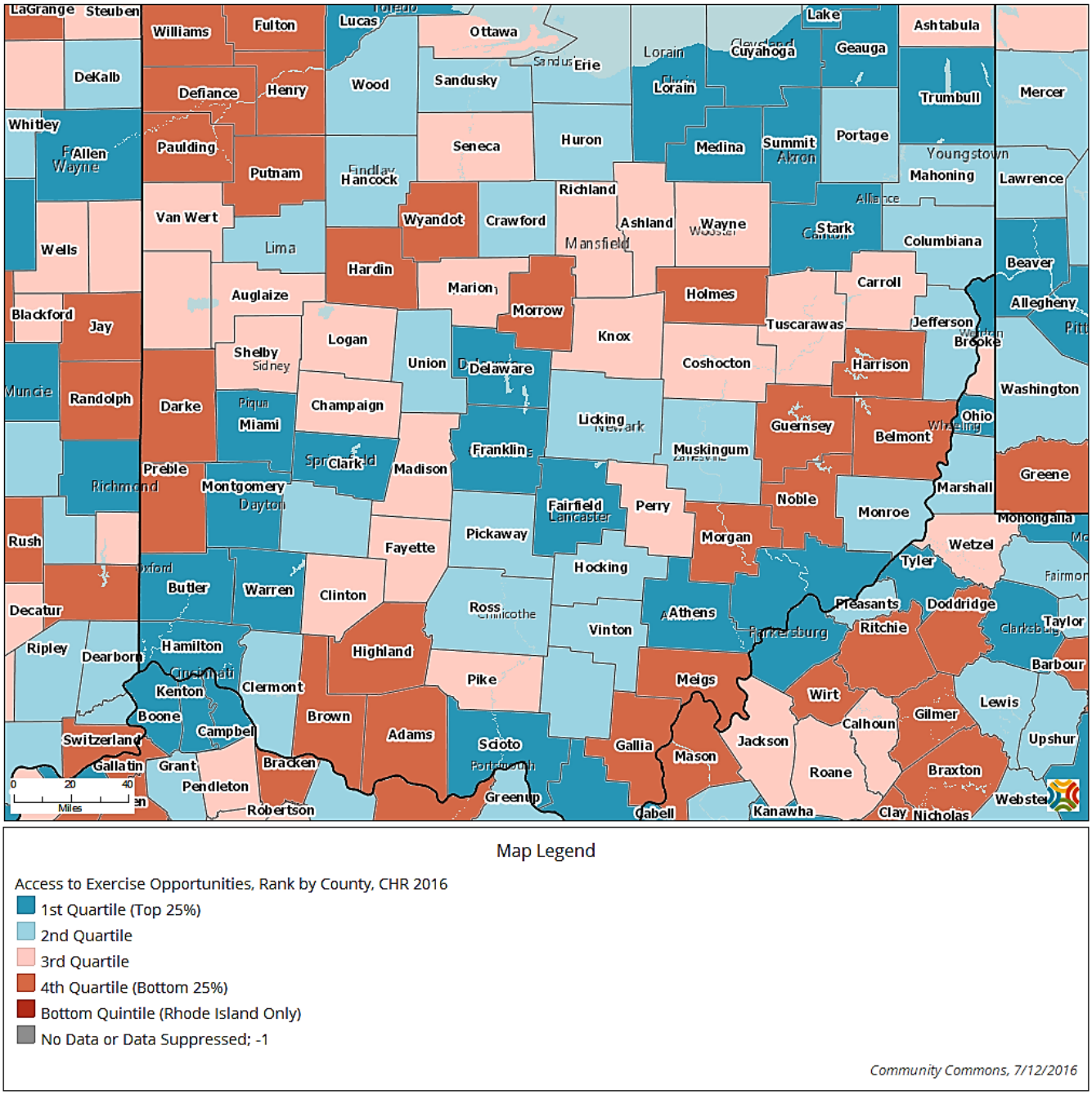
- Over 34.0%
- 31.1 - 34.0%
- 28.1 - 31.0%
- Under 28.1%
- No Data or Data Suppressed

Community Commons, 7/12/2016

(Source: County Health Ranking: 2012, as compiled by Community Commons)

Priority #1 | Decrease obesity

Access to Exercise Opportunities, Rank by County, County Health Rankings, 2016



Map Legend

Access to Exercise Opportunities, Rank by County, CHR 2016

- 1st Quartile (Top 25%)
- 2nd Quartile
- 3rd Quartile
- 4th Quartile (Bottom 25%)
- Bottom Quintile (Rhode Island Only)
- No Data or Data Suppressed; -1

Community Commons, 7/12/2016

(Source: County Health Rankings: 2014, as compiled by Community Commons)

Priority #1 | Decrease obesity

Resource Assessment

Program/Strategy/Service	**Responsible Agency**	**Contact Information** (Address, Website, etc.)	**Population(s) Served**	**Continuum of Care** (prevention, early intervention, or treatment)	**Evidence of Effectiveness**
Evidence-based Practices					
WIC – nutrition education, breastfeeding education & support	Crawford County Public Health	1520 Isaac Beal Road, Bucyrus 419-562-5871 crawfordhealth.com	Prenatal to age 5	Prevention/Early Intervention	Evidence-based
Best Practices					
Physical fitness – programming for youth and adults, includes Individual & Team Triathlon and 5K	Galion Community Center YMCA	500 Gill Avenue Galion 419-468-7754 www.galioncenterymca.org	Everyone	Prevention/ Early Intervention	Best Practice
Physical fitness – programming for youth and adults, includes Individual & Team Triathlon	Bucyrus Area YMCA	1655 East Southern Avenue, Bucyrus 419-562-6218 www.bucyrusymca.org	Everyone	Prevention/ Early Intervention	Best Practice
Physical fitness: workout plans/personal training, nutritional coaching	Flex Fitness Club	1660 East Mansfield Street, Bucyrus 419-562-FLEX www.flexfitnessclubllc.com	Adults	Prevention/ Early Intervention	Best Practice
Physical fitness – Walk with a Doc, Moving Hearts & Soles 5K	Avita Health System	269 Portland Way South Galion 419-468-4841 www.avitahealth.org	Everyone	Prevention/Early Intervention	Best Practice
Physical fitness	Parks & Recreation – Bucyrus: Aumiller, Harmon, Lion's, Lane Street Soccer Field	City of Bucyrus 500 South Sandusky Avenue, Bucyrus 419-562-6767 www.cityofbucyrusoh.us	Everyone	Prevention/Early Intervention	Best Practice
Physical fitness – walking paths	Crawford Park District	2401 State Route 598 Crestline 419-683-9000 www.crawfordparkdistrict.org	Everyone	Prevention/ Early Intervention	Best Practice
Physical fitness	The Fitness Warehouse	6597 Windfall Road Galion 419-989-5323 www.facebook.com/Thefitnesswarehouseingalionohio	18 and older; 17 and under if working out with parent/ guardian	Prevention/ Early Intervention	Best Practice
Physical fitness	Cycling Sports Center	130 Harding Way East, Galion 419-462-2453 cyclingsportscenter.com	Everyone	Prevention/Early Intervention	Best Practice
Physical fitness	Parks & Recreation – Crestline: Hamilton, Kelly	Village of Crestline 100 North Seltzer Street Crestline 419-683-3800 www.crestlineoh.com	Everyone	Prevention/Early Intervention	Best Practice

Priority #1 | Decrease obesity

Resource Assessment, continued

Program/Strategy/Service	**Responsible Agency**	**Contact Information** (Address, Website, etc.)	**Population(s) Served**	**Continuum of Care** (prevention, early intervention, or treatment)	**Evidence of Effectiveness**
Physical fitness	Parks & Recreation – Galion: East, Heise, PECO II, South	City of Galion 301 Harding Way East Galion 419-468-1857 www.galion.city	Everyone	Prevention/Early Intervention	Best Practice
Nutrition/physical activity education for summer lunch program; weight checks	Galion City Health Department	113 Harding Way East, Galion 419-468-1075 galionhealth.org	Everyone	Prevention/Early Intervention	Best Practice
Farmers market – Saturday 8:30am-12:00pm, May-October	Bucyrus Farmers Market	1695 East Mansfield Street, Bucyrus	Everyone	Prevention/Early Intervention	Best Practice
Farmers market – Tuesday 3:00-6:00pm, May-October	Crestline Farmers Market	202 North Thoman Street, Crestline 419-683-2162 www.facebook.com/crestlinefarmersmarket	Everyone	Prevention/Early Intervention	Best Practice
Farmers market – Thursday 4:00-6:30pm, May-October	NorthSide Farmers Market	Heise Park Lane, Galion 419-468-1857	Everyone	Prevention/Early Intervention	Best Practice
Weight management – Monday 6:00pm	Weight Watchers	Crawford County MRDD 1650 East Southern Avenue, Bucyrus	18 and over; 17 and under w/ medical permission	Early Intervention	Best Practice
Medical Nutritional Therapy	Avita Health System (Bucyrus and Galion)	629 North Sandusky Street, Bucyrus 419-562-4677 269 Portland Way South, Galion 419-468-4841 www.avitahealth.org	Patients with a variety of health conditions; any with physician prescription	Treatment	Best Practice
Dr. Howard Eckstein – pediatrician w/ special interest in obesity	Avita Health System	269 Portland Way South, Galion 419-468-4841 www.avitahealth.org	Pediatrics	Treatment	Best practice
Family & consumer sciences – food & nutrition education	OSU Extension – Crawford County	112 East Mansfield Street, Suite 303 Bucyrus 419-562-8731	Everyone	Prevention/Early Intervention	Best practice
Nutrition consultation/counseling	Phillips Family Chiropractic	5 Public Square, Galion 419-468-4555 www.drnickphillips.com	Everyone	Treatment	Best practice
Youth baseball and softball program	Bucyrus New Washington Crestline	None noted	Youth	Prevention/ Early Intervention	Best practice
Youth baseball	Bucyrus Little League	bucyruslittleleague@gmail.com www.bucyruslittleleague.com/	Youth	Prevention/ Early Intervention	Best practice
	Galion Youth Baseball	P.O. Box 813, Galion galionyouthbaseball@yahoo.com http://www.galionyouthbaseball.com/			
	New Washington Youth Baseball	None noted			

Priority #1 | Decrease obesity

Resource Assessment, continued

Program/Strategy/Service	**Responsible Agency**	**Contact Information** (Address, Website, etc.)	**Population(s) Served**	**Continuum of Care** (prevention, early intervention, or treatment)	**Evidence of Effectiveness**
Youth football	Galion Youth Football	www.galionyouthfootball.com	Youth	Prevention/ Early Intervention	Best practice
Youth soccer	Bucyrus Area Youth Soccer	Harmon Park 509 North Lane Street, Bucyrus http://www.bucyrussoccer.com/	Youth 4-18	Prevention/ Early Intervention	Best practice
Open track	Crawford County Schools Crestline New Washington	None noted	Everyone	Prevention/ Early Intervention	Best practice
Aumiller Park Pool	City of Bucyrus	500 Aumiller Park Drive, Bucyrus	Everyone	Prevention/ Early Intervention	Best practice
Heise Park Pool	City of Galion	5 Heise Park Lane, Galion	Everyone	Prevention/ Early Intervention	Best practice
Open Arms – Free Gym Wednesday 7-9pm	Chatfield Evangelical Pietist Church	3535 Chatfield Center Road, Chatfield	Everyone	Prevention/ Early Intervention	Best practice
Open gym (basketball) – Thursday 6:30-8:30pm	GracePoint Church	683 Portland Way North, Galion	16 and over	Prevention/ Early Intervention	Best practice
Open track (indoor)	St. Joseph Catholic Church First Church of the Nazarene	Address: 135 N. Liberty St, Galion, OH 44833 Phone: 419-468-2884 Crestline	Everyone	Prevention/ Early Intervention/ Treatment	Best practice
No Evidence Indicated					
Tumble and Plunge	Crawford County Public Health	1520 Isaac Beal Road, Bucyrus 419-562-5871 crawfordhealth.com	Youth	Prevention	None noted
Taking Off Pounds Sensibly (TOPS) – Monday 6:30pm	GracePoint Church	683 Portland Way North, Galion	None noted	None noted	None noted
Fruit and vegetable education	Pickwick Place	1875 North Sandusky Avenue, Bucyrus 419-562-0683 www.thepickwickplace.com	Everyone	Prevention	None noted
Fresh Beet – program teaching kids about fresh foods	Rus-Men Farms	710 Iberia Road, Galion 419-462-5295 www.rusmenfarms.com	Youth	Prevention	None noted
Free fruit or vegetable for kids while you shop	Kroger	210 East Mary Street, Bucyrus 419-562-4719	Youth	Prevention	None noted
Cooking classes	Carle's Bratwurst	1210 East Mansfield Street, Bucyrus 419-562-7741 www.carlesbrats.com	Everyone	Prevention/ Early Intervention	None noted
Learning Readiness Physical Education (LRPE)	Galion City Schools	Matt Tyrrell, P.E. Teacher	Youth	Prevention/ Early Intervention	None noted

