

# Portage County

Community Health  
Improvement Plan

**2016-2019**

Released August 10, 2016

Revised December 20, 2017





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# EXECUTIVE SUMMARY

Beginning in 2014 and continuing throughout 2015, Portage County Community Health Partners conducted community health assessments (CHA) for the purpose of measuring and addressing health status. The most recent Portage County Health Assessment was cross-sectional in nature and included a written survey of adults, adolescents, and parents within Portage County. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national and state *Behavioral Risk Factor Surveillance System* (BRFSS) and the *Youth Risk Behavior Surveillance System* (YRBSS) and the *National Survey of Children's Health* (NSCH) developed by the Child and Adolescent Health Measurement Initiative. This has allowed Portage County to compare the data collected in their CHA to national, state and local health trends.

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

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

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

To facilitate the Community Health Improvement Process, the local health departments along with the hospital invited key community leaders to participate in an organized process of strategic planning to improve the health of residents of the county. The National Association of City County Health Officer's (NACCHO) strategic planning tool, Mobilizing for Action through Planning and Partnerships (MAPP), was used throughout this process.

The MAPP Framework includes six phases which are listed below:

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

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



**Initially Determined Priorities:**

| Priority Health Issues for Portage County |
|---|
| 1. <b>Decrease Obesity</b>                |
| 2. <b>Increase Mental Health Services</b> |
| 3. <b>Decrease Substance Abuse</b>        |
| 4. <b>Increase Access to Healthcare</b>   |
| 5. <b>Increase Injury Prevention</b>      |

Following one year of progress reporting, an annual review meeting was held on November 15, 2017 inviting all Portage County Community Health Improvement Planning Partners to review successes and barriers from year one efforts, as well as to provide suggestions for revisions or additions to this plan moving forward into year two. Suggestions were reviewed by the CHIP Steering Committee, and determined changes have been incorporated throughout the Action Steps under all 5 priorities in this plan. Additionally, following suggestion and review by the Steering Committee, it was decided to alter the initial “Decrease Obesity” priority title to “HEAL (Healthy Eating, Active Living)” to portray a more positive connotation and align more accurately with the breadth of activities being pursued under this priority. This change is reflected throughout the remainder of this plan. Finally, it was decided to alter all annual “Timeline” designations throughout the plan from the initial “July 1” to “October 1” to accurately align with the quarterly progress reporting schedule that has been implemented. For additional details regarding changes made to this plan, please refer to the Portage County Community Health Improvement Plan 2016-2017 Annual Report.

## Action Steps:

To work toward **decreasing obesity (HEAL (Healthy Eating, Active Living))**, the following action steps are recommended:

1. Implement Mindful by Sodexo and other Healthier Hospitals Initiatives
2. Partner with Portage Park District to implement various programs/policies
3. Implement Complete Streets Policies within the City of Kent
4. Develop a Portage County Obesity Coalition
5. Implement the Prescription for Health Program
6. Incorporate families and children into community physical activities
7. Implement a Healthier Choices Campaign
8. Increase nutrition/physical education materials being offered to patients by primary care providers
9. Expand the Personal Improvement Program (PIP) in schools
10. Implement postpartum weight loss educational program at WIC

To work toward **increasing mental health services** the following actions steps are recommended:

1. Increase awareness and accessibility of available mental health services
2. Increase the number of primary care physicians screening for depression during office visits
3. Expand evidence-based suicide prevention and bullying programs targeting youth and families
4. Provide mental health first aid trainings
5. Increase awareness of trauma informed care
6. Establish a youth-focused community center at the former Mantua Center School

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

1. Develop and implement a community based comprehensive plan to reduce alcohol and drug abuse
2. Increase treatment options for those with substance use disorder
3. Implement and increase prevention programs
4. Implement and increase harm reduction initiatives
5. Increase the number of health care providers screening for alcohol and drug abuse
6. Advocate for substance abuse and criminal justice issues
7. Implement a Tobacco and Smoke Free Policy on Kent State University campuses

To work toward **increasing access to healthcare**, the following actions steps are recommended:

1. Increase community education on health insurance opportunities/utilization and support the implementation of Pathways Model or HUB
2. Support collaboration between local universities and healthcare agencies through other social service agencies and graduate opportunities
3. Increase transportation through a county Transportation Plan
4. Develop an Access to Care Coalition

To work toward **increasing injury prevention**, the following actions steps are recommended:

1. Increase the use of Safe Sleep practices
2. Implement a Safe Kids Coalition
3. Implement Safe Routes to School
4. Expand the evidence based Fall Risk Reduction Program
5. Expand the Child Passenger Safety Program
6. Expand Activities of Safe Communities Fatal Crash Review
7. Expand Activities of Child Fatality Review

## PARTNERS

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

### Portage County Community Health Improvement Planning Partners

Alex Lesak, Akron Children's Hospital  
Ali Mitchell, Portage County Combined General Health District  
Allison Manayan, Portage County Prosecutor's Office  
Amanda Eaton, Kent City Health Department  
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Britney Ward, Hospital Council of Northwest Ohio  
Bill Childers, United Way of Portage County  
Bobbi Christofaris, Catholic Charities Serving Portage and Stark Counties  
Bob Howard, Portage County Board of Health  
Christine Craycroft, Portage Park District  
Claudia James, Portage County Regional Planning Commission  
Cole Wojdacz, Kent State University  
Daniel Dorsten, Portage County Veterans Service Commission  
Daniel Raub, Portage County Combined General Health District  
David Doak, Portage County Sheriff's Office  
Debra Stall, Portage County Combined General Health District  
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Dorothy Filing, Portage County Combined General Health District  
George Garchar, Catholic Charities Serving Portage and Stark Counties  
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Iris Meltzer, Portage County District Advisory Council  
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Jeannie Yount, Ohio State University Extension – Expanded Food & Nutrition Education Program  
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Jeff Jackson, Hilltop Christian Church – Mantua  
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Jessica Offineer, Portage County Combined General Health District  
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Karen Towne, Portage County Combined General Health District  
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Maureen Gebhardt, United Way of Portage County  
Mindy Gusz, University Hospitals Portage Medical Center  
Nancy Pizzino, Kent Parks & Recreation  
Natalie Cain-Bish, Kent State University Center for Nutritional Outreach  
Natalie Esther, Community Action Council of Portage County  
Pam Ferguson Freeman, Kent City Schools, Kent City Board of Health  
Pam Yeager, Coleman Professional Services  
Rebecca Abbott, Portage County Job & Family Services  
Richard McClellan, Portage County Veterans Service Commission  
Rory Locke, Portage Park District  
Rose Ferraro, Portage County Combined General Health District  
Sarah McCully, Townhall II  
Sherry Halas, Portage County Combined General Health District  
Sue Whitehurst, Townhall II  
Tiffany Weiss, Coleman Pregnancy Center  
William McCluskey, Edinburg Township

