

Fulton County

Community Health Improvement Plan

2013



Table of Contents

<u>Executive Summary</u>	<u>Page 3-4</u>
<u>Partners</u>	<u>Page 4</u>
<u>Vision & Strategic Planning Model</u>	<u>Page 5</u>
<u>Needs Assessment</u>	<u>Pages 6-8</u>
<u>Priorities Chosen</u>	<u>Page 9</u>
<u>Forces of Change</u>	<u>Page 10-11</u>
<u>Local Public Health System Assessment</u>	<u>Page 12</u>
<u>Community Themes and Strengths</u>	<u>Pages 12-14</u>
<u>Quality of Life Survey Results</u>	<u>Page 14</u>
<u>Strategy #1 Reducing Obesity</u>	<u>Pages 15-26</u>
<u>Strategy #2 Increase Adult Cardiovascular Health</u>	<u>Pages 27-32</u>
<u>Strategy #3 Increase Access & Awareness for Adult and Youth Mental Health Issues</u>	<u>Pages 33-40</u>
<u>Strategy #4 Reducing Youth Bullying</u>	<u>Pages 41-45</u>
<u>Trans-Strategies, Measuring Outcomes, & Contact Information</u>	<u>Page 46</u>

Executive Summary

Since 1998, Fulton County has conducted community health assessments for the purpose of measuring and addressing health status. Historically, the community has come together as one to measure health status. The Fulton County Partners for Health invited key community leaders to participate in an organized process of strategic planning to improve the health of residents of the county. The National Association of City County Health Officer's (NACCHO) strategic planning tool, Mobilizing for Action through Planning and Partnerships (MAPP), was used throughout this process.

This community health improvement plan (CHIP) represents the first time that Fulton County Stakeholders have come together to prioritize the health issues that will require the commitment of every sector of the community to address these issues effectively. It is hoped that as a result of this plan, Fulton County will rally around the issues identified and work together to implement best practices that will improve the health of Fulton County.

Strategies:

Priority Health Issues for Fulton County
1. Decrease adult and youth obesity
2. Increase adult cardiovascular health
3. Decrease adult and youth depression and suicide
4. Decrease youth bullying

Target Impact Areas:

To decrease youth and adult obesity-related behaviors, Fulton County will focus on the following target impact areas: 1) Increase consumption of fruits, vegetables, and other healthy foods, 2) Increase exercise, and 3) Increase breastfeeding.

To increase adult cardiovascular health, Fulton County will focus on the following target impact areas: 1) Increase awareness of CVD risk factors, and 2) Empower the community by supporting high quality health care, managing conditions affectively, getting active, eating healthy, staying smoke free, and reducing sodium and trans-fats.

To decrease depression and suicide, Fulton County will focus on the following target impact areas: 1) Increase awareness and screening, and 2) Expand current programming.

To decrease youth bullying, Fulton County will focus on the following target impact areas: 1) Increase evidence based programming with youth, and 2) Educate parents.

Action Steps:

To work toward decreasing **youth obesity**, the following action steps are recommended: 1) Expand *Grow It, Try It, Like It!* programs in preschools, 2) Expand C.A.T.C.H. program in schools, and 3) Initiate formalized breastfeeding policies for employers.

To work toward decreasing **adult obesity**, the following action steps are recommended: 1) Increase businesses providing wellness programs & insurance incentive programs to their employees, and 2) Implement OHA Healthy Hospitals Initiative.

Executive Summary, continued

To work toward increasing **adult cardiovascular health**, the following actions steps are recommended: 1) Implement Go, Slow, Whoa program, 2) Implement Million Hearts Initiative, and 3) Create branded logo and consistent message.

To work toward decreasing **adult and youth depression and suicide**, the following action steps are recommended: 1) Expand evidence-based programs targeting youth, 2) Increase the number of primary care physicians who screen for depression during office visits, and 3) Create a 2-3 bed mental health unit.

To work toward decreasing **youth bullying**, the following actions steps are recommended: 1) Implement the Olweus Bullying Prevention Program in Fulton County schools, and 2) Implement evidence-based parent programs.

Partners

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

Aja Behavioral – Conrado Jensen
American Cancer Society – Jessica West
Big Brothers/Big Sisters – Carol Merrilot
Board of Commissioners
Board of Developmental Disabilities – Beth Friess
Community Health Professionals – Pamela Shipley
Delta Police Department – Colleen Leu
Fayette United Methodist Church – Kris Keiser, Jeanne Johnson
Four County ADAMhs Board – Les McCaslin, Pam Pflum
Four County Family Center – Kathy Helmke, Tonie Long
Free Clinic of Fulton County – Mary Apodaca, Randall Bowman
Fulton County Health Center – Patti Finn, Steve McCoy, Sharon Morr, Kristy Snyder, Niki Thourot, Darrell Topmiller
Fulton County Health Department – Mary Apodaca, Kim Cupp, Rachel Kinsman, Mike Oricko, Karen Pennington, Cindy Rose, Andrea Schwiebert, Deb Weirauch
Fulton County Senior Center - Sandy Griggs
Fulton County Sheriff's Office – Tracy Zuver
Healthy Choices Caring Communities – Beth Thomas
Help Me Grow – Kristie Humbert
Maumee Valley Guidance Center – Dawn Miller
Jobs and Family Services – Aric Bidwell, Amy Metz-Simon
Northwest State Community College – Deb Mignin
OSU Extension – Jill Stechschulte, Melissa Welker
Pike-Delta-York Schools – Jay LeFevre, Colleen Leu
Recovery Services of Northwest Ohio – Ken Bond
Sauders – Marc Fruth
United Way Fulton County – Gina Saaf
Wauseon Chamber of Commerce, Fulton County Aging Consortium – Tim Sepesy
Wauseon Police Department – Kevin Chittenden, Keith Torbet
YMCA of Northwest Ohio – Sally Brinkman

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

Vision

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

The vision of the Fulton County Partners for Health is “Working together to improve the health of individuals, families, and our community by shifting our focus from treatment to prevention and wellness”.

Strategic Planning Model

Beginning in April 2013, the Fulton County Partners for Health met ten (10) times and completed the following planning steps:

1. Initial Meeting- Review of process and timeline, finalize committee members, create or review vision
2. Choosing Priorities- Use of quantitative and qualitative data to prioritize target impact areas
3. Ranking Priorities- Ranking the health problems based on magnitude, seriousness of consequences, and feasibility of correcting
4. Resource Assessment- Determine existing programs, services, and activities in the community that address the priority target impact areas and look at the number of programs that address each outcome, geographic area served, prevention programs, and interventions
5. Forces of Change and Community Themes and Strengths- Open-ended questions for committee on community themes and strengths
6. Gap Analysis- Determine existing discrepancies between community needs and viable community resources to address local priorities; Identify strengths, weaknesses, and evaluation strategies; and Strategic Action Identification
7. Local Public Health Assessment- Review the Local Public Health System Assessment with committee
8. Quality of Life Survey- Review Results of the Quality of Life Survey with committee
9. Best Practices- Review of best practices and proven strategies, Evidence Continuum, and Feasibility Continuum
10. Draft Plan- Review of all steps taken; Action step recommendations based on one or more the following: Enhancing existing efforts, Implementing new programs or services, Building infrastructure, Implementing evidence based practices, and Feasibility of implementation

Needs Assessment

The Strategic Planning Committee reviewed the 2012 Fulton County Health Assessment. Each member completed an “Identifying Key Issues and Concerns” worksheet. The following tables were the group results.

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

ADULT Key Issue or Concern	% of Population Most at Risk	Age Group Most at Risk	Gender Most at Risk
1. Weight Control (18 votes) Obese/overweight	35% overweight 36% obese	Ages 65+	Male
2. Access to Care (10 votes) ER use for primary care Uninsured	12% 9%	--- Age: <30	--- ---
3. Tobacco Use (10 votes)	16%	Ages 30-64	Male
4. Cardiovascular Disease (10 votes) High Blood Pressure High Cholesterol	32% 29%	Ages 65+ Ages 65+	Male Male
5. Drug & Alcohol Use (10 votes) Prescription Abuse Binge drinking	6% 17%	Ages 65+ Age: <30	Females Males
6. Mental Health (7 votes) Sad, hopeless, and depressed Suicide	10%	Income <\$25K	Females
7. Diabetes (6 votes)	9%	Ages 65+	---
8. Cancer (6 votes) Lung Cancer- most deaths	12%	---	---
9. Vehicle Accidents (4 votes) Mortality rates twice as high as Ohio & U.S.	Double	---	Male
10. Arthritis (3 votes)	27%	Ages 65+	---
11. Asthma (1 vote)	10%	---	---
12. STDs (1 vote)	---	---	---

Needs Assessment, continued

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

YOUTH Key Issue or Concern	Percent of Population Most at Risk	Age Group Most at Risk	Gender Most at Risk
1. Alcohol Use (19 votes)			
Current drinker	15%	17+	Female
Binge drinker	9%	17+	Male
Rode with someone who was drinking	14%	---	---
2. Mental Health (18 votes)			
Contemplated suicide	10%	14-16	Female
Sad, hopeless, or depressed	17%	---	---
3. Weight Control (15 votes)			
Obese	14%	14-16	Male
Underweight	7%	<13	---
4. Bullying (13 votes)			
Overall	39%	<13	Female
On school property	23%	---	---
5. Illegal Drug Use (10 votes)			
Marijuana	4%	17+	Female
Inhalants	5%	---	---
Perceived Great Risk of Using Marijuana	45%	<13	Male
6. Sexual Activity (10 votes)	30%	17+	Male
7. Hunger (8 votes)			
Went to bed hungry at least 1 night per week	24%	---	---
Went to bed every night of the week	3%	---	---
8. Prescription Drug Abuse (6 votes)	6%	17+	Male
9. Seat Belt Use (6 votes)	50%	17+	Female
10. Tobacco Use (6 votes)	7%	17+	---
11. Distracted Driving (3 votes)	---	---	---
12. Weapons at School (1 vote)	5%	---	---
13. Sex with someone they met online (1 vote)	7%	---	---
14. Technology issues (1 vote)	---	---	---