Priority #1 | Decrease obesity

Resource Assessment, continued

Program/Strategy/Service	**Responsible Agency**	**Contact Information** (Address, Website, etc.)	**Population(s) Served**	**Continuum of Care** (prevention, early intervention, or treatment)	**Evidence of Effectiveness**
Bowling alleys	Suburban Lanes Victory Lanes	975 Hopley Avenue, Bucyrus 419-562-2249 739 Portland Way South, Galion 419-468-4868	Everyone	Prevention	None noted
Swimnastics	Galion YMCA Bucyrus YMCA	None noted	Everyone	Prevention/ Early Intervention	None noted
Skating rinks	Galion Bucyrus	None noted	Everyone	Prevention	None noted
Dance studios	Eagle Dance Studio	None noted	Everyone	Prevention	None noted
Galion Matcat Wrestling	None noted	None noted	Everyone	Prevention	None noted
Upwards Youth Sports Program	None noted	None noted	Youth	Prevention	None noted

Priority #1 | Decrease Obesity

Gaps and Potential Strategies

Gaps	Potential Strategies
1. Lack of Nutrition Education	○ Develop an obesity task force ○ Veggie-U (grow and cook vegetables) ○ Research food deserts ○ Improve food choices in local schools. Kids throw away food. ○ Community kitchen – safe handling of food, education, and produce. Possibly through OSU Extension. ○ Provide education in local Senior Centers on nutrition and how to budget (i.e. use money wisely) ○ Integrate food security questions into the EHR (Electronic Health Record)
2. Environmental Strategies	○ Safe Routes to School ○ Complete Streets ○ Bike trails (with exercise equipment)
3. Marketing of Available Resources	○ Public Information Officers (PIOs) from all agencies could meet quarterly ○ Organizations could share one PR person ○ Develop a consolidated list with all the county resources ○ Create a consistent media message using a variety of sources ○ Involve the Chamber of Commerce ○ Create a website for the coalition
4. Senior Physical Activity	○ Promote existing programs ○ Implement the Steady U fall prevention program ○ Focus existing programs to Seniors only (i.e. nature walks, yoga) ○ Open public pools early for Seniors only
5. Cooking Nutritious Foods	○ Enlist the local grocer to work with the Hospital chef to provide demonstrations on preparing healthy food ○ Provide recipes at local Farmers Markets and the produce departments in grocery stores
5. Bariatric Surgeon	○ Hospital exploring the possibility of recruiting a bariatric surgeon
6. Financial Assistance	○ Work on providing reduced memberships through local fitness facilities ○ Market FCFC (Family and Children First Council) Wrap Around program ○ Look into corporate sponsorships ○ Research having schools act as community HUB
8. Nutrition Classes	○ Educate the Crawford County residents on portion size, sodium intake and caffeine consumption

Priority #1 I Decrease obesity

Best Practices

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

1. **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.

2. **Healthier Hospitals: A Practice Greenhealth Program:** The Healthier Hospitals Initiative (HHI) is a national campaign to implement a completely new approach to improving environmental health and sustainability in the health care sector. Eleven of the largest, most influential U.S. health systems, comprising approximately 500 hospitals with more than $20 billion in purchasing power, worked with Health Care Without Harm (HCWH), the Center for Health Design and Practice Greenhealth to create HHI as a guide for hospitals to improve sustainability in six key areas: engaged leadership, healthier foods, leaner energy, less waste, safer chemicals, and smarter purchasing.

   The Healthier Hospitals Initiative is a call-to-action for an entire industry. It is an invitation for healthcare organizations across the country to join the shift to a more sustainable business model, and a challenge for them to address the health and environmental impacts of their industry. By creating a collaborative setting which engages all stakeholder groups and gives each individual player the tools they need to succeed, HHI has created a platform to help healthcare organizations affect widespread, meaningful change.

   For more information go to: https://practicegreenhealth.org/initiatives/healthier-hospitals-initiative

Priority #1 I Decrease obesity

Best Practices, continued

3. **Cooking Matters** (No Kid Hungry Center for Best Practices): Cooking Matters hands-on courses empower families with the skills to be self-sufficient in the kitchen. In communities across America, participants and volunteer instructors come together each week to share lessons and meals with each other. Cooking Matters is an evidence-based program.

   Courses meet for two hours, once a week for six weeks and are team-taught by a volunteer chef and nutrition educator. Lessons cover meal preparation, grocery shopping, food budgeting and nutrition. Participants practice fundamental food skills, including proper knife techniques, reading ingredient labels, cutting up a whole chicken, and making a healthy meal for a family of four on a $10 budget. Adults and teens take home a bag of groceries after each class so they can practice the recipes taught that day.

   Community partners that serve low-income families offer six-week Cooking Matters courses to adults, kids and families. Share Our Strength provides seven specialized curricula that cover nutrition and healthy eating, food preparation, budgeting and shopping. Cooking Matters' culinary and nutrition volunteers teach these high-quality, cooking-based courses at a variety of community-based agencies—including Head Start centers, housing centers and after-school programs—with neighborhood locations that make it easy for families to attend.

   For more information go to: http://cookingmatters.org/courses

Priority #1 I Decrease obesity

Alignment with National Standards

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

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

Priority #1 I Decrease obesity

Action Step Recommendations & Plan

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

1. Participate in the Healthier Food Challenge of Healthier Hospitals
2. Increase Nutrition/Physical Education Materials Being Offered to Patients by Primary Care Offices
3. Increase Education of Healthy Eating for Adults
4. Establish a Crawford County Obesity Coalition
5. Increase Businesses/Organizations Providing Wellness Programs and/or Insurance Incentive Programs to Their Employees
6. Explore The Possibility Of Recruiting A Bariatric Surgeon And Creating A Bariatric Surgery Program

Action Plan

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
Participate in the Healthier Food Challenge of Healthier Hospitals		
Year 1: Work toward achieving 1st Level accreditation. 10% reduction in meat served per meal OR achieve goal of 1.5 ounces of meat served per meal Increase the percentage of local food purchases by 5% annually OR achieve ultimate goal of 20% of total Assess vending machines for current offerings – ensure healthy choices are available	Cinda Kropka Avita Health System	September 1, 2017
Year 2: Work toward achieving 2nd Level accreditation. Increase by 5% per year or achieve ultimate goal of 20% of meat and poultry purchases raised without the routine use of antibiotics. Increase the percentage of sustainable food purchases by 5% annually OR achieve ultimate goal of 20% of total.		September 1, 2018
Year 3: Publicize efforts and results to businesses throughout the community.		September 1, 2019
Increase Nutrition/Physical Education Materials Being Offered to Patients by Primary Care Offices		
Year 1: Work with primary care physician offices to assess what information and/or materials they are lacking to provide better resources for overweight and obese patients.	Cinda Kropka Avita Health System	September 1, 2017
Year 2: Offer trainings for PCP offices on nutrition and physical activity best practices, as well as referral sources. Enlist at least 3 primary care physician offices.		September 1, 2018
Year 3: Offer additional trainings to reach at least 50% of the primary care physician offices in the county.		September 1, 2019

Priority #1 | Decrease obesity

Action Step Recommendations & Plan, continued

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
Increase Education of Healthy Eating for Adults		
Year 1: Provide quarterly lunch and learn presentations on nutrition and fitness related topics at various locations in Crawford County including senior centers, local businesses, YMCA and local groups/clubs. Utilizing the *Cooking Matters* framework, conduct monthly grocery store tours by a Registered Dietitian or Health Educator in grocery stores throughout Crawford County. Invite seniors and disabled populations to attend along with the general public. Provide educational assistance at Crawford County Farmers Markets to distribute healthy recipes and nutritional information and increase knowledge on healthy eating and cooking habits with fresh produce. Evaluations will be given at each lunch and learn, and grocery store tour to measure knowledge gained.	Kate Siefert Crawford County Health Department Cinda Kropka Avita Health System	September 1, 2017
Year 2: Increase awareness and participation in lunch and learns, grocery store tours and increase the number of individuals assisted at Crawford County Farmers Markets. 75% of clients will show increased knowledge of healthy eating habits and increased consumption of fresh produce consumed.		September 1, 2018
Year 3: Continue efforts from Years 1 and 2.		September 1, 2019
Establish a Crawford County Obesity Coalition		
Year 1: Establish the basic principles of the coalition and develop evaluations for progress. Recruit community leaders, stakeholders, school RN's and primary care physicians to sign up and become members of the coalition. Announce the coalition through press releases and social media outlets. Work to establish a listserv to send updates to the community. Complete an action plan and set 2-3 goals that the coalition will work towards implementing. Begin to determine resources and begin to secure funding.	Trish Factor Galion City Health Department Kate Siefert Crawford County Health Department	September 1, 2017
Year 2: Continue to work towards goals set and maintaining the coalition. Secure funding.		September 1, 2018
Year 3: Continue efforts from years 1 and 2.		September 1, 2019

Priority #1 | Decrease obesity

Action Step Recommendations & Plan, continued

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
Increase Businesses/Organizations Providing Wellness Programs and/or Insurance Incentive Programs to Their Employees		
Year 1: Disseminate results of baseline data on businesses and organizations offering wellness and insurance incentive programs to employees. Educate Crawford County Businesses about the benefits of implementing these programs Encourage businesses and organizations to offer free or subsidized evidence-based programs such as Weight Watchers to their employees and their spouses	Trish Factor Galion City Health Department Gary Frankhouse Crawford County Education and Economic Development Partnership	September 1, 2017
Year 2: Enlist 2 small and 2 large businesses/organizations to initiate wellness and/or insurance incentive programs. Partner with hospitals when appropriate.		September 1, 2018
Year 3: Double the number of businesses/organizations providing wellness and insurance incentive programs from baseline.		September 1, 2019
Explore The Possibility Of Recruiting A Bariatric Surgeon And Creating A Bariatric Surgery Program		
Year 1: Collect baseline data on the feasibility of creating a bariatric surgery program in Crawford County. Explore the idea of recruiting a bariatric surgeon.	Cinda Kropka Avita Health System	September 1, 2017
Year 2: Raise awareness of the bariatric surgery program if implemented. Continue efforts from year 1		September 1, 2018
Year 3: Continue efforts from year 1 & 2		September 1, 2019

Priority #2 I Decrease Adult Cardiovascular Disease

Adult Cardiovascular Indictors

Heart disease (19%) and stroke (5%) accounted for 24% of all Crawford County adult deaths in 2013 (Source: CDC Wonder). The 2015 Crawford County Health Assessment found that 5% of adults had survived a heart attack and 1% had survived a stroke at some time in their life. More than two-fifths (42%) of Crawford County adults had been diagnosed with high blood pressure, 40% had high blood cholesterol, 35% were obese, and 20% were smokers, four known risk factors for heart disease and stroke.

Adult Cardiovascular Health

In 2015, 5% of Crawford County adults reported they had survived a heart attack or myocardial infarction, increasing to 15% of those over the age of 65. 5% of Ohio and 4% of U.S. adults reported they had a heart attack or myocardial infarction *(Source: 2014 BRFSS)*.

1% of Crawford County adults reported they had survived a stroke, increasing to 7% of those over the age of 65. 4% of Ohio and 3% of U.S. adults reported having had a stroke *(Source: 2014 BRFSS)*.

5% of adults reported they had angina or coronary heart disease, increasing to 9% of those over the age of 65. 5% of Ohio and 4% of U.S. adults reported having had angina or coronary heart disease *(Source: 2014 BRFSS)*.

3% of adults reported they had congestive heart failure, increasing to 7% of those over the age of 65.

More than two-fifths (42%) of adults had been diagnosed with high blood pressure. The 2013 BRFSS reports hypertension prevalence rates of 34% for Ohio and 31% for the U.S.

9% of adults were told they were pre-hypertensive/borderline high.

86% of adults had their blood pressure checked within the past year.

