

VAN WERT COUNTY

Community Health Improvement Plan

2017–2019



Adoption Date: December 31, 2016



HealthCollaborative
VAN WERT COUNTY

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Disclaimer

While statistics and data for the indicators were, to the best of the author's knowledge, current as the Community Health Improvement Plan Report 2017-2019 was drafted, there may be subsequent data and developments, including recent legislative actions, that could alter the information provided herein.

This report does not include statistical tests for significance and does not constitute medical advice. Individuals with health problems should consult an appropriate health care provider. This report does not constitute legal advice.

Executive Summary

The 2015 Van Wert County Community Health Needs Assessment (CHNA) was conducted to identify primary health issues, current health status and needs and to provide critical information to those in a position to make a positive impact on the health of the region's residents. The results enable community members to not only measure impact from the 2014-2016 Community Health Improvement Plan but also to strategically establish priorities and develop interventions and direct resources to improve the health of people living in the community.

Planning for the assessment began in early 2015, following best practices as outlined by the Association of Community Health Improvement, a division of the American Hospital Association in their CHNA Toolkit. The process was also designed to ensure that the report meets the requirements in the latest draft IRS 990 guidelines. This CHNA included a detailed examination of the following areas that became the chapters outlined in the study:

Adults

- Demographics
- Health Perceptions
- Health Care Coverage
- Health Care Access
- Chronic Disease
- Weight
- Tobacco Usage
- Alcohol Consumption
- Drug Use
- Women's Health
- Men's Health
- Preventative Medicine
- Sexual Behavior
- Quality of Life
- Social Context/ Safety
- Mental Health
- Oral Health
- Parenting

Youth (6th-12th Grades, unless where noted with an asterisk* to indicate 9th-12th grades only)

- Weight
- Tobacco Usage
- Alcohol Consumption
- Drug Use
- Sexual Behavior*
- Mental Health
- Safety
- Violence

Timeline

The CHNA and implementation strategies must be completed every three years. Van Wert County Hospital is required to provide information annually to the Internal Revenue Service (IRS) to demonstrate how we are addressing the significant health needs identified in the CHNA. The Van Wert County General Health District is required through the National Public Health Standards to develop and implement a Community Health Improvement Plan.

Collaboration and Partnership

According to IRS guidelines, the CHNA must include input from agencies and organizations who represent the broad interests of the community, including those with special knowledge or expertise in public health and members of underserved, low-income, minority populations. The Van Wert County Health Collaborative was developed to meet this requirement. A list of the members of the Health Collaborative is included below and in Appendix A.

Needs/Issues Prioritization Process

On April 27, 2016, the Van Wert County Health Collaborative hosted a community event to present the results of the data collected through the needs assessment process and discussed and identified key needs and issues present in the community. On May 25, 2016 and August 24, 2016 the Van Wert County Health Collaborative reviewed the needs and issues identified in the Community Needs Assessment Process, evaluated progress and impact made from the 2014-2016 Community Health Improvement Plan (CHIP) and prioritized the issues in order to identify potential intervention strategies and an action plan. The 2014-2016 CHIP progress report is included in Appendix B.

Priority Health Issues and Supportive Data

Issue	2015 Community Health Assessment Results	Number of People Affected	Ohio 2014	2013 Community Health Assessment Results
Weight Status				
Adults who are overweight or obese	72%	15,236	67%	73%
Youth who are overweight or obese (9 th -12 th grade)	37%	802	29% (2013)	N/A
Adults who consume the recommended servings of fruits and vegetables daily	7%	1,481	24.6% (2011)	N/A
Youth who consume the recommended servings of fruits and vegetables daily	12%	358	10.4% (2011)	N/A
Behavioral Health				
Overdose cases in the Van Wert County Hospital Emergency Department	N/A	50	N/A	N/A
Substance-abuse related fatalities*	N/A	1	3,050 (2015)	3 (2014)
Youth who drove after drinking alcohol	7%	209	4% (2013 YRBS)	N/A
Youth who reported they had made a plan to commit suicide	9%	269	11% (2013 YRBS)	N/A
Access to Healthcare				
Difficult to find/no transportation might prevent adults from seeing a doctor if they were sick, injured, or needed some kind of health care	3%	634		
Medicaid transports provided by Job & Family Services in 2015	Van Wert County	Mercer County	Auglaize County	
	275	4,299	4,941	
Gaps in services were determined upon review of community resources.				

*In 2016, there were 6 confirmed substance-abuse related fatalities.

YRBS = Youth Risk Behavior Surveillance Report

Goals, Target Areas and Action Steps

Weight Status:

Goal:	To decrease percent of obese and overweight adults and youth
Target Areas:	<ol style="list-style-type: none"> 1. Increase the total number of people who eat the recommended number of servings of fruits and vegetables daily by 5% 2. Increase number of youth and adults exercising 3 or more days per week for 30 minutes or more by 5% 3. Increase the number of adults who looked for and found services for weight problems by 7%
Action steps	<ol style="list-style-type: none"> 1. Implement <i>Grow It, Try It, Like It</i> program in preschools 2. Increase awareness of and access to local fresh produce options 3. Improve online presence of Live Healthy Van Wert! and the Van Wert County Health Collaborative 4. Implement and/or engage with school health and wellness teams 5. Expand the Live Healthy Van Wert! community initiatives

Behavioral Health:

Goal:	To increase access to evidence-based behavioral health services for youth and adults
Target Areas:	<ol style="list-style-type: none"> 1. Expand evidence-based prevention programs in Van Wert County by expanding the human trafficking awareness program to 3 new organizations, expanding a behavioral health program in the school districts that promotes access to care by placing a Behavioral Health provider in 1 school district, and implementing one new Tobacco Cessation program. 2. Decrease at-risk behavior with distracted driving and crisis access by implementing 2 community awareness campaigns that directly engages at least 15,000 individuals over 3 years measured by social media tracking, crisis hotlines, text alerts, and information dissemination. 3. Engage at least one new provider in the Van Wert community to increase referrals and prescriptions for the medication assisted treatment programs for substance abuse in adults. 4. Expand the Naloxone distribution program by at least 2 entities in the Van Wert public sector.
Action steps	<ol style="list-style-type: none"> 1. Implement behavioral health provider(s) in 1 Van Wert County School District 2. Increase the number of individuals utilizing the medication assisted treatment program 3. Implement Naloxone distribution program for law enforcement agencies in Van Wert County 4. Increase community awareness of human trafficking 5. Increase Tobacco Cessation Services in Van Wert County 6. Develop and implement a risky behavior community awareness campaign focusing on distracted driving and crisis access

Access to Health Care

Goal:	To increase access to healthcare services for those with health inequities by eliminating the transportation barrier
Target Areas:	<ol style="list-style-type: none">1. Decrease the number of missed healthcare appointments due to lack of available transportation by 1%.2. Increase partnerships in the regional coordinated transportation plan by a minimum of one more agency.3. Increase transportation services for Medicaid and indigent populations from approximately 250/year to 2000/year.
Action step	Implement a collaborative Van Wert County Transportation Plan for healthcare services

Review and Approval

The final implementation strategies and action plan were approved by the Van Wert County Hospital Board of Trustees on September 28, 2016.

Partners

The Van Wert County Health Collaborative wishes to acknowledge the numerous contributions of the following partners and stakeholders. Their shared vision and continued commitment to a healthier community makes Van Wert County a great place to live and work. A detailed list may be found in Appendix A.

Leadership Team:

Van Wert County Hospital
Van Wert County General Health District
Westwood Behavioral Health Center

2015-2016 Collaborative Members:

City of Van Wert	United Way of Van Wert County
Crestview Local Schools	Van Wert 9-1-1
Dental Center of Northwest Ohio	Van Wert City Schools
Family Health Care of Northwest Ohio	Van Wert County Commissioners
Headstart	Van Wert County Police
Home Healthcare Solutions	Van Wert County Sheriff
Juvenile Court	Van Wert County WIC
Lincolnview Local Schools	Van Wert Manor
Salvation Army	Vancrest Health Care Center
Tri County ADAMHS Board	YWCA of Van Wert County

Vision

The vision of the Van Wert County Health Collaborative is “Working together to improve the health of individuals, families, and our community.”

Alignment with National and State Standards

The 2017-2019 Van Wert County Health Improvement Plan (CHIP) priorities align with state and national priorities. We will address the following priorities in Van Wert County: obesity, behavioral health (substance abuse and mental health), and access to care/transportation.

These priorities closely mirror the top health issues identified by the 2016 Ohio State Health Assessment (SHA), including mental health, drug and alcohol abuse, obesity, nutrition, access to behavioral health care and dental care, and health equity/disparities. The Van Wert County CHIP aligns with one overall health outcome, one priority topic, and four outcomes in the preliminary Ohio State Health Improvement Plan (SHIP). Additionally, the CHIP is fully aligned with the SHIP cross-cutting factors.