This planning process was facilitated by Britney Ward, Director of Community Health Improvement, Selena Coley, Community Health Improvement Coordinator, and Emily Golias, Community Health Improvement Coordinator from the Hospital Council of Northwest Ohio.

## **PARTNERS, continued**

In addition to the initial and ongoing efforts of the many partners listed on the previous page in developing and implementing the 2016-2019 Community Health Improvement Plan, we would like to further recognize the following individuals who joined the collaborative community health improvement efforts throughout the first year of implementation, and thank them for their devotion and work:

### **Additional Year One**

#### **Portage County Community Health Improvement Planning Partners**

Ana Theisen, AxxessPointe Community Health Center  
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Anne Adkins, Portage County Combined General Health District  
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Benton Stull, Mantua Restoration Society  
BethAnn Wanosik, Children's Advantage  
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Bricey Kepner, SOAR Student-Run Free Clinic, Northeast Ohio Medical University  
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Sue Meyer, Faithful Servants  
Sydney Webster, Coleman Professional Services  
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Terra Kerr, Catholic Charities Serving Portage and Stark Counties  
Wendy Umberger, Kent State University College of Nursing



## VISION

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

### **The Vision:**

Creating and sustaining a healthy Portage County through collaboration, prevention, and wellness.

### **The Mission:**

Mobilizing partnerships to improve and sustain Portage County health, wellness, and quality of life.

## DEFINITIONS OF HEALTH AND A HEALTHY COMMUNITY

Portage County Community Health Improvement Planning Partners define “health” in accordance with the World Health Organization’s definition as “a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.”

Portage County Community Health Improvement Planning Partners define a “healthy community” as “one that collaboratively and continuously creates and improves its social, familial, cultural, spiritual, economic, and physical environments to ensure all residents have equitable access to quality education, safe and healthy homes, clean air and water, adequate employment, transportation, physical activity, nutrition, and quality health care to support their individual biology, healthy behaviors, physical and mental health, and well-being.”

## ALIGNMENT WITH NATIONAL AND STATE STANDARDS

The 2016-2019 Portage County Health Improvement Plan priorities aligns with state and national priorities. Portage County will be addressing the following priorities: obesity, mental health, access to healthcare, substance abuse, and injury prevention.

### Ohio State Health Improvement Plan

Portage County priorities very closely mirror the following 2015-2016 State Health Improvement Plan (SHIP) Addendum priorities:

Priority 2: Chronic Disease

Priority 4: Injury and Violence

Priority 5: Integration of Physical and Behavioral Health

Priority 6: Access to Care

To align with and support **Priority 2 (Chronic Disease)**, Portage County will work to implement Mindful by Sodexo and other Healthier Hospitals Initiatives and administer the Prescription for Health Program to Portage County residents.

To align with and support **Priority 4 (Injury and Violence)**, Portage County will work with schools to provide injury prevention programs by implementing the Safe Routes to School. Additionally, Portage County will work towards expanding the evidence based Fall Risk Reduction Program.

To align with and support **Priority 5 (Integration of Physical and Behavioral Health)**, Portage County will expand evidence based programs and counseling services targeting youth and families. Furthermore, Portage County will increase awareness of trauma informed care.

To align with and support **Priority 6 (Access to Care)**, Portage County will work with the community to increase transportation through a county Transportation Plan. Additionally, Portage County will also work toward implementing the Pathways Model or HUB.

### U.S. Department of Health and Human Services National Prevention Strategies

The Portage County Plan also aligns with six of the National Prevention Strategies for the U.S. population: healthy eating, active living, injury and violence free living, mental and emotional well-being and preventing drug abuse and excessive alcohol use.

## ALIGNMENT WITH NATIONAL AND STATE STANDARDS, continued

### Healthy People 2020

Portage County's priorities also fit specific Healthy People 2020 goals. For example:

- Nutrition and Weight Status(NWS)-8: Increase the proportion of adults who are at a healthy weight
- Mental Health and Mental Disorders (MHMD)-2 Reduce suicide attempts by adolescents
- Substance Abuse (SA)-2 Increase the proportion of adolescents never using substances
- Injury Prevention (IVP)-11 Reduce unintentional injury deaths
- Access to Health Services (AHS)-5: Increase the proportion of persons who have a specific source of ongoing care

There are 22 weight control objectives, 12 other mental health objectives, 21 other substance abuse objectives, 9 other access to healthcare objectives, and 21 other injury and violence prevention that support the work of the Portage County CHIP. These objectives can be found in each individual section.

## STRATEGIC PLANNING MODEL

Beginning in April 2016, Portage County Community Health Improvement Planning Partners met four (4) times and completed the following planning steps:

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

# NEEDS ASSESSMENT

Portage County Community Health Improvement Planning Partners reviewed the 2016 Portage County Health Assessment. Each member completed an "Identifying Key Issues and Concerns" worksheet. The following tables were the group results.