Needs Assessment, continued

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

CHILD Key Issue or Concern	Percent of Population Most at Risk	Age Group Most at Risk	Gender Most at Risk
1. Parent reading to child every day (12 votes)	31%	0-5	---
2. Weight Control (11 votes)			---
Obese	21%	0-11	
Nutrition- 5+ Fruits & vegetables per day	10%	0-11	
4+ hours of TV per day	10%	0-5	
3. Bullying (9 votes)	54%	6-11	---
4. Asthma (8 votes)	14%	0-5	---
5. Facebook/Social Network (5 votes)	24%	6-11	---
6. Family Functioning- Parent stressors (4 votes)	Various	0-11	---
7. Behavioral Issues (4 votes)			
Behavioral or conduct problem	6%	6-11	---
ADHD/ADD	17%	6-11	---
8. Infant sleeping on back (4 votes)	69%	Infants	---
9. Access to health care- going out of county for services (2 votes)	62%	0-11	---
10. Not wearing bike helmets (2 votes)	82%	6-11	---
11. Booster seats (1 vote)	75%	6-11	---
12. No preventive care in past year (1 vote)	27%	6-11	---

Priorities Chosen

The Fulton County Partners for Health completed an exercise where they ranked the key issues based on the magnitude of the issue, seriousness of the consequence, and the feasibility of correcting the issue. A total score was given to each priority. The max score was 30. All committee members' scores were combined and then average numbers were produced.

The rankings were as follows:

1. Adult Weight Control (24.9)
2. Adult Cardiovascular (23.6)
3. Youth Bullying (23.2)
Youth Hunger (23.2)
4. Youth Weight Control (23.0)
Child Bullying (23.0)
5. Adult Access to Care (22.7)
6. Youth Mental Health (22.2)
7. Youth Alcohol Use (22.0)
Adult Tobacco Use (22.0)
Adult Drugs/Alcohol (22.0)
8. Youth Illegal Drug Use (21.7)
9. Parents Reading to the Children (21.6)
10. Adult Mental Health (21.6)
11. Child Weight Control (21.5)
12. Youth Sexual Behavior (21.5)
13. Child Asthma (18.3)

Due to rankings being very similar, each committee member was then asked to rank their top 3 issues. This then resulted in the following priorities:

Issue	Votes
Youth Mental Health	13
Adult Weight Control	12
Adult Cardiovascular	9
Youth Bullying	8
Youth Weight Control	8
Adult Mental Health	6

Adult and Youth issues were then combined.

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

- Adult and Youth Mental Health
- Adult and Youth Weight Control
- Youth Bullying
- Adult Cardiovascular Health

Forces of Change

Fulton County Partners for Health participated in a brainstorming exercise to discuss forces of change in the community. The results were as follows:

Forces of Change	Impact
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) - state-instituted Medicare Competitive Bidding Program (as of July 1, 2013)	<ul style="list-style-type: none"> • Post-acute care: when someone is discharged from home health, a nursing home, skilled nursing, hospice, etc. , they would have to travel to Port Clinton, OH to get basic DME • Not getting proper education on how to use the equipment • Providers are approved for certain geographic areas
Medicaid Health Homes (through Office of Healthcare Transformation)	<ul style="list-style-type: none"> • May not be able to see someone local, could be out of Toledo or other area
Medicaid Expansion - Ohio has not accepted the funding	<ul style="list-style-type: none"> • Less reimbursement
Affordable Care Act	<ul style="list-style-type: none"> • Changes with payments, access, and technology • Re-alignment of providers • No regulations to go with the law
Difficulty recruiting family practitioners and other medical professionals	<ul style="list-style-type: none"> • Shortage of family practitioners • Biggest obstacle ore spouses wanted to be near a larger city
Federally Qualified Health Center (FQHC)	<ul style="list-style-type: none"> • Bring in primary care physician and nurse practitioner • Provide services for those with lower incomes
Lack of Mental Health facilities	<ul style="list-style-type: none"> • If a person receives a felony 4 or 5 for the first time, they have to go to a treatment center, however, there are not enough facilities • The current mental health facilities do not have to accept these felons as they would still have to meet certain criteria to be enrolled (for billing purposes)
Addicts (Historically, 75% of addicts came from the criminal justice system and now 45% are voluntary)	<ul style="list-style-type: none"> • If they are voluntary, they tend to not complete the program because they don't have to
Fulton County Transportation System (Commissioners and other are currently working on this; working with Henry County, as they already have one in place)	<ul style="list-style-type: none"> • Community members will be able to get to appointments, run basic errands, etc. • Will help those without transportation, those with unreliable transportation, those without a driver's license, the elderly population, those who live in rural areas, etc.
School Trends	<ul style="list-style-type: none"> • Moving into using ipads • By 2015, all testing will be online • Safety and security- being focused and prepared • Bullying/cyber bullying is an issue- state mandating zero tolerance rule- staff are more aware of their actions as well • Finances- funding levels are not where they need to be. There is a disparity in school districts receiving funding • Schools are trying to collaborate but are also in competition • Homestead exemption • 12% roll back- detrimental to schools

Forces of Change, continued

Forces of Change	Impact
Increased use of technology and electronics	<ul style="list-style-type: none"> • Positives and negatives • Increased obesity (-) • Getting information out to the public (+)
No laws in place for cyber-bullying	<ul style="list-style-type: none"> • Law enforcement is unable to enforce issues and has to give it back to the schools at times • Parents are upset and expecting schools and law enforcement to do something about it
Cultural trends	<ul style="list-style-type: none"> • Less 2-parent homes
Painkillers being prescribed in large amounts	<ul style="list-style-type: none"> • Leads to addiction • ODADAS website- opiate prescription dosages per capita • Some emergency departments are no longer prescribing any opiates
Health Department Trends	<ul style="list-style-type: none"> • Unfunded mandates • Lack of state support for local services • Saving money at the state level by giving more work to the local departments • Increasing state control of local matters by saying if you want grant money, this is what you will do
Trend away from Industrialization	<ul style="list-style-type: none"> • Less jobs (along with good pay and good benefits)
Change in Social Norms	<ul style="list-style-type: none"> • Age, demographics, etc.
Perception of Government	<ul style="list-style-type: none"> • The perception of the government has negatively changed • The perception of what is expected of the government has changed (many people expect the government to provide more)
Resistance to Change	<ul style="list-style-type: none"> • Personally, socially, and medically
Law of unintended consequences	<ul style="list-style-type: none"> • Affordable Care Act example: employers are cutting back on their employee's hours so they do not have to provide health insurance
Outcome-based Incentives (Wellness)	<ul style="list-style-type: none"> • Cleveland Clinic will pay up to \$2,000 for outcome-based results for BMI, BP, BC, glucose, and no smoking • Locally, Sauders is doing something similar. They pay \$50 per biometric outcome (up to \$250)
Safety	<ul style="list-style-type: none"> • Positive and negative • In general, most kids in Fulton County can go out and safely play in their yard with their parents inside (+) • Due to recent abductions and national media, some parents may not feel it is safe to do so (-)

Local Public Health System Assessment

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

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

Members of the Fulton County Health Department administrative team met to discuss the 10 Essential Public Health Services and how they are being provided within the community. The group completed the performance measures instrument. Each model standard was discussed and the group came to a consensus on responses for all questions.

The LPHSA results were then presented to the full CHIP committee for discussion. The challenges and opportunities that were discussed were then used in the action planning process.

The CHIP committee identified 37 indicators that had a status of "no" or "minimal".

To see the full results of the LPHSA, please contact the Fulton County Health Department.

Community Themes and Strengths

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

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

- Access to fruits and vegetables
- Employment
- Recreation
- Children have access to preventive care
- Safety
- Transportation
- Access to overall healthcare
- Clean air and water
- Bike trails
- Engagement in faith-based community
- Activities for young people
- Access to healthy food
- Restaurants with healthy options

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

- Collaboration
- The people
- Faith and family-based values
- Looking out for one another
- Community dynamic
- Highest turn-outs of Relay for Life
- Schools
- Strong commitment to your roles (your kids, your schools, etc.)
- Attitude that something can be done
- Volunteerism

Community Themes and Strengths, continued

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

- Fulton County Partners for Health
- Civic Clubs (Rotaries, Lions)
- HC₃ Coalition
- Family First Council
- Safe Communities
- Hispanic/Latino Health Coalition
- Area Foundation
- Free Clinic

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

- Cancer Coalition
- Suicide Prevention Coalition
- NAMI
- Aging Consortium
- Early Childhood Initiative
- Heart Radiothon
- Local Chambers of Commerce
- Core Planning Group
- Community Improvement Corporation
- Fulton County Economic Development Group
- Hands of Grace
- Open Door
- FISH (Fayette)
- St. Vincent DePaul
- Shepard's Circle
- Senior Centers
- Habitat for Humanity
- Fulton County Planning Commission
- ACS/Relay for Life
- United Way
- Volunteerism
- Special Olympics

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

- Preservation of culture
- Strategic plan priorities (adult and youth mental health, adult and youth weight control, youth bullying, and adult cardiovascular health)
- Maintaining communities
- Lack of transportation system
- Availability of non-competitive activities (feasibility of a YMCA)

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:

- Regulations
- Funding
- Uncertainty (not taking a chance)
- Time commitment
- Lack of personal responsibility for health choices
- Lack of willingness to change

Quality of Life

The Fulton County Strategic Planning Committee urged community members to fill out a short Quality of Life Survey via survey monkey. There were 277 Fulton County community members who completed the survey.