Two-fifths (40%) of adults had been diagnosed with high blood cholesterol. The 2013 BRFSS reported that 38% of Ohio and U.S. adults have been told they have high blood cholesterol.

Four-fifths (80%) of adults had their blood cholesterol checked within the past 5 years. The 2013 BRFSS reported 78% of Ohio and 76% of U.S. adults had their blood cholesterol checked within the past 5 years.

Galion City Cardiovascular Health

In 2015, 7% of Galion City adults reported they had survived a heart attack or myocardial infarction, compared to 5% of the rest of Crawford County.

3% of Galion City adults reported they had survived a stroke, compared to 1% of the rest of Crawford County.

5% of Galion City adults reported they had angina or coronary heart disease, compared to 6% of the rest of Crawford County.

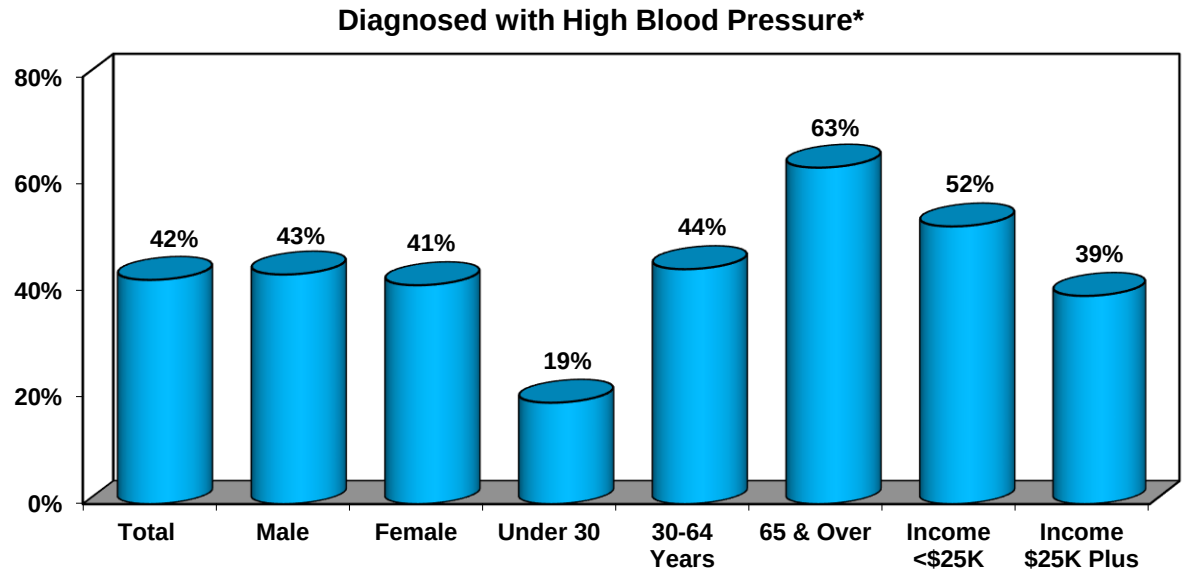
3% of Galion City adults reported they had congestive heart failure, which is the same as it is for the rest of Crawford County.

Half (50%) of Galion City adults had been diagnosed with high blood pressure, compared to 39% of the rest of Crawford County.

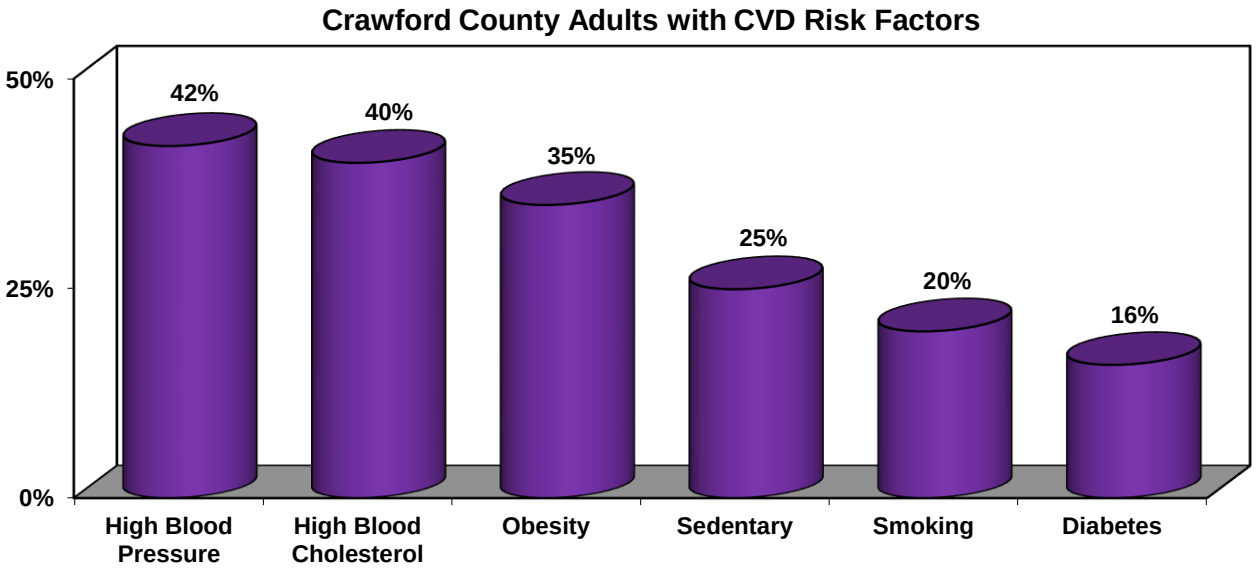
More than two-fifths (45%) of Galion City adults had been diagnosed with high blood cholesterol, compared to 38% of the rest of Crawford County.

Priority #2 I Decrease Adult Cardiovascular Disease

Adult Cardiovascular Indictors, continued



Does not include respondents who indicated high blood pressure during pregnancy only.

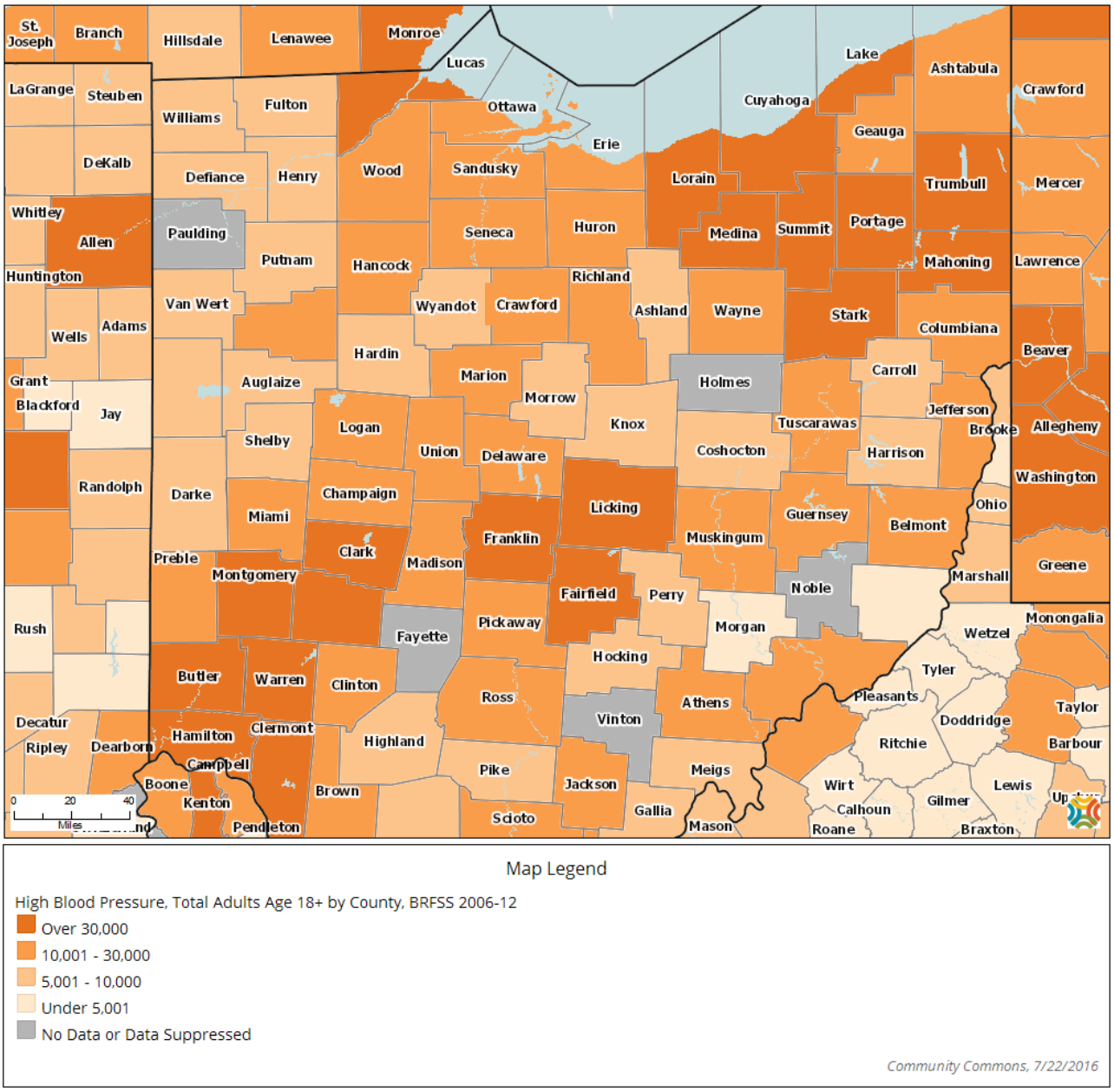


Adult Comparisons	Galion City 2015	Crawford County Total 2015	Ohio 2014	U.S. 2014
Had angina	5%	5%	5%	4%
Had a heart attack	7%	5%	5%	4%
Had a stroke	3%	1%	4%	3%
Has been diagnosed with high blood pressure	50%	42%	34%*	31%*
Has been diagnosed with high blood cholesterol	45%	40%	38%*	38%*

*2013 BRFSS Data

Adult Cardiovascular Indictors, continued

High Blood Pressure, Total Adults Age 18+ by County, BRFSS 2006-12



Map Legend

High Blood Pressure, Total Adults Age 18+ by County, BRFSS 2006-12

- Over 30,000
- 10,001 - 30,000
- 5,001 - 10,000
- Under 5,001
- No Data or Data Suppressed

Community Commons, 7/22/2016

(Source: Behavioral Risk Factor Surveillance Survey (BRFSS):2006-2012, as compiled by Community Commons)

Priority #2 | Decrease Adult Cardiovascular Disease

Resource Assessment

Program/Strategy/Service	**Responsible Agency**	**Contact Information** (Address, Website, etc.)	**Population(s) Served**	**Continuum of Care** (prevention, early intervention, or treatment)	**Evidence of Effectiveness**
Evidence-based Practices					
Youth Sports Events & Activities – Swimming, basketball, soccer, softball, Family Fun Fest, Water Carnival	Community & Schools	None noted	Children	Prevention – keep active	Evidence-based
Richland Walks at the Richland Mall – walk the most laps around the mall in a 3 month period and win $100 gift card to shoe department store – Monthly health sessions	Richland Public Health & Avita Health System; partly funded through grant from CDC	Phone: 419-529-5312	All ages	Prevention/ Early Intervention/ Treatment	Evidence-based
Free Blood Pressure Clinics	Avita Health System Walgreens CVS	Phone: 419-468-4841	All ages	Prevention/ Early Intervention/ Treatment	Evidence-based
Weight Watchers group meeting	Weight Watchers	Address: 1650 E Southern Ave, Bucyrus	All ages	Prevention/ Early Intervention/ Treatment	Evidence-based
Crestline PT Exercise Equipment	Avita Health System	Phone: 419-683-4526	18 years and up		Evidence-based
Tobacco Cessation	Avita Health System's Pharmacy Medication Management Clinics	Nikki Webb Phone: 567-307-7919 Offered at all 3 campuses	All ages	Early Intervention/ Treatment	Evidence-based
National School Lunch Program	Federal Government	Website: http://www.fns.usda.gov/nslp/national-school-lunch-program-nslp	Grades K-12	Prevention	Evidence-based
Health Fairs	Avita Health System Various Organizations	None noted	All ages	Prevention/ Early Intervention	Evidence-based
Cardiac Rehab BCH	Avita Health System	Phone: 419-563-9317	All ages	Prevention – Phase III Treatment – Phase II	Patient outcome tracking
Diabetic Education	Avita Health System	Jessica Hall 419.562.4677	All ages	Early Intervention/ Treatment	Evidence-based
Dietician Services	Avita Health System	Kyle Feasal Phone: 419-562-4677, ext. 9375	All ages	Prevention/ Early intervention/ Treatment	Evidence-based
Silver Sneakers	YMCAs Medicare	Bucyrus 419-562-6218 Galion 419-468-7754	Medicare	Prevention/ Early intervention/ Treatment	Evidence-based
Ortho Center Exercise Equipment	Avita Health System	Phone: 419-468-4841 Phone: 419-562-1009	Former patients/ spouses	Treatment, Prevention of re-occurrence	Evidence-based

