



**Adams County
Health Department**

Public Health
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ADAMS COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

2017-2020 ADAMS COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

May 2018

ACKNOWLEDGEMENTS

This document has been developed by the Adams County Health Department in collaboration with other community partners as part of a community-wide action planning process to improve our community's health.

If you have questions about this Community Health Improvement Plan (CHIP), please contact Adams County Health Department's staff at (937) 544-5547.

It does take a village to make a difference in the health of our county citizens, especially our children. Therefore, many thanks to the following community partners for serving on CHIP workgroups and helping the Health Department to create the Action Plans found in this Report:

- Adams County Health & Wellness Coalition (ACHWC)
- Adams County Creating Healthy Communities Coalition
- Adams, Lawrence, Scioto Counties Drug Addiction and Mental Health Services (ADAMHS) Board
- Adams/Brown County Women, Infants, and Children (WIC)
- Adams County Health Department (ACHD)
- Coalition for Drug Free Adams County
- Adams County Regional Medical Center (ACRMC)
- Health Source of Ohio-FQHC
- Adams County Job & Family Services
- Adams County Sheriff's Department & Village Law Enforcement
- Judicial Court System-Adams County
- Adams County Economic Development
- The Counseling Center (TCC)
- Family Recovery Services (FRS)
- Shawnee Family Health Services
- Adams County Ohio Valley & Manchester Local School Districts
- Adams County Ministerial Association
- Adams-Brown Diabetes Education Coalition (ABDEC)



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To Those Who Call Adams County Home:

This document is for you. Efforts to improve the health and happiness of our home started last year with the 2017 Community Health Assessment. This comprehensive examination—the first of its kind—demonstrated the formidable problems that challenge our communities' health and wellbeing. But it also exhibited our many strengths—resources and resolve that have come together to develop this Community Health Improvement Plan. It shows us the path we can take to become a healthier place in which to live and work.

The Community Health Improvement Plan demonstrates our community at its best. Local organizations, agencies, and even individuals have assumed leadership roles in developing and executing strategies to address our health problems. Most of these strategies are evidence-based—shown to have been successful in other communities. Some target special at-risk populations within our community so that good health can be enjoyed by all.

This document is but the first step in improving our communities' health. It will be regularly evaluated and changed as needed. Like any quality improvement undertaking though, we will never reach our goal. There will always be work to do. We must always strive to make Adams County a healthier place.

We welcome your comments, and your help.

Sincerely,

William E. Hablitzel, MD

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Executive Summary

The Adams County Health Department is pleased to present the Adams County Community Health Improvement Plan for 2017-2020. This Community Health Improvement Plan (more commonly referred to as the "CHIP") is an action-oriented strategic plan for improving the health of Adams County. It is a plan that relies upon many community partners- individuals, organizations, businesses, and agencies- intentionally working together to improve the conditions in Adams County that impact the health of Adams County citizens.

This strategic planning process began with a thorough and comprehensive assessment of our county's health – the health of the population of our county, the status of the healthcare and public health systems in Adams County, and the factors that are changing healthcare across our entire nation.

Adams County shall conduct this community health assessment process every three years in collaboration with other partners to measure how the health of our county has changed and whether strategies put in place to improve health have made a difference.

Three priority health issues have been selected and are being targeted for improvement by community partners over the next three years:

- Substance Abuse and Mental Health
- Risk Factors for Obesity (Active Living, Healthy Eating)
- Chronic Disease - Diabetes

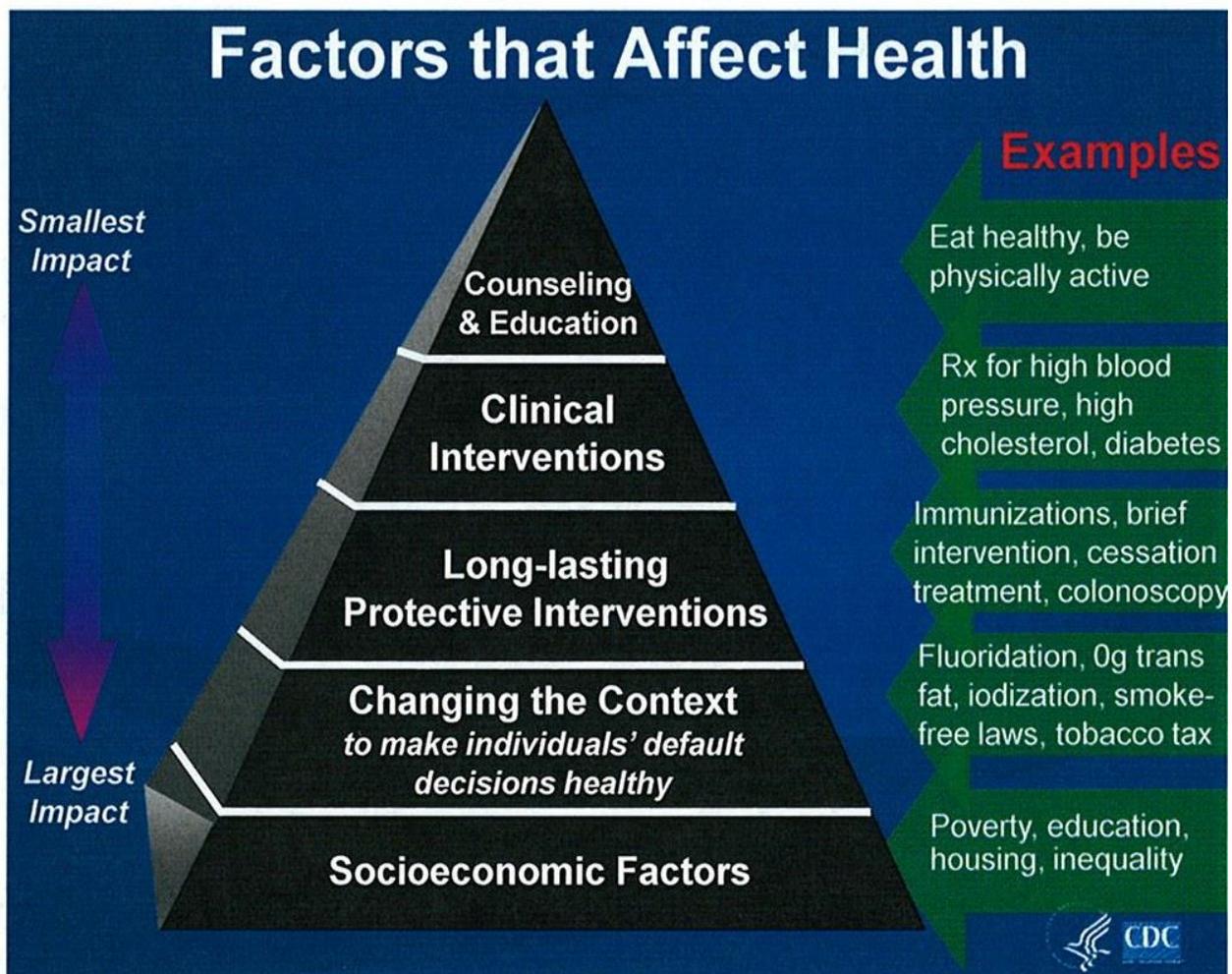
Workgroups have created action plans that detail how these issues will be addressed. The plans list specific actions that workgroup members will take to make steady and continuous improvement in the health of Adams County. Additional workgroup members will be recruited throughout the three-year implementation as needed to make the greatest possible impact on Adams County's health.

This CHIP belongs to the Adams County Community. The commitment of the entire community will be essential to ensure that strategies in the CHIP are implemented and monitored. The Collaborative Partners encourage you to review the priorities and goals, reflect on the suggested intervention strategies, and consider how you can join this call to action: individually, within your organizations, and collectively as a community.

For questions about the purpose of this document, please contact Adams County Health Department at (937) 544-5547.

According to the Health Policy Institute of Ohio, "population health as a component of healthcare reform recognizes that factors outside of the healthcare system, such as the social, economic and physical environment, must be addressed in order to improve the health of the overall population" (November 2014). The Health Impact Pyramid is a framework for Public Health Action. It is a 5-tier pyramid which describes the impact of different types of public health interventions and provides a useful framework for identifying a balanced set of population health strategies that include interventions delivered directly to individuals, as well

as policy and system changes that impact large numbers of people to improve population health. At the base of the pyramid, indicating interventions with the greatest potential impact for improved health, are efforts to address socioeconomic determinants of health such as poverty reduction. Activities or interventions at the top of the pyramid require increased individual effort and reach smaller segments of the population. Because these multiple determinants of health reach beyond medical care, effective population health strategies require partnerships between the healthcare and public health sectors and other entities including schools, employers, social service agencies, community-based and faith-based organizations along with elected government officials and community planners. Population health strategies addressed in this way will include measuring outcomes, reducing disparities and promoting health equity, and require shared accountability.



Frieden, Thomas R. a framework for public health action: The Health Impact Pyramid. American Journal of Public Health 100, no. 4 (2010).

INTRODUCTION

What is a Community Health Improvement Plan (CHIP)?

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

The community health assessment and improvement planning processes involve continuous monitoring and evaluation. Adams's County's 2017-2020 CHIP is built upon the September 2017 Community Health Assessment.

The next phase will involve broad implementation of the strategies included in this CHIP and monitoring/evaluation of the outcomes and indicators. Adams County Health Department will be monitoring and evaluating how this implementation process is going. Updates or revisions to the CHIP will be made annually as necessary to address changes that have occurred during implementation. Additionally, the next comprehensive community health assessment will be conducted in 2019-2020. This new data will be used to revise and update the CHIP plan.

The Adams County Health & Wellness Coalition met with Coalition sub-committee members including Accreditation staff of the Adams County Health Department to brainstorm about a vision for the overall Collaborative Community Partners. It was presented to the Coalition members at large in February 2018 and will be approved at the May 2018 meeting. The Vision and Mission Statement resulting from these meetings are:

VISION

Thriving Communities – Healthy People – Safe Environment

MISSION

Protect and improve the health and wellness of all people in Adams County through collaborative partnerships that implement sustainable strategies for health promotion and disease prevention.

Overview of Adams County

Demographics

Adams County, part of Ohio Appalachia, is in south-central Ohio along the Ohio River. It is a rural county with a population density of 48.3 people per square mile, the 7th smallest in the state based on census data.

According to the US Census, Adams County had an estimated population of 28,342 in 2014. This reflects a decline from 2010. Twenty nine percent of the population was under 21 years and sixteen percent was aged 65 or over.

In Adams County, the 2014 population was 96.9% white/Caucasian, compared to 83.2% for the state of Ohio. Other races include black/African American (0.2%), American Indian (0.2%), and Asian (0.1%). The proportion of the population that self-identified as Hispanic or Latino of any race was 0.8% in Adams County and 3.4% statewide.

County Health Rankings

In the 2017 County Health Rankings, Adams County ranked 87th out of Ohio's 88 counties for health outcomes and 88th out of 88 for health factors. Health outcomes represent how healthy a county currently is, which includes mortality, or the number of deaths that occur, and morbidity, the overall health-related quality of life of an individual. Health factors, on the other hand, represent what may influence the health of a county in the future, such as health behaviors, clinical care, social and economic, and physical environment factors. (Source: University of Wisconsin Population Health Institute. County Health Rankings 2015.)

Mortality

The five leading causes of death in Adams County are heart disease, cancers, chronic lower respiratory disease, unintentional injuries (accidents), and not a leading cause.

(Source: Ohio Department of Health, Mortality Data, 2015.)

According to Centers for Disease Control and Prevention (CDC) Wonder, 2014 data, Adams County comparison to Ohio data reveals fewer deaths from Heart Disease and Cancers than state data; however, higher chronic lower respiratory disease, and unintentional injuries when compared to state of Ohio data.

(Source: <http://wonder.cdc.gov/ucd-icd10.html>) for 1999-2014

Morbidity

The population of Adams County reveals the following causes of morbidity (the presence of disease in a population): Arthritis disease, older adult depression, diabetes, asthma, cardiovascular disease, obesity, and Hepatitis C. (Adams County Community Health Assessment 2017).

Health Behaviors

When compared to state data, Adams County reveals higher rates of flu and pneumonia vaccination and adult female routine pap tests. Adams County reveals lower current smoking percentage compared to state data but higher percentages of smoking during pregnancy. Adams County citizens report lower current alcohol use compared to state data; however, 5.5% of all motor vehicle crashes in Adams County were alcohol-related

compared to 4% in Ohio (2016). Adams County data revealed that 22% of adults were not currently participating in any physical activity. (Adams County Community Health Assessment 2017).

Adams County Collaborative Partners

The Adams County Health and Wellness Coalition formed in 2007 to improve the quality of life and the health status of the youth of Adams County citizens serving as the leader in health promotion and disease prevention. More recently, the Adams County Health Department has worked collaboratively with partners in the community to conduct the Adams County Community Health Assessment and currently to plan and implement the Adams County Community Health Improvement Plan. Partners in this effort are as follows:

- Adams County Health & Wellness Coalition (ACHWC)
- Adams County Creating Healthy Communities Coalition
- Adams, Lawrence, Scioto Counties Drug Addiction and Mental Health Services (ADAMHS) Board
- Adams/Brown County Women, Infants, and Children (WIC)
- Adams County Health Department (ACHD)
- Coalition for Drug Free Adams County
- Adams County Regional Medical Center (ACRMC)
- Health Source of Ohio-FQHC
- Adams County Job & Family Services
- Adams County Sheriff's Department & Village Law Enforcement
- Judicial Court System-Adams County
- Adams County Economic Development
- The Counseling Center (TCC)
- Family Recovery Services (FRS)
- Shawnee Family Health Services
- Adams County Ohio Valley & Manchester Local School Districts
- Adams County Ministerial Association
- Adams-Brown Diabetes Education Coalition (ABDEC)

The Adams County Community Health Assessment can be found on the Adams County Health Department website (<https://www.adamscountyhealth.org>).