Quality of Life Questions	Likert Scale Average Response (1 to 5, with 5 being most positive)
1. Are you satisfied with the quality of life in our community? (Consider your sense of safety, well-being, participation in community life and associations, etc.) [IOM, 1997]	3.9
2. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, options in health care, etc.)	3.6
3. Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	4.2
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.)	3.7
5. Is there economic opportunity in the community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)	3.0
6. Is the community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, the mall. Do neighbors know and trust one another? Do they look out for one another?)	4.0
7. Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, organizations) during times of stress and need?	3.9
8. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?	3.7
9. Do all residents perceive that they — individually and collectively — can make the community a better place to live?	3.3
10. Are community assets broad-based and multi-sectoral?	3.2
11. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?	3.4
12. Is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments?	3.4

Strategy #1: Decrease adult and youth obesity

Obesity indicators

71% of Fulton County adults were overweight or obese based on Body Mass Index (BMI). 26% of Fulton County youth in grades 6-12 are classified as overweight or obese based on BMI.

Weight Status

The 2012 Fulton County Health Assessment indicates that 35% of adults were overweight and 36% were obese based on Body Mass Index (BMI). The 2011 BRFSS reported that 36% of Ohio and 36% of U.S. adults were overweight and 30% of Ohio and 28% of U.S. adults were obese.

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

Nutrition

In 2012, 11% of adults ate 5 or more servings of fruits and vegetables per day. 86% of adults ate one to four servings per day. The American Cancer Society recommends that adults eat 5-9 servings of fruits and vegetables per day to reduce the risk of cancer and to maintain good health.

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

Almost one-quarter (24%) of youth reported they went to bed hungry because they did not have enough food at least one night per week. 3% of youth went to bed hungry every night of the week.

Physical Activity

In Fulton County, 53% of adults were engaging in physical activity for at least 30 minutes on 3 or more days per week. 26% of adults exercised 5 or more days per week and 28% of adults reported they did not participate in any physical activity in the past week, including those who were unable to exercise.

79% of youth in grades 6-12 participated in at least 60 minutes of physical activity on 3 or more days in the past week. 62% did so on 5 or more days in the past week and 34% did so every day in the past week. 7% of youth reported that they did not participate in at least 60 minutes of physical activity on any day in the past week (2011 YRBS reported 16% for Ohio and 14% for the U.S.).

Fulton County youth spent an average of 3.1 hours on their cell phone, 2.2 hours watching TV, 1.8 hours on the computer, and 1.1 hours playing video games on an average day of the week.

36% of youth spent 3 or more hours watching TV on an average day (2011 YRBS reported 31% for Ohio and 32% for the U.S.).

Strategy #1: Decrease adult and youth obesity

Obesity indicators

Youth Variables	Fulton County 2005 (6-12 grade)	Fulton County 2008 (6-12 grade)	Fulton County 2010 (6-12 grade)	Fulton County 2012 (6-12 grade)	Fulton County 2012 (9-12 grade)	Ohio 2011 (9-12 grade)	U.S. 2011 (9-12 grade)
Obese	N/A	11%	11%	14%	16%	15%	13%
Overweight	N/A	13%	13%	12%	11%	15%	15%
Described themselves as slightly or very overweight	30%	27%	27%	30%	30%	30%	29%
Trying to lose weight	48%	43%	44%	47%	49%	N/A	N/A
Exercised to lose weight	42%	40%	40%	56%	57%	61%*	61%*
Ate less food, fewer calories, or foods lower in fat to lose weight	18%	21%	22%	33%	39%	43%*	39%*
Went without eating for 24 hours or more	3%	4%	3%	6%	7%	13%	12%
Took diet pills, powders, or liquids without a doctor's advice	1%	1%	1%	3%	5%	6%	5%
Vomited or took laxatives	1%	1%	1%	2%	1%	6%	4%
Ate 1 to 4 servings of fruits and vegetables per day	N/A	N/A	N/A	78%	79%	85%*	78%*
Physically active at least 60 minutes per day on less than 7 days in past week	N/A	64%	62%	66%	67%	75%	71%
Physically active at least 60 minutes per day on less than 5 days in past week	N/A	39%	37%	38%	37%	55%	51%
Did not participate in at least 60 minutes of physical activity on any day in past week	N/A	8%	8%	7%	7%	16%	14%
Watched TV 3 or more hours per day	54%	35%	36%	36%	34%	31%	32%

2005/2011 Adult Comparisons	Fulton County 2005	Fulton County 2012	Ohio 2011	U.S. 2011
Obese	34%	36%	30%	28%
Overweight	35%	35%	36%	36%

Strategy #1: Decrease adult and youth obesity Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Be Healthy Now Fulton County	Steering committee- Fulton County Health Center, Fulton County Health Dept., Fulton County Extension office	Community	Prevention, intervention, weight control, exercise, education	Individuals convey learning healthy information that they can utilize
Lifestyle Management Session/Training	Fulton County Health Center	All	Prevention, early intervention, education	Individuals convey learning healthy information that they can utilize
Diabetes and Healthy Eating	Fulton County Health Center	Those with diabetes	Early intervention, treatment, education	Individuals convey learning healthy information that they can utilize
Healthy Cooking 101	Fulton County Health Center	All	Prevention, education	Individuals convey learning healthy information that they can utilize
Salt Sense	Fulton County Health Center	All	Early intervention, treatment, education	Individuals convey learning healthy information that they can utilize
Eat For Life	Fulton County Health Center	All	Prevention, early intervention, education	Individuals convey learning healthy information that they can utilize
Low Cholesterol Living	Fulton County Health Center	All	Early intervention, treatment, education	Individuals convey learning healthy information that they can utilize
Balancing Life with Diabetes	Fulton County Health Center	Those with diabetes	Early intervention, treatment, education	Individuals convey learning healthy information that they can utilize
Let's Eat	Fulton County Health Center	Those with diabetes	Early intervention, treatment, education	Individuals convey learning healthy information that they can utilize
Fall Into Fitness	Fulton County Health Center	Children ages 7-12	Prevention, early intervention, education	Individuals convey learning healthy information that they can utilize
Healthy Holiday Eating	Fulton County Health Center	All	Early intervention, treatment, education	Individuals convey learning healthy information that they can utilize
Lunch and Learn Fulton County Health Center Staff	Fulton County Health Center	Employees of Fulton County Health Center	Prevention, education	Individuals convey learning healthy information that they can utilize
Lunch and Learn Corporate	Fulton County Health Center	Corporate Employees	Prevention, education	Individuals convey learning healthy information that they can utilize

Strategy #1: Decrease adult and youth obesity Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Lifestyle for Lower Cholesterol	Fulton County Health Center	All	Prevention, education	Individuals convey learning healthy information that they can utilize
Waist Watchers	Fulton County Health Center	All	Prevention, early intervention, support, education	Individuals convey learning healthy information that they can utilize
Learn to be: Debt and Diet Free	Fulton County Health Center	All	Prevention, early intervention, education	Individuals convey learning healthy information that they can utilize
Nutrition Coaching	Fulton County Health Center	Corporate Employees	Prevention, early intervention, treatment, education	Individuals convey learning healthy information that they can utilize
Nutrition Counseling	Fulton County Health Center	All	Early intervention, treatment, education	Individuals convey learning healthy information that they can utilize
Speaker's Bureau on weight management/nutrition topics	Fulton County Health Center	All	Prevention, early intervention, education	Individuals convey learning healthy information that they can utilize
Speaker's Bureau on various diabetes topics	Fulton County Health Center	All	Prevention, early intervention, education	Individuals convey learning healthy information that they can utilize
Biggest Loser – winner of TV show provided program to community on her weight loss success	Fulton County Health Center	Community	Prevention, early intervention, education	Individuals convey learning healthy information that they can utilize
Land Based Fitness Classes	Fulton County Health Center	Teenagers - Seniors	Prevention, education	Improved Range of Motion, Strength, Cardiovascular, Flexibility, and etc...
Water Based Fitness Classes	Fulton County Health Center	Teenagers – Seniors	Prevention, education	Improved Range of Motion, Strength, Cardiovascular, Flexibility, and etc...
Kids Sport Conditioning	Fulton County Health Center	Children 9 yrs. – 15 yrs.	Prevention, education	Improved Range of Motion, Strength, Cardiovascular, Flexibility, and etc...
Corporate Weight Loss/Body Fat % Challenges	Fulton County Health Center	Adults - Seniors	Prevention, education	Individuals have lost pounds/body fat %
Fitness and Nutrition Presentations	Fulton County Health Center	Children 6 yrs. - Seniors	Prevention, education	Individuals convey learning healthy information that they can utilize

Strategy #1: Decrease adult and youth obesity Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Personal Training	Fulton County Health Center	Teenagers - Seniors	Prevention, education	Improved Range of Motion, Strength, Cardiovascular, Flexibility, and etc...
Parent and Child Water Wonders Classes	Fulton County Health Center	Children 6 months – 5 yrs. of age	Prevention, education	Children are more comfortable in water and learn basic swim movements
General Fitness Center Memberships	Fulton County Health Center	Children - Seniors	Prevention, education	Improved Range of Motion, Strength, Cardiovascular, Flexibility and etc...
Corporate Wellness Coaching	Fulton County Health Center	Adults - Seniors	Prevention, education	Individuals convey learning health information that they can utilize
BMI's	Fulton County Health Center	Schools	Prevention	Best practice
Exercise	Curves, Body Shop, Fusion & Marshall Fitness	Teens/Adults	Prevention, early intervention & treatment	Best practice
Healthy Living/Lifestyles	OSU Extension	Kindergarten through 2 nd grade (Wauseon)	Prevention	None
Healthy Snacks	21 st Century Grant	3-5 years of age (Wauseon)	Prevention	Best practice
Summer Feeding Program	Northwest Ohio Community Action Coalition (NOCAC)	Elm Street Apartments & St. Caspers	Prevention and Early Intervention	Participation numbers
Employee Assistance Program	Sauder Woodworking Co.	Sauder Employees & Families	Employee Assistance Program	Participation numbers
Sauder Health Quest	Sauder Woodworking Co. (Clinic)	Sauder Employees & Families	Prevention/early intervention	Year over year biometrics
Sauder Wellness Education	Sauder Woodworking Co. (Clinic and Asset Health)	Sauder Employees & Families	Prevention/early intervention	Participation numbers
Sauder Lifestyle Management	Asset Health	Sauder Employees & Families	Prevention/early intervention	Number who reduce their risk factors
Sauder Clinic	Sauder Woodworking Co. (Clinic)	Sauder Employees & Families	Prevention/early intervention/treatment	Utilization and health care costs
Breastfeeding	Child & Family Health Services/Health Department	Pregnant Mom & Nursing Women	Prevention	Evidence based