Priority #2 I Decrease Adult Cardiovascular Disease

Resource Assessment, continued

Program/Strategy/Service	**Responsible Agency**	**Contact Information** (Address, Website, etc.)	**Population(s) Served**	**Continuum of Care** (prevention, early intervention, or treatment)	**Evidence of Effectiveness**
Personal Gyms - ZUMBA	Private Owners	None noted	All ages	Prevention/ Early intervention/ Treatment	Evidence-based
Dr. Williams Dr. Christofferson Cardiologists	Avita Health System	Phone: 419-462-4600	Adults	Prevention/ Early intervention/ Treatment	Evidence-based
Best Practices					
Dr. Kovolyan and Melodie Fagan CNP – Walk with a Doc	Avita Health System	Phone: 419-563-9855	All ages	Prevention/ Early intervention/ Treatment	AHA says 30 minutes a day can reduce risk of coronary heart disease, improve blood pressure and blood sugar levels and enhance mental well-being.
TOPS (Taking Off Pounds Sensibly)	None noted	None noted	None noted	Early intervention/ Treatment	Best practice
No Evidenced Indicated					
Community Senior Center	Crawford County Council on Aging Galion City	Phone: 419-562-3050	Elderly	Prevention/ Early intervention/ Treatment	None noted

Priority #2 | Decrease Adult Cardiovascular Disease

Gaps and Potential Strategies

Gaps	Potential Strategies
1. Lack of Nutrition Education	○ Develop an obesity task force ○ Veggie-U (grow and cook vegetables) ○ Research Food Deserts ○ Improve food choices in local schools. Kids throw away food. ○ Community kitchen – safe handling of food, education, and produce. Possibly through OSU extension. ○ Provide education in local Senior Centers on nutrition and how to budget (i.e. use money wisely) ○ Integrate Food Security questions into the EHR (Electronic Health Record)
2. Environmental Strategies	○ Safe Routes to School ○ Complete Streets ○ Bike trails (with exercise equipment)
3. Marketing of Available Resources	○ Have Public Information Officers (PIO's) from all agencies could meet quarterly ○ Organizations could share one PR person ○ Develop a consolidated list with all the county resources ○ Create a consistent media message using a variety of sources ○ Involve the Chamber of Commerce ○ Create a website for the coalition
4. Senior Physical Activity	○ Promote existing programs ○ Implement the Steady U fall prevention program ○ Focus existing programs to Seniors only (i.e. nature walks, yoga) ○ Open public pools early for Seniors only
5. Cooking Nutritious Foods	○ Enlist the local grocer to work with the Hospital chef to provide demonstrations on preparing healthy food ○ Provide recipes at local Farmers Markets and the produce departments in grocery stores
6. Bariatric Surgeon	○ Hospital exploring the possibility of recruiting a bariatric surgeon
7. Financial Assistance	○ Work on providing reduced memberships through local fitness facilities ○ Market FCFC (Family and Children First Council) Wrap Around program ○ Look into corporate sponsorships ○ Research having schools act as community HUB
8. Nutrition Classes	○ Educate the Crawford County residents on portion size, sodium intake and caffeine consumption

Priority #2 | Decrease Adult Cardiovascular Disease

Best Practices

The following programs and policies have been reviewed and have proven strategies to decrease **cardiovascular disease** services:

1. **Social Support in Community Settings:** Community-based social support interventions focus on changing physical activity behavior through building, strengthening, and maintaining social networks that provide supportive relationships for behavior change (e.g., setting up a buddy system or a walking group to provide friendship and support).

   Expected Beneficial Outcomes
   - Increased physical activity
   - Increased physical fitness

   Evidence of Effectiveness
   There is strong evidence that community-based social support interventions increase physical activity and physical fitness among adults. Middle-aged women enrolled in a weight loss program, for example, have been shown to be more likely to lose weight if they experience social support from friends and family. Community-based social support interventions are considered cost effective.

   Impact on Disparities
   No impact on disparities likely

   For more information go to: http://www.countyhealthrankings.org/policies/social-support-community-settings

2. **Worksite Obesity Prevention Interventions:** Worksite nutrition and physical activity programs use educational, environmental, and behavioral strategies to improve health-related behaviors and health outcomes. These programs may include written materials, skill-building (e.g., cue control), individual or group counseling, improved access to healthy foods (e.g., changing cafeteria or vending machine options), and opportunities to be more active at work (e.g., on-site facilities for exercise or standing/walking workstations) (CG-Obesity).

   Expected Beneficial Outcomes
   - Increased physical activity
   - Increased weight loss
   - Increased fruit & vegetable consumption

   Evidence of Effectiveness
   There is strong evidence that worksite nutrition and physical activity programs increase physical activity, weight loss (Verweij 2011, CG-Obesity), and fruit and vegetable consumption among employees (Verweij 2011).

   Worksite nutrition and physical activity programs that utilize multiple components appear to be more successful than programs that utilize only one component (CG-Obesity). Successful programs have been shown to enhance self-confidence for participants, and benefit employers through increased employee productivity and reduced medical care costs (CG-Obesity).

   Worksite programs appear to be cost effective strategies to increase physical activity and improve weight status (CG-Obesity).

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

Priority #2 | Decrease Adult Cardiovascular Disease

Best Practices, continued

3. **Tobacco 21:** Tobacco 21 is a national campaign aimed at raising the tobacco and nicotine sales age in the United States to 21. The Tobacco 21 campaign is produced and funded by the Prevention Tobacco Addiction Foundation, a public health nonprofit organization established in 1996. Tobacco 21 produces online content to promote anti-tobacco messages and helps communities around the United States raise the tobacco and nicotine sales to age 21.

   In March 2015, the Institute of Medicine, on behalf of the Food and Drug Administration (FDA), released a seminal report detailing the potential public health benefits of enacting a nationwide Tobacco 21 policy. Among the results was a 25% drop in youth smoking initiation, a 12% drop in overall smoking rates and 16,000 cases of preterm birth and low birth weight averted in the first 5 years of the policy. ***The conservation estimate is that if age 21 were adopted throughout the U.S. it would prevent 4.2 million years of life lost to smoking in kids alive today.*** Age 21 reduces initiation in younger kids and inhibits consolidation of addiction in older teens.

   For more information go to: http://tobacco21.org/

Priority #2 I Decrease Adult Cardiovascular Disease

Alignment with National Standards

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

Healthy People 2020 Goals include:

- **Heart Disease and Stroke (HDS)-1** (Developmental) Increase overall cardiovascular health in the U.S. population
- **Heart Disease and Stroke (HDS)-2** Reduce coronary heart disease deaths
- **Heart Disease and Stroke (HDS)-3** Reduce stroke deaths
- **Heart Disease and Stroke (HDS)-4** Increase the proportion of adults who have had their blood pressure measured within the preceding 2 years and can state whether their blood pressure was normal or high
- **Heart Disease and Stroke (HDS)-5** Reduce the proportion of persons in the population with hypertension
- **Heart Disease and Stroke (HDS)-6** Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years
- **Heart Disease and Stroke (HDS)-7** Reduce the proportion of adults with high total blood cholesterol levels
- **Heart Disease and Stroke (HDS)-8** Reduce the mean total blood cholesterol levels among adults
- **Heart Disease and Stroke (HDS)-9** (Developmental) Increase the proportion of adults with prehypertension who meet the recommended guidelines
- **Heart Disease and Stroke (HDS)-10** (Developmental) Increase the proportion of adults with hypertension who meet the recommended guidelines
- **Heart Disease and Stroke (HDS)-11** Increase the proportion of adults with hypertension who are taking the prescribed medications to lower their blood pressure
- **Heart Disease and Stroke (HDS)-12** Increase the proportion of adults with hypertension whose blood pressure is under control
- **Heart Disease and Stroke (HDS)-16** Increase the proportion of adults aged 20 years and older who are aware of the symptoms of and how to respond to a heart attack
- **Heart Disease and Stroke (HDS)-17** Increase the proportion of adults aged 20 years and older who are aware of the symptoms of and how to respond to a stroke
- **Heart Disease and Stroke (HDS)-19** Increase the proportion of eligible patients with heart attacks or strokes who receive timely artery-opening therapy as specified by current guidelines
- **Heart Disease and Stroke (HDS)-24** Reduce hospitalizations of older adults with heart failure as the principal diagnosis.
- **Heart Disease and Stroke (HDS)-25** (Developmental) Increase the proportion of patients with hypertension in clinical health systems whose blood pressure is under control

Priority #2 | Decrease Adult Cardiovascular Disease

Action Step Recommendations & Plan

To work toward **decreasing cardiovascular disease,** the following actions steps are recommended:

1. Initiate a Community–Based Walking Program
2. Increase Nutrition/Physical Education Materials Being Offered to Patients by Primary Care Offices
3. Implement Tobacco Policies

Action Plan

Improve Cardiovascular Health		
Action Step	**Responsible Person/Agency**	**Timeline**
Initiate a Community–Based Walking Program		
Year 1: Collect baseline data on current walking programs in Crawford County. Gather information on what types of activities are offered, how many people attend the activities, how often activities take place, and where the programs are located. Identify key stakeholders throughout Crawford County to collaborate and develop a plan to create community walking programs. Develop program goals and an evaluation process for tracking outcomes. Look for funding sources to incentivize participation in the walking program.	Mary Jo Carle Together We Hurt, Together We Heal Deena Smith Bucyrus YMCA	September 1, 2017
Year 2: Recruit individuals to serve as walking leaders. Decide on the locations, walking routes and number of walking groups throughout Crawford County. Link the walking groups with existing organizations to increase participation. Consider the following: • Faith-based organizations • Schools • Community-based organizations • Health care providers Begin implementing the program		September 1, 2018
Year 3: Raise awareness and promote the walking programs. Evaluate program goals. Increase the number of walking groups by 25%.		September 1, 2019

Priority #2 | Decrease Adult Cardiovascular Disease

Action Step Recommendations & Plan, continued

Improve Cardiovascular Health		
Action Step	**Responsible Person/Agency**	**Timeline**
Increase Nutrition/Physical Education Materials Being Offered to Patients by Primary Care Offices		
Year 1: Work with primary care physician offices to assess what information and/or materials they are lacking to provide better resources for patients with cardiovascular disease risk factors. Have a Cardiologist host an annual seminar to talk about cardiovascular risk factors and prevention	Cinda Kropka Avita Health System	September 1, 2017
Year 2: Offer trainings for PCP offices on nutrition and physical activity best practices, as well as referral sources. Enlist at least 3 primary care physician offices.		September 1, 2018
Year 3: Offer additional trainings to reach at least 50% of the primary care physician offices in the county.		September 1, 2019
Implement Tobacco Policies		
Year 1: Research the Tobacco 21 Initiative. Raise awareness of Tobacco 21 and research the feasibility of local jurisdictions adopting this policy. Begin efforts to adopt smoke-free policies in Crawford County parks, fairgrounds, schools and other public locations. Reach out to other communities who have implemented these policies to learn the best way to approach decision makers and to learn of potential barriers and challenges.	Trish Factor Galion City Health Department	September 1, 2017
Year 2: Present information to City Councils on both the Tobacco 21 initiative and smoke free outdoor public locations.		September 1, 2018
Year 3: Continue efforts from Years 1 and 2.		September 1, 2019

Priority #3 | Decrease Youth Substance Abuse

Youth Substance Abuse indictors

The 2015 Health Assessment identified that 11% of Crawford County youth in grades 9-12 were smokers and 17% used an electronic vapor product in the past month. 45% of Crawford County youth in grades 9-12 had drank at least one drink of alcohol in their life. 26% of those high school youth who drank, took their first drink at 12 years or younger. 70% of the high school youth who reported drinking in the past 30 days had at least one episode of binge drinking.

Youth data was collected by The Crawford-Marion ADAMH Board

9th-12th Grade Youth Tobacco Use

The 2015 health assessment indicated that 30% of Crawford County youth had tried cigarette smoking (2013 YRBSS reported 41% for the U.S.).