The Adams County Community Health Improvement Advisory Committee met in November 2017 to review the findings of the Community Health Assessment and select three priority topics to address in the 2017-2020 CHIP. The three priority areas selected by the committee include: Substance Abuse & Mental Health, Risk Factors of Obesity, and Chronic Disease Prevention/Management-Diabetes. At this meeting, it was recommended by Advisory Committee members to collaborate with the Adams County Health and Wellness Coalition to develop the CHIP as the stakeholders/partners needed were many of the members attending the Coalition meeting. The purpose for this would be to value the time required for participating

stakeholders/partners and avoid duplicate meetings related to population health of Adams County citizens. Another purpose for planning the meetings together would be to incorporate Population Health Standards & Measures the Adams County Health Department must meet for upcoming Public Health Accreditation requirements which would also provide guidance for the population health activities the Coalition and other partners desire to pursue. Representatives from the Drug Free Coalition, the Adams-Brown Diabetes Education Coalition, and other partners mentioned above will participate according to their expertise and interests. The Health and Wellness Coalition, the Health Department, and Collaborative Partners/Individuals have formed workgroups, each focusing on a specific priority area. Going forward, the Partners plan to meet monthly to review each workgroup's progress in implementing CHIP action steps and to monitor the impact on the community's health. The workgroups will meet as needed to complete and evaluate the activities of the workplans.

COMMUNITY HEALTH ASSESSMENT

Data Collection Process

For the 2017 community health assessments, the Adams County Health Department used the National Association of County and City Health Officials' Mobilizing for Action through Planning and Partnerships (MAPP) strategic planning process for improving community health. The MAPP process includes four assessments and applies strategic thinking to prioritize public health issues and identify resources to address them. The four assessments include:

1. Community Themes and Strengths Assessment
2. Local Public Health System Assessment
3. Community Health Status Assessment
4. Forces of Change Assessment

By embracing the MAPP process for its CHA and CHIP, the Adams County Health Department has committed to the concepts of Evidence-based Public Health. Key elements which will guide the CHIP Advisory Committee are:

- Engaging the community in assessment and decision making
- Using data and information systems systematically
- Making decisions based on the best available peer-reviewed evidence
- Applying program planning frameworks such as MAPP
- Conducting sound evaluation
- Disseminating what is learned

These assessments are described in the following information as part of the 2017 community health assessment process. The entire 2017 Adams County Comprehensive Community Health Assessment report can be found on the Health Department's website at <https://www.adamscountyhealth.org> or by calling the Health Department at (937)544-5547.



Community Health Status Assessment

The findings of the Community Health Status Assessment (CHSA) are based on self-administered surveys using a structured questionnaire. The questions were modeled after survey instruments used by the Centers for Disease Control and Prevention for their national and state Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Surveillance System (YRBSS). Adams County adults (19 years of age and older) and youth (ages 12 through 18) participated in these county-wide health surveys in 2017.

The Adams County Health Department guided the assessment process, administered the surveys, collected and analyzed the data, and integrated sources of primary and secondary data into the final Community Health Status Assessment report. Survey Monkey tools were utilized to determine the sample sizes necessary to ensure the results could be generalized to the entire county population. Sample size requirements were met for youth, so one can be 95% sure that the “true” population responses would be within a 5% margin of error of the survey findings

(i.e. a 95% confidence level with a corresponding confidence interval of 5%). The sample size was adequate for the adult population however, the large number of females completing the survey in comparison to males required weighting of the survey samples to generalize to the population. Statistical assistance was provided by Debora Fletcher Ph.D. Economics; Associate Professor, Miami University who weighted the adult surveys for age & gender to the 2010 U.S. Census during the summer 2017.

The following charts show the trends in adult and youth health status data in Adams County completed through this process. The summaries also include related state and national data.

2017 Adult Survey Summary

Adult Variables	Adams County 2017	Ohio 2014	U.S. 2014
Health Status			
Rated health as excellent or very good	45%	51%	53%
Rated general health as fair or poor	16%	18%	17%
Average days that physical health not good in past month	3.6	4.0	3.8
Average days that mental health not good in past month	5.6	4.3	3.7
Health Care Coverage, Access			
Uninsured	10%	10%	13%
Chronic Disease.			
Has been diagnosed with arthritis	33%	31%	26%
Has been diagnosed with asthma	15%	15%	14%
Has been diagnosed with diabetes	12%	12%	10%
Cardiovascular Health			
Had a heart attack	6%	5%	4%
Had a stroke	2%	4%	3%
Has been diagnosed with angina or coronary artery disease	8%	5%	4%
Cancer			
Has been diagnosed with Skin Cancer	9%	6%	6%
Has been diagnosed with any type of cancer, other than skin	7%	6%	7%
Weight Status			
Overweight	35%	34%	35%
Obese	40%	33%	30%
Alcohol Consumption			
Had at least one alcoholic beverage in past month	40%	53%	53%
Binged in past month (5 or more drinks in a couple of hours on an occasion)	18%	18%	16%
Tobacco Use			
Current smoker (currently smoke some or all days)	16%	21%	18%

Adult Variables	Adams County 2017	Ohio 2014	U.S. 2014
Former smoker (smoked 100 cigarettes in lifetime and now does not smoke)	38%	25%	25%
Drug Use			
Adults who used marijuana in past 6 months	4	NA*	NA*
Preventive Medicine			
Had a pneumonia vaccine (ages 65 and older)	74%	70%	70%
Had a flu vaccine in the past year (ages 65 and over)	71%	56%	61%
Had a mammogram in the past two years (ages 40 and older)	88%	72%	73%
Had a pap smear in the past three years	92%	74%	75%
Quality of Life			
Limited in some way because of physical, mental or emotional problem	25%	22%	20%
Mental Health			
Diagnosed with depressive disorder (major or minor depression)	29%	21%	19%
Oral Health			
Adults who have visited the dentist in the past year	63%	65%	65%

(2017 Adams County Community Health Assessment, 2014 BRFSS Data)

*NA – Data not available

Youth Variables	Adams County 2017 7 th Grade	Adams County 2017 10 th Grade	Ohio 2013 10 th Grade	U.S. 2015 10 th Grade
Weight & Physical Activity				
Overweight (>85 th percentile, ≤95 th percentile)	22.0%	15.0%	14.8%	15.5%
Obese (≥95 th percentile)	27.0%	31.0%	16.4%	15.2%
Overweight or Obese (>85 th percentile)	49.0%	46.0%	31.2%	30.7%
Describes self as overweight	35.4%	44.1%	31.1%	38.9%
Consumes 1 or more cans, bottles, or glasses of soda or pop daily in past 7 days		31.7%	18.6%	20.8%
Watches 3 hours or more of television on average school day	27.3%	18.5%	26.4%	24.5%
3 hours or more of video games or non-school related computer use on average school day	37.5%	38.5%	41.7%	43.4%
Played on one or more sports teams played on in past year	63.5%	53.7%	59.8%	59.2%
In an average school week, attends physical education classes at least one day	51.7%	68.5%		57.5%
In an average school week, attends physical education classes every day	37.7%	58.4%		31.5%
Mental Health				
Felt so sad or hopeless every day for two weeks that stopped doing usual activities in past year		30.0%	29.7%	29.8%
Seriously considered suicide in past 12 months	18.4%	15.2%	16.7%	18.3%
Made a plan on how to attempt suicide during past 12 months	14.7%	13.1%	13.5%	15.4%
Attempted suicide during past 12 months	7.9%	8.6%	5.8%	9.4%
Bullied on school property in past year	41.8%	26.6%	19.5%	20.8%
Electronically bullied during the past year	25.7%	17.2%	15.3%	16.6%
Substance Use				
Has had at least one drink of alcohol in lifetime	28.8%	56.8%	58.9%	60.8%

Youth Variables	Adams County 2017 7 th Grade	Adams County 2017 10 th Grade	Ohio 2013 10 th Grade	U.S. 2015 10 th Grade
During past 30 days, has had 5 or more drinks in a row for boys, 4 or more drinks for girls		24.2%	8.8%	15.1%
Ever tried cigarette smoking	19.7%	41.5%		29.1%
Has smoked a cigarette in past 30 days	7.8%	17.3%	11.5%	8.8%
Has used an electronic vapor product	14.1%	34.2%		43.3%
Used an electronic vapor product in past month	8.1%	15.5%		23.2%
Has used marijuana	12.2%	29.6	30.0%	35.5
Has used marijuana in past 30 days		18.3%	16.9%	20.0%
Has used a prescription pain medication without it being prescribed by a health provider	6.8%	10.4%	8.8%	15.3%
Has used heroin		3.5%	0.3%	2.4%
Has used methamphetamine		5.6%		2.4%
Safety, Health, and Risk Behavior				
Has been in a physical fight in the past year	45.1%	29.9%	21.1%	23.4%
Has been in a physical fight on school property		12.9%	4.7%	7.3%
In past 30 days, has not attended school due to fear for safety		6.9%	5.4%	6.1%
Rarely or never wears a seat belt when riding in a car driven by someone else	11.1%	13.4%	9.0%	6.0%
In past 30 days has ridden in a car driven by someone who had been drinking	21.0%*	16.5%	17.2%	18.7%
In past 30 days has driven a car when had been drinking		8.3%	0.5%	5.3%
In past 30 days, has texted or emailed while driving of vehicle		31.2%	23.3%	25.0%
Has been told by a doctor or nurse they have asthma	19.0%	20.7%		22.7%
Has had a dental exam in past 12 months		70.0%	75.9%	74.2%
Gets 8 hours or more of sleep on a school night	45.7%	23.8%	28.4%	29.1%

*7th grade survey asked if ever ridden in car driven by someone who had been drinking.

The results of the Community Health Status Assessment were presented to community partners at a group meeting in November 2017. Upon review of this assessment, partners reported concern with several findings in relation to state and national comparison data:

- Average days that mental health not good in adults for past month
- Correlation between youth depression and other risky behaviors
- High percentage of obesity for both youth and adults
- Higher youth rates of bullying both on school property and electronically
- Higher youth percentage of current alcohol drinking, physical fights, rarely/never wears seatbelt, texts/emails while driving, drinking & driving.

Local Public Health System Assessment

A sub-committee of the Adams County Community Health Assessment Advisory Committee assessed the public health system in Adams County the Local Public Health System Assessment tool developed by the Centers for Disease Control and Prevention (CDC) and the National Association of County and City Health Officials (NACCHO). This tool is part of the National Public Health Performance Standards (NPHPS) assessments used to guide state and local jurisdictions in evaluating their current performance against a set of optimal standards. The assessments are based on the Ten Essential Public Health Services, which describe the public health activities that should occur in all communities.

The Local Public Health System Assessment is an assessment involving all the organizations and entities that contribute to the health or well-being of a local community. The public health system includes the local health department, other governmental agencies, healthcare providers and hospitals, human service organizations, schools and universities, faith institutions, youth development organizations, economic and philanthropic organizations, environmental agencies, and many others. The results of the assessment provide a list of challenges and opportunities that will be used to identify the strategic issues.

This assessment was conducted through an in-person meeting. The meeting's purpose was to explore each Essential Service in more depth.

Overall, Adams County's local public health system scored most highly on:

- Essential Service 2: *Investigation of health problems and environmental public health hazards to protect the community*
- Essential Service 6: *Enforcing laws and regulations to protect the community*

Adams County's local public health system scored lowest on:

- Essential Service 7: *Linking people to needed personal health services*
- Essential Service 9: *Evaluating the effectiveness and quality of personal and population-based services*

Areas of strength and improvement were noted during the group session:

Strengths:

- Standard process for completing our Community Health Status Assessment and partner agencies potential to utilize the data
- Optimal communication with EMA, comprehensive plan for disease outbreaks, good coordination between EMA, hospital, health department, Red Cross, and other agencies

Areas for Improvement:

- Increase awareness of who is responsible for enforcing and making laws among the public and partners.
- Increase coordination among partners to link citizens of Adams County to the services that they may need.
- Conduct thorough evaluation of both population-based health service and personal health service areas and share results with all organizations.

Forces of Change Assessment

The Forces of Change assessment is designed to identify current and future trends, factors, and events that are likely to influence health and quality of life in Adams County, or impact the work of the local public health system. The Forces of Change assessment was completed during the community meetings and focus groups held the month of March 2017. Also, a survey was completed by 10 members of the Community Health Assessment Advisory Committee to solicit further Stakeholder/Partner information.

The survey revealed the forces of change most affecting the health and quality of life in Adams County as:

- Changes in healthcare, including Affordable Care Act, and high deductibles for cost of services.
- Changes in the economy, including job loss and loss of money to fund public services with closure of coal-fueled power plants scheduled in summer 2018.

Community Themes and Strengths Assessment

Adams County's Community Themes and Strengths Assessment gathered community members' insight into the issues of importance to the community. This assessment process was conducted by first starting with community notification of the Adams County Health Department's desire to achieve national accreditation and the need for conducting a Community Health Assessment as part of this process. Announcements concerning intent to achieve accreditation was shared during meetings with key service organizations and county agencies.