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

| Key Issue or Concern  | % of Population At risk | Age Group (or Income Level) Most at Risk | Gender Most at Risk |
|---|-------------------------|--|---------------------|
| <b>1. Weight Control (27 votes)</b>                                   |                         |  |                     |
| Obese   | 28%                     | Age: 65+, \$25K+                         | --                  |
| Overweight  | 30 %                    | Age: 65+, <\$25K                         | Male                |
| No physical activity in past week                                     | 31%                     | --                                       | --                  |
| Nutrition (Eating 5+ fruits & veggies per day)                        | 8%                      | --                                       | --                  |
| <b>2. Poor Mental Health (26 votes)</b>                               |                         |  |                     |
| Felt sad or hopeless two or more weeks in a row                       | 15%                     | Age: <30, <\$25K                         | Female              |
| <b>3. Alcohol Use (23 votes)</b>                                      |                         |  |                     |
| Binge drank in past month   | 22%                     | Age: <30, <\$25K                         | Male                |
| Current drinker   | 62%                     | --                                       | --                  |
| <b>4. Drug use (21 votes)</b>   |                         |  |                     |
| Used marijuana in the past 6 months                                   | 10%                     | Age: <30, <\$25K                         | Male                |
| Prescription drug misuse  | 10%                     | Age: <30, <\$25K                         | Male                |
| <b>5. Access to Healthcare (18 votes)</b>                             |                         |  |                     |
| Uninsured   | 10%                     | Age: 30-64, <\$25K                       | Male                |
| Did not have a personal doctor  | 20%                     | --                                       | --                  |
| <b>6. Tobacco Use (16 votes)</b>                                      |                         |  |                     |
| Current smoker  | 13%                     | Age: 30-64, <\$25K                       | Female              |
| E-cigarettes use  | 11%                     |  |                     |
| <b>7. Diabetes (6 votes)</b>  |                         |  |                     |
| Diagnosed with Diabetes   | 11%                     | Age: 65+; <\$25K                         | Male                |
| <b>8. Asthma (6 votes)</b>  | 21%                     | Age: <30, <\$25K                         | Female              |
| <b>9. High Cholesterol (4 votes)</b>                                  |                         |  |                     |
| Diagnosed with high cholesterol                                       | 38%                     | Age: 65+, >\$25K                         | Male                |
| Blood cholesterol checked in the past 5 years                         | 27%                     | --                                       | --                  |
| <b>10. Arthritis (4 votes)</b>  |                         |  |                     |
| Diagnosed with Arthritis  | 62%                     | Age:65+                                  | --                  |
| <b>11. Ovarian Cancer (3 votes)</b>                                   | 2% *(2007-2011)         | --                                       | --                  |
| <b>12. Pregnancy Outcomes (3 votes)</b>                               |                         |  |                     |
| Infant Mortality  | --                      | --                                       | --                  |
| <b>13. High Blood Pressure (3 votes)</b>                              |                         |  |                     |
| Blood pressure checked within the past year                           | 29%<br>16%              | Age: 65+, <\$25K<br>--                   | Male<br>--          |
| <b>14. Quality of Life (2 votes)</b>                                  |                         |  |                     |
| Limited in some way because of physical, mental, or emotional problem | 21%                     | --                                       | --                  |
| <b>15. Oral Health (2 votes)</b>                                      |                         |  |                     |
| Did not visit the dentist in the past year                            | 36%                     | Age: <30, <\$25K                         | Female              |
| <b>16. Heart Disease (1 vote)</b>                                     |                         |  |                     |
| Survived a heart attack   | 15%                     | Age: 65+                                 | --                  |
| Survived a stroke   | 4%                      | Age: 65+                                 | --                  |
| <b>17. Unemployment (1 vote)</b>                                      | 4.8%                    | --                                       | --                  |
| <b>18. Poor Health (1 vote)</b>                                       |                         |  |                     |
| Rated health as fair or poor  | 17%                     | Age: 30-64, <\$25K                       | Female              |

# NEEDS ASSESSMENT, continued

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

| Key Issue or Concern   | % of Population at Risk               | Age Group Most at Risk                                     | Gender Most at Risk                  |
|--|---------------------------------------|--|--------------------------------------|
| <b>1. Mental Health Issues (29 votes)</b><br>Depressed<br>Contemplated suicide<br>Attempted suicide  | 27%<br>18%<br>9%                      | Age: 17+<br>--<br>Age: 14-16                               | Female<br>Female<br>Female           |
| <b>2. Weight Status (26 votes)</b><br>Obese<br>Overweight  | 15%<br>13%                            | Age: 17+<br>Age: 17+                                       | Male<br>Female                       |
| <b>3. Alcohol Use (23 votes)</b><br>Lifetime drinker (of all youth)<br>Binge drinker (of all youth)<br>Current drinker   | 47%<br>49%<br>18%                     | Age: 17+<br>Age: 17+<br>Age: 17+                           | Female<br>Male<br>Female             |
| <b>4. Bullied (16 votes)</b><br>Verbally bullied<br>Indirectly bullied<br>Cyber bullied<br>Physically bullied  | 37%<br>25%<br>12%<br>11%              | Age: 14-16<br>Age: 17+<br>Age: 14-16<br>Age: 13 or younger | Female<br>Female<br>Female<br>Male   |
| <b>5. Sexual Health (16 votes)</b><br>Ever had sexual intercourse<br>Oral sex<br>Anal sex<br>4 or more sexual partners( of all youth)<br>No method of birth control used during last intercourse<br>No sexual health education | 55%<br>59%<br>14%<br>8%<br>11%<br>16% | Age: 17+<br>Age: 17+<br>Age: 17+<br>--<br>Age: 17+<br>--   | --<br>Male<br>--<br>--<br>Male<br>-- |
| <b>6. Drug Use (14 votes)</b><br>Marijuana use<br>Prescription drug misuse<br>Used inhalants   | 17%<br>11%<br>4%                      | Age: 17+<br>Age: 17+<br>--                                 | --<br>--<br>Male                     |
| <b>7. Tobacco Use (11 votes)</b><br>Current smoker<br>E-cigarette use  | 6%<br>17%                             | Age: 17+<br>--   | Male<br>--                           |
| <b>8. Adverse Childhood Experiences (7 votes)</b><br>Experienced 3 or more ACE   | 29%                                   | --   | --                                   |
| <b>9. Peer-to-Peer Violence (2 votes)</b><br>Boyfriend or girlfriend physically hurt them  | 2%                                    | --   | --                                   |
| <b>10. Violence (2 votes)</b><br>Carried a weapon<br>Involved in a physical fight in the past year   | 11%<br>23%                            | --<br>Age: 13 or younger                                   | --<br>Male                           |