8% of all Crawford County youth had smoked a whole cigarette for the first time before the age of 13 (2013 YRBSS reported 9% for the U.S.).

In 2015, 11% of Crawford County youth were current smokers, having smoked at some time in the past 30 days, increasing to 15% of youth ages 17 and older (2013 YRBSS reported 15% for Ohio and 16% for the U.S).

71% of the Crawford County youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.

25% of youth smokers borrowed cigarettes from someone else, 20% gave someone else money to buy them, 19% bought cigarettes from a store, supermarket, discount store or gas station, 12% said a person 18 years or older gave them cigarettes, 4% took them from a store or family member, 2% bought them from a vending machine and 19% got them some other way.

17% of Crawford County grade youth had used an electronic vapor product in the past month.

76% of youth reported their parents would strongly disapprove of them smoking cigarettes.

6th-8th Grade Youth Tobacco Use

The 2015 health assessment indicated that 13% of Crawford County youth had tried cigarette smoking.

46% of Crawford youth who had smoked a whole cigarette did so at 10 years old or younger, and two thirds (66%) had done so by the age of 12.

7% of all Crawford County grade youth had smoked a whole cigarette for the first time before the age of 13.

In 2015, 5% of Crawford County youth were current smokers, having smoked at some time in the past 30 days.

35% of youth smokers gave someone else money to buy them cigarettes, 17% took them from a store or family member, 13% borrowed cigarettes from someone else, 4% said a person 18 years or older gave them cigarettes, 4% bought them from a vending machine and 26% got them some other way. No one reported buying cigarettes from a store, supermarket, discount store or gas station

7% of youth had used an electronic vapor product in the past month.

Priority #3 I Decrease Youth Substance Abuse

Youth Substance Abuse indictors, continued

9th-12th Grade Youth Alcohol Consumption

In 2015, the Health Assessment results indicated that 45% of all Crawford County youth had at least one drink of alcohol in their life increasing to 54% of those ages 17 and older (2013 YRBSS reports 66% for the U.S.).

21% of youth had at least one drink in the past 30 days, increasing to 27% of those ages 17 and older (2013 YRBSS reports 30% for Ohio and 35% for the U.S.).

Based on all youth surveyed, 15% were defined as binge drinkers, increasing to 21% of those ages 17 and older (2013 YRBSS reports 16% for Ohio and 21% for the U.S.).

Of those who drank, 70% had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers by definition.

Over one-quarter (26%) of Crawford County youth who reported drinking at some time in their life had their first drink at 12 years old or younger; 33% took their first drink between the ages of 13 and 14, and 41% drank for the first time between the ages of 15 and 18.

Of all Crawford County youth, 12% had drunk alcohol for the first time before the age of 13. (2013 YRBSS reports 13% of Ohio youth drank alcohol for the first time before the age of 13 and 19% for the U.S.).

Crawford County youth drinkers reported they got their alcohol from the following: someone gave it to them (38%), gave someone else money to buy it for them (21%), took it from a store or family member (7%), bought it in a liquor store/ convenience store/gas station/ supermarket/ discount store (7%), bought it at a restaurant, bar or club (1%) and some other way (26%). No one reported buying it at a public event.

During the past month, 13% of youth had ridden in a car driven by someone who had been drinking alcohol (2013 YRBS reports 17% for Ohio and 22% for the U.S.).

7% of youth drivers had driven a car in the past month after they had been drinking alcohol (2013 YRBS reports 4% for Ohio and 10% for the U.S.).

55% of youth reported their parents would strongly disapprove of them drinking alcohol.

6th-8th Grade Youth Alcohol Consumption

In 2015, the Health Assessment results indicated that 17% of all Crawford County youth had at least one drink of alcohol in their life.

7% of youth had at least one drink in the past 30 days.

Over one-third (38%) of Crawford County youth who reported drinking at some time in their life had their first drink at 10 years old or younger; 25% took their first drink between the ages of 11 and 12, and 38% drank for the first time at 13 years old or older.

Of all Crawford County youth, 12% had drunk alcohol for the first time before the age of 13.

During the past month, 24% of youth had ridden in a car driven by someone who had been drinking alcohol.

Priority #3 I Decrease Youth Substance Abuse

Youth Substance Abuse indictors, continued

9th-12th Grade Youth Drug Use

In 2015, 21% of all Crawford County youth had used marijuana at some time in their life. The 2013 YRBSS found a prevalence of 36% for Ohio youth and a prevalence of 41% for U.S. youth.

10% of youth had used marijuana at least once in the past 30 days. The 2013 YRBSS found a prevalence of 21% for Ohio youth and a prevalence of 23% for U.S. youth.

6% of all youth tried marijuana for the first time before the age of 13. The 2013 YRBS found a prevalence of 6% for Ohio youth and a prevalence of 9% for U.S. youth. The average age of onset for marijuana use was 14.0 years old.

7% of Crawford County youth had taken a prescription drug without a doctor's prescription at some time in their life. (2013 YRBSS reports 18% for U.S.)

Youth reported they got the medications that were not prescribed for them in the following ways: took it from a parent, friend or family member (5%), a parent gave it to them (5%), another family member gave it to them (3%), a friend gave it to them (2%), bought them from a friend (2%), and bought them from someone else (2%). 88% of youth reported that they had never taken medications not prescribed to them.

Crawford County youth had tried the following in their life:

- 6% of youth used inhalants, (2013 YRBSS reports 9% for Ohio and U.S.)
- 3% of youth used hallucinogenic drugs (2013 YRBSS reports 7% for U.S.)
- 2% used steroids, (2013 YRBS reports 3% for Ohio and U.S.)
- 2% used ecstasy/MDMA/Molly (2013 YRBSS reports 7% for the U.S.)
- 2% used heroin, (2013 YRBSS reports 2% for Ohio and U.S.)
- 2% used methamphetamines

During the past 12 months, 11% of all Crawford County youth reported that someone had offered, sold, or given them an illegal drug on school property (2013 YRBSS reports 20% for Ohio and 22% for the U.S.).

18% of youth reported their parents or guardians always talked to them about the harmful effects of drugs and alcohol and 15% of youth reported their parents never talked to them about these issues.

6th-8th Grade Youth Drug Use

In 2015, 5% of Crawford County youth had ever used marijuana.

3% of youth had used marijuana at least once in the past 30 days.

3% of all youth tried marijuana for the first time before the age of 13.

3% of Crawford County youth had ever taken a prescription drug without a doctor's prescription.

Crawford County youth have tried the following in their life:

- 5% of youth used inhalants
- 1% used steroids

16% of youth reported their parents or guardians always talked to them about the harmful effects of drugs and alcohol compared to 15% of youth who reported their parents never talked to them.

Priority #3 | Decrease Youth Substance Abuse

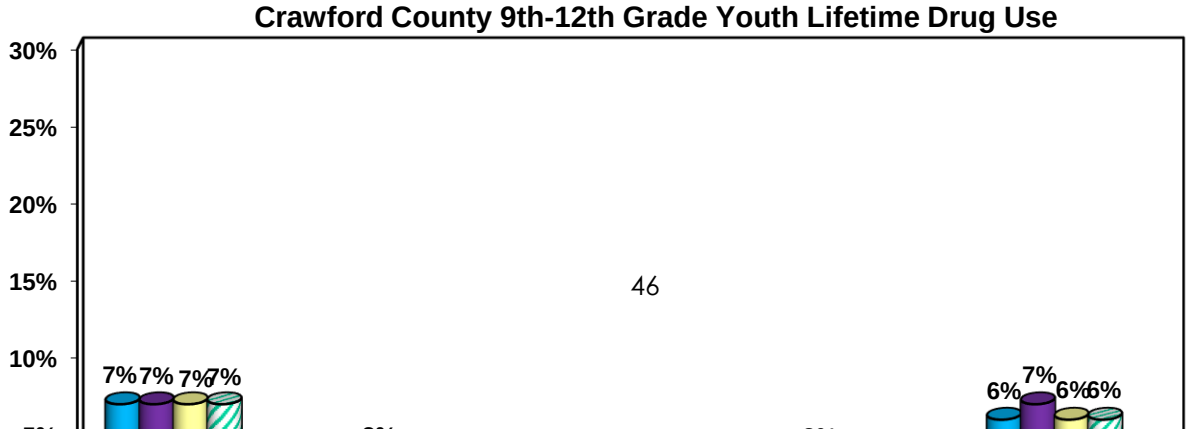
Youth Substance Abuse indictors, continued

Youth Comparisons	Crawford County 2014 (6th–8th)	Crawford County 2014 (9th–12th)	Crawford County 2015 (6th–8th)	Crawford County 2015 (9th-12th)	Ohio 2013 (9th–12th)	U.S. 2013 (9th–12th)
Ever tried cigarettes	11%	41%	13%	30%	52%*	41%
Current smokers	2%	14%	5%	11%	15%	16%
Smoked cigarettes on 20 or more days during the past month (of all youth)	1%	6%	1%	6%	7%	6%
Smoked a whole cigarette for the first time before the age of 13 (of all youth)	5%	11%	7%	8%	14%*	9%
Used chewing tobacco or snuff in the past month	2%	10%	2%	8%	9%	9%
Smoked cigars in the past month	2%	13%	4%	11%	12%	13%

**Comparative data YRBSS data for Ohio and U.S. is 2011*

Youth Comparisons	Crawford County 2014 (6th–8th)	Crawford County 2014 (9th–12th)	Crawford County 2015 (6th–8th)	Crawford County 2015 (9th–12th)	Ohio 2013 (9th–12th)	U.S. 2013 (9th–12th)
Ever tried alcohol	21%	46%	17%	45%	71%*	66%
Current drinker	N/A	23%	7%	21%	30%	35%
Binge drinker (of all youth)	N/A	N/A	N/A	15%	16%	21%
Drank for the first time before age 13 (of all youth)	13%	13%	12%	12%	13%	19%
Drank 10 or more drinks in a row in the past month (of all youth)	N/A	N/A	N/A	5%	4%	6%
Rode with someone who was drinking	19%	13%	24%	13%	17%	22%
Drank and drove (of youth drivers)	N/A	6%	N/A	7%	4%	10%

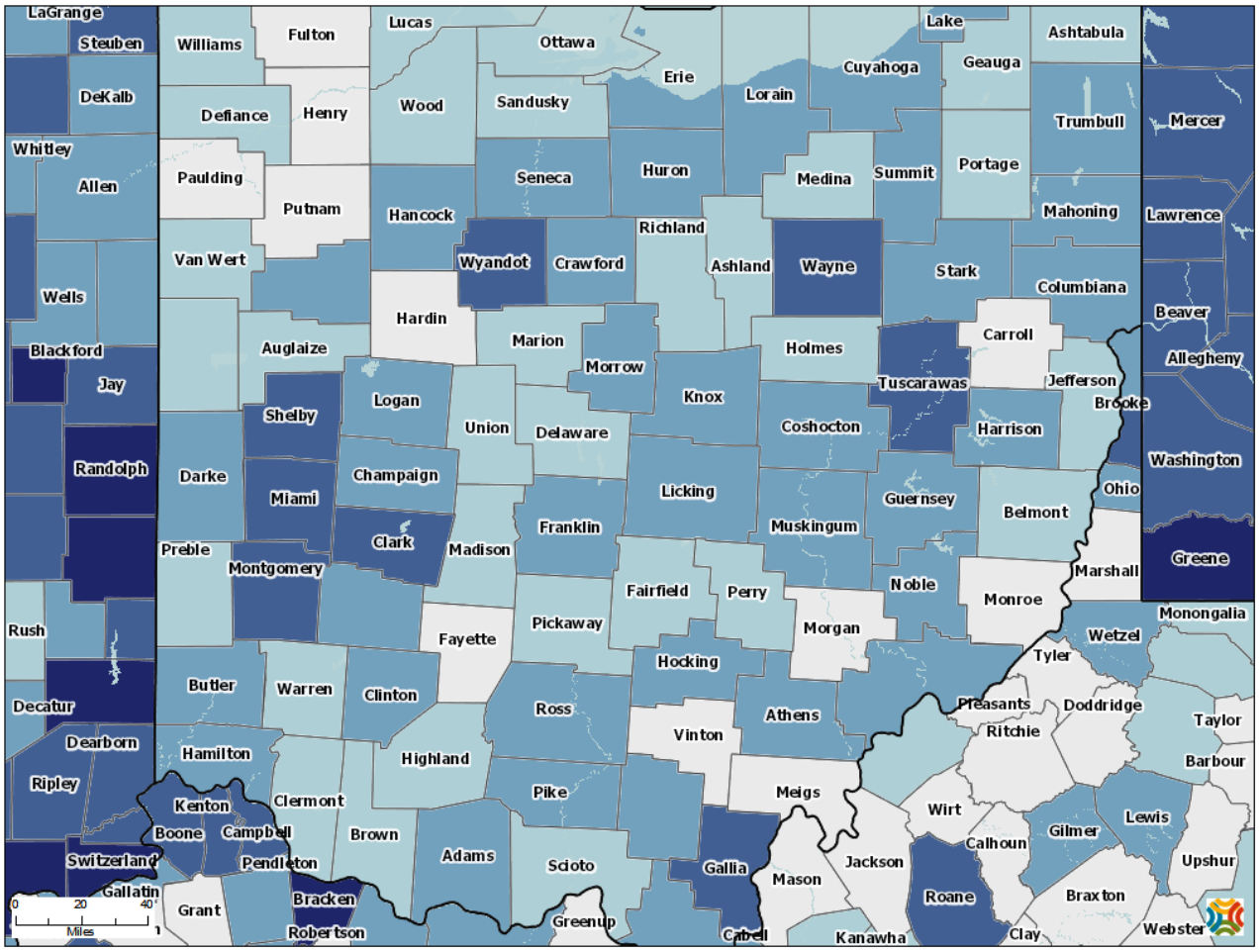
N/A – Not available
**Comparative YRBSS data for Ohio and U.S. is 2011*