Meetings were also held with service organizations and county agencies to inventory health and wellness resources available in Adams County. Participation included:

- Adams County Board of Health
- Adams County Board of Commissioners
- Adams County Township Association
- Adams County Health and Wellness Coalition
- Adams County Family and Children First Council
- Adams County Regional Medical Center
- Adams County Children Services Board
- Family Recovery Services
- Shawnee Family Health Center
- The Counseling Center
- Travco Behavioral Services (service discontinued since meetings)

Public notice was conducted through newspaper notification of dates and times for five community meetings as well as local radio participation and discussion of the health departments up-coming accreditation actions. The community meetings were followed with two focus group meetings- one with the Amish population and one with the Senior population of Adams County.

Finally, both paper and electronic surveys were solicited from the adult population; and paper surveys were conducted on all 7th and 10th grade students in the four public schools of Adams County.

Community Meeting Outcomes

Each community meeting, held in March 2017, was asked to consider 4 questions. The pooled responses, in declining order of popularity, are noted.

<p style="text-align: center;">Question #1</p> <p style="text-align: center;">What are the most serious health problems in Adams County</p>	<p style="text-align: center;">Question #2</p> <p style="text-align: center;">What makes Adams County a healthy and happy place to live?</p>
<ol style="list-style-type: none"> 1. Drug Abuse and Addiction 2. Mental Health 3. Cancer 4. Obesity 5. Nutrition and Physical activity 6. Poverty 7. Dependency on Welfare 8. Chronic Illness—Diabetes, Heart and Lung Disease 	<ol style="list-style-type: none"> 1. Tourist Attraction (outdoor activities in nature) 2. Rural Environment and low population 3. Natural Beauty of Adams County 4. Multiple Advocacy Groups within the County 5. Urgent Care Center for afterhours health care.
<p style="text-align: center;">Question #3</p> <p style="text-align: center;">What could we do to make Adams County a healthier and happier place to live?</p>	<p style="text-align: center;">Question #4</p> <p style="text-align: center;">What current or future events will Have the biggest impact on the health and happiness of the people in Adams County?</p>
<ol style="list-style-type: none"> 1. Better communication of public meetings using multiple methods 2. Improve transportation access 3. Increased nutritional education in school age children 4. Better education related to drug use and addiction in school age children 5. Swimming pool access such as YMCA 	<ol style="list-style-type: none"> 1. Closure of coal-fueled power plants on the Ohio River 2. Loss of money to fund public services 3. Loss of jobs in Adams County

COMMUNITY HEALTH IMPROVEMENT PLANNING PROCESS

Prioritization Process

The results of the Community Health Status Assessment were presented to community partners at a group meeting in November 2017. The Health Department staff presented the results of all four MAPP assessments to the Adams County Advisory Committee. The purposes of this meeting were to consider the comprehensive Community Health Assessment data and to select the priorities to be addressed through the 2017-2020 Community Health Improvement Plan. All members/partners who participated in the Community Health Assessment Advisory Committee were asked to continue participation on the Community Health Improvement Plan (CHIP). Additional partners/individual stakeholders were added to the Committee based on the priority topics and expertise needed for the priority topic workgroups.

Large sheets of paper were placed around the meeting room, listing the top health issues identified from the community meetings, Advisory Committee surveys, and the results of both youth and adult surveys all completed during spring 2017.

Committee members in attendance were asked to use color coded dots to select the top three health topics and to prioritize with red=#1, green=#2, pink=#3.

Discussion related to the definition of Health was entertained and the definition of the World Health Organization was chosen which states that: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

The following priority issues emerged as the most important to address to improve health and quality of life in Adams County:

- Drug Abuse (Substance Use) & Mental Health
- Risk Factors of Obesity -nutrition and physical activity
- Chronic Disease Prevention/Management-Diabetes

Criteria utilized to rank the chosen health issues are as follows:

- **Size:** How many Adams County residents are affected?
- **Seriousness:** To what degree does the problem lead to death, disability, and/or impairs residents' quality of life?
- **Trends:** Is the problem getting better or worse in our community over time?
- **Equity:** Are specific groups of residents more affected by the issue due to their race, gender, age, or similar factors?
- **Intervention/Availability of Solutions:** Do effective strategies exist to address the problem?
- **Value:** What is the importance of the problem in Adams County?
- **Social Determinant/Root Cause:** Are any of the problems related to the conditions in which people are born, grow up, live, work, and age?
- **Feasibility:** Can Adams County organizations and/or individuals reasonably address the problem given available resources?
- **Consequences of Inaction/Urgency of the Problem:** What happens if the problem is not addressed now?

The primary goals of the Community Health Improvement process are:

1. To improve the health and quality of life for Adams County citizens.
2. To increase efficient use of available Community Resources.
3. To lower the cost of health care overall

The goal statements for each priority area were developed by the Health Department Accreditation team and members of the Advisory Committee. Throughout the CHIP process, each workgroup will be facilitated by a Health Department Accreditation Team leader with action plans developed for each priority health issue. Partners/individuals have been solicited on each workgroup based upon their personal and/or professional interests.

The Priority Health Issues and Goals are:

Substance Abuse & Mental Health Issues Goals: (1) To protect the health, safety, and quality of life of Adams County youth through prevention/reduction of substance use.

(2) To protect the health, safety, and quality of life of Adams County adults and youth by ensuring timely access to substance abuse & behavioral health services. (3) To protect the health, safety, and quality of life of Adams County Citizens by increasing community knowledge

of and reducing the negative stigma associated with individuals seeking help for substance use disorder and/or mental health issues.

Risk Factors of Obesity Goal: Promote healthy lifestyles to reduce obesity and its risk factors among Adams County citizens.

Chronic Disease Prevention/Management Goal: (1) Reduce chronic disease prevalence of diabetes by increasing prevention strategies for those diagnosed with pre-diabetes. (2) To reduce the disease burden and improve the quality of life of adults of Adams County with the Chronic Disease Diagnosis of Diabetes through engagement of a Community Health Worker promoting self- management strategies.

Specific agencies or individuals were asked to participate in the work plan development. All workgroups met several times between January and March 2018 to develop an action plan for their assigned priority area.

Each workgroup leader was given a standardized tool to assist their workgroup in developing objectives, outcomes, and interventions. The objectives are to be written to meet SMART objective elements. The workgroups will meet as needed to monitor and evaluate progress of their action plans over the next three years. Modifications and updates will be made to the work plans as needed, based on completion of activities, new information, and funding and legislative changes that will impact the county and selected strategies.

Throughout the CHIP development process, all three workgroups considered national and state priorities and objectives when setting their objectives and outcome measures.

The state of Ohio issued guidance to local health districts to improve population health planning as follows:

- Encouraged alignment with at least two identified State Health Improvement Priorities
- To include at least one core outcome indicator from the State Health Assessment and State Community Improvement Plan(SHIP) for each aligned priority
- To select evidence-based strategies from a menu of strategies in the State Health Improvement Plan to address SHIP-aligned priorities
- Encouragement of local health departments and tax-exempt hospitals in the same counties to partner on assessments and plans
- Encourage tax-exempt hospitals to allocate a minimum portion of their total community benefit expenditures to activities that most directly support community health improvement planning objectives

(Source: Legislative Committee on Public Health Futures, January 2017.)

This was done to ensure that local, state, and national health improvement efforts are aligned to make a difference in the overall picture of health across every community. Additionally, workgroups used state and federal resources (e.g., *Healthy People 2020*, *the National Prevention Strategy*, *Ohio's State Health Improvement Plan*, *The Community Guide to Community Preventive Services*, and *The County Health Rankings & Roadmaps: What Works for Health*) to identify evidence-based strategies and promising practices for each health issue. Utilizing evidence-based strategies as much as possible will assist workgroups in using community resources most wisely and effectively. Each group also considered any potential barriers to the identified strategies before determining which would work in Adams County.

PRIORITY #1: SUBSTANCE ABUSE/ADDICTION AND MENTAL HEALTH

Findings

In 2014, an estimated 21% of Ohio adults reported ever being told by a doctor, nurse or other health professional that they had a depressive disorder and 12.1 % of Ohio adults reported fair or poor mental health (*2013 Ohio BRFSS Annual Report*). Additionally, suicide is a significant public health problem in Ohio. In 2015, 1647 Ohioans died by suicide with most of deaths by males (1308) according to the Ohio Department of Public Health Data Warehouse.

Adult Factors

Based on the 2017 Adams County Community Health Status Assessment:

- Only four deaths (all male) of Adams County adults were considered suicide.
- 29% of local adults had been told by a health professional they had a depressive disorder.
- According to surveys, adults reported an average number of days that mental health was not good at 5.6 days in past month compared to 4.3 days of poor mental health for the state of Ohio.
- 25% of adults reported they were limited in some way because of physical, mental or emotional problems.
- 40% of adult survey participants reported having drunk alcohol at least once in past month compared to 53% Ohio and 53% national statistics for adults; however, 5.5% of all motor vehicle crashes were alcohol-related compared to 4% in Ohio.
- 4% of Adams County adults survey participants had used marijuana during the past 30 days.

- Doses of Opioids prescribed per capita and per patient in Adams County were consistently higher than for the state of Ohio as reported by the Ohio Automated Rx Prescription Reporting System. (310 versus 266 and 100.5 versus 60.8 respectively).

Adult Comparisons	Adams County 2017	Ohio 2014	U.S. 2014
Rated health as excellent or very good	45%	51%	53%
Rated health as fair or poor	16%	18%	17%
Rated their mental health as not good on four or more days in the previous month	21%	N/A	N/A
Average days that physical health not good in past month	3.6	4.0	3.8
Average days that mental health not good in past month	5.6	4.3	3.7
Average days that poor physical or mental health kept them from doing their usual activities in past month	3.2	2.3*	2.4*

Youth Factors

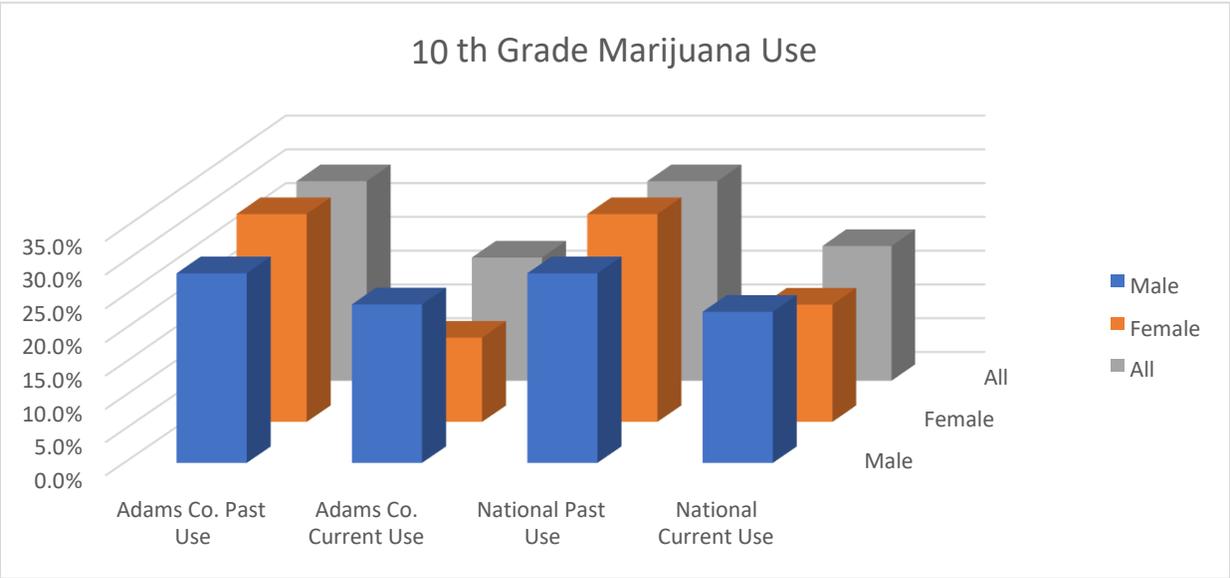
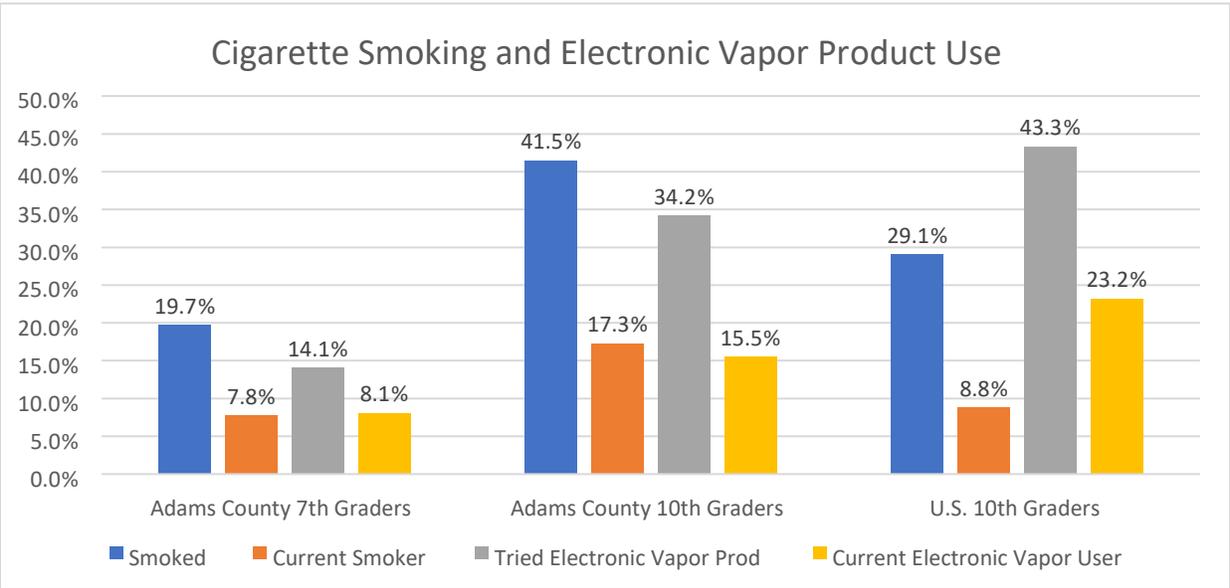
For youth in 7th and 10th grades of all four public schools, the 2017 Community Health Assessment revealed:

- 18.4% and 15.2% respectively had seriously considered attempting suicide in the past year.
- 8% and 8.6% respectively admitted attempting suicide in the past year.
- 30% of 10th graders felt sad or hopeless almost every day for 2 or more weeks in a row.
- Adams County 10th graders reporting depression symptoms were more likely to have been in a physical fight, to have been bullied on school property, and to smoke, drink and use prescription pain medication than those without depression symptoms.