The Van Wert County CHIP also aligns with five of the seven National Prevention Strategies for the U.S. population: tobacco free living, preventing drug abuse and excessive alcohol use, healthy eating, active living, and mental and emotional well-being.

Van Wert County's priorities fit specific Healthy People 2020 goals. For example:

- Nutrition and Weight Status
 - NWS-7(Developmental): Increase the proportion of worksites that offer nutrition or weight management classes or counseling
 - NWS-9 & 10: Reduce the proportion of adults, children and adolescents who are obese
- Physical Activity
 - PA-2: Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity
 - PA-3: Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity
- Substance Abuse
 - SA-2: Increase the proportion of adolescents never using substances
 - SA-7: Increase the number of admissions to substance abuse treatment for injection drug
 - SA-12: Reduce drug-induced deaths
- Tobacco Use
 - TU-1: Reduce tobacco use by adults
 - TU-2: Reduce tobacco use by adolescents
- Access to Care
 - AHS-6: Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines

Strategic Planning Model

Beginning in January 2015, the Van Wert County Health Collaborative and Leadership Team met 11 times and completed the following planning steps aligning with the Association for Community Health Improvement's Community Health Assessment Toolkit and the National Association of City County Health Officer's (NACCHO) strategic planning tool Mobilizing for Action through Planning and Partnership (MAPP):

1. **Organize for Success/Partnership Development:** Team and resources identified. Process and timeline were reviewed.
2. **Visioning:** Scope and purpose were defined.
3. **Collect and Analyze Data:** Four MAPP Assessments used for quantitative and qualitative data were completed.
 - a. Community Themes and Strengths Assessment
 - b. Local Public Health System Assessment (LPHSA)
 - c. Community Health Needs Assessment (CHNA)
 - d. Forces of Change Assessment
4. **Identify Strategic Issues:** Survey results were reviewed and discussed at a Van Wert County Health Collaborative meeting, a community event with focus groups, and at various service organizations. Quantitative and qualitative data were considered to determine top priorities. Priorities were ranked using the consensus process based on magnitude, seriousness of consequences, and feasibility of correcting.
5. **Document and Communicate Results:** Findings of the CHNA were shared publicly at a community event in April 2016. Attendees at the community event received a hardcopy of the CHNA and the document was available electronically beginning August 2016. Results were presented to various community organizations and stakeholders.

6. **Planning for Action and Monitoring Progress:** Sub-teams of the Van Wert County Health Collaborative focused on each strategic issue and developed a three year action plan and monitoring strategy. Each action plan identifies specific goals and objectives for the strategic issue as well as suggested interventions and evaluation methods based on evidence based or best practices. Implementation plans were put into action by sub-teams starting November 2016 and will be incrementally evaluated and monitored.

Needs Assessment

The Leadership Team reviewed the 2015 Van Wert County Health Assessment done in conjunction with Hospital Council of Northwest Ohio, and other data sources. Using community feedback and focus groups the following were identified as key issues and concerns for Van Wert County.

What are the most significant ADULT & YOUTH health issues or concerns identified in the 2015 assessment report?

Issue	2015 Community Health Assessment Results	Number of People Affected	Ohio 2014	2013 Community Health Assessment Results
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Adults who are overweight or obese	72%	15,236	67%	73%
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	275	4,299	4,941	

Gaps in services were determined upon review of community resources.

**In 2016, there were 6 confirmed substance-abuse related fatalities.*

YRBS = *Youth Risk Behavior Surveillance Report*

Priorities Chosen

Based on the 2015 Van Wert County Community Health Assessment conducted by Hospital Council of Northwest Ohio and the 2014-2016 Van Wert County Community Health Improvement Plan Progress Report, key issues were identified that impact the youth and adults of Van Wert County.

We will focus on the following priorities over the next 3 years for Van Wert County:

- Weight Status
- Behavioral Health
- Access to Care

Forces of Change

Van Wert County Health Collaborative members participated in a brainstorming exercise to discuss forces of change in the community. The results were as follows:

Forces of Change	Impact
Staffing	<ul style="list-style-type: none"> • Hard to recruit and keep part-time work force • Local and national nursing shortages
Many forces of change are making law enforcement busy	<ul style="list-style-type: none"> • Drug overdoses and increased opiate usage county-wide • Distracted driving
Schools	<ul style="list-style-type: none"> • Higher standards with less money • Dealing with the consequences from family issues at home • Van Wert City Schools reports that 49% of students are eligible for the Free and Reduced Lunch Program (compared to 51% in the 2015-2016 school year)
Families are not able to be as attentive to their kids or the elderly	<ul style="list-style-type: none"> • Single parents, extended family caring for children, multiple generations in same household
Wind turbines	<ul style="list-style-type: none"> • Very controversial • Perceived as having a negative impact on health • Bring approximately \$2.7 million a year to the community
Public Employee Retirement System (PERS)	<ul style="list-style-type: none"> • Continuing changes to the retirement system
Continued break down of family systems	<ul style="list-style-type: none"> • Affects kids • Impacts weight issues, substance abuse, etc.
Electronic Medical Records	<ul style="list-style-type: none"> • Increases patient access to medical record • Centers for Medicare and Medicaid Services Meaningful Use: 50 percent of patients must have access to an electronic copy of their health information and 5 percent of patients must have used the capability to access and download their information
Medicare	<ul style="list-style-type: none"> • Recipients not understanding their coverage • Hospital sees a large number of Medicare patients, both age eligible and disabled eligible
Medicaid	<ul style="list-style-type: none"> • Federally Qualified Health Center established in the community • Medicaid expansion: The 2016 Medicaid Expansion

Forces of Change	Impact
	increased the eligibility levels allowing more people to receive much-needed health care benefits. Locally, we've seen more patients have access to the expanded health care resources and services that they need to care for themselves and family members.
Centers for Disease Control and Prevention (CDC) determined that local Health Departments must privately purchase vaccines	<ul style="list-style-type: none"> • Increased accessibility for vaccines in primary care practices and health departments
Health Care Reform & Health Insurance	<ul style="list-style-type: none"> • Exchange accessible to anyone • Plan premiums continue to increase • Alternative options for coverage such as MediShare
Federal Food Assistance	<ul style="list-style-type: none"> • More accessible, EBT, etc. • Improved nutrition guidelines to support healthy eating
Shift from reactive care to prevention in hospitals	<ul style="list-style-type: none"> • Patient Centered Medical Homes • Accountable Care Organizations • Clinically Integrated Networks • New reimbursement models – for example, hospital readmission within 30 days adversely impacts reimbursement
Patient Satisfaction	<ul style="list-style-type: none"> • Tied to hospital reimbursement
Health Department Accreditation	<ul style="list-style-type: none"> • All local health departments are now required by law to apply for and become accredited, ensuring transparency and the quality of public health services provided by the department.

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**.

The CHIP committee identified two indicators that had a status of “no” or “minimal.”

To see the full results of the LPHSA, please contact the Van Wert County General Health District.

Community Themes and Strengths

Van Wert County Health Collaborative participated in an exercise to discuss community themes and strengths. The results were as follows:

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

- Jobs
- Awareness
- Social and government agencies functioning well
- Sense of pride
- Conditions of neighborhoods
- Volunteerism and community service
- Access to fitness and wellness programs and facilities in the community

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

- A lot of volunteer organizations
- Good schools
- Outdoor and indoor recreations
- Access to fine arts
- Safe place to live
- Good medical facilities
- Generous businesses and churches
- Revitalization of downtown including the addition of several new stores and business establishments

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

- Van Wert County Health Collaborative
- Various organizations working collaboratively to provide free recreation to community
- Hospice services
- Rotary
- 4-H Council
- United Way
- Van Wert County Foundation
- Food pantries
- Habitat for Humanity
- Churches
- YWCA Youth Enrichment Programs (Summer Food Program)
- Backpack program/weekend supplemental food assistance program

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

- Economy
- Transportation
- Health care access

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

- Limited financial resources
- Need more communication and collaboration to minimize duplication of services
- Unemployment / underemployment

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

- Improved communication and collaboration among community organizations
- Accountability for collaborative teams

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

- Outcomes and celebrating success
- Planning to follow through and keep meeting
- Clear and distinct plan will lead to buy-in from community

Strategy #1: Weight Status Indicators

Goal 1: Weight Status

To decrease the percent of obese and overweight adults and youth.

CURRENT SITUATION

Most people in our community do not eat a healthy diet and are not physically active at levels needed to maintain proper health. Fewer than 1 in 13 adults in our county eat the recommended amount of fruits and vegetables each day. Compounding this is the fact that 26% of adults reported that they don't participate in any physical activity.