Priority #3 | Decrease Youth Substance Abuse

Youth Substance Abuse indictors, continued

Beer, Wine and Liquor Store, Rate (Per 100,000 Pop.) by County, County Business Patterns, 2013



Map Legend

Beer, Wine and Liquor Stores, Rate (Per 100,000 Pop.) by County, CBP 2013

- Over 18.0
- 12.1 - 18.0
- 6.1 - 12.0
- Under 6.1
- No Beer, Wine, or Liquor Stores

Community Commons, 7/12/2016

(Source: County Business Patterns: 2013, as compiled by Community Commons)

Priority #3 | Decrease Youth Substance Abuse

Resource Assessment

Program/Strategy/Service	**Responsible Agency**	**Contact Information** (Address, Website, etc.)	**Population(s) Served**	**Continuum of Care** (prevention, early intervention, or treatment)	**Evidence of Effectiveness**
Evidence based Practices					
Alcoholics Anonymous (AA)	ADAMHs Board	None noted	Galion, Bucyrus and Crestline Residents	Recovery	Evidenced-based
Narcotics Anonymous (NA)	ADAMHs Board	None noted	Galion, Bucyrus and Crestline Residents	Recovery	Evidenced-based
Drug Abuse Resistance Education (DARE)	Buckeye Central, Wynferd, Colonel Custer schools	Crawford County Sheriff Office	School aged youth	Prevention	Evidence-based
Teen Institute/Junior Teen Institute	Marion-Crawford Prevention Programs	Jodi Galloway/Laura Bussler	High School/Junior High students	Prevention	Social Development Theory
School-based Services	Community Counseling Services (CCS)	Cindy Wallis	Middle School/High School students	Early Intervention	Feedback Informed Treatment (FIT)
Alcohol/Other Drug Treatment	Maryhaven ADAMHs Board CCS	Paula Brown Cindy Wallis	Opiates/other drugs	Treatment	Medical Assisted Treatment (MAT)
Signs of Suicide (SOS)	Community Counseling Services (CCS)	Cindy Wallis	Middle School/High School, Transition age youth	Prevention/Early Intervention	NREEP-SOS Evidenced-based
High Fidelity Wrap Around	Community Counseling Services (CCS)	Cindy Wallis	Middle School/High School students	Intervention/ Treatment	Various for HFWA
Recovery Housing	Together We Hurt Together We Heal (TWHTWH)	None noted	Transition age youth	Treatment/ Recovery	NREPP-Oxford House/Housing First
Recovery Oriented Systems of Care (ROSC)	ADAMHs Board	Brad DeCamp	Middle School/High School, Transition age youth	Treatment/ Recovery	Various
Best Practices					
Youth Groups	Various churches in Crawford County	None noted	Youth	Prevention/Early Intervention	Best-practice
Boy Scouts/Girl Scouts	Crawford Partnership	None noted	Youth	Prevention	Best-practice
No Evidence Indicated					
Join the Front Lines at Work	ADAMHs Board Crawford 2020	None noted	Employers	Prevention/Early Intervention	None noted
Project DAWN	Maryhaven ADAMHs Board Together We Hurt Together We Health (TWHTWH)	Paula Brown/Brad DeCamp	Law Enforcement/ Families	Prevention/ Treatment	None noted
Inpatient Services	Together We Hurt Together We Heal (TWHTWH)	None noted	None noted	None noted	None noted
Recovery Church Service	United Methodist Church in Bucyrus	Pastor Mike Corwin	None noted	Recovery	None noted

Priority #3 | Decrease Youth Substance Abuse

Resource Assessment, continued

Program/Strategy/Service	**Responsible Agency**	**Contact Information** (Address, Website, etc.)	**Population(s) Served**	**Continuum of Care** (prevention, early intervention, or treatment)	**Evidence of Effectiveness**
Random Drug Testing and Polices for not using drugs	ADAMHs Board Crawford County Schools	None noted	All schools	Prevention	None noted
Al-Anon and Alateen Programs	Nazarene Church-Galion City ADAMHs Board	None noted	Both teens and their families	Treatment/ Recovery	None noted
Won't Happen 2 Me (WH2ME)	The Partnership	http://wonthappen2me.org/	Youth	Prevention	None noted
Hope Walk	Together We Hurt Together We Heal (TWHTWH) ADAMHs Board	None noted	None noted	None noted	None noted
Jericho House-Faith Based Recovery	Bucyrus	None noted	Ages 18+	Treatment/ Recovery	None noted
Leader in Me	County Wide Imitative	Steve Corey	K-5th grade	Prevention	None noted
4H	OSU Extension	None noted	Youth	Prevention	None noted
Crawford County Suicide Coalition	Ginger Shatner	None noted	All ages	Prevention	None noted
Ohio CAN (Change Addiction Now)	Sarah Carmen	None noted	None noted	None noted	None noted
12 Steps Program	Recovery and Hope	None noted	None noted	Treatment/ Recovery	None noted

Priority #3 | Decrease Youth Substance Abuse

Gaps and Potential Strategies

Gaps	Potential Strategies
1. No In-Patient Facility (Detox or Treatment	○ Drug Court ○ Local inpatient treatment options or other options to refer out ○ Student loan-forgiveness grants ○ Integrate screenings into EHR (Electronic Health Records) ○ Doctors can provide MAT (Medical Assisted Treatment) if they get a certificate. Incentivize current physicians to get certificate – and provide CMEs
2. Stigma Associated With Talking About Drug Use	○ Education targeted at drug addicted parents ○ Involvement from school administrators ○ Peer groups for teens ○ Have incoming freshman pledge to stay drug-free and reward them as seniors if they stay drug-free
3. Understanding The Consequences of Long Term Drug Use	○ Education on the long term effects of drug use (i.e. opiate or marijuana use) especially in pregnant women and the effects on their unborn children in the long term.
4. Parents Do Not Recognize Drug Use In Their Children/Teens	○ Expand Operation Street Smart
5. Mentoring Programs	○ Big Brothers, Big Sisters ○ Crawford County Mentoring Community ○ CACY – Community Action Capable Youth

Priority #3 | Decrease Youth Substance Abuse

Best Practices

1. **SOS Signs of Suicide®:** The Signs of Suicide Prevention Program is an award-winning, nationally recognized program designed for middle and high school-age students. The program teaches students how to identify the symptoms of depression and suicidality in themselves or their friends, and encourages help-seeking through the use of the ACT® technique (Acknowledge, Care, Tell).
   The SOS High School program is the only school-based suicide prevention program listed on the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices that addresses suicide risk and depression, while reducing suicide attempts. In a randomized control study, the SOS program showed a reduction in self-reported suicide attempts by 40% (BMC Public Health, July 2007).

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

2. **Operation: Street Smart Drug Education:** Street Smart is a collaborative effort between the Franklin County Sheriff's Office's Special Investigations Unit (SIU), which is the Sheriff's Office undercover narcotics branch and D.A.R.E. The Franklin County Sheriff's Office created Operation: Street Smart in July 2002 as a way to take community oriented policing to a new level. To date, Operation Street Smart has been presented over 1,500 times to over 120,000 people throughout Ohio and the United States. The program has received the F.B.I. Director's Community Leadership Award. The goal of Street Smart is to provide current and up-to-date narcotics information on trends, terminology, paraphernalia, and physiological effects to those individuals who deal with today's youth on a daily basis.

   This program is presented by two Franklin County Sheriff's Office Undercover Detectives who possess over thirty-five years of combined narcotics experience. The target audience for Street Smart includes school resource officers, DARE officers, juvenile detectives, Ptl. officers, school administrators and school board members and teachers.

   For more information go to:
   http://www.osroa.org/oss/athens-september.html

3. **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/

Priority #3 | Decrease Youth Substance Abuse

Alignment with National Standards

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

- **Substance Abuse (SA)-1** Reduce the proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol
- **Substance Abuse (SA)-2** Increase the proportion of adolescents never using substances
- **Substance Abuse (SA)-3** Increase the proportion of adolescents who disapprove of substance abuse
- **Substance Abuse (SA)-4** Increase the proportion of adolescents who perceive great risk associated with substance abuse
- **Substance Abuse (SA)-5** (Developmental) Increase the number of drug, driving while impaired (DWI), and other specialty courts in the United States
- **Substance Abuse (SA)-6** Increase the number of States with mandatory ignition interlock laws for first and repeat impaired driving offenders in the United States
- **Substance Abuse (SA)-7** Increase the number of admissions to substance abuse treatment for injection drug use
- **Substance Abuse (SA)-8** Increase the proportion of persons who need alcohol and/or illicit drug treatment and received specialty treatment for abuse or dependence in the past year
- **Substance Abuse (SA)-9**(Developmental) Increase the proportion of persons who are referred for follow up care for alcohol problems, drug problems after diagnosis, or treatment for one of these conditions in a hospital emergency department (ED)
- **Substance Abuse (SA)-10** Increase the number of Level I and Level II trauma centers and primary care settings that implement evidence-based alcohol Screening and Brief Intervention (SBI)
- **Substance Abuse (SA)-11** Reduce cirrhosis deaths
- **Substance Abuse (SA)-12** Reduce drug-induced deaths
- **Substance Abuse (SA)-13** Reduce past-month use of illicit substances
- **Substance Abuse (SA)-14** Reduce the proportion of persons engaging in binge drinking of alcoholic beverages
- **Substance Abuse (SA)-15** Reduce the proportion of adults who drank excessively in the previous 30 days
- **Substance Abuse (SA)-16** Reduce average annual alcohol consumption
- **Substance Abuse (SA)-17** Decrease the rate of alcohol-impaired driving (.08+ blood alcohol content [BAC]) fatalities
- **Substance Abuse (SA)-18** Reduce steroid use among adolescents
- **Substance Abuse (SA)-19** Reduce the past-year nonmedical use of prescription drugs
- **Substance Abuse (SA)-20** Reduce the number of deaths attributable to alcohol
- **Substance Abuse (SA)-21** Reduce the proportion of adolescents who use inhalants

Priority #3 | Decrease Youth Substance Abuse

Action Step Recommendations & Action Plan

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

1. Increase Awareness of Trauma Informed Care
2. Expand Evidence-based Programs and Counseling Services Targeting Youth
3. Expand the Operation Street Smart Program
4. Increase The Number Of Primary Care Physicians Screening For Depression During Office Visits
5. Continue and Enhance Leader In Me (LIM) in Crawford County