# NEEDS ASSESSMENT, continued

What are the most significant CHILD health issues or concerns identified in the 2015 assessment report?

| Key Issue or Concern   | % of Population at Risk | Age Group Most at Risk    | Gender Most at Risk |
|--|-------------------------|---------------------------|---------------------|
| <b>1. Weight Status (24 votes)</b><br>Obese<br>Overweight  | 22%<br>16%              | Age: 0-11<br>Age: 0-11    | --<br>--            |
| <b>2. Asthma (19 votes)</b>  | 15%                     | Age: 0-11                 | --                  |
| <b>3. Medical Care Received (15 votes)</b><br>Did not get all medical care needed in the past year   | 24%                     | Income <\$25K             | --                  |
| <b>4. Child Seat Issues – Unintentional Injuries (14 votes)</b>  | --                      | --                        | --                  |
| <b>5. Infant Mortality (14 votes)</b><br>Did not receive prenatal care in 1 <sup>st</sup> trimester<br>Child slept with bumper, blanket & stuffed animal | 19%<br>35%              | Age: 0-5<br>Age: 0-5      | --<br>--            |
| <b>5. Bullying (12 votes)</b>  | 44%                     | Age: 6-11                 | --                  |
| <b>6. Oral Health (12 votes)</b><br>Dental care in the past year   | 57%                     | Age: 0-5                  | --                  |
| <b>7. Family Functioning (5 votes)</b><br>Child went to bed hungry at least one day per week<br>Faced financial burdens<br>Single parent household       | 5%<br>22%<br>13%        | Income <\$25K<br>--<br>-- | --<br>--<br>--      |
| <b>8. Breastfeeding (5 votes)</b><br>Child never breastfed   | 21%                     | Infant                    | --                  |
| <b>9. Environmental Health (2 votes)</b>   | --                      | --                        | --                  |
| <b>10. Learning Disabilities (2 votes)</b><br>Told by doctor child has a learning disability<br>Daily demands raising child with special needs           | 6%<br>5%                | Age: 0-11<br>Age: 0-11    | --<br>--            |
| <b>11. Perinatal Depression ( 1 vote)</b>  | 19%                     | --                        | Female              |

# PRIORITIES CHOSEN

Portage County Community Health Improvement Planning Partners completed an exercise where they ranked the key issues based on the magnitude of the issue, seriousness of the consequence, and the feasibility of correcting the issue. A total score was given to each priority. The max score was 20.2. All committee members' scores were combined and then average numbers were produced.

The rankings were as follows:

| Health Issue                                | Average Score |
|---|---------------|
| (Adult, Youth & Child) Obesity              | 20.2          |
| Child Infant Mortality                      | 19.4          |
| (Adult, Youth & Child) Mental Health        | 18.3          |
| (Adult, Youth & Child) Access to Healthcare | 17.6          |
| Youth Alcohol                               | 17.0          |
| Child Unintentional Injury                  | 16.5          |
| Youth Drug Use                              | 15.8          |
| Youth Bullying                              | 15.6          |
| Youth Sexual Health                         | 15.5          |
| Adult Drug Abuse                            | 15.2          |
| Adult Alcohol                               | 14.8          |
| Adult Tobacco                               | 13.3          |
| Child Asthma                                | 11.5          |

**Portage County will focus on the following five priorities over the next 3 years:**

1. Obesity revised to: HEAL (Healthy Eating, Active Living)
2. Mental Health
3. Substance Abuse
4. Access to Healthcare
5. Injury Prevention

The work done in these priority areas will span the entire life spectrum with specific strategies for children (ages 0-11), youth (ages 12-17) and adults (ages 18 and over).



# FORCES OF CHANGE

Portage County Community Health Improvement Planning Partners were asked to identify positive and negative forces which could impact community health improvement and overall health of this community over the next three to five years. This group discussion covered many local, state, and national issues and change agents which could be factors in Portage County in the near future. The table below summarizes the forces of change agent and its potential impacts.