Ensuring that members of our community eat a healthy diet, participate in regular physical activity, and achieve and maintain a healthy body weight is critical to improve the health of our community at every age.

Note: Adults and youth are classified as underweight, average, overweight, or obese based on Body Mass Index (BMI).

SUPPORTING DATA

- 72% of adults are classified as overweight or obese. This represents 15,236 adults in our county. In the state of Ohio, 67% of all adults are classified as overweight or obese.
- 37% of youth in grades 9-12 are classified as overweight or obese. This represents 802 teenagers in our county. This is significantly higher than the Ohio average of 29%.
- Very few adults (only 7%) and youth (12%) reported that they consume the recommended servings of fruits and vegetables daily. This is significantly lower than the statewide data that indicate that 24.6% of adults and 10.4% of youth in the state of Ohio consume the recommended servings of fruits and vegetables daily.

TARGET AREAS

- Increase number of adults and youth by 5% who consume the recommended amount of fruits and vegetables
- Increase the number of adults and youth by 5% who regularly participate in physical activity 3+ days per week for 30 minutes or more
- Increase the number of adults by 7% who looked and found services specific to weight issues

Strategy #1: Weight Status Resource Assessment

The following is a list of existing programs, services, and activities in the community that address the priority of Weight. This list is not to be interpreted as an endorsement of programs, services, activities or organizations listed. Rather, it is to be used to review the number of programs that address each outcome, geographic area served, prevention programs, and interventions specific to this priority. Although the list is believed to be comprehensive to the best of our knowledge, it may not be complete.

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Fitness Center, trainings and classes	YMCA, YWCA, GenX Training Studio, Anytime Fitness	Adults	Early intervention, treatment, education	Best Practice
Youth Enrichment Programs	YWCA	Youth (4-18)	Early intervention, treatment, education	Best Practice
Adult and Youth Aquatic Programs	YWCA and YMCA	All	Early intervention, treatment, education	Best Practice
Camp Clay (Ropes course, swimming)	YMCA	1 st -6 th & corporate	Prevention, Early Intervention, Treatment	None stated
Ohio Line (online and print Fact sheets & brochures)	Ohio State University	All	Prevention, early intervention	None stated
Walking/Bike Paths	Vantage, Trinity Friends Church, Wal-Mart, School Tracks, Parks and Recreation, YMCA	All	Prevention, Early Intervention, Treatment	Best Practice
Golf	2 local golf courses	All	Prevention, Early Intervention, Treatment	Best Practice
Bowling and Sand Volleyball (Summer)	Olympic Lanes Bowling Alley	Kids-Summer and adults	Prevention, Early Intervention, Treatment	Best Practice
Breastfeeding Support	Help Me Grow; WIC; Van Wert County Hospital	Breastfeeding women	Prevention	Evidence Based
Physician's Orders (therapeutic, weight loss, nutrition, educate to monitor medications and referrals)	Home Health Care Solutions	Elderly (Medicare & Medicaid)	Intervention and treatment	Best Practice
Weight Loss Support Group (Meets Weekly)	St. Mark's Lutheran Church	Adults	Intervention and treatment	Best Practice
Nutrition Counseling	Westwood Behavioral Health Center	Severe and Persistent Mental Illness	Intervention and treatment	Evidence based
Kids Health Fair	Van Wert County Hospital	3 rd , 4 th and 5 th grade	Prevention, Early Intervention, Treatment	None stated
Van Wert Roadrunners (After school in the Fall)	Van Wert Elementary	1 st -6 th grade	Prevention, Early Intervention, Treatment	Best Practice
Jumpin' Jammers (Jump	Van Wert Schools	1 st -5 th Grade	Prevention, Early	Best Practice

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Rope Program)			Intervention, Treatment	
Van Wert Before School Walking Program (100 mile Club)	Van Wert Schools	1 st -5 th Grade And 6 th -18 th Grade	Prevention, Early Intervention, Treatment	Best Practice
Zumba	Independent Instructor	adults	Prevention, Early Intervention, Treatment	Best Practice
BMI Testing	Van Wert Schools	3 rd , 4 th & 5 th grade and High School Physical Education Class	Prevention, Early Intervention, Treatment	Best Practice
Student/Family Health & Wellness Program	Van Wert Schools	1 st – 5 th grade	Prevention, Early Intervention, Treatment	Best Practices
St. Mary's of Assumption School Walking Program	St. Mary's of Assumption School	K-6 th	Prevention, Early Intervention, Treatment	Best Practices
First Grade Garden	St. Mary's of Assumption School	1 st grade class	Prevention, Early Intervention, Treatment	Best Practices
School Meals-Free and Reduced Lunches & Breakfast	All School Districts	PreK-12	Prevention, Early Intervention, Treatment	Evidence Based
Presidential Physical Fitness Challenge	St. Mary's of Assumption School	K-6 th	Prevention, Early Intervention, Treatment	Best Practice
Run Club	Lincolnview Middle School Cross Country	3 rd , 4 th , & 5 th grade	Prevention, Early Intervention, Treatment	Best Practice
Running/Cross Country/Wrestling/Basketball/Cheerleading	Lincoln View/Community Partners	Elementary School	Prevention, Early Intervention, Treatment	Best Practice
Tennis	Van Wert Tennis Association	Ages 5-12 (camp) & Adults	Prevention, Early Intervention, Treatment	Best Practice
Dance	Various	Youth	Prevention, Early Intervention, Treatment	Best Practice
Gymnastics	Various	Youth	Prevention, Early Intervention, Treatment	Best Practice
Wellness Center, Health Coaching, Personal Training, Classes	Gaylord E. Leslie Wellness Center	Ages 12 and older (At Risk Population)	Prevention, early intervention & treatment	Evidence Based and Best practice
Weight Loss for Life	Good Earth	Teens and Adults	Prevention, early intervention & treatment	Best Practice
Reservoir Fitness Path and Stations	Parks and Recreation	All	Prevention, early intervention & treatment	Best Practice
Youth and Adult Sports Leagues	Various	All	Prevention, early intervention & treatment	Best Practice

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
WellScripts (Corporate Wellness)	WCORHA	Local Employers	Early Intervention, Treatment	Evidence Based
Employee Wellness Programs	Local Employers: Van Wert County Hospital, Vancrest Health Centers, Cooper Farms, VWASIG	Employees	Prevention, Early Intervention, Treatment	Evidence Based Best Practice
Employee Health & Safety Programs	Local Employers: CSP, Grief Brothers, Braun Industries, Eaton, KMC Holdings	Employees	Prevention, Early Intervention, Treatment	Best Practice
Martial Arts	540 Martial Arts	All ages	Prevention, Early Intervention, Treatment	Best Practice
Running/Basketball/Football/Cheerleading/Soccer	Crestview (Mini-Knights)	Youth	Prevention, Early Intervention, Treatment	Best Practice
Summer Camps	Various	Youth	Prevention, Early Intervention, Treatment	Best Practice
Traveling Sports	AAU, Etc.	Youth	Prevention, Early Intervention, Treatment	Best Practice
Upwards (Basketball and Cheerleading)	Upward Sports	1 st -6 th Grade	Prevention, Early Intervention, Treatment	Best Practice
Alternate basketball program, Open Gym, and Weight Programs	Trinity Friends	Those that did not make the team	Prevention, Early Intervention, Treatment	Best Practice
Health Class	Schools	Kindergarten- High School	Prevention, Early Intervention, Treatment	Best Practice
Body Image and Eating	Juvenile Probation	Those who have been in trouble (ages 12-18)	Prevention, Early Intervention, Treatment	Best Practice
Live Healthy Van Wert!	Van Wert County Health Collaborative	12 years to adult	Prevention, Early Intervention, Treatment	Best Practice
Backpack Program	Schools and St. Mark's Lutheran Church	Kindergarten- High School	Prevention, Early Intervention, Treatment	Best Practice
Silver Sneakers	YMCA and YWCA	Older Population	Prevention, Early Intervention, Treatment	Best Practice
Making the best of their food stamp dollars	Jobs and Family Services and Ohio State Extensions	Low-income SNAP families	Prevention, Early Intervention, Treatment	Best Practice
SNAP-ed (Balance My Day)	Ohio State Extensions	Low-income in schools and We Care Program	Prevention, Early Intervention, Treatment	Best Practice
Start Walking Now and Corporate Newsletters	American Cancer Society	Employees	Prevention, Early Intervention, Treatment	Best Practice
WIC	Community Health Professionals	Pregnancy-5 years old	Prevention	Best Practice