Youth Comparisons	Adams County 2017 7 th Grade	Adams County 2017 10 th Grade	Ohio 2014	U.S. 2014
Felt so sad or hopeless every day for two weeks that stopped doing usual activities in past year		30.0%	29.7%	29.8%
Seriously considered suicide in past 12 months	18.4%	15.2%	16.7%	18.3%
Made a plan on how to attempt suicide during past 12 months	14.7%	13.1%	13.5%	15.4%
Attempted suicide during past 12 months	7.9%	8.6%	5.8%	9.4%
Bullied on school property in past year	41.8%	26.6%	19.5%	20.8%
Electronically bullied during the past year	25.7%	17.2%	15.3%	16.6%

For youth in 7th and 10th grades of all four public schools, the 2017 Community Health Assessment revealed:

- 36.4% of 10th graders reported has had at least one drink of alcohol during past 30 days which is higher than State and National Statistics.
- 24.2% participated in “binge drinking” during the past 30 days which is higher than state and National Statistics.
- 7.8% of 7th graders and 17.3% of 10th graders have smoked a cigarette in past 30 days. The percent is higher than for state and national statistics.
- 12.2% of 7th graders and 29.6% of 10th graders have used marijuana.
- 3.5% of 10th graders report having used heroin-again higher than state and national.
- 5.6% of 10th graders report having used methamphetamine



Partners

The partners helping to address the priority issue of Substance Abuse & Mental Health are listed in the Action Plan. Additional partners to address various components of this issue may be recruited throughout the implementation process.

Community Resources

Below is a list of community resources for Substance Abuse and Mental/Behavioral Health. The workgroup will continue to research and add new resources to this list throughout the implementation process.

Program/Strategy/Service	Responsible Agency	Population(s) Served
Outpatient Addiction Counseling Services	Family Recovery Services The Counseling Center Shawnee Family Health Services	All ages
Mental Health- Psychiatric Services	Shawnee Family Health Services Health Source of Ohio	All age groups
Emergency Mental Health Services	Comprehensive Crisis Center- Portsmouth	All age groups
Domestic violence and sexual assault	YWCA Cincinnati-Local Referral location at Job & Family Services	All ages
Youth Sexual Violence	Mayerson Center Cincinnati	Youth
Counseling	School Counselors(Elementary) and Guidance Counselors (High School)	Youth
Faith Based Counseling	Churches	Youth and Adults
Caregiver Support	Hospice of Hope and /Area Office on Aging	Caregivers
Peer Support Services	Alcoholics Anonymous, Narcotics Anonymous, Reformers Unanimous, Celebrate Recovery	Adults

Objectives of Substance Abuse and Mental Health Workgroup

The Substance Abuse and Mental Health workgroup has determined the following to be the objectives addressing Substance Abuse and Mental Health for the CHIP:

- Adams County School Youth shall be exposed to life skills training integrated into the K-12 school curriculum.
- Decrease the number of Unintentional Drug Over-Doses & Deaths of Adams County citizens.
- Increase local access to Vivitrol for Medication Assisted Treatment (MAT) of adults with Substance Use Disorder & Mental Health Assessment/Treatment activities to reduce opioid addiction and other substance abuse disorders.
- Measure yearly the number of individuals who have received Mental Health First Aid Training offered locally to service providers that would benefit from training in management of individuals with Mental Health Issues.

Evidence-Based Strategies or Promising Practices: National & State

1. **U.S. Department of Justice Promising Strategies to Reduce Substance Abuse:** Prevention of Substance Abuse & Mental Illness: Life Skills Program integrated into school curriculum with short and long-term outcomes.
2. **SAMHSA—National Registry of Evidence Based Programs and Practices:** Life skills training is a scientifically supported evidence-based substance abuse and violence prevention program effective at reducing substance use by as much as 80% with long lasting effects.
3. **Healthy People 2020 Mental Health and Mental Health Disorders Objectives:**
 - A. Increase the proportion of adults with mental health disorders who receive treatment.
 - B. Substance Abuse: Reduce drug induced deaths (target 10% improvement).
4. **National Prevention Council Strategies:** A. Promote early identification of substance abuse and mental health needs and access to quality services.
B. Facilitate social connectedness and community engagement across the lifespan.
5. **What Works? Strategies to Improve Rural Health. County Health Rankings & Roadmaps. July 2016:** Health Behavior Strategies for Drug Use- Naloxone Access -some evidence of success with further research needed.
6. **Substance Abuse Mental Health Services Administration (SAMHSA):** Medication Assisted Treatment: A Standard of Care is cited as evidence-based strategy for substance use disorder.
7. **Substance Abuse Mental Health Services Administration Strategies (SAMHSA):** National Registry of Evidence-Based Programs & Practices: Mental Health First Aid is evidence-based strategy.
8. **Ohio Department of Health-violence and injury prevention program:** Comprehensive education and awareness campaign Prescription for Prevention: Stop the Epidemic.
9. **Ohio Mental Health and Addiction Services (OMHAS):**
 - A. Promote Access to Care.
 - B. Mental Health Status Improvement.
10. **Social Determinants of Health:** Rural, Appalachian County.
11. **Ohio Suicide Prevention Foundation Strategic Actions:** Enhance Professional Education and Development.
12. **Ohio Department of Health:** Strengthen Community Coalitions.

SUBSTANCE ABUSE AND MENTAL HEALTH ACTION PLAN

PROBLEM: ADAMS COUNTY YOUTH ARE AT INCREASED RISK OF SUBSTANCE USE DISORDER

GOAL: To protect the health, safety, and quality of life of Adams County youth through prevention/ reduction of substance use (**Substance Use Disorder includes use/abuse of tobacco, alcohol, and/or drugs**).

OBJECTIVE:

- By June 2019, 50% of Adams County school youth shall be exposed to life skills training integrated into the K-12 school curriculum.

EVALUATION MEASURES:

Measure the number and percentage of school youth who were exposed to Life Skills Training Curriculum annually.

National Strategies	State Strategies/Action Steps to Improve Behavioral Health Services	Adams County Improvement Strategies (What We Want to Do)	Adams County Action Steps (How We're Going to Do It) Policy Changes Needed?	Local Partners (Who Needs to Work Together on This)	Timeline	PERFORMANCE Indicator/Measure
<p>U.S. Department of Justice Promising Strategies to Reduce Substance Abuse— Prevention of Substance Abuse & Mental Illness: Life Skills Program integrated into school curriculum with short and long-term outcomes.</p>	<p>Ohio Department of Health-violence and injury prevention program-comprehensive education and awareness campaign <u>Prescription for Prevention: Stop the Epidemic.</u></p> <p>Ohio Dept. of Health-Office of Health Equity Address factors for identifying objectives and strategies of the Community Health Assessments locally</p>	<p>A1. Work with two local school districts and other workgroup members/partners to discuss and promote implementation of life skills program for K through 12 curriculum of Adams County school youth.</p>	<p>A1-2. Conduct PowerPoint presentation to both School District Boards of Education for consideration of purchase and implementation of life skills programs.</p>	<p>A1-B1. Adams County Health Dept (ACHD) Substance Abuse & Mental Health Workgroup/Coalition (ACHWC) partners including School Superintendents; Reach for Tomorrow; ACHWC; and Drug-Free Coalition members.</p>	<p>A1. February 2018</p> <p>A2. Begin August 2018 thru June 2019</p>	<p>A1. Copy of Handout of Presentation to 2 local school boards.</p> <p>A2. Monitor implementation of life skills program in all four public schools (elementary & high school) beginning) September 2018.</p>

<p>SAMHSA—National Registry of Evidence Based Programs and Practices-Life skills training is a scientifically supported evidence-based substance abuse and violence prevention program effective at reducing substance use by as much as 80% with long lasting effects</p>	<p>to include one or more of the followings:</p> <ol style="list-style-type: none"> 1. Health Equity 2. Social determinants of health 3. Public health system, prevention and health behaviors 4. Healthcare system and access <p>--Adams County is a Rural, Appalachian county with higher than average youth poverty level.</p>		<p>B1-2. Reach for Tomorrow Agency will notify all partners by July 2018 if the grant is received for funding of K-12 life skills curriculum and training of teachers.</p> <p>*This will require school policy/program change to address integrating life skills into the K-12 curriculum for all public schools of Adams County.</p>		<p>B1. July 2018</p> <p>B2. Begin August 2018</p>	<p>B1. Copy of Grant application</p> <p>B2. Measure number of teachers trained per school for implementation of life skills in all four public schools (elementary & high schools) beginning August 2018.</p>
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PROBLEM: ADAMS COUNTY YOUTH AND ADULTS AREN'T RECEIVING TIMELY REFERRAL FOR SUBSTANCE USE DISORDER AND MENTAL HEALTH SERVICES

GOAL: To protect the health, safety, and quality of life of Adams County citizens by ensuring timely access to substance abuse and mental health services.

OBJECTIVE 1. By July 2020, decrease the number of unintentional Drug Over-Doses by 5% of Adams County citizens

EVALUATION MEASURE:

- Measure yearly the number of unintentional drug over-doses and deaths per state data bases and report.
- Measure the number of Adams County individuals who overdosed, were admitted to ACRMC Emergency Services, and were offered same day screening assessment and treatment.

Measure the number of Adams County individuals who overdosed, were admitted to ACRMC Emergency Services, were offered treatment, and entered same day treatment.

National Strategies for Behavioral Health Services	State Strategies/Action Steps to Improve Behavioral Health Services	Adams County Improvement Strategies (What We Want to Do)	Adams County Action Steps (How We're Going to Do It) Is Policy Change Needed?	Local Partners (Who Needs to Work Together on This)	Timeline	Performance Indicator/ Measure
<p><u>Healthy People 2020 Mental Health and Mental Health Disorders Objectives</u></p> <ul style="list-style-type: none"> • Increase the proportion of adults with mental health disorders who receive treatment. • Substance Abuse: Reduce drug induced deaths (target 10% improvement) 	<p><u>Ohio Mental Health and Addiction Services (OMHAS)</u></p> <p>-Promote Access to Care</p> <p><u>Ohio Department of Health</u></p> <p>-Strengthen Community Coalitions</p>	<p>A. Promote and implement a plan for access to timely substance abuse and mental health services thru collaboration/partnerships between service agencies</p>	<p>A1. Workgroup to regularly meet and review actions to identify gaps to client's timely access for assessment and treatment.</p> <p>A2. Implement Opiate Crisis Response Team project with funding from ADAMHS Board to have all overdose individuals admitted to ACRMC</p>	<p>A1-3. ACHD Substance Abuse & Mental Health Workgroups/Coalition Partners to include Family Recovery Services (FRS), The Counseling Center (TCC), Shawnee Family Health, ADAMHS Board, and Adams County Regional Medical Center (ACRMC) Emergency Services.</p>	<p>A1. Begin meetings December 2017 and regularly as needed (minimum qtrly) to evaluate progress.</p> <p>A2. April 9, 2018 implemented.</p>	<p>A1. Meeting minutes from ACHD Substance Abuse & Mental Health Workgroup and roster of attendees.</p> <p>A2. Measure number of individuals presenting to</p>