Action Plan

Substance abuse		
Action Step	**Responsible Person/ Agency**	**Timeline**
Increase Awareness of Trauma Informed Care		
Year 1: Facilitate an assessment among clinicians in Crawford County on their awareness and understanding of toxic stress and trauma informed care. Survey community members, social workers, pastors, etc. on their awareness and understanding of toxic stress and trauma. Facilitate a training to increase education and understanding of toxic stress and trauma.	Cindy Wallis Community Counseling Services Brad DeCamp Crawford-Marion ADAMH	September 1, 2017
Year 2: Facilitate trainings for Crawford County teachers on trauma and Adverse Childhood Experiences. Develop and implement a trauma screening tool for social service agencies who work with at risk youth.		September 1, 2018
Year 3: Continue efforts of years 1 and 2 Increase the use of trauma screening tools by 25%.		September 1, 2019
Expand Evidence-based Programs Services Targeting Youth		
Year 1: Continue to Introduce SOS to school administration (i.e. superintendents, principals, and guidance counselors), churches, parents and community members. Work with school administrators, guidance counselors, churches, and other community organizations to raise awareness of the program. Implement the program in at least 1 new location or school.	Cindy Wallis Community Counseling Services Brad DeCamp Crawford-Marion ADAMH Joe Stafford Community Counseling Services & Restore Ministries	September 1, 2017
Year 2: Implement the program in at least 3 new locations or schools.		September 1, 2018
Year 3: Continue efforts of years 1 and 2.		September 1, 2019

Priority #3 | Decrease Youth Substance Abuse

Action Step Recommendations & Action Plan, continued

Substance abuse		
Action Step	**Responsible Person/ Agency**	**Timeline**
Expand the Operation Street Smart Program		
Year 1: Continue to raise awareness and encourage attendance of *Operation: Street Smart Drug Education* program Continue to promote the program to school resource officers, school administrators and board members and teachers throughout Crawford County Recruit at least one school faculty member from at least 2-3 school districts to attend the program.	Mary Jo Carle Together We Hurt, Together We Heal Brad DeCamp Crawford-Marion ADAMH Paula Brown Maryhaven	September 1, 2017
Year 2: Continue to raise awareness and encourage attendance of *Operation: Street Smart Drug Education* program. Increase awareness of the program to at least 2 additional community sectors (i.e., law-enforcement, religious organizations, etc.). Recruit at least one representative from each sector to attend the program.		September 1, 2018
Year 3: Continue efforts from years 1 and 2.		September 1, 2019
Increase The Number Of Primary Care Physicians Screening For Depression During Office Visits		
Year 1: Collect baseline data on the number of primary care physicians that currently screen for depression during office visits Determine if this is in EPIC (The Electronic Medical Record (EMR) Avita will be adopting beginning next year)	Cinda Kropka Avita Health System	September 1, 2017
Year 2: Explore possibility of introducing PHQ2 and PHQ9 to physicians' offices and hospital administration Pilot the protocol with one primary care physicians' office		September 1, 2018
Year 3: Increase the number of primary care physicians using the PQH2 screening tool by 25% from baseline.		September 1, 2019

Priority #3 | Decrease Youth Substance Abuse

Action Step Recommendations & Action Plan, continued

Substance abuse		
Action Step	**Responsible Person/ Agency**	**Timeline**
Continue and Enhance Leader In Me (LIM) in Crawford County		
Year 1: Continue to promote and support Community Connectors Grant Funding for Leader In Me (LIM) programming in grades K thru 6th at Wynford, Bucyrus and Galion schools. Support and promote the training of LIM core principles to mentors of all county schools for all grade levels. Encourage and promote Buckeye Central, Colonel Crawford, and Crestline schools to begin the book study required for implementation.	Gary Frankhouse Crawford County Education and Economic Development Partnership	September 1, 2017
Year 2: Explore and secure additional grant and funding opportunities in collaboration with partnering school districts. Complete implementation of LIM in K thru 6th grade in the remaining three schools. Begin expansion of LIM program in all county schools thru implementation of 7 habits of Highly Effective Teens curriculum in Middle and High School levels.		September 1, 2018
Year 3: Continue collaborative funding opportunities to sustain district-wide Leader in Me curriculum in all county schools. Support and enhance other community Life Skills initiatives like S.T.R.I.V.E Mentoring program for at-risk senior students, Project MORE guided reading mentoring program for elementary students and the Getting Ahead Program that matches at-risk students with mentors from partnering businesses in the community.		September 1, 2019

Priority #4 I Improve Prenatal Outcomes

Prenatal Outcome Indicators

Nearly one-third (32%) of mothers never breastfed their child.

Prenatal Outcomes

36% of Crawford County women had been pregnant in the past 5 years.

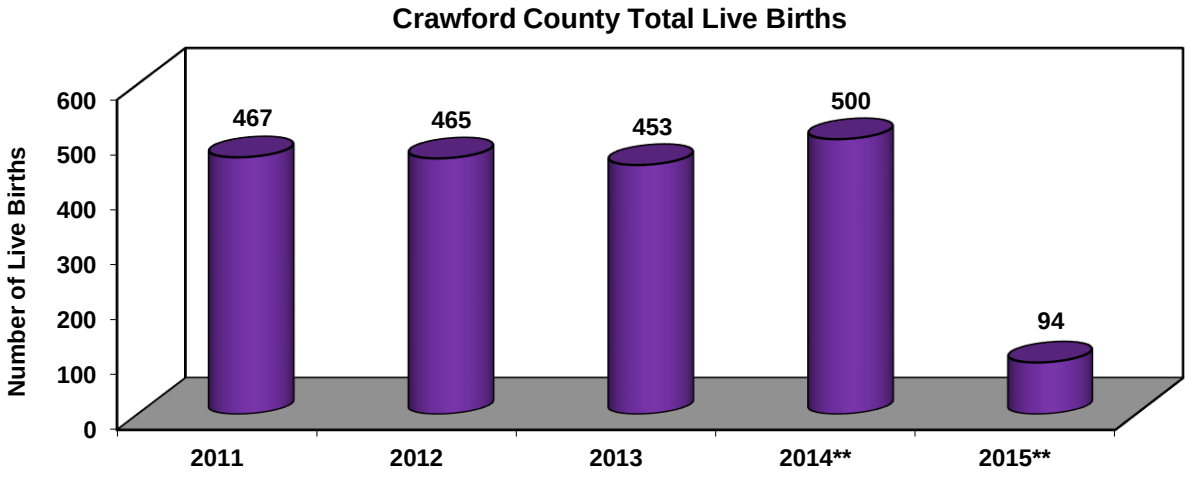
During their last pregnancy, Crawford County women: got a prenatal appointment in the first 3 months (52%), took a multi-vitamin (48%), had a dental exam (32%), received WIC services (26%), took folic acid during pregnancy (18%), took folic acid pre-pregnancy (15%), experienced perinatal depression (8%), experienced domestic violence (3%), and used marijuana (3%). No one reported smoking cigarettes during their last pregnancy.

Mothers breastfed their child: more than 9 months (38%), 3 to 6 weeks (4%), 2 weeks or less (19%), still breastfeeding (6%), and never breastfed (32%). Of those with incomes less than $25,000, 67% never breastfed their child.

Children were put to sleep in the following places as infants: crib/bassinette (no bumper, blankets, stuffed animals) (51%), in bed with parent or another person (50%), crib/bassinette (with bumper, blankets, stuffed animals) (49%), car seat (49%), pack n' play (46%), swing (38%), couch or chair (23%), and floor (19%).

From 2011-2015, there was an average of 396 live births per year in Crawford County.

**Please note that the pregnancy outcomes data includes all births to adults and adolescents.*



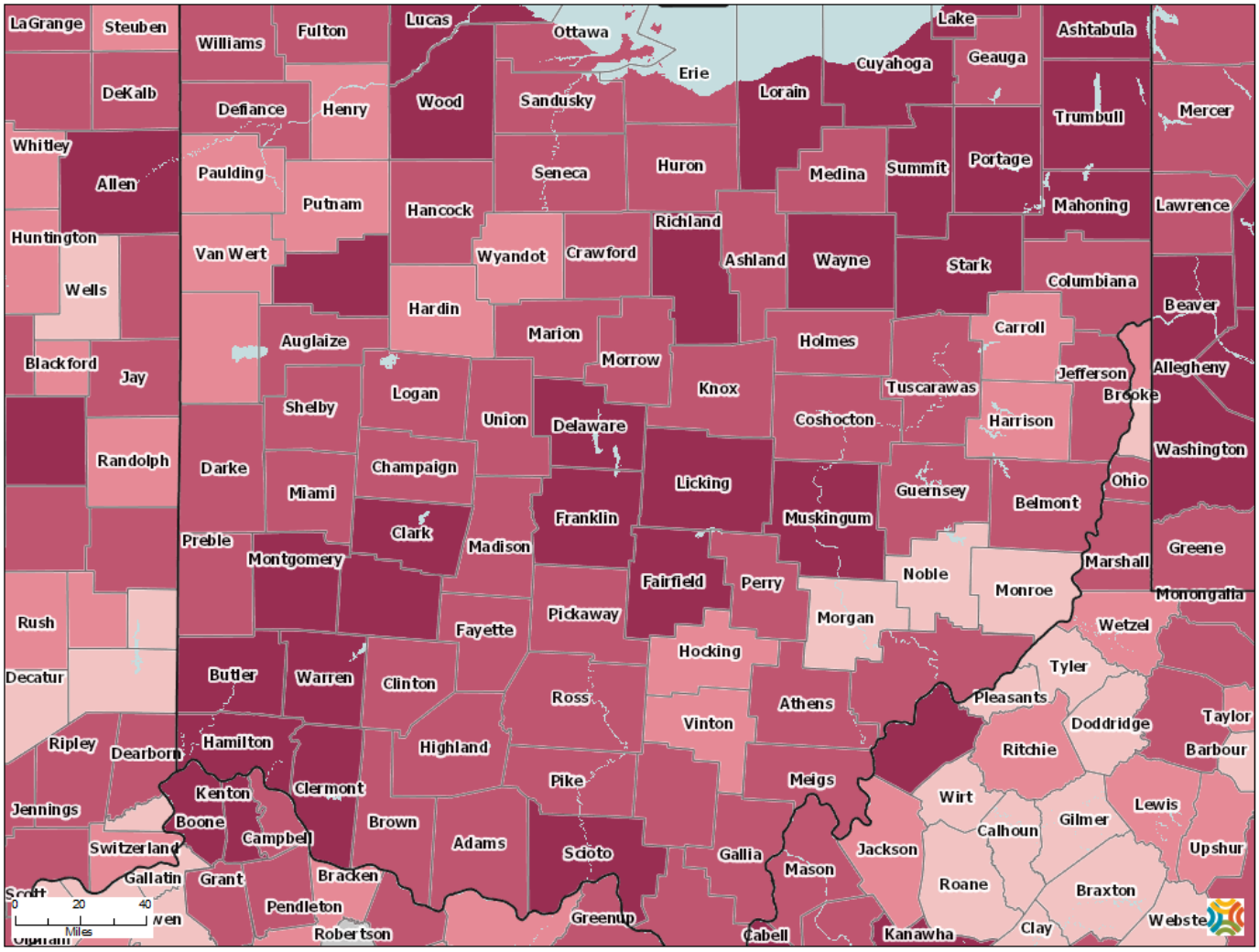
(Source: ODH Information Warehouse Updated 4-6-2015)

** - Indicates preliminary data that may change

Priority #4 | Improve Prenatal Outcomes

Prenatal Outcome Indicators, continued

Infant Mortality, Total Deaths by County, Area Health Resource File, 2006-10



Map Legend

Infant Mortality, Total Deaths by County, AHRF 2006-10

- Over 40
- 11 - 40
- 5 - 10
- 0 - 4
- No Data or Data Suppressed

Community Commons, 7/22/2016

(Source: Area Health Resource File: 2006-2010, as compiled by Community Commons)