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Summer Farmers Market	YWCA	Low income	Prevention, Early Intervention, Treatment	Best Practice
Farmers Market	Farmers Market Association	All	Prevention, Early Intervention, Treatment	Best Practice
Four Fridays Farmers Market	Wassenberg Art Center	All	Prevention, Early Intervention, Treatment	Best Practice
Parks Department Summer Wellness	Van Wert Parks Department	All	Prevention, Early Intervention, Treatment	Best Practice
Group Lifestyle Balance Program for Diabetes Prevention	Van Wert County Hospital	Pre-diabetics/metabolic syndrome/at risk for diabetes	Prevention, Early Intervention, Treatment	Evidence Based Best Practices
Independent Health & Wellness consultants	Various (BeachBody, Advocare, Take Shape for Life etc.)	All	Prevention, Early Intervention, Treatment	Best Practice
Children's Garden: Vegetable Patch	Kenn-Feld Group, Master Gardeners	Low income/food pantry	Prevention, Early Intervention, Treatment	Best Practice

Strategy #1: Weight Status Gaps & Potential Strategies

Gaps	Potential Strategies
Educating agencies and community on what is available	<ul style="list-style-type: none"> • Distribute resource guides-available online, on social media, newspaper and hard copies • Inter-agency referral system
Referrals from Physicians	<ul style="list-style-type: none"> • Have a specific dietician, professional or site to refer to • Have a general resource list • Insurance coverage • Incentives/reductions in premiums
Organized Activities for low-income families	<ul style="list-style-type: none"> • Expand waivers and scholarships that United Way, Upwards, and others already provide • Expand outreach activities among Obesity Team organizations and Live Healthy Van Wert! Initiatives
Choosing to eat healthier foods more often	<ul style="list-style-type: none"> • Offer healthier choices at restaurants • Transparency in nutritional facts • Healthier food costs more. Need to reverse this. • Free coupons to farmer's markets • Adding recipes to the weekend food programs • Public health campaign • Healthy food/vending policies with employers • School based education campaign for parents and students

Gaps	Potential Strategies
Lack of comprehensive worksite wellness programs	<ul style="list-style-type: none"> • Provide CDC Work@Health employer training to local employers • Provide support to employers on evidence-based comprehensive wellness programs • Follow Ohio Hospital Administration (OHA) Good4You guidelines
Awareness vs. Education	<ul style="list-style-type: none"> • Make parents aware of their child's BMI • School campaigns for annual well child checks • Develop referral streams for obesity services
Awareness and skills for shopping, healthy cooking, eating	<ul style="list-style-type: none"> • Education sessions • Educational videos to play in waiting rooms of provider offices

Strategy #1: Weight Status Best Practices

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

1. **Farm to Preschool program.** The Farm to Preschool program at Occidental College is designed for preschool-age children, age 3-5 in any type of child care setting. Farm to Preschool is more than a program, it is a new way of thinking about fruits and vegetables, a way to teach ourselves, our children and the children we care for where our food comes from and why gardening and locally grown food is so good for us and important in our lives. Watching a young child eat fresh vegetables for the first time and hearing from parents how their children are asking them to buy these vegetables at the farmers' market is a special experience that should become an everyday experience. Source: Urban & Environmental Policy Institute, Occidental College Farm to Preschool Program. www.farmtopreschool.org
2. **Behavioral Screen Time Interventions to Prevent Childhood Obesity.** The Community Preventive Services Task Force recommends behavioral interventions to reduce recreational sedentary screen time among children aged 13 years and younger. This finding is based on strong evidence of effectiveness in reducing recreational sedentary screen time, increasing physical activity, improving diet, and improving or maintaining weight-related outcomes. Source: Community Preventive Services Task Force. Reducing children's recreational sedentary screen time: recommendation of the Community Preventive Services Task Force [PDF - 110 kB]. Am J Prev Med 2016;50(3):416-8.

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

1. **Worksite health promotion programs targeting nutrition, physical activity, or both. (Community Guide Recommendation)** Worksite programs intended to improve diet and/or physical activity behaviors are recommended to improve employee weight status. This is based on strong evidence of their effectiveness for reducing weight among employees. Worksite nutrition and physical activity programs are designed to improve health-related behaviors and health outcomes. Community Preventive Services Task Force. A recommendation to improve employee weight status through worksite health promotion programs targeting nutrition, physical activity, or both. Source: Am J Prev Med [Internet]. 2009 Oct [cited 2013 Mar 21];37(4):358-9.
2. **Combined Diet and Physical Activity Promotion Programs to Prevent Type 2 Diabetes Among People at Increased Risk.** The Community Preventive Services Task Force recommends combined

diet and physical activity promotion programs for people at increased risk of type 2 diabetes based on strong evidence of effectiveness in reducing new-onset diabetes. Combined diet and physical activity promotion programs also increase the likelihood of reverting to normal blood sugar and improve diabetes and cardiovascular disease risk factors, including overweight, high blood glucose, high blood pressure, and abnormal lipid profile. Programs commonly include a weight loss goal, individual or group sessions (or both) about diet and exercise, meetings with a trained diet or exercise counselor (or both), and individually tailored diet or exercise plans (or both). Higher intensity programs lead to greater weight loss and reduction in new-onset diabetes. Source: Community Preventive Services Task Force Community Guide. <https://www.thecommunityguide.org/sites/default/files/assets/Diabetes-Diet-and-PA.pdf>

3. **Community-Wide Campaigns for Physical Activity.** Community-wide campaigns are sustained efforts with ongoing high visibility. These large-scale campaigns deliver messages that promote physical activity by using television, radio, newspaper columns and inserts, and trailers in movie theaters. They use many components and include individually focused efforts such as support and self-help groups; physical activity counseling; risk factor screening and education at worksites, schools, and community health fairs; and environmental activities such as community events and the creation of walking trails. Source: Task Force on Community Preventive Services. Physical activity. In: Zaza S, Briss PA, Harris KW, eds. *The Guide to Community Preventive Services: What Works to Promote Health?* Atlanta (GA): Oxford University Press;2005:80-113
<https://www.thecommunityguide.org/findings/physical-activity-community-wide-campaigns>
4. **Behavioral and Social Approaches to Increase Physical Activity: Individually- Adapted Health Behavior Change Programs.** Individually-adapted health behavior change programs are tailored to the individual's specific interests, preferences, and readiness for change. These programs teach participants the behavioral skills needed to incorporate moderate-intensity physical activity into daily routines. Behaviors may be planned (e.g., a daily scheduled walk) or unplanned (e.g., using the stairs when the opportunity arises). Many of these interventions use constructs from one or more established health behavior change models (e.g., Social Cognitive Theory, the Health Belief Model, or the Transtheoretical Model of Change). All programs reviewed incorporated the following set of skills: (1) setting goals for physical activity and self-monitoring of progress toward goals, (2) building social support for new behavioral patterns, (3) behavioral reinforcement through self-reward and positive self-talk, (4) structured problem-solving geared to maintaining the behavior change, and (5) prevention of relapse into sedentary behaviors. All of the interventions evaluated were delivered either in group settings or by mail, telephone, or directed media. Source: Task Force on Community Preventive Services. Physical activity. In: Zaza S, Briss PA, Harris KW, eds. *The Guide to Community Preventive Services: What Works to Promote Health?* Atlanta (GA): Oxford University Press;2005:80-113.
<https://www.thecommunityguide.org/findings/physical-activity-individually-adapted-health-behavior-change-programs>

Strategy #1: Weight Status Action Step & Action Plan

Action Step Recommendations

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

1. Implement *Grow It, Try It, Like It* program in preschools
2. Increase awareness of and access to local fresh produce options
3. Improve online presence of the Van Wert County Health Collaborative and Live Healthy Van Wert!
4. Implement or Engage with school health and wellness teams
5. Expand the Live Healthy Van Wert! community initiatives

Action Plan

Action steps	Target Area	Responsible Agency and Representative
<p>Implement <i>Grow It, Try It, Like It</i> program in preschools</p> <p><u>Year 1:</u> Implement program into one classroom at Van Wert ECC</p> <p><u>Year 2:</u> Expand program into all classrooms at ECC</p> <p><u>Year 3:</u> Expand program into second preschool</p>	1	Nicole Greve, Van Wert County General Health District
<p>Increase awareness of and access to local fresh produce options</p> <p><u>Year 1:</u> Expand downtown Farmers' Market to a monthly event June thru October; investigate opportunity for community and/or school based gardens;</p> <p><u>Year 2:</u> Investigate funding & resources for formal art and produce market for year round access; develop plan and strategies to implement a community and/or school based garden</p> <p><u>Year 3:</u> Implement year round farmers market; implement one community or school based garden</p>	1, 3	<p>Anne Dunn, Van Wert County Hospital</p> <p>Mary Lou Smith, Van Wert General Health District</p> <p>JJ McClain, YWCA/VW Elementary Wellness Team</p> <p>Hope Wallace, Wassenberg Art Center</p>
<p>Improve online of the Health Collaborative and Live Healthy Van Wert! presence</p> <p><u>Year 1:</u> Develop a webpage for the Health Collaborative/Live Healthy Van Wert! with links to resources, events and activities; partner with the Van Wert Visitor's Bureau to include events/activities on community calendar</p> <p><u>Year 2 & 3:</u> Maintain and update webpage and information regularly; monitor utilization and make improvements as needed.</p>	3	<p>Ellen Rager, Van Wert County Hospital</p> <p>Anne Dunn, Van Wert County Hospital</p>