Strategy #1: Decrease adult and youth obesity

Resource Assessment Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
One-on-one Support	Women, Infants & Children (WIC)/Health Department	Nursing Moms	Prevention	Evidence based
Nutrition Counseling	Health Department	0-5 years of age	Prevention	Best practice
Coordinated Approach to Child Health program (CATCH)	Child & Family Health Services/Health Department	Swanton, Fayette & Wauseon Elementary Schools	Prevention	Evidence based
Be Healthy Now (Lifestyle 12 week course)	Health Department/Fulton County Health Center/OSU Extension	Families	Prevention/early intervention	Best practice
Body Mass Index & Education	Family Planning Clinic Health Department	Teen/Adults	Prevention	Best practice
Patient Education	Free Clinic	Adults	Prevention/early intervention	
Grow It, Try It, Like It	Health Department	Preschools		Evidence based
School Wellness Committee	Health Department (sits on committees)	Students & Staff (Wauseon, Evergreen, Fayette & Pettisville)	Prevention	None
Organ-wise Guys	Child & Family Health Services/Health Department	Delta (Kindergarten- 2 nd grade)	Prevention	None
Fulton County Employee Wellness Program	Insurance Company Corporate Wellness (Hospital)	Employees	Prevention/Early Intervention	Best practice
Rehabilitation Center	Fulton County Health Center	6 months and up	Prevention, early intervention, & treatment	Best practice
Worksite Wellness Programs	American Cancer Society	Adults	Prevention, early intervention & treatment	Evidence based
Playlands	Churches	Archbold & Wauseon	Prevention/early intervention	Best practice
Parks & Recreation Sports Programs	Parks & Recreation	Youth	Prevention/early intervention	Best practice
New Heights (gymnastics, karate)	New Heights		Prevention/early intervention	Best practice
Other Sports (wrestling, baseball & soccer)	Various	Youth	Prevention/early intervention	Best practice
Church Sports Leagues (basketball & softball)		Adults & Youth	Prevention/early intervention	Best practice
Golf for kids	Gold Courses	Youth	Prevention/early intervention	Best practice
4-H Camp	4-H	8 – 14 years old	Prevention/early intervention	Best practice
Various Races (Runs & Walks, Relay for Life)	Various	All ages	Prevention/early intervention	Best practice

Strategy #1: Decrease adult and youth obesity Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Rails to Trails		All ages	Prevention/early intervention	Best practice
Youth Running Club		Delta	Prevention/early intervention	Best practice
Dave's Running Club	Dave's Running Shop	Teens/Adults	Prevention/early intervention	Best practice
Weight Watchers	Weights Watchers	Teens/Adults	Prevention/treatment	Evidence based
**Also See Cardiovascular Resources for programs that overlap with Weight Control Resources				

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

Gaps	Potential Strategies
Expand current programs of the Health Department Maternal and Child Health Grant	<ul style="list-style-type: none"> • Coordinate efforts with NOCAC & Head Start • Expand “Grow it, Try it, Like it” preschool program (include a parent component) • Expand CATCH program (currently an afterschool program, expand to a regular school program) • Delta Schools-Organ Wise Program (K-2)
Increase involvement of school wellness teams	<ul style="list-style-type: none"> • Look at Evergreen schools as an example • Increase support offered to schools • Increase the focus of staff wellness • Look into what types of policies they can put in place to support youth
Environmental factors -do not support healthy lifestyle choices	<ul style="list-style-type: none"> • Promote healthy foods at grocery stores • Red, yellow, green-“Go, Slow, Go” in supermarkets (Cleveland Clinic) • Include weekly recipe in store flier and have a kiosk with those ingredients (Chief in Defiance)
Increase healthy vending opportunities	<ul style="list-style-type: none"> • Look at OHA dietary guidelines • Maumee Valley Vending may be willing to help
Breastfeeding	<ul style="list-style-type: none"> • Create formalized breastfeeding policies for employers • Survey employers about their policies • Offer guidance on changing policies • Encourage hospitals to not offer formula at birth • Look to ODH, Help Me Grow, and OHA for support

Strategy #1: Decrease adult and youth obesity Gaps & Potential Strategies, continued

Gaps	Potential Strategies
Lack of biking and walking trails/sidewalks	<ul style="list-style-type: none"> • Meet with Regional Planning Commission • Include sidewalks and paved roads in policy • Look at Michigan's state policy • Support rails to trails expansion • Walking trail stops or at parks-exercise/stretching
Increase nutrition education opportunities	<ul style="list-style-type: none"> • Nutrition counseling at Wauseon schools (OSU Ext.) • NOCAC summer feeding program

Strategy #1: Decrease adult and youth obesity Best Practices

Best Practices

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

1. **Grow It, Try It, Like It!** *Grow It, Try It, Like It! Preschool Fun with Fruits and Vegetables* is a garden-themed nutrition education kit for child care center staff that introduces children to: three fruits - peaches, strawberries, and cantaloupe, and three vegetables - spinach, sweet potatoes, and crookneck squash. The kit includes seven booklets featuring three fruits and vegetables with fun activities through the imaginary garden at Tasty Acres Farm can be used to introduce any fruit or vegetable! It also has a CD-ROM with Supplemental Information and a DVD. Each set of lessons in the six fruit or vegetable booklets contain: hands-on activities, planting activities, and nutrition education activities that introduce MyPlate. Use the kit to promote learning at home with fun parent/child activities and family-sized recipes that give tips for cooking with children.
2. **CATCH** (*Coordinated Approach to Child Health*) - This program is designed for after-school youth groups and community recreation programs and has a large base of scientific evidence to support its effectiveness in teaching healthy activity to adolescents and younger kids. CATCH consists of classroom curricula for third through fifth grades, parental involvement programs, CATCH PE, the Eat Smart foodservice program and CATCH Kids Club (K-8th grade after-school participants). The emphasis in the curricula is on making healthy food choices through skills training. For more information go to <http://catchinfo.org>
3. **Breast feeding Promotion Programs:** Breastfeeding promotion programs aim to increase breastfeeding initiation, exclusive breastfeeding, and duration of breastfeeding.

Evidence of Effectiveness

There is strong evidence that breastfeeding promotion programs increase initiation, duration and exclusivity of breastfeeding. Breastfeeding has also been shown to provide health benefits to mother

Strategy #1: Decrease obesity among adults and youth

Best Practices, continued

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

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

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

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

1. **Weight Watchers-** Weight Watchers has been the gold standard for successful weight loss programs. Among the reasons for Weight Watchers' longevity, the program is based on science and addresses the dieter's lifestyle as a whole. Weight Watchers has always focused on long-term weight management and a commitment to an overall healthy lifestyle. The program is based on four basic principles: eating smarter, moving more, getting support, and developing better habits. For more information go to <http://www.weightwatchers.com>.
2. **Diet Therapy-** Current dietary recommendations continue to focus on the low-calorie, low-fat diet, with intake of 800 to 1500 kcal of energy per day. Caloric reduction in the range of 500 to 1000 kcal less than the usual intake is appropriate. This will allow for approximately 1 to 2 pounds of weight loss per week. For more information go to <http://www.mypyramid.gov/>.
3. **Healthy Hospitals Initiatives/Dietary Guidelines for Americans, 2010:** The Dietary Guidelines for Americans are evidence-based recommendations intended to help people choose an overall healthy diet. The 2010 Dietary Guidelines include 23 key recommendations for the general population and 6 additional key recommendations for specific population groups, such as pregnant women.

Developed By: USDA/CNPP, HHS/OASH

For more information go to:

<http://www.cnpp.usda.gov/Publications/DietaryGuidelines/2010/PolicyDoc/PolicyDoc.pdf>

Strategy #1: Decrease obesity among adults and youth

Best Practices, continued

4. **Exercise program-** The CDC recommends 60 minutes of physical activity for at least 5 days a week. Encourage people to make lifestyle changes such as taking the stairs, parking farther away, playing with their kids, etc. Small bouts of physical activity all day long can account to 60 minutes easily. It does not have to be a full hour of exercising in a gym. For more information go to <http://www.mypyramidtracker.gov/>.
5. **Health Insurance Incentives & Penalties:** The number of employers offering financial rewards for participating in wellness programs rose by 50 percent from 2009 to 2011. In 2012, four out of five companies plan to offer some type of financial health incentive. The use of penalties among employers more than doubled from 2009 to 2011, rising from 8 percent to 19 percent. It could double again next year when 38 percent of companies plan to have penalties in place. Requiring smokers to pay a higher portion of the health insurance premium is among the most common penalties. A growing number of employers also base rewards on actual outcomes, such as reaching targeted healthy weights or cholesterol levels, rather than simply rewarding participation. A provision in the federal health care reform law will let employers offer greater incentives for participating in wellness programs starting in 2014. Under current rules, employers can provide incentives of up to 20 percent of the total health insurance premium per person. The 2010 Patient Protection and Affordable Care Act boosts the threshold to 30 percent and, in cases approved by federal health and labor officials, up to 50 percent in 2014. Employer programs often reward employees who exercise, lose weight or participate in disease management programs. Incentives may include cash awards, gift cards, higher employer contributions toward the health insurance premium, contributions toward employee health savings accounts, or the chance to compete in a sweepstakes. A lot of research shows people are very much motivated by the potential of a large prize. Some employers offer both individual awards and team awards. Some employers have found rescission of a reward especially effective. For instance, an employer might offer a \$500 health insurance premium discount to everyone and rescind the reward for employees who choose not to participate in the care management program.