<p>National Prevention Council Strategies</p> <ul style="list-style-type: none"> Promote early identification of substance abuse and mental health needs and access to quality services. <p><u>National Alliance of Mental Health (NAMI) & National Prevention Council Strategies</u></p> <p>Facilitate social connectedness and community engagement across the lifespan.</p> <p>What Works? Strategies to Improve Rural Health. County Health Rankings & Roadmaps. July 2016.</p> <p>Health Behavior Strategies for Drug Use- Naloxone Access -some evidence of success with further research needed.</p>	<p>Social Determinants of Health</p> <p>-Rural, Appalachian County</p>		<p>Emergency Services offered same day screening assessment and referral to treatment and counseling.</p> <p>A3. The Counseling Center staff are providing contract services for ADAMHS Board and are to be on call to respond within 30 minutes of the ACRMC Emergency Services call to screen, offer treatment options, and refer to same day treatment and counseling.</p>		<p>A3. Begin project April 2018.</p>	<p>ER experiencing overdose and offered same day screening and treatment monthly for three months, then quarterly and report to ACHD Workgroup /Coalition partners.</p> <p>A3. Measure number of overdose individuals presenting to ER who were offered same day screening and treatment referral and accepted the screening and treatment referral monthly for three months, then</p>
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		<p>B. Promote an alternative plan for follow up of overdose individuals who decline screening and treatment referral on admission to the ACRMC Emergency Services to readdress assessment and treatment options to prevent future unintentional overdoses.</p>	<p>A4. ACRMC Emergency Medical Director and Administration given contract to review and sign for project to begin.</p> <p>B1 Review and apply for funding opportunities for implementation of Quick Response Teams for overdose individuals who present to ER and refuse treatment</p>	<p>A4. ACRMC Admin. And ADAMHS Board.</p> <p>B1-2. Coalition for Drug Free Adams County, Reach for Tomorrow, and interested Adams County Law Enforcement officers in collaboration with ACHD; ACRMC; and local Substance Use Disorder (SUD) Treatment Providers.</p>	<p>B1 Time frame to be determined dependent on funding of project.</p>	<p>quarterly and report to ACHD Workgroup/ Coalition partners.</p> <p>A4. Copy of signed Agreement for Accreditation documentation requirements.</p> <p>B-1. Measure number of overdose individuals presenting to ED who declined screening and treatment and QRT gained interview post discharge home.</p>
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			<p>B2. Provide Narcan Kit (Project Dawn) to family and training for use as applicable.</p> <p>*Policy Change is needed for Overdose Assessment, Referral to Treatment between participant agencies.</p> <p>*ACHD to develop policy for Narcan education and distribution.</p>		<p>B2. ACHD has previously implemented Project Dawn to prevent potential Overdose of a family member.</p>	<p>B-2. Measure number of individuals/families in Adams County who received Narcan Kit and training for use per Project Dawn program in collaboration with Ohio Department of Health.</p>
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OBJECTIVE 2. By June 2018, increase local access to Vivitrol for Medication Assisted Treatment (MAT) of adults with Substance Use Disorder & Mental Health Assessment/Counseling activities to reduce opioid addiction and other substance abuse disorders.

EVALUATION MEASURE:

- Measure the number of new clients receiving Vivitrol as Medication Assisted Treatment locally with counseling/recovery services each year to monitor effectiveness of Vivitrol MAT management.
- Measure the number of clients currently receiving Vivitrol – MAT who are transported outside the county for Vivitrol – MAT.

Number of treatment programs offering local Vivitrol – Medication Assisted Treatment. 2017=0

National Strategies for Behavioral Health Services	State Strategies/Action Steps to Improve Behavioral Health Services	Adams County Improvement Strategies (What We Want to Do)	Adams County Action Steps (How We're Going to Do It) Is Policy Change Needed?	Local Partners (Who Needs to Work Together on This)	Timeline	Performance Indicator/ Measure
<p>Healthy People 2020 Mental Health and Mental Health Disorders Objectives</p> <ul style="list-style-type: none"> • Increase the proportion of adults with mental health disorders who receive treatment. <p>National Prevention Council Strategies</p> <ul style="list-style-type: none"> • Promote early identification of substance abuse and mental health needs and access to quality services. 	<p>Ohio Suicide Prevention Foundation Strategic Actions</p> <p>-Enhance Professional Education and Development</p> <p>Ohio Department of Health</p> <p>Strengthen Community Coalitions</p> <p>Social Determinants of Health:</p> <p><u>-Rural, Appalachian County</u></p>	<p>A. 1. Promote access to timely substance abuse and mental health services thru partnerships between service agencies.</p> <p>B1-3. Strategically implement Medication Assisted Treatment (MAT) locally after review with all partners as to</p>	<p>A1. Educate primary care providers throughout Adams County on recommendations for depression screening and detection of substance abuse and importance of referral for substance abuse/mental health assessment/treatment.</p> <p>B1. Workgroup to regularly meet and review actions to identify gaps to client's timely access for assessment and potential need for Vivitrol -</p>	<p>A1. ACHD and other Workgroup/Coalition partners as applicable.</p> <p>B1-3. FRS; TCC; Shawnee Family Health Center; ACHD Providers; ACHD Workgroup/Coalition partners as applicable</p>	<p>A1. October 2018</p> <p>B1. By July 1, 2018 obtain statistics of numbers transported for MAT from SFHC, TCC, and FRS.</p>	<p>A1. Copy of Physician Presentation at Medical Staff Meeting Fall 2018.</p> <p>B. 1-3.</p> <p>-Monitor date and location of provider implementation of Vivitrol MAT locally and obtain report</p>

<p>Substance Abuse Mental Health Services Administration (SAMHSA) Medication Assisted Treatment: A Standard of Care is cited as evidence-based strategy for substance use disorder.</p>		<p>specifically identified need for increase in timely MAT initiation.</p>	<p>Medication Assisted Treatment.</p> <p>B2. Shawnee Family Health Center to begin Vivitrol Medication Assisted Treatment for Current Case Load of Patients.</p> <p>B3. Adams County Health Department to implement Vivitrol Medication Assisted Treatment for local access of individuals in collaboration with substance use disorder providers who are providing counseling services.</p> <p>**Policy for Vivitrol MAT needed by both Shawnee Family Health Center and ACHD.</p>		<p>B2. By July 2018.</p> <p>B3. Dependent on referrals from local providers- Date to be determined.</p>	<p>of numbers of clients receiving Vivitrol as MAT locally.</p> <ul style="list-style-type: none"> - Monitor and measure any additional new providers prescribing Vivitrol -MAT. -Measure number of current clients on Vivitrol -MAT who are transported outside the county for treatment.
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PROBLEM: ADAMS COUNTY CITIZENS MAY NOT HAVE ADEQUATE INFORMATION CONCERNING ASSESSMENT AND TREATMENT OF YOUTH AND ADULTS WITH SUBSTANCE USE DISORDER AND MENTAL HEALTH ISSUES

GOAL: To protect the health, safety, and quality of life of Adams County citizens by increasing community knowledge of and reducing the negative stigma associated with individuals seeking help for substance use disorder and mental health issues.

OBJECTIVE 1. Measure yearly the number of individuals who have received Mental Health First Aid Training offered locally to service providers that would benefit from the training in management of individuals with Mental Health Issues.

National Strategies for Behavioral Health Services	State Strategies/Action Steps to Improve Behavioral Health Services	Adams County Improvement Strategies (What We Want to Do)	Adams County Action Steps (How We're Going to Do It) Is Policy Change Needed?	Local Partners (Who Needs to Work Together on This)	Timeline	Performance Indicator/ Measure
<p>Healthy People 2020 Mental Health and Mental Health Disorders Objectives</p> <ul style="list-style-type: none"> Increase the proportion of adults with mental health disorders who receive treatment. <p>Substance Abuse Mental Health Services Administration Strategies (SAMHSA:) National Registry of Evidence-Based Programs & Practices: Mental Health</p>	<p>Ohio Mental Health and Addiction Services (OMHAS)</p> <ul style="list-style-type: none"> -Promote Access to Care -Mental Health Status Improvement <p>Social Determinants of Health</p> <ul style="list-style-type: none"> -Rural, Appalachian County 	<p>A. Identify and implement a strategy to benefit service providers and educators (EMS, law enforcement, teachers, etc.) who care for individuals with mental health and substance use/abuse disorders</p>	<p>A1. Seek funding and training for a minimum of one individual to receive training as a Certified Mental Health Instructor to provide Mental Health First Aid Training locally for service providers who would benefit in Adams County (Preference for Adult Mental Health Instructor Training initially, then Youth Mental Health Instructor Training as funding allows).</p>	<p>A1. ACHD</p>	<p>A1. Time-frame dependent on funding procurement. Expectation by year end 2018 or 1st 6 months 2019.</p>	<p>A1a. Minutes of meetings and funding/ training of Mental Health Instructors A1b. Annual reporting to Collaborative Partners on numbers of persons trained in Mental Health First Aid</p>

<p><u>First Aid is evidence-based strategy.</u></p> <p>National Prevention Council Strategy</p> <ul style="list-style-type: none"> Promote early identification of substance abuse and mental health needs and access to quality services. 		<p>B. Identify and implement with coalition partners educational opportunities to present information and raise awareness related to individuals with substance abuse and mental health diagnoses as a disease with successful treatment options.</p>	<p>B1. The ACHD CHIP Workgroup including the Mental Health Providers with ACHWC members shall identify and conduct a minimum of one educational presentation to members of the community concerning the dual diagnoses of Substance Abuse and Mental Health Problems and treatment.</p> <p>*No policy change needed for this activity.</p>	<p>B1. Adams County Substance Use and Mental Health Providers shall take lead in planning this action. ACHD to assist.</p>	<p>B1. Time frame to be determined based on Coalition Committee/Work Group ideas. Expected by year end 2018.</p>	<p>B1a. Minutes and member roster of committee meeting. B1b. Copy of Community Presentation PowerPoint(s) for ACHD Accreditation purposes.</p>
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PRIORITY #2: Risk Factors of Obesity

Findings

U.S. adults who are considered obese is at 30% according to Body Mass Index definitions by the National Institutes of Health. The estimated annual medical cost of obesity in the U.S. was \$147 billion in 2008 U.S. dollars; the medical costs for people who are obese were \$1,429 higher than those of normal weight. (Source: CDC)

For Adams County adults, the 2017 Community Health Status Assessment identified more concerning statistics:

Adult Comparisons	Adams County 2017	Ohio 2014	U.S. 2014
Obese	40%	33%	30%
Overweight	35%	34%	35%

Adult Weight Status

- In 2017, the health assessment indicated that three-fourths (75%) of Adams County adults were either overweight (35%) or obese (40%) by Body Mass Index (BMI).
- Of Adams County adult survey participants, the average BMI for males was 30 and females was 31.

The Adams County Health Assessment adult surveys used the National Heart, Lung, and Blood Institute of the National Institutes of Health Body Mass Index(BMI) definitions for weight categories: underweight (1%), normal weight (24%), overweight (35%), and obese (40%). The Adams County adult participants self-reported height and weights to compute the BMI information reported.

Weight Status of Adams County Adult Survey Participants		
	BMI	Adams County, 2017
Underweight	Below 18.5	1%
Normal	18.5 – 24.9	24%
Overweight	25.0 – 29.9	35%
Obesity	30.0 and Above	40%

Adams County Health Assessment, National Institute of Health

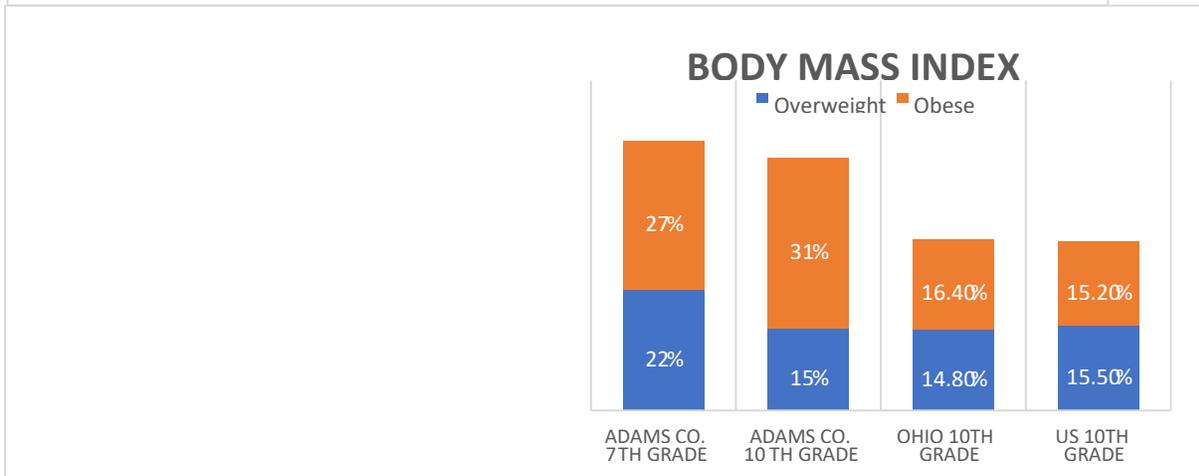
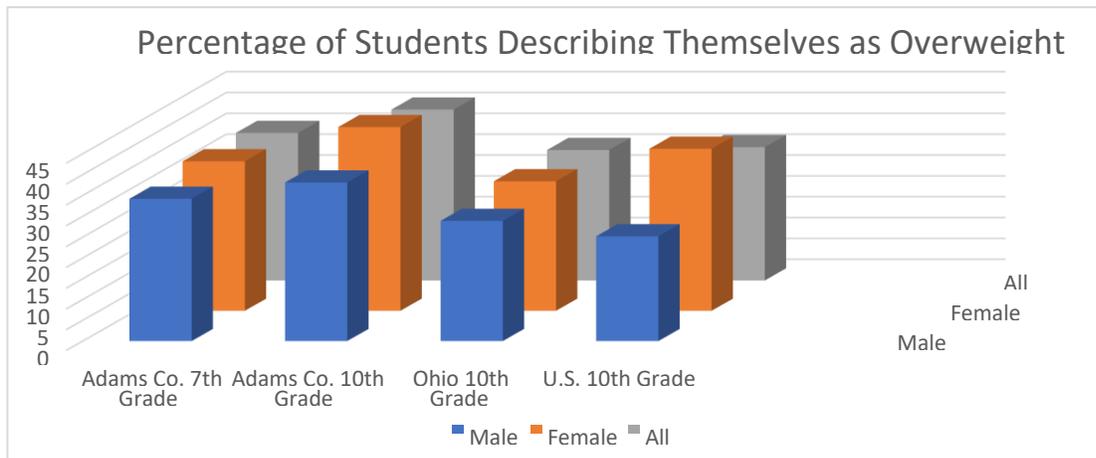
Adult Physical Activity

- In Adams County, 77% of adults were engaging in some type of physical activity or exercises such as running, calisthenics, golfing, gardening, or walking for exercise, other than their regular job during the past month. Of adult survey participants, 22% of adults were not participating in any physical activity in the past month.
- The CDC recommends that adults participate in moderate exercise for at least 2 hours and 30 minutes every week or vigorous exercise for at least 1 hour and 15 minutes every week. Whether participating in moderate or vigorous exercise, CDC also recommends muscle strengthening activities that work all major muscle groups on 2 or more days per week (*Source: CDC, Physical Activity for Everyone*).