Action steps	Target Area	Responsible Agency and Representative
<p>Implement or Engage with School Health & Wellness Teams</p> <p><u>Year 1:</u> Investigate opportunity , develop plan and implement partnerships with schools and provide support</p> <p><u>Year 2:</u> Implement or improve one healthy eating standards in each school; maintain partnerships with schools</p> <p><u>Year 3:</u> Maintain partnerships with schools; evaluate impact</p>	3	<p>Anne Dunn, Van Wert County Hospital</p> <p>Leslie Bailey, Van Wert County General Health District</p> <p>Mark Speiles, Westwood Behavioral Health Center</p> <p>Keith Rydell, Crestview Local School</p>
<p>Expand Live Healthy Van Wert! Community Initiatives</p> <p><u>Year 1:</u> Develop & maintain strategic partnerships among community health and wellness organizations; implement four new or improved free community health activities (1 per quarter)</p> <p><u>Year 2:</u> Create a Worksite Health & Wellness Council for local employers; Increase two additional community health activities;</p> <p><u>Year 3:</u> Implement services for identified gaps and needs from the Worksite Health & Wellness Council</p>	1, 2, 3	<p>Anne Dunn, Van Wert County Hospital</p> <p>Nikki Greve, Van Wert County General Health District</p> <p>Jacque Welch, Rotary Club</p> <p>Vicki Smith, United Way & Rotary Club</p> <p>Adhoc: GenX Training Studio, YWCA, YMCA, Wellness Center, Anytime Fitness, etc.</p>

Strategy #2: Behavioral Health Indicators

Goal 2: Behavioral Health

To increase access to evidence-based behavioral health services for youth and adults.

An individual's mental health can impact the social and behavioral aspects of life and the need for comprehensive mental health services is a critical public health issue. The data in the 2015 CHNA demonstrate that behavioral and mental health issues are a significant issue for both adults and youth in Van Wert County, as evidenced by results that 635 adults (which represent 3% of all adults in the county) considered attempting suicide in the past year and 269 youth in grades 7-12 (which represent 9% of youth) made a plan about how they would attempt suicide in the past year.

Substance abuse disorders affect individuals, families, and our community in a variety of ways. Individuals with substance use disorders can suffer from permanent health and social consequences as a result of dependence or abuse. Although substance use disorders are both preventable and treatable, the vast majority of those with this chronic condition go untreated. 1 in 5 adults are considered binge drinkers in Van Wert County, which is 2% higher than the nationwide average. Of the youth who reported drinking, 59% are considered to be binge drinkers, which increases to 74% in males.

Behavioral health spans a continuum of behavioral disorders including, but not limited to, prevention, diagnosis and treatment of mental health disorders, mental illness and addictive disorders.

SUPPORTING DATA

- Van Wert County Hospital had 41 adult drug overdose cases in from 1/1/2016 to 12/19/2016. Van Wert County had 6 confirmed substance-abuse related fatalities in 2016 compared to 2 substance-abuse related fatalities in 2015.
- Law enforcement agencies saw an increase in drug violations. The Ohio State Highway Patrol had 69 drug violations compared to 49 in 2015.
- 13% of adults and 51% of teens text while driving
- 7% of adults and 18% of youth used the internet on their cell phone while driving
- 18% of adults are classified as binge drinkers.
- In the past year 7% of adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities.

TARGET AREAS

- Expand evidence-based prevention programs in Van Wert County by expanding the human trafficking program to three new organizations, expanding a behavioral health program in the school districts to promote access to care by placing a Behavioral Health provider in one school district, and developing one new Tobacco Cessation program.
- Decrease at-risk behavior related to distracted driving and crisis access by implementing two community awareness campaigns that directly engage >15,000 individuals over three years. This will be measured via social media tracking, crisis hotlines, text alerts, and information dissemination.

- Engage at least one new provider in the Van Wert community to increase referrals and prescriptions for the medication assisted treatment programs for substance abuse in adults.
- Expand the Naloxone distribution program by at least two entities in the Van Wert public sector.

Resource Assessment

The following is a list of existing programs, services, and activities in the community that address the priority of Behavioral Health. This list is not to be interpreted as an endorsement of programs, services, activities or organizations listed. Rather, it is to be used to review the number of programs that address each outcome, geographic area served, prevention programs, and interventions specific to this priority. Although the list is believed to be comprehensive to the best of our knowledge, it may not be complete.

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Residential treatment	Court	Indigent	Treatment	Evidence Based
DARE (Camps and Dances)	Sheriff and Police	5 th Grade- Van Wert Kintergarten-6th Grade- Lincolnview	Prevention	No
Prescription Collection (Year round)	Sheriff Department	All	Prevention	Best Practice
Fresh Start Tobacco Cessation	American Cancer Society	Adult smokers	Treatment	Best Practice
Celebrate Recovery	Trinity Friends, 1 st friends, Trinity United Methodist	Adults	Treatment	Evidence Based
Ridgeview Hospital (20 day rehab inpatient)	Ridgeview Hospital	Mental Health and Drug Addiction (Dual diagnose)	Treatment	Evidence Based
Employee Assistance Program (counseling for drug/alcohol abuse)	WCORHA	Drug and Alcohol Abusers	Treatment	Evidence Based
Ohio Quit Line	Ohio Quit Line	Adult smokers	Treatment	Evidence Based
Assessment/Screening/ Diagnostic	Westwood Behavioral Health Center	Adolescent and Adult	Early Intervention, Treatment	Evidence Based
Individual Counseling	Westwood Behavioral Health Center	Adolescent and Adult	Early Intervention, Treatment	Evidence Based
Men's and Women's Recovery Group	Westwood Behavioral Health Center	Adults	Treatment	Evidence Based
Adolescent Recovery Group	Westwood Behavioral Health Center /Juvenile Court	Adolescents	Treatment	Evidence Based
Individual Case Management	Westwood Behavioral Health Center	Adolescent and Adults	Treatment	Evidence Based
Case Management Group (Dual Diagnosis)	Westwood Behavioral Health Center	Adolescent and Adults	Treatment	Evidence Based
Drug and Alcohol Testing (Oral and Urine)	Westwood Behavioral Health Center	Employees and Youth in Schools	Early Intervention	Evidence Based

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
3 rd Millennium On-Line Adult and Youth Education	Westwood Behavioral Health Center	Ages 12-18	Prevention	Evidence Based
Online Adult Education	Westwood Behavioral Health Center	Adolescent and Adults	Early Intervention	Evidence Based
Linkage for residential and detox	Westwood Behavioral Health Center	Adolescent and Adults	Treatment	Evidence Based
Linkage to Alcoholics Anonyms, etc.	Westwood Behavioral Health Center	Adults	Treatment	Evidence Based
Intensive Outpatient Program	Family Healthcare of Northwest Ohio & Westwood Behavioral Health Care	Adults	Treatment	Evidence Based Best Practice
Eyes Wide Open Healthy Relationship curriculum	YWCA	Adolescents	Prevention	Evidence Based
Human Trafficking and Sexual Assault Hotline	YWCA	Adults and adolescents	Early Intervention and Treatment	Best Practice
Digital Boundaries curriculum	YWCA	Adolescent	Prevention	Evidence Based
Turn Right and Go Straight bible based recovery group	Pentecostal Way Church	Adults	Treatment	