| Force of Change                           | Impact   |
|---|--|
| 1. Medicaid changes (4)                   | <ul style="list-style-type: none"> <li>o Effective January 1<sup>st</sup>, 2017</li> <li>o lower reimbursement rates</li> </ul>  |
| 2. Fracking (2)                           | <ul style="list-style-type: none"> <li>o Environment safety</li> </ul>   |
| 3. Planned Parenthood (2)                 | <ul style="list-style-type: none"> <li>o Loss of funding</li> </ul>  |
| 4. International students/families        | <ul style="list-style-type: none"> <li>o Addressing their needs</li> </ul>   |
| 5. School-based injuries                  | <ul style="list-style-type: none"> <li>o Improve the equipment and education revolving around safety</li> </ul>  |
| 6. Drug/cycle of addiction                | <ul style="list-style-type: none"> <li>o Repetitive behaviors and the addiction trickling down to family members</li> </ul>  |
| 7. Marijuana                              | <ul style="list-style-type: none"> <li>o Health effects</li> </ul>   |
| 8. Board of DD                            | <ul style="list-style-type: none"> <li>o Moving to home-based services</li> </ul>  |
| 9. University Hospitals in Portage County | <ul style="list-style-type: none"> <li>o Transitioning of services and staff</li> </ul>  |
| 10. Opiates                               | <ul style="list-style-type: none"> <li>o Increase in availability and potency levels</li> </ul>  |
| 11. Ill-prepared workforce                | <ul style="list-style-type: none"> <li>o Decrease in work-ready employees</li> </ul>   |
| 12. Youth disconnection                   | <ul style="list-style-type: none"> <li>o Lack of social skills</li> <li>o Limited life skills</li> </ul>   |
| 13. Funding cuts from the State           | <ul style="list-style-type: none"> <li>o Less programs</li> </ul>  |
| 14. Jail overcrowding                     | <ul style="list-style-type: none"> <li>o Early release options</li> <li>o Staff security</li> <li>o Less training on "re-entering society"</li> </ul>  |
| 15. Regulation of service providers       | <ul style="list-style-type: none"> <li>o Increase in paperwork and less time connecting with patients</li> </ul>   |
| 16. Department of labor exemptions        | <ul style="list-style-type: none"> <li>o Effective December 1<sup>st</sup>, 2016</li> <li>o Labor laws changing. Employers will have to offer overtime to those who make less than \$47,476</li> </ul> |
| 17. Infrastructure failing                | <ul style="list-style-type: none"> <li>o Roads, bridges, water and sewer foundations failing</li> </ul>  |
| 18. Political influence                   | <ul style="list-style-type: none"> <li>o Republican convention being in NE Ohio</li> </ul>   |
| 19. Closing of Happy Day (DD)             | <ul style="list-style-type: none"> <li>o Decrease in worksites</li> </ul>  |
| 20. Climate change                        | <ul style="list-style-type: none"> <li>o Poor crops</li> </ul>   |
| 21. Public Health accreditation           | <ul style="list-style-type: none"> <li>o Regulatory oversight of all groups</li> </ul>   |
| 22. Legislative disconnect                | <ul style="list-style-type: none"> <li>o Amongst federal, state, and local levels</li> </ul>   |
| 23. New technology                        | <ul style="list-style-type: none"> <li>o Higher energy consumption</li> <li>o Less physical activity</li> <li>o Job eliminations</li> </ul>  |
| 24. New schools and research facilities   | <ul style="list-style-type: none"> <li>o Increased access</li> </ul>   |
| 25. Educational standards changing        | <ul style="list-style-type: none"> <li>o Increased school loans</li> </ul>   |

# LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

## The Local Public Health System

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

The public health system includes:

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



## The 10 Essential Public Health Services

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

Public health systems should:

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



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

## The Local Public Health System, continued

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

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

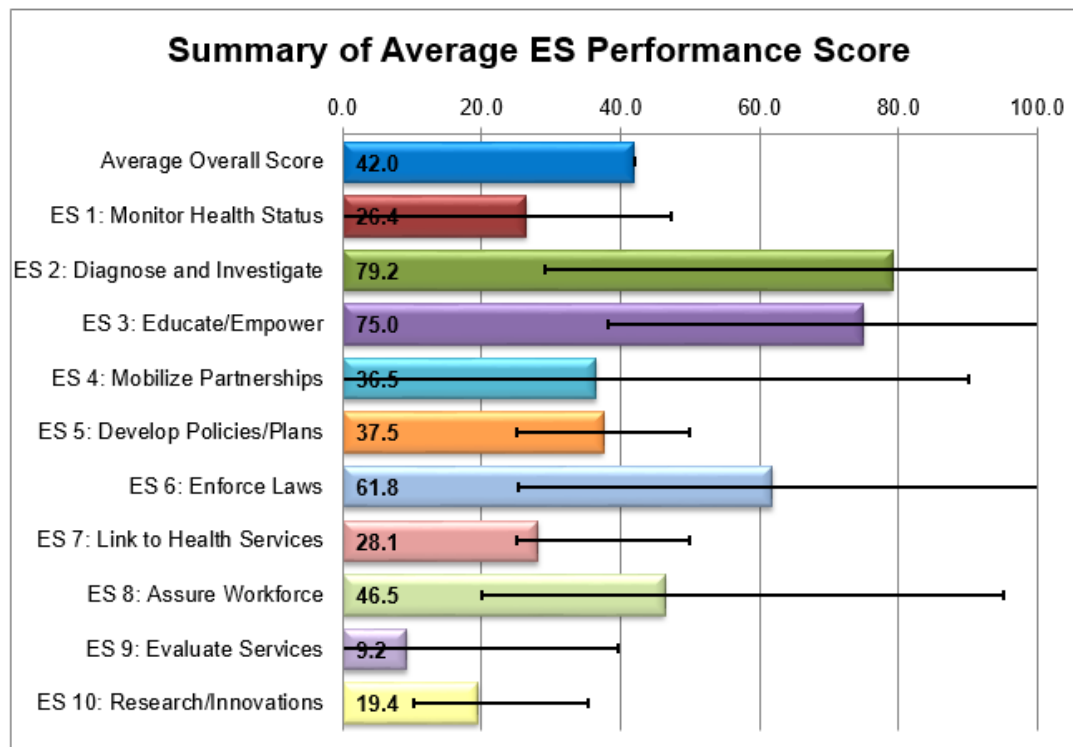
Members of the Portage County Health District completed the performance measures instrument. The LPHSA results were then presented to the full CHIP committee for discussion. The 10 Essential Public Health Services and how they are being provided within the community as well as each model standard was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

The CHIP committee identified 34 indicators that had a status of "minimal" and 17 indicators that had a status of "no activity". The remaining indicators were all moderate, significant or optimal.

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

To view the full results of the LPHSA, please contact Kevin Watson from the Portage County Health District at [kwatson@portageco.com](mailto:kwatson@portageco.com).