Strategy #1: Decrease adult and youth obesity

Action Step Recommendations & Action Plan

Action Step Recommendations

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

1. Expand *Grow It, Try It, Like It!* programs in preschools
2. Expand C.A.T.C.H. program in schools
3. Initiate formalized breastfeeding policies for employers

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

1. Increase businesses providing wellness programs & insurance incentive programs to their employees
2. Implement OHA Healthy Hospitals Initiative

Action Plan

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
Expand <i>Grow It, Try It, Like It!</i> Program in Preschools		
Year 1: Meet with local grocery stores or farmer's markets to introduce the program and seek donations of fruits and vegetables Enlist at least 1 new preschool to participate in the program	Rachel Kinsman Fulton County Health Department	October 31, 2014
Year 2: Continue efforts to seek donations of fruits and vegetables Provide program in 6 preschools in the county		October 31, 2015
Year 3: Continue efforts to seek donations of fruits and vegetables Provide program in 12 preschools in the county Create sustainability plan if grant funding is eliminated		October 31, 2016
Expand <i>C.A.T.C.H.</i> Program in Schools		
Year 1: Continue to introduce program to schools Continue current work in Wauseon, Swanton, and Fayette after-school programs Recruit other organizations and/or individuals to facilitate programs (hospital, P.E. teachers, NSCC students, parents, high school students, Four County Family Center, etc.) Work with those who have 21 st Century grants to recommend using C.A.T.C.H. as a part of their grant	Rachel Kinsman Fulton County Health Department	October 31, 2014
Year 2: Implement the program in at least 4 school districts		October 31, 2015
Year 3: Implement the program in at least 5 schools districts		October 31, 2016
Initiate Formalized Breastfeeding Policies for Employers		
Year 1: Survey employers about current breastfeeding policies and provide education and sample policies	Andrea Schwiebert Fulton County Health Department	October 31, 2014
Year 2: Assist in implementing breastfeeding policies in at least 2 businesses/organizations in Fulton County		October 31, 2015
Year 3: Assist in implementing breastfeeding policies in at least 25% of the businesses/organizations in Fulton County		October 31, 2016

Strategy #1: Decrease adult and youth obesity

Action Step Recommendations & Action Plan, continued

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
Increase Businesses Providing Wellness Programs & Insurance Incentive Programs to Their Employees		
<p>Year 1: Collect baseline data on businesses and organizations offering wellness and insurance incentive programs to employees. Educate businesses through chamber of commerce, rotary, etc. about the benefits of implementing these programs</p>	<p>Sharon Morr Fulton County Health Center</p>	<p>October 31, 2014</p>
<p>Year 2: Get 3 businesses/organizations to initiate wellness and/or insurance incentive programs or upgrade their current programs to best practices. Aim to work with the largest employers</p>		<p>October 31, 2015</p>
<p>Year 3: Double the number of businesses/organizations providing wellness and insurance incentive programs from baseline.</p>		<p>October 31, 2016</p>
Implement OHA Healthy Hospitals Initiative		
<p>Year 1: Fulton County Health Center will implement guidelines and strategies from OHA within their hospital (changes in cafeteria, vending, meetings, etc.)</p>	<p>Sharon Morr Fulton County Health Center</p>	<p>October 31, 2014</p>
<p>Year 2: The program will be introduced to area businesses and organizations. The hospital will assist others to adopt the guidelines and strategies, providing sample policies, signage and timeframes</p>		<p>October 31, 2015</p>
<p>Year 3: The program will be introduced into other areas of the community (schools, churches, etc.)</p>		<p>October 31, 2016</p>

Strategy #2: Increase adult cardiovascular health

Cardiovascular Indicators

In 2012, the health assessment results indicate that 32% of Fulton County adults have been diagnosed with high blood pressure, and 29% have high blood cholesterol. Heart disease (25%) and stroke (6%) accounted for 31% of all Fulton County adult deaths from 2006-2008 (Source: ODH Information Warehouse).

Heart Disease and Stroke

In 2012, 2% of Fulton County adults reported they had a heart attack or myocardial infarction, increasing to 8% of those over the age of 65. The average age of diagnosis was 55.9 years old.

5% of Ohio and 4% of U.S. adults reported they had a heart attack or myocardial infarction in 2011 (Source: 2011 BRFSS).

1% of Fulton County adults reported having had a stroke, increasing to 3% of those over the age of 65. The average age of diagnosis was 60.3 years old. 3% of Ohio and U.S. adults reported having had a stroke in 2011 (Source: 2011 BRFSS).

1% of adults reported they had angina, increasing to 5% of those over the age of 65. The average age of diagnosis was 51.3 years old. 5% of Ohio and 4% of U.S. adults reported having had angina or coronary heart disease in 2011 (Source: 2011 BRFSS).

High Blood Pressure (Hypertension)

About one-third (32%) of Fulton County adults had been diagnosed with high blood pressure. The 2011 BRFSS reports hypertension prevalence rates of 33% for Ohio and 31% for the U.S.

80% of those diagnosed with high blood pressure were taking medication for it.

Fulton County adults diagnosed with high blood pressure were more likely to:

- Have rated their overall health as poor (80%)
- Have been age 65 years or older (65%)
- Have been classified as obese by Body Mass Index-BMI (48%)
- Have been male (41%)

High Blood Cholesterol

Over one-quarter (29%) of adults had been diagnosed with high blood cholesterol. The 2011 BRFSS reported that 39% of Ohio adults and 38% of U.S. adults have been told they have high blood cholesterol.

Over three-quarters (77%) of adults had their blood cholesterol checked within the past 5 years. The 2011 BRFSS reported 76% of Ohio and U.S. adults had theirs checked within the past 5 years.

Fulton County adults with high blood cholesterol were more likely to:

- Have rated their overall health as poor (60%)
- Have been age 65 years or older (54%)
- Have been classified as overweight by Body Mass Index-BMI (36%)
- Have been male (35%)

2005/2012 Adult Comparisons	Fulton County 2005	Fulton County 2012	Ohio 2011	U.S. 2011
Had angina	N/A	1%	5%	4%
Had a heart attack	5%	2%	5%	4%
Had a stroke	2%	1%	3%	3%
Had high blood pressure	26%	32%	33%	31%
Had high blood cholesterol	24%	29%	39%	38%
Had blood cholesterol checked within past 5 years	61%	77%	76%	76%

N/A – Data is not available

Strategy #2: Increase adult cardiovascular health Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Vascular Spectacular	Fulton County Health Center	Adults	Prevention	None
Heart Radiothon	Fulton County Health Center	Adults	Prevention	None
TEG (Tobacco Education Group)	Health Department	Referrals – alternative to punishment for youth	Early intervention & treatment	Evidence based
Employer Program Screenings	Numerous	Employees	Prevention	Best practice
Blood Pressure Screenings	Hospital/Health Department	Adults	Prevention	Best practice
HC ₃ Prevent Smoking and Signage (Tobacco-Free Campus)	HC ₃	Schools & Parks	Prevention	Best practice
Screenings	Home Health Agencies	Senior Centers/Churches	Prevention	Best practice
Road to Wellness Program	Aging Consortium	30-40 Vendors	Prevention	None
Jump Rope for Heart	American Heart Association	Youth (Fayette)	Prevention	None
Farm Screening Various health screenings and educational displays offered to area farmers and their families with help from the Fulton County Farm Bureau	Fulton County Health Center	Farm Community	Testing, prevention, early intervention, education Tests include: blood pressure, fasting comprehensive metabolic profile, vascular screening, body mass index, waist measurement & body composition testing	Individuals convey learning healthy information that they can utilize
Biennial Health Fair Various health screenings offered to the community	Fulton County Health Center	Community	Testing, prevention, early intervention Tests include: blood pressure, fasting comprehensive metabolic profile, body mass index, waist measurement & body composition	Individuals convey learning healthy information that they can utilize
Heart Matters Program Two Cardiologists and one Vascular Surgeon answered questions from the audience on Heart related subjects – blood pressure checks were provided	Fulton County Health Center	Community	Blood pressure screening, prevention, early intervention, education	Individuals convey learning healthy information that they can utilize

Strategy #2: Increase adult cardiovascular health Resource Assessment, continued

Program/Strategy/ Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
School cholesterol screenings- non-fasting total cholesterol, HDL cholesterol and glucose finger stick tests	Fulton County Health Center & Fulton County Heart Radiothon	Freshman & seniors at all Fulton County Schools plus teachers and other school employees	Screenings, prevention, early intervention, education	Best practice
Fulton County Fair cholesterol screenings- - non-fasting total cholesterol, HDL cholesterol, blood pressure and glucose finger stick tests	Fulton County Health Center	Community	Prevention, early intervention, education	Individuals convey learning healthy information that they can utilize
Speakers Bureau on cardiovascular disease risk factors, prevention strategies.	Fulton County Health Center	Community & Corporations	Prevention, education	Individuals convey learning healthy information that they can utilize
Cardiopulmonary Resuscitation	Fulton County Health Center	Community, health care professionals, high school students & area businesses and corporations	Prevention, early intervention, education	American Heart Certification given
Automated External Defibrillator (AED) training	Fulton County Health Center/ Fulton County Heart Radiothon	Churches, libraries, schools, parks/pools, corporations	Treatment, education	Individuals convey learning healthy information that they can utilize
Local Festivals - blood pressure & blood sugar screenings	Fulton County Health Center	Community	Prevention, early intervention, education	Individuals convey learning healthy information that they can utilize
American Cancer Society (ACS) Fresh Start Smoking Cessation Program	Fulton County Health Center	Community	Tobacco cessation, education	Individuals convey learning healthy information that they can utilize
Hypnosis for weight loss & for smoking cessation	Fulton County Health Center	Community	Treatment	Individuals convey learning healthy information that they can utilize
Cholesterol/BP Screenings (at all county libraries)	Fulton County Health Center & Fulton County Heart Radiothon	Community	Prevention, early intervention	Best practice
All Day Heart Radiothon Day in February	Fulton County Health Center	Community	Prevention, early intervention	Best practice
**Also See Weight Control Resources for programs that overlap with CV Resources				