Strategy #2: Behavioral Health Gaps and Potential Strategies

Gaps	Potential Strategies
Updated meeting information for Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Celebrate Recovery	<ul style="list-style-type: none"> • Work with current group leaders to update more often
Have to travel to other communities and counties to attend meetings (AA, NA, Celebrate Recovery)	<ul style="list-style-type: none"> • Transportation to meetings so members can go daily
Educate youth on substance abuse	<ul style="list-style-type: none"> • Schools would welcome outside facilitators • Could add on programming/education to the summer food program that reaches 300+ lower income youth ages 4-17 • Expand or add on to Pregnancy Center programming that is currently being provided in the schools in grades 6-8.
Lack of parent involvement	<ul style="list-style-type: none"> • Different sets of parents need different messages • Messages to parents to allow screenings • Include parents as part of treatment • Education at parent teacher conferences and open houses
Intensive outpatient, residential detoxification, and residential treatment	<ul style="list-style-type: none"> • Ridgeview hospital- currently have to have dual diagnosis and Medicare • New Beginnings Recovery residential substance abuse treatment launch in Van Wert County • Transportation to Ft. Wayne, Lima, etc.
Offer high school diploma to drop outs	<ul style="list-style-type: none"> • Support/expand Van Wert schools current program through additional funding • Once child has their diploma, help to get them into an employment program
Parent education regarding new drugs	<ul style="list-style-type: none"> • Educate at parent teacher conferences and open houses • Send information home in newsletters • Education through child's pediatrician or family doctor

Strategy #2: Behavioral Health Best Practices

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

1. **Friends Care.** Friends Care is a program of aftercare services for probationers and parolees who have completed court-mandated, outpatient substance use treatment. Friends Care is designed to help clients abstain from alcohol and substance use, reduce criminal activity, improve psychological functioning, and build skills for employment. Source: <http://nrepp.samhsa.gov/ProgramProfile.aspx?id=135#show1>
2. **Reinforcement-Based Treatment (RBT).** Reinforcement-Based Treatment (RBT) for substance use disorders is an intensive, behavioral treatment model that reinforces non-substance-using behaviors and teaches avoidance of substance use triggers. Treatment strategies include contingency management, motivational interviewing, and community reinforcement. Patients attend counseling sessions daily, and later weekly, as the treatment progresses. The duration of treatment services varies by need. Examples of treatment

services include social-skills training, individualized treatment planning, vocational counseling, recreational activities, group-skills building, and incentives for continued abstinence. Recovery housing is included whenever feasible as a component of treatment. The treatment can be delivered by agencies and master's-level mental health professionals. The average length of time for implementing the treatment is between 6 months to 1 year. Source: <http://nrepp.samhsa.gov/ProgramProfile.aspx?id=94#hide4>

- 3. Project ASSERT (Alcohol and Substance Abuse Services, Education and Referral to Treatment).** Project ASSERT is an innovative approach to link ED patients with the substance abuse treatment system and with primary care and other preventive services. Its success is further demonstrated by its adoption by Boston Medical Center as a funded ED value-added service. Source: Bernstein E, Bernstein J, Levenson S: Project ASSERT: An ED based intervention to increase access to primary care, preventive services, and the substance abuse treatment system. *Ann Emerg Med* August 1997;30:181-189. <http://www.bu.edu/bniart/files/2011/02/SBIRT-Project-ASSERT-emergency.pdf>
- 4. American Lung Association's N-O-T on Tobacco Program.** N-O-T is a group program designed for 14 to 19 year olds who are daily smokers and who demonstrate some motivation to quit. The protocol consists of 10 weekly 50 minute sessions plus 4 booster sessions. The program may be conducted in school or community settings, with 10 to 12 participants per group. N-O-T is gender tailored, delivered to males and females separately by same gender facilitators. The facilitators complete the American Lung Association's facilitator training and follow a highly prescribed curriculum. Program goals help teens (1) quit smoking, (2) reduce the number of cigarettes if unable to quit, (3) increase healthy lifestyle behaviors, and (4) improve life skills such as stress management, decision making, coping, and interpersonal skills. Source: Horn, K. A., Dino, G. A., Kalsekar, I. D., & Fernandes, A. W. (2004). Appalachian teen smokers: Not On Tobacco 15 months later. *American Journal of Public Health*, 94(2), 181-184.

Strategy #2: Behavioral Health Action Steps & Action Plan

Action Step Recommendations

To work toward increasing access to evidence-based behavioral health services for both youth and adults the following actions steps are recommended:

1. Expand evidence-based prevention programs in Van Wert County by expanding the human trafficking program to 3 new organizations, expanding behavioral health program in the school districts that promotes access to care by placing a Behavioral Health provider in 1 school district, and developing one new Tobacco Sensation program.
2. Decrease at-risk behavior with distracted driving and crisis access by implementing 2 community awareness campaigns that would directly engage at least 15,000 individuals over 3 years measured by social media tracking, crisis hotlines, text alerts, and information dissemination.
3. Engage at least one new provider in the Van Wert community to increase referrals and prescriptions for the medication assisted treatment programs for substance abuse in adults.
4. Expand the Naloxone distribution program by at least 2 entities in the Van Wert public sector.

Action Plan

Strategy #2: Behavioral Health Action Steps & Action Plan

Action Step	Target Area	Who
<p>Implement a Behavioral Health provider in 1 Van Wert County School District</p> <p><u>Year 1</u>- Meet with all VW County superintendents to determine partner by accessing needs and interest</p> <p><u>Year 2</u>- Develop the implementation plan and resources for selected partner</p> <p><u>Year 3</u>- Behavioral Health provider to be placed in the selected school to aid students</p>	1, 2	Mark Spieles, Westwood Behavioral Health Center
<p>Increase the number of individuals utilizing medication assisted treatment</p> <p><u>Year 1</u>- increase provider awareness of the program by meeting with 5 providers in Van Wert County</p> <p><u>Year 2/3</u>-Increase number of provider-based referrals by 5% per year</p>	3	Mark Spieles, Westwood Behavioral Health Center Jenny Smith, Family Healthcare of Northwest Ohio Faye Mohr, Van Wert County Hospital
<p>Implement Naloxone Distribution for First Responders Program in Van Wert County</p> <p><u>Year 1</u>- Establish partnerships with local law enforcement and emergency response agencies for Naloxone Distribution Program: Develop plan and Implement Naloxone Distribution Program in 1 local law enforcement agency ;</p> <p><u>Year 2</u>- Provide annual education and updates on Naloxone Distribution Program to partner agencies; Implement Naloxone Distribution Program in 1 additional law enforcement /emergency response agencies</p> <p><u>Year 3</u>- Implement Naloxone Distribution Program in 1 additional law enforcement /emergency response agencies; Provide annual education and updates on Naloxone Distribution Program to partner agencies</p>	4	Leslie Bailey, Van Wert County General Health District Law Enforcement Local emergency response Denetria Harding, Van Wert County Hospital

Action Step	Target Area	Who
<p>Increase community awareness of human trafficking in Van Wert County</p> <p><u>Year 1</u>-Initiate training with 3 new organizations or businesses with one being a school district</p> <p><u>Year 2</u>- Host 2 community outreach events</p> <p><u>Year 3</u>- Expand partnerships for training and outreach based upon data collected from Year 1&2 events</p>	1,2	Jamie Evans, YWCA
<p>Increase Tobacco Services in Van Wert County</p> <p><u>Year 1</u>- Train 1-2 people as Tobacco Treatment Services; develop and implement a collaborative plan for community cessation services;</p> <p><u>Year 2</u>- Increase the number of referrals into the cessation services by 5%;</p> <p><u>Year 3</u>- Increase the number of referrals into cessation programs by 5%</p>	1, 3	<p>Nikki Greve, Van Wert County General Health District</p> <p>Anne Dunn, Van Wert County Hospital</p>
<p>Develop and implement 2 risky behaviors community awareness campaign focused specifically distracted driving and crisis access reaching 5,000 lives/year over 3 years</p> <p><u>Year 1</u>- Develop and implement a community awareness campaign to improve crisis access utilizing the Crisis Text Line; establish partnership with state and community agencies (State Highway Patrol) with established distracted driving campaigns and develop implementation plan to begin in 2018;</p> <p><u>Year 2</u>- Continue community awareness campaign for the Crisis Text Line; implement distracted driving campaign; Evaluate effectiveness of strategies with utilization reports for the Crisis Text Line and number of lives reached through marketing campaigns.</p>	1, 2	<p>Keith Turvey, Tri-County ADAMHS Board</p> <p>Mark Spieles, Westwood Behavioral Health Center</p> <p>Van Wert County Hospital</p> <p>Leslie Bailey, Van Wert County General Health District</p>

Strategy #3: Access to Health Care

Indicators

Goal 3: Access to Health Care

To increase access to healthcare services for those with health inequities by eliminating the transportation barrier.

Research has increasingly shown that social and economic conditions contribute to an individual's health status. Achieving a healthy community with healthy people will require affordable transportation solutions for people who have no means to access critical health care and healthy living resources. Without transportation options, some people may find themselves without a way home after an emergency trip to the hospital, or miss a doctor's appointment simply because they don't have a way to get there. This problem is especially prevalent in rural areas of our community and in lower socioeconomic neighborhoods.