### Portage County Local Public Health System Assessment 2016 Summary



# COMMUNITY THEMES AND STRENGTHS

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

## Portage County Planning Partners believed the most important characteristics of a healthy community were:

- Access to healthcare (2)
- Access to education (2)
- Access to transportation
- Access to recreation (2)
- Access to healthy foods (2)
- Collaboration & partnerships (2)
- Access to employment
- Clean air and water
- Housing availability

## Portage County Planning Partners were most proud of the following regarding their community:

- Collaboration between agencies (3)
- Post –secondary education (3)
- Parks & recreation (2)
- Law enforcement collaboration
- Rural/ agriculture
- Commitment of community organizations to the community (2)
- Local hospitals in our community

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

- CHA/CHIP collaboration (3)
- Public health task force
- Crisis Intervention Team
- Suicide Prevention Team (2)
- Summer Food Program
- Health and Wellness Taskforce
- Maternal Child Consortium
- Health and Safety Coalition
- Kent State University and Health Departments
- Health Department Collaboration
- Emergency Preparedness Team
- Town Hall II
- Family and Children First Council
- Emergency Assistance
- Drug Task Force
- Fire in Garretson

## The most important issues that Portage County Planning Partners believed must be addressed to improve the health and quality of life in the community were:

- Disparities
- Need for education and health promotion
- Accessibility of (education, healthy foods, transportation & recreation)
- Engaging the youth
- Accessibility to sidewalks
- Addressing the food deserts
- Adult/Youth/ Child (obesity, mental health, access to healthcare , injury prevention and substance abuse)

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

- Status quo syndrome
- Blaming- always placing the blame on someone else
- Funding for services for recruitment and retention (3)
- Communication with the community
- Citizen's interest and engagement
- Political climate and the distrust in the government
- Hectic lifestyles

## COMMUNITY THEMES AND STRENGTHS, continued

Portage County Planning Partners believed the following actions, policies, or funding priorities would support a healthier community:

- Park levies
- Environmental regulations
- Accessibility in general/ transportation (2)
- Walkable community
- Detox services
- Health campus- all available in the same area
- Tobacco free policies

Portage County Planning Partners were most excited to get involved or become more involved in improving the community through:

- Election of legislative reflective of population
- Ability to feel what you do will make a difference
- Wellness/prevention funding
- Small successes
- Realistic outcomes- see the needle moving

# QUALITY OF LIFE SURVEY

Portage County Community Health Improvement Planning Partners urged community members to fill out a short Quality of Life Survey via Survey Monkey. There were 167 Portage County community members who completed the survey. The anchored Likert scale responses were converted to numeric values ranging from 1 to 5, with 1 being lowest and 5 being highest. For example, an anchored Likert scale of “Very Satisfied” = 5, “Satisfied” = 4, “Neither Satisfied or Dissatisfied” = 3, “Dissatisfied” = 2, and “Very Dissatisfied” = 1. For all responses of “Don’t Know,” or when a respondent left a response blank, the choice was a non-response, was assigned a value of 0 (zero), and the response was not used in averaging response or calculating descriptive statistics.

| Quality of Life Questions   | Likert Scale Average Response |
|---|-------------------------------|
| 1. Are you satisfied with the quality of life in our community? (Consider your sense of safety, well-being, participation in community life and associations, etc.) [IOM, 1997]   | 3.55                          |
| 2. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, options in health care, etc.)   | 3.21                          |
| 3. Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)   | 3.60                          |
| 4. Is this community a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping; elder day care, social support for the elderly living alone, meals on wheels, etc.)              | 3.35                          |
| 5. Is there economic opportunity in the community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)                   | 2.97                          |
| 6. Is the community a safe place to live? (Consider residents’ perceptions of safety in the home, the workplace, schools, playgrounds, parks, the mall, etc). Do neighbors know and trust one another? Do they look out for one another?) | 3.54                          |
| 7. Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, or organizations) during times of stress and need?  | 3.51                          |
| 8. Do all individuals and groups have the opportunity to contribute to and participate in the community’s quality of life?  | 3.30                          |
| 9. Do all residents perceive that they — individually and collectively — can make the community a better place to live?   | 2.94                          |
| 10. Are community assets broad-based and multi-sectoral? (There are a variety of resources and activities available county-wide)  | 2.91                          |
| 11. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?   | 3.07                          |
| 12. Is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments? (Are citizens working towards the betterment of their community to improve life for all citizens?)                     | 3.02                          |

# Priority #1 | HEAL (Healthy Eating, Active Living)

## Obesity Indicators

*The 2015 Health Assessment identified that 58% of Portage County adults were overweight or obese based on Body Mass Index (BMI). The 2013 BRFSS indicates that 30% of Ohio and 29% of U.S. adults were obese by BMI. Almost half (48%) of Portage County adults exercised to lose weight or keep from gaining weight. 15% of Portage County youth were obese, according to Body Mass Index (BMI) by age. 22% of children were classified as obese by Body Mass Index (BMI) calculations.*

### **Adult Weight Status**

In 2015, over half (58%) of Portage County adults were either overweight (30%) or obese (28%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of diseases.

Portage County adults did the following to lose weight or keep from gaining weight: exercised (48%), ate less food, fewer calories, or foods low in fat (41%), ate a low-carb diet (9%), participated in a prescribed dietary or fitness program (3%), health coaching (3%), used a weight loss program (2%), smoked cigarettes (2%), took diet pills, powders or liquids without a doctor's advice (2%), went without eating 24 or more hours (1%), bariatric surgery (1%), took prescribed medications (<1%), and took laxatives (<1%).

In Portage County, 69% of adults were engaging in vigorous physical activity for at least 20 minutes 3 or more days per week during the summer time and decreasing to 42% during the winter.

Almost three-fourths (69%) of adults were engaging in light to moderate physical activity for at least 30 minutes 3 or more days per week during the summer time and decreasing to 46% during the winter.

In 2015, 8% of adults were eating 5 or more servings of fruits and vegetables per day. 82% were eating between 1 and 4 servings per day. The American Cancer Society recommends that adults eat at least 2 ½ cups of fruits and vegetables per day to reduce the risk of cancer and to maintain good health. The 2009 BRFSS reported that only 21% of Ohio adults and 23% nationwide were eating the recommended number of servings of fruits and vegetables.