Priority #4 I Improve Prenatal Outcomes

Resource Assessment

Program/Strategy/Service	**Responsible Agency**	**Contact Information** (Address, Website, etc.)	**Population(s) Served**	**Continuum of Care** (prevention, early intervention, or treatment)	**Evidence of Effectiveness**
Evidence-based Practices					
Avita Hospital - Birthing Classes	Avita Health Systems	269 Portland Way S., Galion, OH 44833	Prenatal mothers	Prenatal education, referrals, breastfeeding educ.	Evidence-based
Mary Haven – Drug & alcohol addiction treatment	Mary Haven	137 Stetzer Road South, Bucyrus, OH 44820	Addicted	Drug and alcohol treatment	Evidence-based
WIC (Women, Infants, and Children)	Crawford County Public Health	1520 Isaac Beal Rd., Bucyrus, OH 44820	Prenatal to age 5	Nutrition education, breastfeeding education & support, Referrals	85% of poverty being served; has a breastfeeding initiation rate of 55%
Best Practices					
Help Me Grow (Home Visiting, Early Intervention, MIECHV)	Crawford County Public Health	1520 Isaac Beal Rd., Bucyrus, OH 44820	Prenatal to age 5	Prenatal education, screenings, parenting education, breastfeeding, substance abuse, smoking cessation, depression referrals,	Best Practice
Medicaid	Jobs and Family Services (JFS)	224 Norton Way, Bucyrus, OH 44820	Medicaid eligible	Prenatal care, Referrals, Health check services for child up to 21 years of age,	Best Practice
No Evidence Indicated					
Reproductive Health Clinic	Crawford County Public Health	1520 Isaac Beal Rd., Bucyrus, OH 44820	Ages 13+, both Male & Female	Birth control, prenatal vitamins, pregnancy testing, STD testing, referral to primary care physician	None noted
Prenatal Vitamins	Meijer's	Any Meijer's, nationwide	Pregnant Mothers with a Dr. ordered prescription	Free prenatal vitamins	None noted
Voice of Hope	Bethel House Ministries	217 W. Center St., Marion, OH 43351	Prenatal to age 5	Ultrasounds, pregnancy testing, parent education, peer-counseling, maternity clothing, baby clothing up to 3T, pregnancy resources, 24 hour hotline	None noted
GRADS	Pioneer Career & Technology Center	Attn: Jane Knight, 27 Ryan Rd., Shelby, OH 44875	Prenatal to age 3	Referrals, prenatal care, clothing, home visits during school year,	None noted

Priority #4 I Improve Prenatal Outcomes

Gaps and Potential Strategies

Gaps	Potential Strategies
1. Lack Of OBGYN's In The County	○ Provide student loan forgiveness as an incentive to get new doctors to practice in Crawford County
2. No Sex Education In Schools/No Planned Parenthood	○ Integrate sexual health into school curriculum ○ Get family physicians/pediatricians to discuss sexual and reproductive health with adolescent youth. ○ Integrate sexual health questions into the EHR (Electronic Health Record)
3. Care Management	○ Target Medicaid Population to ensure patients get to the doctor and receive the medical care they need
4. Drug Addicted Women Unable To See A Doctor	○ Educate physicians on the appropriate way to deal with that population. ○ Have a Bridges out of Poverty meeting
5. Transportation To Services And Resources	○ Find providers in Crawford County
6. Mental Health	○ Screen for mental health issues at first prenatal visit
7. Child Care	○ Increase the number of licensed facilities and expand hours to all shifts to accommodate parents ○ Open churches to offer child care ○ Offer safe sitter classes

Priority #4 | Improve Prenatal Outcomes

Best Practices

1. **Prenatal care in the first trimester** – Accessing prenatal care in the first trimester by 10 to 12 weeks is vital to improve pregnancy outcomes. HRSA recommends the way to increase the rate of early access to prenatal care is to increase awareness of the importance of prenatal care and to standardize preconception health as part of the routine health care for women of childbearing age. Adequate prenatal care includes counseling, education, along with identification and treatment of potential complications. There are no evidence-based guidelines regarding the content of prenatal visits, but they usually include evaluation of blood pressure, weight, protein levels in the urine, and monitoring fetal heart rate.

   For more information, go to:
   http://www.hrsa.gov/quality/toolbox/measures/prenatalfirsttrimester/part3.html

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

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

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

   Impact on Disparities:
   Likely to decrease disparities

   For more information go to: http://www.countyhealthrankings.org/policies/expand-use-community-health-workers-chw

Priority #4 I Improve Prenatal Outcomes

Alignment with National Standards

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

- **Maternal, Infant, and Child Health (MICH)-1** Reduce the rate of fetal and infant deaths
- **Maternal, Infant, and Child Health (MICH)-2** Reduce the 1-year mortality rate for infants with Down syndrome
- **Maternal, Infant, and Child Health (MICH)-3** Reduce the rate of child deaths
- **Maternal, Infant, and Child Health (MICH)-4** Reduce the rate of adolescent and young adult deaths
- **Maternal, Infant, and Child Health (MICH)-5** Reduce the rate of maternal mortality
- **Maternal, Infant, and Child Health (MICH)-6** Reduce maternal illness and complications due to pregnancy (complications during hospitalized labor and delivery)
- **Maternal, Infant, and Child Health (MICH)-7** Reduce cesarean births among low-risk (full-term, singleton, and vertex presentation) women
- **Maternal, Infant, and Child Health (MICH)-8** Reduce low birth weight (LBW) and very low birth weight (VLBW)
- **Maternal, Infant, and Child Health (MICH)-9** Reduce preterm births
- **Maternal, Infant, and Child Health (MICH)-10** Increase the proportion of pregnant women who receive early and adequate prenatal care
- **Maternal, Infant, and Child Health (MICH)-11** Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women
- **Maternal, Infant, and Child Health (MICH)-14** Increase the proportion of women of childbearing potential with intake of at least 400 µg of folic acid from fortified foods or dietary supplements
- **Maternal, Infant, and Child Health (MICH)-16** Increase the proportion of women delivering a live birth who received preconception care services and practiced key recommended preconception health behaviors
- **Maternal, Infant, and Child Health (MICH)-17** Reduce the proportion of persons aged 18 to 44 years who have impaired fecundity (i.e., a physical barrier preventing pregnancy or carrying a pregnancy to term)
- **Maternal, Infant, and Child Health (MICH)-20** Increase the proportion of infants who are put to sleep on their backs
- **Maternal, Infant, and Child Health (MICH)-21** Increase the proportion of infants who are breastfed
- **Maternal, Infant, and Child Health (MICH)-22** Increase the proportion of employers that have worksite lactation support programs
- **Maternal, Infant, and Child Health (MICH)- 23** Reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life
- **Maternal, Infant, and Child Health (MICH)- 24** Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies
- **Maternal, Infant, and Child Health (MICH)-25** Reduce the occurrence of fetal alcohol syndrome (FAS)
- **Maternal, Infant, and Child Health (MICH)-26** Reduce the proportion of children diagnosed with a disorder through newborn blood spot screening who experience developmental delay requiring special education services

Priority #4 | Improve Prenatal Outcomes

Action Step Recommendations & Action Plan

To work toward improving **prenatal outcomes,** the following actions steps are recommended:

1. Implement Pathways Model
2. Increase the Use of Safe Sleep Practices
3. Increase Breastfeeding Practices

Action Plan

Prenatal Outcomes		
Action Step	**Responsible Person/Agency**	**Timeline**
Implement Pathways Model		
Year 1: Research the Community Pathways Model, which works to decrease poor birth outcomes in the high risk pregnant population. Determine interest and feasibility of implementing the Pathways Program in existing clinics and community centers throughout Crawford County. Contact the Northwest Ohio Pathways HUB or Richland County to present information on the Pathways Model to community stakeholders. Assess community readiness to implement a Pathways Program throughout various community centers, clinics and home visiting sites.	Tina Wallar Family and Children First Council	September 1, 2017
Year 2: Research and secure start-up funding and select a pilot site to hire a community care coordinator. The selected site will complete Pathways training through the Northwest Ohio Pathways HUB and begin enrolling clients into the program.		September 1, 2018
Year 3: Continue enrolling clients into the Pathways Program.		September 1, 2019
Increase the Use of Safe Sleep Practices		
Year 1: Work with hospitals and others to integrate safe sleep practice (i.e. The ABC's of Safe Sleep, Baby Boxes, "Cribs for Kids") into the hospital and community, developing a joint targeted media campaign for awareness and provide safe sleep tools to hospitals and new families	Kate Siefert Crawford County Health Department Pam Kalb Crawford County Public Health, Help Me Grow	September 1, 2017
Year 2: Continue efforts from year 1		September 1, 2018
Year 3: Continue efforts from year 2		September 1, 2019

Priority #4 | Improve Prenatal Outcomes

Action Step Recommendations & Action Plan, continued

Prenatal Outcomes		
Action Step	**Responsible Person/Agency**	**Timeline**
Increase Breastfeeding Practices		
Year 1: Survey employers about current breastfeeding policies and provide education and sample policies.	Gary Frankhouse Crawford County Education and Economic Development Partnership Trish Factor Galion City Health Department Tina Wallar Family and Children First Council Kathy Bushey Crawford County Public Health	September 1, 2017
Year 2: Assist in implementing breastfeeding policies in at least 2 businesses/organizations in Crawford County.		September 1, 2018
Year 3: Assist in implementing breastfeeding policies in at least 25% of the businesses/organizations in Crawford County.		September 1, 2019

Trans-Strategies

Action Step Recommendations & Action Plan

To work toward addressing all four priority areas, the following actions steps are recommended:

1. Create and Distribute A County-Wide Resource Assessment
2. Increase Transportation Through A County Transportation Plan
3. Create a Consistent Message
4. Market the CHIP with Crawford County Community Leaders

Trans-Strategies		
Action Step	**Responsible Person/Agency**	**Timeline**
Create and Distribute A County-Wide Resource Assessment		
Year 1: Create an online resource assessment. Permit and encourage all agencies and organizations to access and update the online resource assessment on a frequent basis. Work through United Way and 2-1-1 to keep resource assessment up to date. Keep the resource assessment updated on an annual basis.	Tina Wallar Family and Children First Council	September 1, 2017
Year 2: Continue to update annually at a Crawford County Health Partners meeting.		September 1, 2018
Year 3: Continue efforts from year 1 and 2.		September 1, 2019
Increase Transportation Through A County Transportation Plan		
Year 1: Continue to work with Crawford County Commissioners, ODOT, Seneca County Agency Transportation (SCAT), and Crawford County Council on Aging (COA) to implement a transportation system that equitably serves the senior, disabled, and general public as being studied as part of Transit Study.	Gary Frankhouse Crawford County Education and Economic Development Partnership	September 1, 2017
Year 2: Grow the awareness of the necessary local funding match required by the Federal Transportation Authority (FTA) 5310 (senior & disabled service) and 5311 (public transportation service) to ensure the continuation and growth of transportation provided by two separate operators. The change to multiple operators increases capacity and ride opportunities for our citizens.		September 1, 2018
Year 3: Expand the awareness of public transportation to increase rider revenue and expand our employment base through access to employment.		September 1, 2019

Trans-Strategies

Action Step Recommendations & Action Plan, continued

Trans-Strategies		
Action Step	**Responsible Person/Agency**	**Timeline**
Create A Consistent Message		
Year 1: Begin to hold quarterly meetings for Public Information Officers (PIO's) in Crawford County so all organizations and agencies are using a consistent health message. Use media, social networking, press releases, websites and WENS (Wireless Emergency Notification System) with a consistent logo to increase recognition of the Crawford County Health Partners and to increase awareness of available programs.	Trish Factor Galion City Health Department Cinda Kropka Avita Health System	September 1, 2017
Year 2: Increase efforts of year 1		September 1, 2018
Year 3: Increase efforts of years 1 & 2		September 1, 2019
Market the CHIP with Crawford County Community Leaders		
Year 1: Develop a PowerPoint presentation outlining the 2016-2019 Crawford County Community Health Improvement Plan and Action Steps. Take the presentation to local businesses, school administrators, churches, Chamber of Commerce, County Commissioners, Boards, etc. The PowerPoint should educate the community on what is being done to improve the health of Crawford County residents and how the organizations mentioned above can get involved. Look into developing a website for The Crawford County Health Partners.	Kate Siefert Crawford County Public Health Trish Factor Galion City Health Department Gary Frankhouse Crawford County Education and Economic Development Partnership	September 1, 2017
Year 2: Increase efforts of year 1		September 1, 2018
Year 3: Increase efforts of years 1 & 2		September 1, 2019

PROGRESS AND MEASURING OUTCOMES

The progress of meeting the local priorities will be monitored with measurable indicators identified by Crawford County Health Partners. The individuals that are working on action steps will meet on an as needed basis. The full committee will meet monthly for the first six months and depending on progress may meet bi-monthly 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.

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

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

- To evaluate decreasing obesity, the indicators found on pages 18-20 will be collected every 3 years.
- To evaluate decreasing adult cardiovascular disease, the indicators found on pages 32-34 will be collected every 3 years.
- To evaluate decreasing youth substance abuse, the indicators found on pages 43-47 will be collected every 3 years.
- To evaluate improving prenatal outcomes, the indicators found on pages 56-57 will be collected every 3 years.

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

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

Contact Us

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

Stephanie Zmuda, R.S.
Environmental Health Director
Galion City Health Department
113 Harding Way East
Galion, Ohio 44833
Phone: 419-468-8618
E-mail: stephanie.zmuda@galionhealth.org