SUPPORTING DATA

Although we have very little supporting quantitative data, qualitative data and community feedback identified that lack of transportation is a significant barrier to accessing health-related services in Van Wert County. Focus group and community stakeholder feedback has reiterated this sentiment, with specific mention of transportation barriers for those living in rural parts of the county and too little medical transport services for low income residents.

[Healthcare offices will begin collecting related data in 2017.](#)

TARGET AREAS

- Decrease the number of missed health care appointments due to lack of available transportation by 1%
- Increase partnerships in the regional coordinated transportation plan by a minimum of one more agency
- Increase transportation services for Medicaid and indigent populations for healthcare services from approximately 250 per year to 2,000 per year.

Strategy #3: Access to Health Care

Best Practices

Although it has been determined that transportation is a barrier to increasing access to health care services, there is inadequate research for proven strategies. The following links are documents noting innovative case studies specific to improving transportation options in rural and small communities and have been reviewed:

[Transportation For America's "Principles for Improving Transportation Options in Rural and Small Town Communities"](#)

[Transport Canada "Improving Travel Options in Small & Rural Communities"](#)

Strategy #3: Increase Access to Health Care

Action Step Recommendations

To work toward increasing access to increase access to healthcare services for those with health inequities by eliminating the transportation barrier the following actions steps are recommended:

1. Decrease the number of missed healthcare appointments due to lack of available transportation by 1%.
2. Increase partnerships in the regional coordinated transportation plan by a minimum of one more agency.
3. Increase transportation services for Medicaid and indigent populations from approximately 250/year to 2000/year.

Action Plan

Strategy #3: Increase Access to Health Care Resource Assessment

The following is a list of existing programs, services, and activities in the community that address the priority of Access to Health Care. This list is not to be interpreted as an endorsement of programs, services, activities or organizations listed. Rather, it is to be used to review the number of programs that address each outcome, geographic area served, prevention programs, and interventions specific to this priority. Although the list is believed to be comprehensive to the best of our knowledge, it may not be complete.

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Beyond Driving with Dignity	Area Agency on Aging	Aging drivers	Treatment	Best Practice
Transportation Call Center	Area Agency on Aging	All	Treatment	Best Practice
Find a Ride	Area Agency on Aging	Aging population and disabled	Treatment	Best Practice
Van Wert Taxi public transportation	Van Wert Taxi	Public and contracted services	Treatment	Best Practice
Senior transportation	Van Wert County Council on Aging and Delphos Senior Citizens Center	Medicare and aging	Treatment	Best Practice
Under 60 and Disabled	Van Wert County Council on Aging/United Way	Disabled and under 60years	Treatment	Best Practice
Medicaid transportation	Van Wert County Job & Family Services	Medicaid	Treatment	Best Practice
Veterans Services	Van Wert Veterans County Services	Veterans	Treatment	Best Practice
Road to Recovery	American Cancer Society	Cancer patients seeking treatment	Treatment	Best Practice
Medical Transport	Spirit Medical Transport	All	Treatment	Best Practice
Medical Transport	Integrity Ambulance	All	Treatment	Best Practice
Westwood Behavioral Health client transport	Westwood Behavioral Health Center	Westwood clients	Treatment	Best Practices

Strategy #3: Increase Access to Health Care Gaps and Potential Strategies

Gaps	Potential Strategies
Lack of awareness of programs and resources	<ul style="list-style-type: none"> Distribute resource guides-available online, on social media, newspaper and hard copies
Lack of transportation services for Medicaid and Indigent population	<ul style="list-style-type: none"> Expand coordinated regional transportation plan

Strategy #3: Increase Access to Health Care Action Steps and Action Plan

Action Step	Target Area	Who
<p>Implement a collaborative transportation plan for healthcare services in Van Wert County</p> <p>Year 1: Meet with Job and Family Services (JFS) to increase awareness of limited availability of Medicaid eligible transportation options and how it relates to health outcomes; develop plan with JFS to expand transportation capacity for Medicaid population; Minimum of 1 VW County healthcare agency on AAA Regional Transportation Team</p> <p>Year 2: Implement Van Wert County Medicaid transportation strategies developed in year 1; Expand plan to include transportation services for non-Medicaid and indigent populations</p> <p>Year 3: evaluate plan and implemented strategies in year and make necessary modifications</p>	1, 2, 3	<p>Mark Spieles, Westwood Behavioral Health Center</p> <p>Kevin Matthews, Council on Aging</p> <p>Jenny Smith, Family Healthcare of Northwest Ohio</p> <p>Traci Milligan , Van Wert County General Health District</p> <p>Paula Stabler, Van Wert County Hospital</p> <p>Lindi Hedington, Van Wert County Hospital</p> <p>Vicki Smith, United Way</p> <p>Erica Petrie, Area Agency on Aging</p>

Progress and Measuring Outcomes

The progress of meeting the local priorities will be monitored with measurable indicators identified by the Van Wert County Health Collaborative. The Leadership Team consisting of representatives from Van Wert County Hospital, the Van Wert County General Health District and Westwood Behavioral Health Center will meet bimonthly. A team for each target area will meet regularly to drive action and impact. Each team will report progress to the Health Collaborative bimonthly. The full Health Collaborative will meet bimonthly for progress updates and organizational updates. 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 the following:



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Health Collaborative

VAN WERT COUNTY

Appendix A

The Van Wert County Health Collaborative wishes to acknowledge the numerous contributions of the following partners and stakeholders. Their shared vision and continued commitment to a healthier community makes Van Wert County a great place to live and work.

Leadership Team:

Van Wert County Hospital

Anne Dunn, Occupational and Community Health Coordinator

Denetria Harding, Assistant CFO

Ellen Rager, Director of Patient and Community Relations

Van Wert County General Health District

Leslie Bailey, RN, Director of Nursing

Angie Wolfrum, Accreditation Coordinator

Westwood Behavioral Health Center

Mark Spieles, LISW-S, CEO

2015-2016 Collaborative Members:

City of Van Wert

Crestview Local Schools

Dental Center of Northwest Ohio

Family Health Care of Northwest Ohio

Headstart

Home Healthcare Solutions

Juvenile Court

Lincolnview Local Schools

Salvation Army

Tri County ADAMHS Board

United Way of Van Wert County

Van Wert 9-1-1

Van Wert City Schools

Van Wert County Commissioners

Van Wert County Police

Van Wert County Sheriff

Van Wert County WIC

Van Wert Manor

Vancrest Health Care Center

YWCA of Van Wert County

Appendix B
Van Wert County
2014-2016 Community Health Improvement Plan Progress Report

Strategy #1: Decrease adult and youth obesity
Action Plan

Decrease Obesity			
Action Step	Responsible Person/Agency	Timeline	Progress Made
Implement <i>Grow It, Try It, Like It!</i> Program in Preschools			
Year 1: Research and download program and brochures Met with preschools	Kim Haas/Nikki Greve, Van Wert Health Department Cheryl Feathers, HeadStart Abby Stemen Westwood Behavioral Health	Dec. 31, 2014	Complete
Year 2: Meet with local grocery stores or farmer's markets to introduce the program and seek donations of fruits and vegetables. Enlist at least 1 preschool to pilot the program		Dec. 31, 2015	Program introduced to local farmers market in Year 2 and 3. No donations needed for Head Start. Modified program to begin at HeadStart 2015-2016 school year
Year 3: Continue efforts to seek donations of fruits and vegetables Provide program in 1 preschool in the county		Dec. 31, 2016	Plan to implement in Van Wert ECC 2017
Initiate Formalized Breastfeeding Policies for Employers			
Year 1: Survey employers about current breastfeeding policies	Anne Dunn, Van Wert County Hospital Jacque Welch Van Wert Manor Abby Stemen Westwood Behavioral Health	Dec. 31, 2014	Completed
Year 2: Provide education and sample policies Assist in implementing breastfeeding policies in at least 2 businesses/organizations in Van Wert County		Dec. 31, 2015	Education at Van Wert Area Safety Council Implemented at Van Wert Manor, Community Health Professionals, and Van Wert County General Health District
Year 3: Assist in implementing breastfeeding policies in a minimum of 3 additional businesses/organizations in Van Wert County		Dec. 31, 2016	