Portage County adults purchased their fruit and vegetables from the following places: large grocery store (67%), local grocery store (54%), Farmer's Market (32%), grow their own/garden (29%), restaurants (10%), Consumer Supported Agricultural (CSA) (2%), corner/convenience stores (2%), food pantry (1%), and other places (6%).

Portage County adults reported the following reasons they chose the types of food they ate: taste (62%), enjoyment (54%), healthiness of food (49%), cost (46%), ease of preparation (41%), food they were used to (37%), availability (33%), nutritional value (31%), what their spouse prefers (22%), time (21%), calorie content (21%), what their child prefers (14%), genetically modified (14%), organic (12%), health care provider's advice (7%), gluten-free (3%), lactose free (3%), other food sensitivities (3%), and other (1%).



# Priority #1 | HEAL (Healthy Eating, Active Living)

## Obesity Indicators, continued

### Youth Weight Status

The 2016, 15% of Portage County youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 29% of Portage County youth reported that they were slightly or very overweight. 72% of youth were exercising for 60 minutes on 3 or more days per week. 87% of youth were involved in extracurricular activities.

29% of youth described themselves as being either slightly or very overweight (2013 YRBS reported 28% for Ohio and 31% for the U.S.).

Nearly half (46%) of all youth were trying to lose weight, increasing to 60% of Portage County female youth (compared to 32% of males) (2013 YRBS reported 47% for Ohio and 48% for the U.S.).

13% of Portage County youth ate 5 or more servings of fruits and vegetables per day. 80% ate 1 to 4 servings of fruits and vegetables per day.

Portage County youth consumed the following sources of calcium daily: milk (80%), other dairy products (47%), yogurt (32%), calcium-fortified juice (11%), other calcium sources (7%) and calcium supplements (4%).

45% of youth reported they drank energy drinks for the following reasons: to stay awake (28%), to get pumped up (15%), to help them perform (8%), before games or practice (8%), to mix with alcohol (4%), and some other reason (16%).

72% of Portage County youth participated in at least 60 minutes of physical activity on 3 or more days in the past week. 54% did so on 5 or more days in the past week (2013 YRBS reports 48% for Ohio and 47% for the U.S.), and 34% did so every day in the past week (2013 YRBS reports 26% for Ohio and 27% for the U.S.). 12% of youth did not participate in at least 60 minutes of physical activity on any day in the past week (2013 YRBS reports 13% for Ohio and 15% for the U.S.).

Portage County youth spent an average of 3.2 hours on their cell phone, 1.6 hours watching TV, 1.3 hours on their computer/tablet and 1.2 hours playing video games on an average day of the week.

About one-quarter (24%) of youth spent 3 or more hours watching TV on an average day (2013 YRBS reported 28% for Ohio and 33% for the U.S.).

87% of youth participated in extracurricular activities. They participated in the following: sports or intramural programs (50%), exercising (outside of school) (41%), school club or social organization (30%), church or religious organization (20%), part-time job (18%), church youth group (17%), caring for siblings after school (14%), babysitting for other kids (11%), volunteering in the community (9%), caring for parents or grandparents (3%) or some other organized activity (Scouts, 4H, etc.) (11%).



# Priority #1 | HEAL (Healthy Eating, Active Living)

## Obesity Indicators, continued

### Child Weight Status

In 2015, 22% of children were classified as obese by Body Mass Index (BMI) calculations. 16% of children were classified as overweight, 50% were normal weight, and 12% were underweight.

More than half (59%) of Portage County parents of 0-11 year olds rated their child's health as excellent. 2% of parents rated their child's health as fair or poor.

40% of parents reported their child had been tested for lead poisoning, and the results were within normal limits. 2% reported the levels were elevated and medical follow-up was not needed. 43% of parents had not had their child tested for lead poisoning and 15% of parents did not know if their child had been tested for lead.

79% of children had been to the dentist in the past year, increasing to 89% of 6-11 year olds.

Parents gave the following reasons for not getting dental care for their child: child was not old enough to go to the dentist (11%), treatment was ongoing (5%), cost (4%), no insurance (3%), no referral (2%), not available in area/transportation problems (1%), child refused to go (1%), did not know where to go (1%), dissatisfaction with dentist (1%), could not find a dentist who accepted their insurance (<1%), inconvenient times/could not get an appointment (<1%), missed an appointment and was not allowed to go back to clinic (<1%), and other reasons (4%).

More than one-third (37%) of parents reported problems with their child's teeth. The top five problems were: cavities (20%), crooked teeth/teeth that need braces (13%), hygiene (3%), discoloration (3%), and enamel problems (3%).

9% of parents had been told by a health professional, teacher, or school official that their child had a learning disability, increasing to 22% of those with incomes less than \$25,000.

During the past 7 days, 4% of Portage County children ate 4 or more servings of vegetables per day. 49% ate 1-to-3 servings of vegetables per day, and 44% ate 1-to-6 servings of vegetables in the past 7 days.

Parents reported their child usually ate the following for breakfast: cereal (76%), milk (62%), toast (45%), fruit/fruit juice (39%), eggs (37%), yogurt (34%), oatmeal (25%), pop tart/donut/pastry (25%), bacon/sausage/ham (21%), nothing (3%), pizza (1%), and other (10%). 9% of parents reported their child ate at the school breakfast program.

79% of parents reported their child was physically active for at least 20 minutes 3 or more days per week. 45% of children were physically active 5 or more days per week. 5% of children were not physically active, including 3% who were unable to be active.