Strategy #2: Increase adult cardiovascular health Gaps and Potential Strategies

Gaps	Potential Strategies
<p>Under-utilization of CVD programs -low participation numbers</p> <p>Half of all people diagnosed with diabetes, also have CVD</p>	<ul style="list-style-type: none"> • “Dinner with the docs” program • “Walk with a doc” program • Provide incentives (free stuff) for health screenings • Increase personal motivation by getting the media involved to create a consistent message • Get insurance company’s involved to help with signage and getting the message out • “Gillette affect”-words along the road that combine for a key message • Use social media/texting to increase awareness and participation in programs • Create a branded logo • EHR/EMR-now have to ask more questions (and get more written information) • Convenience factor • Create a focus on those who are not working, farmers, etc.. • 1 Million Hearts program <ul style="list-style-type: none"> ○ Set a local goal (Fulton County) to prevent heart attacks and strokes ○ Use toolkit that has already been created ○ Have agencies sign up to participate ○ Have information printed and disseminated ○ All information is available online (handouts etc.)
<p>Limited information available in Spanish</p>	<ul style="list-style-type: none"> • Increase the availability of Spanish speaking materials
<p>Environmental factors -do not support healthy lifestyle choices</p>	<ul style="list-style-type: none"> • Promote healthy foods at grocery stores • Red, yellow, green-“Go, Slow, Whoa” in supermarkets (Cleveland Clinic) • Include weekly recipe in store flier and have a kiosk with those ingredients (Chief in Defiance)
<p>Expand current programs of the Health Department Maternal and Child Health Grant</p>	<ul style="list-style-type: none"> • Coordinate efforts with NOCAC & Head Start • Expand “Grow it, Try it, Like it” preschool program (include a parent component) • Expand CATCH program (currently an afterschool program, expand to a regular school program) • Delta Schools-Organ Wise Program (K-2)
<p>Increase involvement of school wellness teams</p>	<ul style="list-style-type: none"> • Look at Evergreen schools as an example • Increase support offered to schools • Increase the focus of staff wellness • Look into what types of policies they can put in place to support youth

Strategy #2: Increase adult cardiovascular health Best Practices

Best Practices

The following programs have been reviewed and have proven strategies to **increase adult cardiovascular health**:

1. **Million Hearts®**: Heart disease and stroke are the first and fourth leading causes of death in the United States. Heart disease is responsible for 1 of every 4 deaths in the country. Million Hearts® is a national initiative that has set an ambitious goal to prevent 1 million heart attacks and strokes by 2017. The impact will be even greater over time.

Million Hearts® aims to prevent heart disease and stroke by:

- Improving access to effective care.
- Improving the quality of care for the ABCS.
- Focusing clinical attention on the prevention of heart attack and stroke.
- Activating the public to lead a heart-healthy lifestyle.
- Improving the prescription and adherence to appropriate medications for the ABCS.

The Million Hearts® initiative will focus, coordinate, and enhance cardiovascular disease prevention activities across the public and private sectors in an unprecedented effort to prevent 1 million heart attacks and strokes by 2017 and demonstrate to the American people that improving the health system can save lives. Million Hearts® will scale-up proven clinical and community strategies to prevent heart disease and stroke across the nation.

Million Hearts® brings together existing efforts and new programs to improve health across communities and help Americans live longer, healthier, more productive lives. The Centers for Disease Control and Prevention and Centers for Medicare and Medicaid Services are the co-leaders of Million Hearts® within the U.S. Department of Health and Human Services, working alongside other federal agencies including the Administration for Community Living, National Institutes of Health, the Agency for Healthcare Research and Quality, and the Food and Drug Administration, the Health Resources and Services Administration, and the Substance Abuse and Mental Health Services Administration, the Office of the National Coordinator, and the U.S. Department of Veterans Affairs. Key private-sector partners include the American Heart Association, and YMCA, among many others. For more information go to: <http://millionhearts.hhs.gov/index.html>

2. **We Can! (Ways to Enhance Children's Activity & Nutrition)/GO, SLOW and WHOA**: is a national movement designed to give parents, caregivers, and entire communities a way to help children 8 to 13 years old stay at a healthy weight. Research shows that parents and caregivers are the *primary influence* on this age group. The **We Can!** National education program provides parents and caregivers with tools, fun activities, and more to help them encourage healthy eating, increased physical activity, and reduced time sitting in front of the screen (TV or computer) in their entire family. One tool used to encourage health eating is the *Go, Slow and WHOA* food guide. This tool was created to help families make smart food choices. GO Foods-eat almost any time, SLOW Foods-eat sometimes, and WHOA Foods-eat only once in a while or on special occasions. **We Can!** also offers organizations, community groups, and health professionals a centralized resource to promote a healthy weight in youth through community outreach, partnership development, and media activities that can be adapted to meet the needs of diverse populations. Science-based educational programs, support materials, training opportunities, and other resources are available to support programming for youth, parents, and families in the community. For more information go to: <http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/eat-right/choosing-foods.htm>

Strategy #2: Increase adult cardiovascular health Action Step Recommendations & Action Plan

Action Step Recommendations

To work toward increasing **adult cardiovascular health**, the following actions steps are recommended:

1. Implement Go, Slow, Whoa program
2. Implement Million Hearts Initiative
3. Create branded logo and consistent message

Action Plan

Increase Adult Cardiovascular Health		
Action Step	Responsible Person/Agency	Timeline
Implement Go, Slow, Whoa Program		
<p>Year 1: Decide which group(s) to implement program with: individuals, families, organizations, or community (public programs or policies)</p> <p>Download and print educational handouts for program group(s) and disseminate</p> <p>Enlist at least 1 school, 1 grocery store, 1 business, and 25 WIC clients, and 25 Help Me Grow clients to participate in the program</p>	<p>LuAnne Stanley (WIC clients) Rachel Kinsman (school) Fulton County Health Department</p> <p>Sharon Morr (grocery store and business) Fulton County Health Center</p> <p>Kristie Humbert (Help Me Grow clients) Help Me Grow</p>	<p>October 31, 2014</p>
Year 2: Double participation from year 1		October 31, 2015
Year 3: Triple participation from year 1		October 31, 2016
Implement Million Hearts Initiative		
<p>Year 1: Educate healthcare providers, pharmacies, consumers, the community, and employers about the initiative and what they can do to take part</p> <p>Create a goal for Fulton County over the next 3 years</p> <p>Download and print toolkit handouts for the various sectors that are willing to participate and set up a QR code to register</p> <p>Sign up Fulton County as a community initiative under Fulton County Partners for Health</p>	<p>Rachel Kinsman Fulton County Health Department</p>	<p>October 31, 2014</p>
Year 2: Double participation numbers from year 1		October 31, 2015
Year 3: Triple participation numbers from year 1		October 31, 2016
Create Branded Logo & Consistent Message		
<p>Year 1: Create a branded logo with a consistent message</p> <p>Work with creator of HC3 and YAC logos or hold a contest among graphic arts students at high schools</p> <p>All Fulton County organizations can use the logo and “Member of the Fulton County Partners for Health” at the bottom of educational materials</p> <p>Use the media and social networking to increase awareness of the programs and screenings available</p> <p>Enlist primary care physicians to educate patients on CVD risk factors as well as co-morbidities</p> <p>Continue current screenings and programs</p>	<p>Fulton County Partners for Health</p>	<p>October 31, 2014</p>
Year 2: Offer screenings at more locations and more frequently, implementing strategies above		October 31, 2015
Year 3: Continue efforts from previous years		October 31, 2016

Strategy #3: Decrease adult and youth depression and suicide Mental Health Indicators

In 2012 the health assessment results indicated that 10% of Fulton County adults recently had a period of two or more weeks when they felt sad, blue, or depressed nearly every day. 10% of youth had seriously considered attempting suicide in the past year and 4% admitted actually attempting suicide in the past year.

Adult Mental Health Issues

1% of Fulton County adults considered attempting suicide in the past year.

Less than 1% of adults attempted suicide.

10% of adults recently had a period of two or more weeks when they felt sad, blue, or depressed nearly every day.

Of those who recently had a period of two or more weeks when they felt sad, blue or depressed nearly every day, they also: had trouble sleeping or slept too much (79%), felt fatigued (75%), had trouble thinking or concentrating (52%), woke up before they wanted (49%), felt worthless or hopeless (46%), lost interest in most things (44%), had a weight or appetite change (37%), felt restless or slowed down (32%), and thought about death or suicide (20%).

30% of adults indicated they felt worried and anxious about things that were unlikely to happen or that were not very serious, or had a hard time controlling their worry.

Youth Mental Health Issues

In 2012, 10% of Fulton County youth reported seriously considering attempting suicide in the past twelve months compared to the 2011 YRBS rate of 16% for U.S. youth and 14% for Ohio youth.

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

Of those who attempted suicide, 47% resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse.

Of all Fulton County youth, 2% had to be treated by a doctor or nurse as a result of a related injury, poisoning or overdose due to a suicide attempt (2011 YRBS reported 4% for Ohio and 2% for the U.S.).

About one-fifth (17%) of youth reported they felt sad or hopeless almost every day for two weeks or more in a row that stopped them from doing some usual activities (2011 YRBS reported 27% for Ohio and 29% for the U.S.).