Survey data was not collected on adults of Adams County to assess adequate fruit/vegetable consumption. However, the 2019-2020 Community Health Assessment will add questions to measure this in the future.

2017 Youth Survey Data for Weight & Physical Activity

Youth Variables	Adams County 2017 7 th Grade	Adams County 2017 10 th Grade	Ohio 2013 10 th Grade	U.S. 2015 10 th Grade
Weight & Physical Activity				
Overweight (>85 th percentile, ≤95 th percentile)	22.0%	15.0%	14.8%	15.5%
Obese (≥95 th percentile)	27.0%	31.0%	16.4%	15.2%
Overweight or Obese (>85 th percentile)	49.0%	46.0%	31.2%	30.7%
Describes self as overweight	35.4%	44.1%	31.1%	38.9%
Consumes 1 or more cans, bottles, or glasses of soda or pop daily in past 7 days		31.7%	18.6%	20.8%
Watches 3 hours or more of television on average school day	27.3%	18.5%	26.4%	24.5%
3 hours or more of video games or non-school related computer use on average school day	37.5%	38.5%	41.7%	43.4%
Played on one or more sports teams played on in past year	63.5%	53.7%	59.8%	59.2%
In an average school week, attends physical education classes at least one day	51.7%	68.5%		57.5%
In an average school week, attends physical education classes every day	37.7%	58.4%		31.5%



Normal body weight in children and adolescents is defined as a Body Mass Index (BMI) falling between the 5th and 85th percentile.

Overweight is having a BMI \geq 85th percentile but $>$ 95th percentile, while obesity is defined as a BMI \geq 95th percentile.

49% of Adams County 7th graders and 46% of 10th graders are overweight or obese, significantly greater than Ohio and national averages of 31.2% and 30.7% respectively.

BMI values calculated from heights and weights self-reported by Adams County 10th graders were compared with those derived from directly measured values. The self-reported values disclosed 53% of 10th graders having normal BMI values, 13% being overweight, and 31% being obese. 3% of this group had a calculated BMI <5th percentile, the definition of underweight. Calculation of BMI from direct measurements for body weight and height demonstrated that 54% of Adams County 10th graders had normal weight, 15% were overweight, and 31% obese. Results obtained from self-reported and directly measured values were virtually identical.

Youth Physical Activity

- Like youth nationally and throughout Ohio, Adams County youth spend a significant part of their time watching television and playing computer and video games. 27.3% of 7th graders and 18.5% of 10th graders watch 3 hours or more of television on an average school day, as compared to 26.4% and 24.5% for 10th graders in Ohio and Nation respectively
- 37.5% and 38.5% of 7th and 10th graders in Adams County spend 3 or more hours playing video games or using a computer or electronic device for non-school work-related activities on an average school day. This compares to 41.7% and 43.4% statewide and nationally.
- The majority of 7th and 10th grade youths (63.5% and 53.7%) in Adams County played on at least one organized sports team in the past year, this compares to 10th graders throughout the state and nationally. Of the 7th graders, 66.4% of the females and 60.5% of the males played on more than one sports team in the past year, while 58% of female and 48.8% of the male 10th graders did so.
- 51.7% of Adams County 7th graders attended physical education classes at least once during a typical school week, while 37.0% did so five days a week. Of Adams County 10th graders, 68.5% have physical education at least once weekly and 58.4% do so every day. Nationally, 10th graders participate in physical education at least once weekly 57% of the time and daily during the typical school week 31.5% of the time.

Given that close to one-fourth of youth spend 3 or more hours playing video games or using a computer or electronic device for non-school work-related activities on an average school day, the risk factors for youth who are defined as obese and/or overweight are high. This will impact development of chronic disease during their life span as well.

Partners

The partners helping to address the priority issue of Risk Factors of Obesity are listed in the Action Plan. Additional partners to address various components of this issue may be recruited throughout the implementation process.

A key partner in these efforts is *Creating Healthy Communities Adams County*, whose goal is to measurably improve the health of young people by reducing childhood hunger and obesity. Modeled after Campbell's Camden Healthy Communities program begun in 2011, this initiative uses a collective impact model to:

- Increase access to affordable, healthy food;
- Increase nutrition education;
- Expand the availability of and participation in physical activity and physical education; and
- Engage community stakeholders as partners in the creation and sustainability of a healthy community.

Several of *Creating Healthy Communities Adams County's* strategies for addressing youth obesity are linked directly to action steps in the Risk Factors for Obesity workgroup's action plan. Additional collaboration and strategies may be added throughout the implementation process of the 2017-2020 CHIP.

Community Resources

Below is a list of community resources for obesity prevention, including those related to nutrition and physical activity. The workgroup will continue to research and add new resources to this list during the implementation process.

Program/Strategy/Service	Responsible Agency	Population(s) Served
Dietitians	Adams County Regional Medical Center	All ages
Village Parks	Parks and Recreation	All ages
Races (Relay for Life, 5Ks)	Various Community Organizations	All ages
Fit-Friendly Worksite	Local worksites (Adams County Regional Medical Center)	Adults
Community Gardens	Winchester 3CU Church, Peebles School	All ages
SNAP-Ed Nutrition Education Classes	OSU Extension	Adults receiving SNAP (food stamp) benefits
Food Pantries	Various Locations Across the County	All ages
Hiking/Walking Trails	Nature Conservancy Adams County Travel and Visitors Bureau	All ages
Private Classes (Gymnastics, Zumba, Karate, etc.)	Various businesses and organizations	All ages
Senior Silver Sneaker Exercise Program-insurance benefit	Adams County Regional Medical Center Manchester Educational Activity Center	65 and older

Objectives of Risk Factors for Obesity Workgroup

The Obesity Risk Factors workgroup objectives addressing obesity for the CHIP are:

- Increase the number of youth and adults who eat 5 or more servings of fruits and vegetables daily by 5% by July 2020. (refer to YRBS youth %baseline)
- Increase access to healthy food options as evidenced by an increase in one healthy retail store checkout lane in Adams County by December 2018.
- At least one food pantry in Adams County will implement a system change to address healthier options for the types of foods they obtain/distribute by December 2018.
- Increase healthy eating policies/practices of two school district administrative offices (Manchester & Peebles) as evidenced by implementation of one Food and Beverage Guideline suggested by the U.S. Dietary Guidelines for Americans by December 31, 2018.
- Increase the number of youth & adults who have access to places for physical activity in Adams County as evidenced by an increase in at least three new/repared parks or playgrounds in Adams County by December 31, 2018.
- Increase the number of 10TH grade youth reporting on YRBS surveys who are physically active any day from 37% to 42% (5%) by 2020.
- Increase the number of adults reporting on BRFSS surveys who are physically active any day from 17% to 22% (5%) by 2020.

Evidence-Based Strategies or Promising Practices: National & State

1. **Healthy People 2020: Food and Nutrient Consumption**

- A. Increase the contribution of fruits and vegetables to the diets of the population.
- B. Nutrition & Weight Status objectives of HP 2020 scientifically support healthy benefits of eating healthful diet & maintaining healthy weight. (Target 10% improvement).

2. **National Prevention Council Strategies:**

- A. Increase access to healthy and affordable foods in communities.
- B. Help people recognize and make healthy food and beverage choices.

3. **U.S. Dept. of Health & Human Services: U. S. Dietary Guidelines for Americans:**

- A. Follow a healthy eating pattern across the life span to achieve and maintain a healthy body weight.
- B. Consume a healthy eating pattern that accounts for all food & beverages within an appropriate calorie level.

4. **Healthy People 2020 Strategies:** Structural Environments such as sidewalks, bike paths, trails, and parks positively impact physical activity participation.

5. **U.S. Dept. of Health & Human Services: U. S Guidelines for Physical Activity for Americans, 2008:** Evidence-based health benefits of regular physical activity for all youth and adults.

6. **What Works for Health: County Health Rankings & Roadmaps. July 2016:** Access to Places for Physical Activity (Scientifically Supported).

7. **Ohio 2017-2019 State Health Improvement Plan: Chronic Disease Prevention:** Implement priority strategies to increase physical activity and improve nutrition.

8. **Social Determinants of Health:** Rural, Appalachian County.

9. **Institute of Health Policy of Ohio & Ohio Dept. of Health:** Healthy food in convenience & retail stores is *Good Food Here* Initiative to carry fresh produce and provide healthier food options.

10. **Ohio Dept. of Health:** "Healthy Food & Beverage" Toolkit.

11. **Institute of Medicine Accelerating Progress in Obesity Prevention 2012:** Provide & support community programs designed to increase physical activity.

Risk Factors for Obesity Action Plan -Healthy Eating & Active Living

<p>PROBLEM: TOO MANY ADAMS COUNTY YOUTH AND ADULTS ARE OVERWEIGHT OR OBESE.</p> <p>GOAL: Promote healthy lifestyles to reduce obesity and its risk factors among Adams County citizens.</p> <p>OBJECTIVE 1:</p> <ul style="list-style-type: none"> ➤ Increase the number of youth and adults who eat 5 or more servings of fruits and vegetables daily by 5% by July 2020. (refer to YRBS youth %baseline) <p>EVALUATION MEASURE:</p> <ul style="list-style-type: none"> • Monitor number of youth and adults who eat 5 or more servings of fruits & vegetables a day via Adams County Community Health Assessment performed every 3 years. • Measure prevalence of Overweight and Obese children and adults on YRBS and BFRSS Community Health Surveys performed every 3 years 						
National Strategies to Reduce Risk Factors for Obesity	State Strategies to Reduce Risk Factors for Obesity	Adams County Improvement Strategies (What We Want to Do)	Adams County Action Steps and Performance Measures (How We're Going to Do It) Policy Changes Needed?	Local Partners (Who Needs to Work Together on This)	Timeline	Performance Indicator/Measure
<p>Healthy People 2020 Food and Nutrient Consumption -Increase the contribution of fruits and vegetables to the diets of the population. -Nutrition & Weight Status objectives of HP 2020 scientifically support healthy benefits of eating healthful diet &</p>	<p>Ohio 2017-2019 State Health Improvement Plan: Chronic Disease Prevention -Implement priority strategies to increase physical activity and improve nutrition.</p> <p>Social Determinants of Health -Rural, Appalachian County</p>	<p>A. Educate youth and adults on 5 servings of fruits/vegetables a day</p>	<p>A1. Add Adult question to 2019 BRFSS survey to gain more information about actual fruit and vegetable intake for adults.</p> <p>A2. Provide information at ACRMC annual Adult Health Fair related to 5 a day for health and at four Pediatric Health Fairs</p>	<p>A1-2. Adams County Health Dept. (ACHD); Hospital (ACRMC); Creating Healthy Communities Coalition(CHCC) & Adams County Health & Wellness Coalition(ACHWC)</p>	<p>A1. October 2019 youth YRBS survey and October 2019 BRFSS adult surveys</p> <p>A2. Adult-April 2019 Health Fair Pediatric- July/August 2018 and 2019</p>	<p>A1. Revise BRFSS survey to include question related to fruit/vegetable intake of adults.</p> <p>A2. Measure number of educational handouts accepted by participants # adults #pediatric</p>

maintaining healthy weight. (Target 10% improvement).						
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		<p>C. Implement infrastructure changes to implement one healthy retail store check-out Lane</p> <p>D. Promote healthy checkout lane and promote kick-off event.</p> <p>E. Conduct customer surveys of healthy retail initiative</p>	<p>C1. Purchase needed equipment C2. Provide and assist with placement of "Good Food Here" marketing materials</p> <p>D1. Develop and submit press releases D2. Promote on ACHWC/CHC Social Media D3. Conduct Kick-off Event</p> <p>E1. Develop and conduct customer surveys E2. Analyze/summarize results E3. Share results with Store management and CHC; ACHWC; ACHD- CHIP workgroup</p>	<p>C1-2. Creating Healthy Communities Coalition; ACHWC; Grocery Store Owner/manager</p> <p>D1-3. Creating Healthy Communities Coalition; ACHWC; Grocery Store Owner/manager</p> <p>E1-3Creating Healthy Communities Coalition; ACHWC; Grocery Store Owner/manager</p>	<p>C1-2. March 2018-July 2018</p> <p>D1. May 2018-September 2018</p> <p>E1-3 September 2018-December 2018</p>	<p>C1-2. Pictures of check-out lane before and after infrastructure changes.</p> <p>D1-3. Photos of Kick-off Event, Press Release copy, and screenshots of Media posts</p> <p>E1-3. Customer Survey Summary and report.</p>
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PROBLEM: TOO MANY ADAMS COUNTY YOUTH AND ADULTS ARE OVERWEIGHT OR OBESE.