Decrease Obesity			
Action Step	Responsible Person/Agency	Timeline	Progress
Increase Businesses Providing Comprehensive Wellness Programs & Insurance Incentive Programs to Their Employees			
<p>Year 1: Collect baseline data on businesses and organizations offering comprehensive wellness and insurance incentive programs to employees.</p> <p>Educate businesses through chamber of commerce, rotary, etc. about the benefits of implementing these programs</p>	Anne Dunn, Van Wert County Hospital	Dec. 31, 2014	Completed. 18 respondents in VW County; 10 stated they have a wellness program; 3 had an operating plan; 5 provide onsite screenings and health assessments; 6 stated the wellness program offers incentives based on participation and 2 based on outcomes.
<p>Year 2: Get 3 businesses/organizations to initiate wellness and/or insurance incentive programs or upgrade their current programs to best practices.</p> <p>Aim to work with the largest employers</p>		Dec. 31, 2015	CDC Work@Health employer training program was provided to 5 local employers: Van Wert Fire, Eaton, Vancrest, Van Wert County General Health District and KMC Holdings.
<p>Year 3: Double the number of businesses/organizations providing wellness and insurance incentive programs from baseline.</p>		Dec. 31, 2016	Follow up survey to be completed November 2016
Implement OHA Healthy Hospitals Initiative			
<p>Year 1: Van Wert County Hospital will implement health vending guidelines and strategies from OHA within the hospital</p>	Anne Dunn, Van Wert County Hospital	Dec. 31, 2014	OHA did not release draft program guidelines until Dec., 2014.
<p>Year 2: Van Wert County Hospital will implement healthy vending guidelines and strategies from OHA within their hospital in collaboration with Nutrition Services</p>		Dec. 31, 2015	Van Wert County Hospital Nutrition Services in partnership implemented improved the FIT Criteria nutrition guidelines in the cafe. The Balanced Choices campaign was implemented in the vending machines.
<p>Year 3: The program will be introduced to area businesses and organizations.</p> <p>The hospital will assist others to adopt the guidelines and strategies, providing sample policies, signage and timeframes</p>		Dec. 31, 2016	OHA guidelines were released in 2016. Morrison is reviewing the OHA Good4You campaigns for vending, café and meetings.

Decrease Obesity

Action Step	Responsible Person/Agency	Timeline	Progress
Increase Nutrition/Physical Education Materials Being Offered to Patients by Primary Care Physicians			
Year One: Work with primary care physician offices to assess what information/materials they are lacking to provide better care for overweight and obese patients	Anne Dunn, Van Wert County Hospital	Dec. 31, 2014	Survey was completed by area physicians.
Year Two: Continue efforts from year	Jenny Smith, Family Healthcare of NW Ohio	Dec. 31, 2015	With the implementation of EMRs and Meaningful Use measures, this objective was met. Education materials and interventions are evidence based best practices.
Year Three: Train at least two primary care physician offices on nutrition and physical activity best practices and provide them with referral materials	Kim Haas, Van Wert Health Dept. Abby Stemen, WIC	Dec. 31, 2016	Provider training is ongoing for the EMR and Meaningful Use measures. Community Resource list for Obesity Services being completed fall 2016.
Wellness Community Guide & Calendar			
Year 1: Create a collaborative Facebook page with the most up-to-date information regarding nutrition and exercise programs and opportunities in Van Wert County. Include information regarding community gardens and farmer's markets in the area as well as information on Senior Dining.	Ellen Rager, Van Wert County Hospital	Dec. 31, 2014	Van Wert County Health Collaborative page created and updated regularly.
Year 2: Keep the Facebook page updated on a weekly basis. Tie the programs and activities into employee incentive programs.		Dec. 31, 2015	Live Healthy Van Wert! Facebook group created to provide support and updates of local events and activities.
Year 3: Continue efforts from years 1 and 2.		Dec. 31, 2016	Health Collaborative page and Live Healthy Van Wert! Facebook group is updated and posted to regularly. These methods are being weekly and evaluated for effectiveness.

Additional Activities by Van Wert County Hospital:

- Developed and implement Live Healthy Van Wert! Initiative in collaboration with community health and wellness organizations;
- Implementation of the Group Lifestyle Balance™ Program for diabetes prevention with 3 staff initially trained as coaches; One Master Trainer for the Group Lifestyle Balance™ Program on staff; Lifestyle Coach training provided for 13 healthcare professionals within WCORHA, 2 from Van Wert County Hospital and 1 from Van Wert County General Health District
- Kids' Health Fairs provided for Lincolnview and Van Wert annually with expanded partnerships and community involvement
- One CDC certified Work@Health Trainer on staff

Data supporting potential impact:

- 35% of adults are considered obese in 2015 compared to 38% in 2011
- 55% of adults are engaged in some type of physical activity for at least 30 minutes 3 or more days/week compared to 41% in 2011

Action Plan

Decrease Substance Abuse			
Action Step	Responsible Person/Agency	Timeline	Progress
Implement a Community Based Comprehensive Program to Reduce Alcohol Abuse			
Year 1: Educate community on problems associated with high-risk drinking. Create a task force Support current programs such as 5 th Quarter	Mark Spieles Westwood Behavioral Health Center	Dec. 31, 2014	Completed
Year 2: Work with Law Enforcement to implement the following strategies: <ul style="list-style-type: none"> • Sobriety checkpoints • Seller/server trainings • Parents Who Host Lose the Most campaign 	Tom Riggerbach, Sheriff Van Wert County Sheriff Department	Dec. 31, 2015	The Ohio State Highway Patrol provides sobriety check points. No seller/server trainings available. Parents Who Host Lose the Most campaign/Start Talking Now! Provided by Sheriff Department during Prom season.
Year 3: Publicize results of efforts and expand strategies of the task force.		Dec. 31, 2016	Results released at the Community Rollout 4/27/2016
Support Medication-Assisted Treatment Opportunities			
Year 1: Support the pilot project using monthly Vivitrol injections to help criminal offenders with a prior history of opioid dependence.	Mark Spieles Westwood Behavioral Health Center	Dec. 31, 2014	Recovery (Drug) Court and Intensive Outpatient Treatment Program in development.
Year 2: Research grants and funding opportunities to support the medication assisted treatment program Increase the number of criminal offenders who are using medication assisted treatment.	Keith Turvy, Tri County ADAMHS Board Jenny Smith Family Healthcare of NW Ohio	Dec. 31, 2015	Recovery Court and Intensive Outpatient Treatment Program was implement with 36 referrals.
Year 3: Increase the percentage of criminal offenders using Vivitrol by 25%.		Dec. 31, 2016	14% increase in the percentage of criminal offenders using Vivitrol. Efforts continue.

Action Step	Responsible Person/Agency	Timeline	Progress
Increase Awareness of New Drug Trends			
Year 1: Plan a community awareness campaign to increase education and awareness of substance abuse issues. Determine best ways to educate community and parents (social media, newspaper, school websites or newsletters, television, church bulletins, etc.)	Mark Spieles, Westwood Behavioral Health Center	Dec. 31, 2014	15 community presentations given by Recovery Court and Outpatient Treatment Program Team Sam Quinones NPAC event with over 200 attendees
Year 2: Plan awareness programs/workshops focusing on different “hot topics” and substance abuse trends. Attain media coverage for all programs/workshops		Dec. 31, 2015	
Year 3: Continue efforts of years 1 and 2.		Dec. 31, 2016	
Implement Evidence-Based Prevention Programs in Elementary, Middle and High Schools			
Year 1: Research which programs are currently being implemented and where.	Mark Spieles, Westwood Behavioral Health Center Jamie Evans YWCA	Dec. 31, 2014	Programs by Westwood were maintained. Protecting You, Protecting Me; Van Wert High School Athletic Program; SOS Suicide Prevention Program;
Year 2: Introduce LifeSkills or other evidence based program to one district.		Dec. 31, 2015	In addition to current services, Eyes Wide Open and Human Trafficking programs were implemented by the YWCA
Year 3: Expand programming to all districts		Dec. 31, 2016	Human Trafficking program implemented in 1 county school.

Additional Actions Taken by Van Wert County Hospital:

- Real time patient education on opiate use and why other medications are preferred/recommended. If opiate dependent and not with a community resource, information about community resources is given.

Trans-strategies			
Action Step	Responsible Person/Agency	Timeline	Progress
Implement a Transportation System			
Year 1: Create a Transportation Task Force Present plan to respective governmental units	Kevin Matthews, Council on Aging Jenny Smith Family Healthcare of NW Ohio	Dec. 31, 2014	Van Wert County Council on Aging is required to participate in the Tri-County Coordinated Transportation Plan. Independent healthcare organizations developed contracts with local taxi services to meet patient needs. Van Wert County Hospital, Westwood Behavioral, Health Department and Family Healthcare of Northwest Ohio met with Area Agency on Aging to review services and discuss future opportunities.
Year 2: Work with Tri County Area on state-required Coordinated Transportation Plan by March 2015. Educate community on new state and federal requirements (for vehicles, neighbor reimbursements, etc.)		Dec. 31, 2015	
Year 3: Implement action steps from Coordinated Transportation Plan Review funding and effectiveness of services		Dec. 31, 2016	

Additional Actions Taken By Van Wert County Hospital:

- Developed contract with Van Wert Taxi for non-emergent transportation for patients at time of discharge