Fulton County youth reported the following ways of dealing with anxiety, stress, or depression: sleeping (31%), hobbies (26%), talking to someone in their family (26%), talking to a peer (20%), exercising (19%), eating (15%), shopping (6%), breaking something (6%), writing in a journal (6%), drinking alcohol (4%), self-harm (4%), smoking/using tobacco (3%), using prescribed medication (3%), using illegal drugs (2%), vandalism/violent behavior (2%), using un-prescribed medication (1%), and gambling (1%). 35% of youth reported they do not have anxiety, stress, or depression.

When dealing with feelings of depression or suicide, Fulton County youth talk about their concerns with the following: a best friend (17%), their parents (10%), girlfriend/boyfriend (6%), brother/sister (4%), professional counselor (4%), pastor/priest (2%), teacher (2%), youth minister (1%), school counselor (1%), or coach (1%). 12% of youth talked to no one when feeling depressed or suicidal. 61% of youth reported they do not have thoughts of depression or suicide.

Strategy #3: Decrease adult and youth depression and suicide Mental Health Indicators, continued

2005/2008/2010/2012 Youth Comparisons	Fulton County 2005 (6 th -12 th)	Fulton County 2008 (6 th -12 th)	Fulton County 2010 (6 th -12 th)	Fulton County 2012 (6 th -12 th)	Fulton County 2012 (9 th -12 th)	Ohio 2011 (9 th -12 th)	U.S. 2011 (9 th -12 th)
Youth who had seriously considered attempting suicide in the past year	19%	8%	10%	10%	10%	14%	16%
Youth who had attempted suicide in the past year	9%	3%	4%	4%	4%	9%	8%
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (of all youth)	4%	1%	2%	2%	3%	4%	2%
Youth who felt sad or hopeless almost every day for 2 or more weeks in a row	23%	13%	14%	17%	20%	27%	29%

2005/2012 Adult Comparisons	Fulton County 2005	Fulton County 2012	Ohio 2011	U.S. 2011
Two or more weeks in a row felt sad or hopeless	16%	10%	N/A	N/A
Considered attempting suicide	19%	1%	N/A	N/A

N/A – Not available

Strategy #3: Decrease adult and youth depression and suicide Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Signs of Suicide program (SOS)	Four County Family Center & Maumee Valley Guidance Center	Offered to high school and middle school students Wauseon, Evergreen, Delta Middle Schools	Prevention	Evidence based
Kognito (on-line training)	Four County Family Center	Has been offered to Fulton School Districts for staff members. Aviator simulation on-line on dealing with mental health issues in students. About 1 hour training Delta	Early intervention	Evidence based
Yellow Ribbon Campaign	Four County Family Center	Offered to all school districts. Evergreen, Archbold & Wauseon for next school year	Prevention	None
Four County Suicide Prevention Coalition	Lead agency: Four County Family Center	Four County population, both youth and adult	Prevention/early intervention	None
One-Step at a Time 5 K	Activity of Four County Suicide Prevention Coalition	5 K for general population with focus on youth prevention – fundraiser for education	Prevention/early intervention	None
Outpatient Counseling Services	Four County Family Center/ Recovery Services of Northwest Ohio & Maumee Valley Guidance Center	Serves clients in Four County area	Treatment	Best Practice
Suicide Prevention Awareness	Four County Family Center	Offered to all districts	Prevention	None
Incredible Years (Pre-K through 1 st grade child social skills training for conduct problems and drug abuse)	Four County Family Center	Preschools and grades K-1 All schools except Swanton	Prevention	Best practice
FAST (Families and Schools Together)	Four County Family Center	Available to all school districts Archbold Middle School	Prevention	Evidence based
Patient Health Questionnaire (PHQ9) Screening at PCP offices	Four County Suicide Prevention Coalition	Older adolescents and adults	Prevention	Evidence based
Community Psychiatric Supportive Treatment Services	Four County Family Center/ Recovery Services of Northwest Ohio/ Maumee Valley Guidance Center	Serves clients in Four County area	Treatment	Best practice
Psychiatric Services	Four County Family Center/ Recovery Services of Northwest Ohio/ Maumee Valley Guidance Center	Serves clients in Four County area	Treatment	Best practice

Strategy #3: Decrease adult and youth depression and suicide Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Intensive Home Based Treatment and Family Systems Therapy home-based model	Four County Family Center	Children ages 5-17	Treatment	Best practice
General Outpatient Mental Health	Recovery Services of Northwest Ohio/ Maumee Valley Guidance Center/ Four County Family Center	Adults	Treatment	Evidence based
Crisis Stabilization and Inpatient	Fulton County Health Center	Adults	Treatment	Evidence based
Inpatient Unit	Fulton County Health Center	Adults	Treatment	Evidence based
Partial Outpatient	Fulton County Health Center	Adults	Treatment	Evidence based
Emergency Mental Health Services	First Call for Help	All age groups	Early intervention	Best practice
Teen Line	First Call for Help	Youth	Early intervention	Best practice
Help with any issues (domestic violence, etc.)	Community Pregnancy Center (CPC)	Female Teens & Adults	Treatment	Best practice
Asset Building	Family & Children First Council	Youth	Prevention	Evidence based
Crisis Stabilization Unit	First Call for Help	Adults	Treatment	Best Practice
Inpatient Services	Coping Center (Defiance)	Adults	Treatment	Best Practice
Inpatient Rehabilitation	North Coast (Toledo)	Teens & Adults	Treatment	Best Practice
Victims Advocacy (on-site and on-line)	Center for Child & Family Advocacy (Wauseon)	Adults	Treatment	Best Practice
Intervention (sliding scale fee)	Shalom Ministries	Family, Youth	Treatment	Best Practice
Family Help	National Alliance on Mental Illness (NAMI)	Adults	Treatment	Best Practice
Hope Group (Loss of a child)	Fulton County Health Center	Parents	Treatment	Best Practice
Treatment	AJA Behavioral (Wauseon)	Adults & Youth	Treatment	Best Practice
Counseling (family, stress)	Lutheran Social Services	Adults	Treatment	Best Practice
Counseling	School Guidance Counselors	Youth	Early Intervention & treatment	Best Practice
Counseling	Churches	Youth & Adults	Early Intervention & treatment	Best Practice
Screenings & Referrals	Health Department	Teen through Adults	Early Intervention	Best Practice
Caregivers Support	Hospice/Area Office of Aging	Caregivers	Prevention, early intervention & treatment	Best Practice
Depression Screenings	Help Me Grow		Prevention	Best Practice
Drug/Alcohol/Mental Health Residential "Fresh Start"	Serenity Haven	Females	Treatment	Best Practice

Strategy #3: Decrease adult and youth depression and suicide Gaps & Potential Strategies

Gaps	Potential Strategies
The mental health unit cannot accept someone until they are no longer high or drunk (an officer has to babysit patient for 10-14 hours in the ER)	<ul style="list-style-type: none"> • Create a 2-3 bed detoxification unit in Fulton County (or 4 county area) • Develop outpatient referral sources for chemical dependency treatment • Funding is available
No space for youth in crisis: (MH) hospitalization, drunk or high, youth with developmental disabilities	<ul style="list-style-type: none"> • Create beds to accommodate youth crisis situations
Under-utilization of Signs of Suicide (SOS) and Incredible Years	<ul style="list-style-type: none"> • Expand programming in the Middle and High School • Target students- 1 class & screening • Incredible Years (K-1), need to get program into Swanton
Under-utilization of PHQ2 or PHQ9	<ul style="list-style-type: none"> • Now able to bill for these 2 codes • The Free Clinic may be willing to do these screenings • Kathy and Pam are currently training physician's offices • Look for support from the top down to implement
Mental health issues have negative effects on housing conditions (i.e. leads to hoarding etc.)	<ul style="list-style-type: none"> • Look at the Cincinnati-based program (Southern Ohio)

Strategy #3: Decrease adult and youth depression and suicide Best Practices

Best Practices

- 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/>
- The Incredible Years®:** The Incredible Years programs for parents and teachers reduce challenging behaviors in children and increase their social and self-control skills. The Incredible Years programs have been evaluated by the developer and independent investigators. Evaluations have included randomized control group research studies with diverse groups of parents and teachers. The programs have been found to be effective in strengthening teacher and parent management skills, improving children's social competence and reducing behavior problems. Evidence shows that the program have turned around the behaviors of up to 80 percent of the children of participating parents and teachers. If left unchecked these behaviors would mean those children are at greater risk in adulthood of unemployment, mental health problems, substance abuse, early pregnancy/early fatherhood, criminal offending, multiple arrests and imprisonment, higher rates of domestic violence and shortened life expectancy. Incredible Years training programs give parents and teachers strategies to manage behaviors such as aggressiveness, ongoing tantrums, and acting out behavior such as swearing, whining, yelling, hitting and kicking, answering back, and refusing to follow rules. Through using a range of strategies, parents and teachers help children regulate their emotions and improve their social skills so that they can get along better with peers and adults, and do better academically. It can also mean a more enjoyable family life. For more information go to: <http://www.incredibleyears.com>
- 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/>

Strategy #3: Decrease adult and youth depression and suicide Best Practices, continued

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

Healthy People 2020 goals include:

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

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

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

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

Strategy #3: Decrease adult and youth depression and suicide Action Step Recommendations & Action Plan

Action Step Recommendations

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

1. Expand evidence-based programs targeting youth
2. Increase the number of primary care physicians who screen for depression during office visits
3. Create a 2-3 bed mental health unit