GOAL: Promote healthy lifestyles to reduce obesity and its risk factors among Adams County citizens

OBJECTIVE 1: At least one food pantry in Adams county will implement a system change to address healthier options for the types of foods they obtain/distribute by December 2018.

EVALUATION MEASURE:

Identify the Adams County Food Pantry who implemented system changes to address healthier options for foods obtained/distributed to Adams County families in need of food supplements and evaluate satisfaction with changes by interview/survey with pantry workers.

National Strategies to Reduce Risk Factors for Obesity	State Strategies/Action Steps to Reduce Risk Factors for Obesity	Adams County Improvement Strategies (What We Want to Do)	Adams County Action Steps (How We're Going to Do It) Policy Changes Needed?	Local Partners (Who Needs to Work Together on This)	Timeline	Performance Indicator/ Measure
<p><u>National Prevention Council Strategies</u></p> <ul style="list-style-type: none"> Increase access to healthy and affordable foods in communities. Help people recognize and make healthy food and beverage choices. <p>U.S. Dept. of Health & Human Services: U. S. Dietary Guidelines for Americans.</p> <ul style="list-style-type: none"> Consume a healthy eating pattern that accounts for all food & beverages within an appropriate calorie level. 	<p>Ohio 2017-2019 State Health Improvement Plan: Chronic Disease Prevention</p> <p>--Implement priority strategies to increase physical activity and improve nutrition in Ohio</p> <p>--Address Cross-cutting factors for identifying objectives and strategies of the Community Health Assessments locally to include one or more of the following:</p> <ol style="list-style-type: none"> Health Equity Social determinants of health-Adams County is a rural, Appalachian County. 	<p>A. Inventory food pantries in Adams County and assess which food pantry is willing to implement a system change to implement healthier food options and distribution choice.</p>	<p>A1. Secure list of Adams County pantries & contacts. A2. Assess procedures for food procurement A3. Determine changes needed. A4. Assess food pantry level of readiness to change. A4. Determine training needs of identified pantry. A5. Secure training for specific pantries and hold training. A6. Provide technical assistance to pantries for implementation and on-going assistance if needed.</p>	<p>Adams-Brown Diabetes Education Coalition; Creating Healthy Communities Coalition; Adams County Health & Wellness Coalition</p>	<p>By year end 2018</p>	<p>A1-6. Identify through photos and interviews with pantry manager related to system changes made and training/assistance received to implement the changes. Evaluate satisfaction with changes by interview or brief survey of pantry workers. -Copy of PowerPoint Presentation of Food Pantry Client Choice Changes given at Appalachian</p>

	<p>3. Public health system, prevention and health behaviors</p> <p>4. Healthcare system and access</p>					<p>Diabetes Conference April 2018.</p>
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PROBLEM: TOO MANY ADAMS COUNTY YOUTH AND ADULTS ARE OVERWEIGHT OR OBESE.

GOAL: Promote healthy lifestyles to reduce obesity and its risk factors among Adams County citizens.

OBJECTIVE 1: Increase healthy eating policies/practices of two school district administrative offices (Manchester & Peebles) as evidenced by implementation of one Food and Beverage Guideline suggested by the U.S. Dietary Guidelines for Americans by December 31, 2018.

EVALUATION MEASURE:

The scorecard, interviews, and/or staff survey will result in 10% increase in healthy food and beverage options selected because of healthy Food & Beverage Guidelines.

National Strategies to Reduce Risk Factors for Obesity	State Strategies/Action Steps to Reduce Risk Factors for Obesity	Adams County Improvement Strategies (What We Want to Do)	Adams County Action Steps (How We're Going to Do It) Policy Changes Needed?	Local Partners (Who Needs to Work Together on This)	Timeline	Performance Indicator/ Measure
<p><u>National Prevention Council Strategies</u> -Help people recognize and make healthy food and beverage choices.</p> <p>U.S. Dept. of Health & Human Services: U. S. Dietary Guidelines for Americans. -Consume a healthy eating pattern that accounts for all food & beverages within an appropriate calorie level.</p>	<p>Ohio 2017-2019 State Health Improvement Plan: Chronic Disease Prevention -Implement priority strategies to increase physical activity and improve nutrition in Ohio – -Ohio Dept. of Health “Healthy Food & Beverage” Toolkit.</p> <p>Social Determinants of Health -Rural, Appalachian County</p>	<p>A. Work with School Wellness Teams and/or Administrative representatives at Peebles and Manchester to determine plan for adopting one (1) healthy food and/or beverage policy for meetings/catering and one (1) for vending.</p> <p>B. Provide education and technical assistance on developing Healthy Food & Beverage guidelines.</p>	<p>A1. Review sample guidelines including the “Good Food & Beverage guidelines for meetings/caterings and vending machines.</p> <p>A2. Conduct a pre-assessment of worksite’s current offerings at meetings/catered events for baseline.</p> <p>A3. Use vending machine inventory worksheet to assess beverages offered.</p> <p>B1. Provide Ohio Dept. of Health “Healthy Food & Beverage “Toolkit to Manchester and Peebles wellness teams and/or administrative staff</p> <p>B2. Research & provide Policy templates to designated administrative staff/Wellness</p>	<p>A1-A4. Creating Health Communities Coalition (CHCC); Adams County Health Wellness Coalition (ACHWC); Manchester & Peebles School Administrative Offices/Wellness Teams</p> <p>B1-B5. Creating Healthy Communities Coalition; ACHWC; Manchester & Peebles School Administrative Offices/Wellness Teams</p>	<p>A. January 2018- March 2018</p> <p>B1-5. February 2018- October 2018</p>	<p>A1. Pre-assessment results of food & beverage offerings- Percentages needed.</p> <p>B1-5. Draft of Healthy Food & Beverage Guidelines</p>

			<p>teams at Manchester and Peebles.</p> <p>B3. Provide ACHWC and ACHD CHIP Obesity workgroup adopted Food and Beverage Guidelines.</p> <p>B4. Educate staff on Water First for Thirst Campaign</p> <p>B5. Aid designated School staff in creating Draft of Guidelines.</p>			
		<p>C. Purchase equipment to support adoption of guidelines i.e. vending machine, water bottle filling station, kitchen accessories in support of healthy food preparation.</p>	<p>C1. Determine equipment needs to support guidelines</p> <p>C2. Obtain needed equipment quotes</p> <p>C3. Purchase identified equipment</p> <p>C4. Provide technical assistance regarding equipment installation.</p>	<p>C1-4. Creating Healthy Communities Coalition; ACHWC; Manchester & Peebles School Administrative Offices/Wellness Teams; Other building staff</p>	<p>C. March 2018- August 2018</p>	<p>C1-4. Copies of purchase orders, invoices, photos of installed equipment</p>
		<p>D. Implement and market adopted healthy food and beverage guidelines.</p>	<p>D1. Present guidelines to Board of Education</p> <p>D2. Communicate with staff to notify of adopted guidelines.</p> <p>D3. Provide ACHWC & Collaborative CHIP partners with adopted menus and caterers list</p> <p>D4. Identify upcoming events to participate and share information</p>	<p>D1-6. Creating Healthy Communities Coalition; ACHWC; Manchester & Peebles School Administrative Offices/Wellness Teams;</p>	<p>D. July 2018- October 2018</p>	<p>D1-6. Copy of Adopted Food & Beverage Guidelines; staff Communications Method; and Photos of marketing materials in place.</p>

		E. Evaluate implementation progress of the adopted guidelines	<p>D5. Provide vending list of healthy snacks. D6. Provide marketing materials</p> <p>E1. Conduct healthy meeting scorecard post-assessments of the two schools E2. Conduct key informant interviews E3. Conduct a staff vending acceptance survey to evaluate the acceptance of the adopted food and beverages offered in vending machines. *Policy Development needed per schools.</p>	<p>E1-3. Creating Healthy Communities Coalition; ACHWC; Manchester & Peebles School Administrative Offices/Wellness Teams; Building Staff</p>	<p>E 1-3. October 2018-December 2018.</p>	<p>E1-3. Review of Scorecard Results; Staff survey results; and Interview results with 10% increase in Healthy Food/Beverages Choices.</p>
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PROBLEM: TOO MANY ADAMS COUNTY YOUTH AND ADULTS ARE OVERWEIGHT OR OBESE.

GOAL: Promote healthy lifestyles to reduce obesity and its risk factors among Adams County citizens

OBJECTIVE 1: Increase the number of youth & adults who have access to places for physical activity in Adams County as evidenced by an increase in at least three new/repared parks or playgrounds in Adams County by December 31, 2018.

OBJECTIVE 2: Increase the number of 10TH grade youth reporting on YRBS surveys who are physically active any day from 37% to 42% (5%) by 2020.

OBJECTIVE 3: Increase the number of adults reporting on BRFSS surveys who are physically active any day from 17% to 22% (5%) by 2020.

EVALUATION MEASURE:

- A 10% increase in physical activity in one new/repared park or playground in 2 villages and one additional location for a total of three in Adams County as evidenced by interviews, observations and/or photo documentation.
- Measure 10th grade youth and adults who are physically active any day per Community Health Assessment Surveys every 3 years

Measure number of adults and youth who participate in the regularly scheduled WALK with a DOC and report to Collaborative Partners.

National Strategies to Reduce Risk Factors for Obesity	State Strategies/Action Steps to Reduce Risk Factors for Obesity	Adams County Improvement Strategies (What We Want to Do)	Adams County Action Steps (How We're Going to Do It) Policy Changes Needed?	Local Partners (Who Needs to Work Together on This)	Timeline	Performance Indicator/ Measure
<p>Healthy People 2020; Strategies: -Structural Environments such as sidewalks, bike paths, trails, and parks positively impact physical activity participation.</p> <p>U.S. Dept. of Health & Human Services: U. S Guidelines for Physical Activity for Americans, 2008. -Evidence-based health benefits of regular physical</p>	<p>Ohio 2017-2019 State Health Improvement Plan: Chronic Disease Prevention -Implement priority strategies to increase physical activity and improve nutrition in Ohio</p> <p>Institute of Medicine Accelerating Progress in Obesity Prevention 2012: -Provide & support community programs designed to increase physical activity.</p>	<p>A. Identify three parks/playgrounds and equipment /needs to refurbish/improve. Designated villages of Peebles & Manchester & one additional park/playground in Adams County.</p>	<p>A1. Meet with park/school officials in designated villages and another Adams County location. A2. Determine park/playground needs, including play equipment, water hydration, Splash Pads, adaptive swings, and perimeter lighting to ensure safety. A3. Develop plan for improved playground with designated officials.</p>	<p>A1-A3. Creating Health Communities Coalition (CHCC); Adams County Health Wellness Coalition (ACHWC); Park/school officials; Office of Economic Development; Adams County Commissioners</p>	<p>A1-3. January 2018- February 2018</p>	<p>A1-3. Copy of Park Improvement Plan</p>

		<p>E. Evaluate playground usage and report to park/school officials, Coalition and ACHD Obesity Workgroup</p> <p>F. Implement "Walk with a DOC" with ACRMC primary care physician Dr. Bryan Grooms to improve health factors.</p>	<p>E1. Conduct periodic observation of usage. E2. Photograph usage E. Conduct key informant interviews</p> <p>F1. Dr. Bryan Grooms, a local primary care physician will regularly schedule and lead the WALK with a DOC program for Adams County. ACHD shall provide assistance and walk with the DOC also.</p>	<p>E1-3. Creating Healthy Communities Coalition Coordinator</p> <p>F1. ACRMC Family Practice of Dr. Bryan Grooms along with ACHD assistance.</p>	<p>E1. September 2018- December 2018</p> <p>F1. Begin April 2018 and regularly thereafter.</p>	<p>E1-3. Interview Summaries and Park Photos</p> <p>F1. Measure number of adults and youth each walk to monitor progress and ideas for community improvement in health status of Adams County Citizens.</p>
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PRIORITY #3: CHRONIC DISEASE PREVENTION/MANAGEMENT- DIABETES

Findings

Chronic Disease refers to health disorders that persist over a long period of time and affects physical, emotional, social, vocational functioning, or conditions that lead to such disorders. The focus should be on encouragement of preventive care in the identification and treatment of chronic illness and disease and contributing factors.

In Adams County, Heart disease and Cancer accounted for 44% of all Adult deaths per 2015 Ohio Department of Health Mortality Data.

The Adams County Health Assessment reveals that more than one-third (40%) of adults were obese, 35% were overweight, 22% were sedentary, 16% were smokers, 7% chew tobacco, snuff, or snus every day or some days. These are all known risk factors for chronic disease.

- The 2017 community health assessment has identified that 12% of Adams County adults had been diagnosed with diabetes. The 2014 BRFSS reports an Ohio prevalence of 12% and U.S. prevalence of 10%.
- 5% of Adults have been diagnosed with pre-diabetes.
- Adams County Age-adjusted mortality rates from diabetes for years 2012-2014 reveals a lower mortality rate of 21 compared to Ohio rate of 26 and comparable to the U.S. rate of 21.

It is not known the degree of physical health limitation related to chronic disease for adults of Adams County; however, in 2017, 12% of Adams County adults rated their physical health as not good on average of 3.6 days in the previous month.

Chronic Disease.			
Has been diagnosed with arthritis	33%	31%	26%
Has been diagnosed with asthma	15%	15%	14%
Has been diagnosed with diabetes	12%	12%	10%
Cardiovascular Health			
Had a heart attack	6%	5%	4%
Had a stroke	2%	4%	3%
Has been diagnosed with angina or coronary artery disease	8%	5%	4%

PARTNERS & COMMUNITY RESOURCES

The Chronic Disease Workgroup chose to work on Diabetes Prevention and Self-Management Strategies for this Community Health Improvement Plan.

The Adams County Regional Medical Center and Adams Brown Diabetes Education Coalition has received a grant to train life style coaches and conduct a CDC National Diabetes Prevention Program which will be monitored, and results measured as part of the Community Health Improvement Plan. The Adams-Brown Diabetes Education Coalition is partnering with Adams County Regional Medical Center to recruit and train lifestyle coaches and conduct National Diabetes Prevention Programs.

The Adams County Medical Foundation, the Adams Brown Diabetes Education Coalition and Adams County Regional Medical Center have received a 3 to 5-year grant to measure the impact of the interventions of a Community Health Worker providing home visits to individuals with poorly controlled diabetes.

Objectives for Chronic Disease Prevention/Management-Diabetes Action Plan

The workgroup objectives addressing Diabetes Prevention/Management for the CHIP are:

- To initial and engage participation of adult pre-diabetic patients in Adams County in the CDC Recognized National Diabetes Prevention Program (NDPP) beginning October 2017.
- Beginning April 2018, ACRMC will engage a Community Health Worker for enrolled adults with high-risk Type 2 diabetes to utilize interventions of patient education, coaching, and social support to promote diabetes self-management resulting in improved blood glucose levels, lipid levels, and decreased hospitalizations/ED/Urgent Care use.

Evidence-Based Strategies or Promising Practices: National & State

1. **Centers for Disease Control & Prevention** support the National Diabetes Prevention Program (NDPP) as and evidence-based strategy proven to prevent or delay Type 2 Diabetes.
2. **Ohio Department of Health Improvement Plan 2017-2020** supports Chronic Disease Prevention/Management.
3. **Centers for Disease Control-- Community Preventive Services Task Force** Recommends interventions engaging community health workers (CHWs) for Diabetes Management. Promising findings of improved blood glucose levels, improved lipid levels, and reduced healthcare use of Emergency Dept., Urgent Care, and hospitalization. Additional study needed.
4. **What Works for Health: County Health Rankings & Roadmaps. July 2016.** Engage Community Health Workers to provide education, follow-up, case management, home visits, for those at high risk for poor health outcomes. (some scientific evidence) additional study needed.
5. **Social Determinants of Health:** Rural, Appalachian County with limited transportation.

Chronic Disease Prevention - Diabetes Action Plan

PROBLEM: TOO MANY ADAMS COUNTY ADULTS HAVE A CHRONIC DISEASE DIAGNOSIS.

GOAL: Reduce chronic disease prevalence of diabetes by increasing prevention strategies for those diagnosed with pre-diabetes.

OBJECTIVE: To initiate and engage participation of adult pre-diabetic patients in Adams County in the CDC Recognized National Diabetes Prevention Program (NDPP) beginning October 2017.

EVALUATION MEASURES:

- **A minimum of 75% of those NDPP enrollees who have attended at least 9 of the initial 16 sessions will have lost at least 5% of their total body weight within the first 6 months of beginning the program (implemented Oct,2017).**

Over time, to decrease the prevalence of adults who have been told by a health professional they have prediabetes. (Measured by Community Health Assessment Surveys conducted every 3 years. -next due July 2020).

National Strategies	State Strategies/Action Steps	Adams County Improvement Strategies (What We Want to Do)	Adams County Action Steps (How We're Going to Do It) Policy Changes Needed?	Local Partners (Who Needs to Work Together on This)	Timeline	PERFORMANCE INDICATOR/ MEASURE
<p>Centers for Disease Control and Prevention: National Diabetes Prevention Program (NDPP) evidence-based strategy proven to prevent or delay Type 2 Diabetes.</p>	<p>Ohio 2017-2020 State Health Improvement Plan for Chronic Disease Prevention/Management</p>	<p>A. 1.Recruit participants and conduct the NDPP for prediabetes participants annually.</p>	<p>A1. Identify and enroll participants yearly. Measure attendance, weight loss, Physical activity, at intervals during the program</p>	<p>A1. Adams County Regional Medical Center(ACRMC); Adams-Brown Diabetes Education Coalition(ABDEC); and Adams County Health Dept. (ACHD)</p>	<p>A1. Annual Program conducted October 2018, 2019, etc.</p>	<p>A1. Measure number of participants on start-up and number completing program(attendance), number performing physical activity, number achieving 5% body weight loss.</p>

		<p>A2. Promotional table with Prediabetes self-assessment forms at the ACRMC Health Fair for on-going awareness and recruitment of participants along with primary care referrals</p> <p>B. Identify/recruit individuals willing to obtain NDPP training as lifestyle coaches in order to offer the program annually.</p>	<p>B1. Solicit a minimum of one additional individual to attend and complete NDPP training to serve as lifestyle coaches.</p> <p>*Policy development needed for enrollment criteria, objectives, and measurable outcomes by ACRMC.</p>	<p>A2. ACRMC</p> <p>B1. Adams County Regional Medical Center(ACRMC); Adams-Brown Diabetes Education Coalition(ABDEC); and Adams County Health Dept. (ACHD)</p>	<p>A2. April 2018, and yearly.</p> <p>B1. By December,2019</p>	<p>A2. Number of interested participants signing on for NDPP. Number of Physician Referrals.</p> <p>B1. Number of trained NDPP lifestyle coaches in Adams County.</p>
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Chronic Disease Management- Diabetes Action Plan

PROBLEM: TOO MANY ADAMS COUNTY ADULTS HAVE A CHRONIC DISEASE DIAGNOSIS.

GOAL: To reduce the disease burden and improve the quality of life of adults of Adams County with the Chronic Disease Diagnosis of Diabetes through engagement of a Community Health Worker promoting Self- Management Strategies.

OBJECTIVE: Beginning April 2018, ACRMC will engage a Community Health Worker (CHW) for enrolled adults with high-risk Type 2 diabetes to utilize interventions of patient education, coaching, and social support to promote diabetes self-management resulting in improved blood glucose levels, lipid levels, and decreased hospitalizations/ED/Urgent Care use.

EVALUATION MEASURES:

- **To improve A1C levels, lipid-LDL levels, and reduce unplanned hospitalizations, emergency room/urgent care visits of enrolled high risk diabetic patients working with a CHW with results measured and reported every 6 months.**

To decrease the percent of adults who have been told by a health professional they have diabetes by July 2020. (Per Community Health Assessment Surveys conducted every 3 years).

National Strategies	State Strategies/Action Steps	Adams County Improvement Strategies (What We Want to Do)	Adams County Action Steps (How We're Going to Do It) Policy Changes Needed?	Local Partners (Who Needs to Work Together on This)	Timeline	PERFORMANCE INDICATOR/ MEASURE
<p>Centers for Disease Control-- <u>Community Preventive Services Task Force</u> recommends interventions engaging community health workers (CHWs) for Diabetes Management. Promising findings of improved blood glucose levels, improved lipid levels, and reduced healthcare use of Emergency Dept., Urgent Care, and</p>	<p>Ohio 2017-2010 State Health Improvement Plan for Ohio Department of Health:</p> <ul style="list-style-type: none"> -Chronic Disease Prevention/Management -Alignment with 2 of 3 State Health Priorities to align strategies, activities, and actions of state and local to better improve population health outcomes. 	<p>A1. ACRMC to apply and obtain Grant Funding to plan and implement engagement of a Community Health Worker (CHW) to Provide Diabetes Management to effectively Monitor Uncontrolled Diabetes patients to improve blood sugar levels, lipid levels,</p>	<p>A1. ACRMC Dietician to work with primary care practice of Dr. Bryan Grooms and Advanced Nurse Practitioners to develop and implement protocols/policies for engagement of a Community Health Worker (CHW) to provide case</p>	<p>A1-4. ACRMC Dietician-Community Health Worker, ABDEC, ACMF, Dr. Bryan Grooms Family Practice, and willing Clients with a Diagnoses of Uncontrolled Diabetes.</p>	<p>A 1-4. Implemented March 2018 and will continue for 3 years per Grant Funding- Insurance Reimbursement may follow for 2 additional yrs. depending on health outcomes.</p>	<p>A1-4. ACRMC CHW to obtain each patient baseline and every 6-month. Measures of progress to include: number of patients enrolled, A1C blood level, LDL level, number of emergency room visits within 12 months, number of hospitalizations within last 12 months along with other Preventive</p>

<p>hospitalization. Additional study needed.</p> <p>What Works for Health: County Health Rankings & Roadmaps. July 2016.</p> <p>-Engage Community Health Workers to provide education, follow-up, case management, home visits, for those at high risk for poor health outcomes. (some scientific evidence) additional study needed.</p>	<p>Social Determinants of Health</p> <p>-Rural, Appalachian County with limited transportation.</p>	<p>blood pressure control, weight management, physical activity, medication adherence, and decrease in physician and hospitalization visits.</p>	<p>management and home visits to uncontrolled Diabetics of Adams-Brown County.</p> <p>A2. Develop job description for and recruit CHW.</p> <p>A3. CHW to present Interventions as a CHW and seek referrals from the Medical Staff at March 2018 meeting.</p> <p>A4. CHW will accept a case load of up to 25 patients to provide weekly home visits to assess and individually assist in diabetes management to improve outcomes.</p> <p>*Policy/Protocol development needed per ACRMC Family Practice, Dietician, and CHW.</p>			<p>Services such as eye exam, foot exam, nephropathy screening, HTN monitoring, depression screening, medication reconciliation list, tobacco use, flu and pneumonia vaccinations.</p> <p>-These measures to be shared with ACHD Chronic Disease Prevention/Management Workgroup and Coalition members to measure success of Engagement of CHW in Diabetes Management Outcomes.</p>
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Action Plan Linkages Between Workgroups

Throughout the planning process, there have been several similar strategies that have identified throughout all workgroups. The following are two strategies that were identified by all workgroups:

- Review existing Community Health Assessment data and determine if there are additional questions that need to be added in the upcoming assessment to further clarify the needs of Adams County residents with regards to each priority issue.
- Each workgroup has identified the need to complete periodic community resource assessments to determine what other resources are available, resource gaps, and additional partners that should be involved in implementing the Community Health Improvement Plan. This resource assessment process will occur through surveys, meetings, and other necessary methods to gather resources.

Additional linkages may be identified throughout the implementation process, including cross marketing of resources and sharing of program outcome information.

Monitoring and Evaluation

Adams County Health Department will distribute the Community Health Improvement Plan (CHIP) widely to all Collaborative Partners and other interested parties (e.g., residents, elected officials, healthcare providers) in printed and electronic formats. It will also be made publicly available on Adams County Health Department's website (<https://www.adams county health.org>) and at all four local public libraries with the 2017 Community Health Assessment.

Adams County Health Department will work with a wide range of community partners to report and monitor the implementation of the CHIP. The Plan will be modified by workgroup members and the Collaborative Partners as necessary in the months and years ahead. Additionally, the CHIP may influence local agency strategic plans across the county where appropriate with the additional goal to address social determinants of health to promote health equity and decrease disparities of Adams County citizens.

The progress of meeting the local priorities will be monitored with measurable indicators identified by the Adams County Collaborative Partners. Individuals that are working on action steps within each workgroup will meet on an as needed basis. The Adams County Health Department and Workgroup/Coalition partners will meet monthly and by consensus quarterly to report on overall progress of action plans, including implementation of selected strategies, barriers, and overall outcomes. An Excel worksheet will be utilized to track progress and evaluate each of the workgroup's action plans. Additionally, Community Health Assessments will be utilized to monitor overall progress on each priority area. This will occur no less than every three years. Additional methods may be used to track progress in-between assessments, which may be determined based on each priority area and/or measurable objective. Each workgroup will also be responsible for evaluating completion of each selected strategy and any associated outcomes. This evaluation will be tracked through workgroup meetings, quarterly Advisory meetings, and other electronic mechanisms to share information. All evaluation methods will be reported no less than annually during the Adams County Health Department and Collaborative Partners Coalition meetings. The action steps, responsible person/agency and timelines will be reviewed at least annually by the priority area workgroups. Edits and revisions to the entire plan will be made accordingly.

Glossary of Terms

Strategy	Also known as interventions or approaches that will address priority health issues.
Goal	The impact of the work you anticipate for a specific strategy
Objectives	Description of what is to be achieved or the specific change expected to occur within a specific time frame. Objectives should be SMART (Specific, Measurable, Achievable, Realistic, & Time Specific). Can have more than one objective for each Health Priority and related goal.
Indicators/Measures	Measurements used to determine whether the objectives were met. They answer the question: how will I know if the objective was accomplished?
Activities	Key components of the strategy needed to achieve the objective for the strategy.
Resources Needed	Description of what your community will need (staff time, materials, resources, etc.) to implement the specific activity.
Results	Also 'impacts, outputs, and outcomes'. It's what happens as a result of the completion of specific activities.
Target Date	The date results will be verified.