Action Plan

Decrease Adult & Youth Depression and Suicide		
Action Step	Responsible Person/Agency	Timeline
Expand Evidence-based Programs Targeting Youth		
Year 1: Continue to introduce SOS and Incredible Years to school administration (superintendents, principals, and guidance counselors) Let them know this is now an initiative of the Fulton County Partners for Health	Kathy Helmke Four County Family Center	October 31, 2014
Year 2: Implement the SOS program in at least 4 school districts Implement the Incredible Years program in at least 4 school districts		October 31, 2015
Year 3: Implement both programs in all school districts		October 31, 2016
Increase the Number Primary Care Physicians Screening for Depression During Office Visits (PQH2 and PQH9)		
Year 1: Collect baseline data on the number of primary care physicians that currently screen for depression during office visits	Kathy Helmke Four County Family Center Pam Pflum Four County ADAMhs Board	October 31, 2014
Year 2: Introduce PQH2 and PQH9 to physicians' offices and hospital administration Pilot the protocol with one primary care physicians' office		October 31, 2015
Year 3: Increase the number of primary care physicians using the PQH2 and PQH9 screening tools by 50% from baseline.		October 31, 2016
Create a Mental Health Detoxification Unit		
Year 1: Pursue the possibility of contracting for cost effective services to include child and adolescent secure observation services and alcohol and other drug detoxification. Explore utilization of current facilities Involve criminal justice system, judges, sheriff's offices, police, prosecutors, CCNO, and mental health	Les McCaslin Four County ADAMhs Board	October 31, 2014
Year 2: Educate mental health and criminal justice system, as well as other involved organizations on new policy Determine facility most appropriate to house the mental health detox unit and secure funding to move forward		October 31, 2015
Year 3: Continue efforts from year 2		October 31, 2016

Strategy #4: Decrease Youth Bullying

Bullying Indicators

In 2012, 39% of Fulton County youth reported that they had been bullied in the past year. 23% of youth had been bullied on school property.

Youth Bullying Behaviors

The 2012 Fulton County Health Assessment indicated that 39% of youth in grades 6-12 had been bullied in the past year. The following types of bullying were reported:

- 27% were verbally bullied (teased, taunted or called you harmful names)
- 23% were indirectly bullied (spread mean rumors about you or kept you out of a “group”)
- 12% were physically bullied (you were hit, kicked, punched or people took your belongings)
- 8% were cyber bullied (teased, taunted or threatened by e-mail or cell phone) (2011 YRBS reported 15% for Ohio and 16% for the U.S.)

Types of Bullying Fulton County Youth Experienced in Past Year

Youth Behaviors	Total	Male	Female	13 or younger	14-16 Years old	17 and older
Verbally Bullied	27%	25%	29%	33%	25%	18%
Indirectly Bullied	23%	16%	31%	23%	25%	21%
Physically Bullied	12%	13%	11%	17%	9%	6%
Cyber Bullied	8%	5%	11%	7%	8%	8%

Behaviors of Fulton County Youth

Bullied vs. Non-Bullied

Youth Behaviors	Bullied	Non-Bullied
Misused prescription medication at some time in their life	4%	8%
Contemplated suicide in the past 12 months	16%	5%
Attempted suicide in the past 12 months	7%	2%
Were depressed in the past year	28%	9%
Had drank alcohol in the past 30 days	20%	15%
Had smoked in the past 30 days	5%	8%
Had used marijuana in the past 30 days	10%	6%

Youth Variables	Fulton County 2005 (6-12 th)	Fulton County 2008 (6-12 th)	Fulton County 2010 (6-12 th)	Fulton County 2012 (6-12 th)	Fulton County 2011 (9 th -12 th)	Ohio 2011 (9-12 th)	U.S. 2011 (9-12 th)
Carried a weapon in past month	15%	13%	14%	9%	8%	16%	17%
Injured in a physical fight in past year	8%	5%	7%	4%	2%	N/A	4%
Threatened or injured with a weapon on school property in past year	10%	4%	7%	5%	4%	8%*	7%
Did not go to school because felt unsafe	4%	1%	2%	2%	2%	6%	6%
Electronically/cyber bullied in past year	N/A	N/A	N/A	8%	8%	15%	16%
Bullied on school property in past year	N/A	N/A	N/A	23%	22%	23%	30%
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in past year	9%	4%	6%	5%	4%	N/A	9%

N/A - Not available

**2007 YRBS*

Strategy #4: Decrease youth bullying Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Olweus Bullying Prevention Program	Center for Child and Family Advocacy/Wauseon Schools	Offered to all schools, K-12 (grades K-8 in Wauseon Online bully box)	Prevention	Evidenced based
Incredible Years (Pre-K through 1 st grade child social skills training for conduct problems and drug abuse)	Four County Family Center	Preschools and grades K-1 All schools except Swanton	Prevention	Best practice
Camp Counselors go over peer pressure and bullying	4-H	8-14 years old	Prevention	None
Bullying, Nutrition & Physical Activity (Program)	ProMedica	Parents/Families	Prevention	?
Presentation on cyber bullying	Health Department	Delta 8 th Grade	Prevention	None
Prevention on drugs & bullying	School Resource Officer (police or sheriff)	All grades (Wauseon)	Prevention	None
Videos/YouTube by kids	Youth at Wauseon Schools	Wauseon schools	Prevention	None
Character Education	Evergreen Local Schools	Grades K-5	Prevention	None
Bullying Prevention	Archbold Local Schools	Grades 3&4	Prevention	None

Strategy #4: Decrease youth bullying Gaps & Potential Strategies

Gaps	Potential Strategies
Under-utilization of evidence-based program (Olweus)	<ul style="list-style-type: none"> • Olweus program is not used in all school districts (may currently only be in Delta & Wauseon) • Need to look at if other 5 districts are using the program • Expand program to all districts and various grade levels
Not much regulation concerning cyber-bullying	<ul style="list-style-type: none"> • No strategies identified

Strategy #4: Decrease youth bullying Best Practices

Best Practices

The following programs and policies have been reviewed and have proven strategies to **address youth bullying**:

1. **The Olweus Bullying Prevention Program-** The Olweus Bullying Prevention Program is a universal intervention for the reduction and prevention of bully/victim problems. The main arena for the program is the school, and school staff has the primary responsibility for the introduction and implementation of the program. For more information go to: <http://www.colorado.edu/cspv/blueprints/modelprograms/BPP.html>
2. **LifeSkills Training (LST)** – LST is a school-based program that aims to prevent alcohol, tobacco, and marijuana use and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. LST is based on both the social influence and competence enhancement models of prevention. Consistent with this theoretical framework, LST addresses multiple risk and protective factors and teaches personal and social skills that build resilience and help youth navigate developmental tasks, including the skills necessary to understand and resist pro-drug influences. LST is designed to provide information relevant to the important life transitions that adolescents and young teens face, using culturally sensitive and developmentally and age-appropriate language and content. Facilitated discussion, structured small group activities, and role-playing scenarios are used to stimulate participation and promote the acquisition of skills. Separate LST programs are offered for elementary school (grades 3-6), middle school (grades 6-9), and high school (grades 9-12). For more information, go to <http://www.lifeskillstraining.com>.
3. **Parent Project** ®: The Parent Project is an evidence/science based parenting skills program specifically designed for parents with strong-willed or out-of-control children. We provide parents with practical tools and no-nonsense solutions for even the most destructive of adolescent behaviors. The Parent Project is the largest court mandated juvenile diversion program in the country and for agencies, the least expensive intervention program available today.

There are two, highly effective Parent Project® programs serving families:

- Loving Solutions is a 6 to 7 week program written for parents raising difficult or strong-willed children, 5 to 10 year of age. Designed for classroom instruction, this program has special application to ADD and ADHD issues, and was written for the parents of more difficult children.
- Changing Destructive Adolescent Behavior is a 10 to 16 week program designed for parents raising difficult or out-of-control adolescent children, ages 10 and up. Also designed for classroom use, “Changing Destructive Adolescent Behavior” provides concrete, no-nonsense solutions to even the most destructive of adolescent behaviors.

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

Strategy #4: Decrease youth bullying Action Step Recommendations & Action Plan

Action Step Recommendations

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

1. Implement the Olweus Bullying Prevention Program in Fulton County schools.
2. Implement evidence-based parent program

Decrease Youth Bullying		
Action Step	Responsible Person/Agency	Timeline
Implement the Olweus Prevention Program in Fulton County Schools		
Year 1: Collect baseline data on which school districts currently implement the Olweus program Continue to introduce Olweus program to superintendents and other administration. Let them know this is now an initiative of the Fulton County Partners for Health	Jay LeFevre Pike Delta York Schools Beth Glass Center for Child and Family Advocacy	October 31, 2014
Year 2: Implement the program in at least one school building per district		October 31, 2015
Year 3: Expand the Olweus Bullying Prevention Program to additional grades including middle school and high school.		October 31, 2016

Trans-Strategies

Gaps	Potential Strategies
Lack of transportation	<ul style="list-style-type: none"> • Look into Henry & Hancock County's system • Vouchers
Lack of awareness of programs and resources	<ul style="list-style-type: none"> • Distribute resource guides -libraries, churches, schools, agencies, law enforcement

Trans-strategies		
Action Step	Responsible Person/Agency	Timeline
Implement a Transportation System		
Year 1: Work with Transportation Task Force (Board of Commissioners) Use Henry and Williams Counties as best practices If needed, apply for grant funding by March, 2014 through Department of Transportation Present plan to respective governmental units	Board of Commissioners Tim Sepesy Aging Consortium Amy Metz-Simon Job & Family Services (resource for history and helped write plan)	October 31, 2014
Year 2: Market transportation system to communities		October 31, 2015
Year 3: Continue operations of new transportation system Review funding and effectiveness of services		October 31, 2016
Distribute Resource Assessment		
Year 1: Put the resource assessment on-line Keep the resource assessment updated on an annual basis.	Steve McCoy (physicians) Fulton County Health Center All agencies post to website	October 31, 2014
Year 2: Continue to update annually at a Fulton County Partners for Health Meeting		October 31, 2015
Year 3: Continue efforts from year 1 and 2		October 31, 2016

Progress and Measuring Outcomes

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

Contact Us

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

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