# Priority #1 | HEAL (Healthy Eating, Active Living)

## Obesity Indicators, continued

| Adult Comparisons                                     | Portage County 2015 | Ohio 2013 | U.S. 2013 |
|---|---------------------|-----------|-----------|
| Obese   | 28%                 | 30%       | 29%       |
| Overweight  | 30%                 | 35%       | 35%       |
| Ate 5 or more servings of fruits / vegetables per day | 8%                  | 21%*      | 23%*      |

\*2009 BRFSS Data

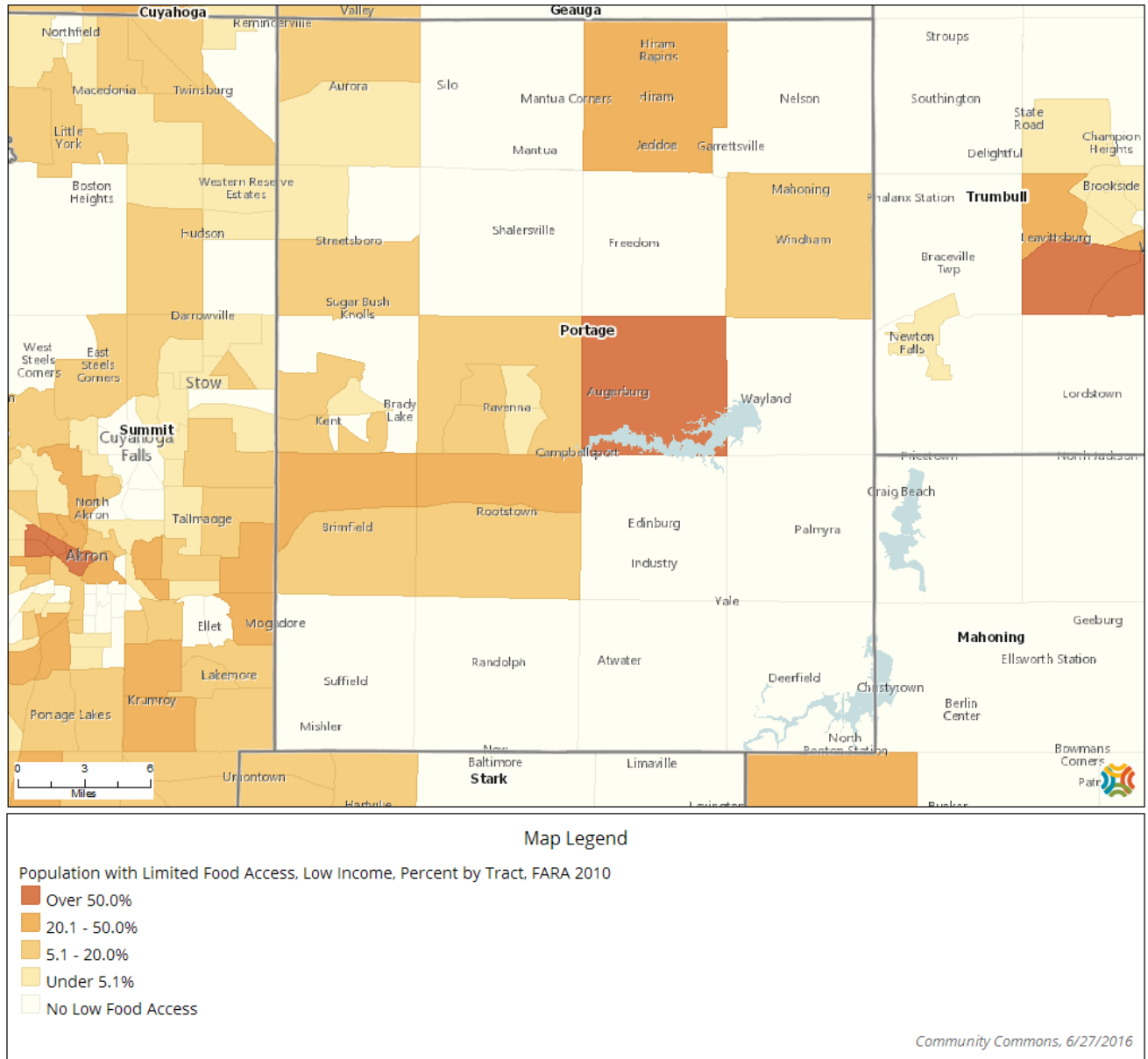
| Youth Comparisons   | Portage County 2015 (6 <sup>th</sup> -12 <sup>th</sup> ) | Portage County 2015 (9 <sup>th</sup> -12 <sup>th</sup> ) | Ohio 2013 (9 <sup>th</sup> -12 <sup>th</sup> ) | U.S. 2013 (9 <sup>th</sup> -12 <sup>th</sup> ) |
|---|--|--|--|--|
| Obese   | 15%  | 17%  | 13%  | 14%  |
| Overweight  | 15%  | 14%  | 16%  | 17%  |
| Described themselves as slightly or very overweight                                     | 29%  | 30%  | 28%  | 31%  |
| Trying to lose weight   | 46%  | 48%  | 47%  | 48%  |
| Exercised to lose weight  | 47%  | 48%  | 61%*   | 61%*   |
| Ate less food, fewer calories, or foods lower in fat to lose weight                     | 31%  | 33%  | 43%*   | 39%*   |
| Went without eating for 24 hours or more  | 6%   | 8%   | 10%  | 13%  |
| Took diet pills, powders, or liquids without a doctor's advice                          | 2%   | 3%   | 5%   | 5%   |
| Vomited or took laxatives   | 2%   | 3%   | 5%   | 4%   |
| Ate 1 to 4 servings of fruits and vegetables per day                                    | 80%  | 81%  | 85%*   | 78%*   |
| Physically active at least 60 minutes per day on every day in past week                 | 34%  | 32%  | 26%  | 27%  |
| Physically active at least 60 minutes per day on 5 or more days in past week            | 54%  | 53%  | 48%  | 47%  |
| Did not participate in at least 60 minutes of physical activity on any day in past week | 12%  | 13%  | 13%  | 15%  |
| Watched TV 3 or more hours per day  | 24%  | 27%  | 28%  | 33%  |

N/A - Not available

\* Comparative YRBS data for Ohio is 2007 and U.S. is 2009

# Priority #1 | HEAL (Healthy Eating, Active Living)

## Population with Limited Food Access, Low Income, Total by Tract, FARA 2010

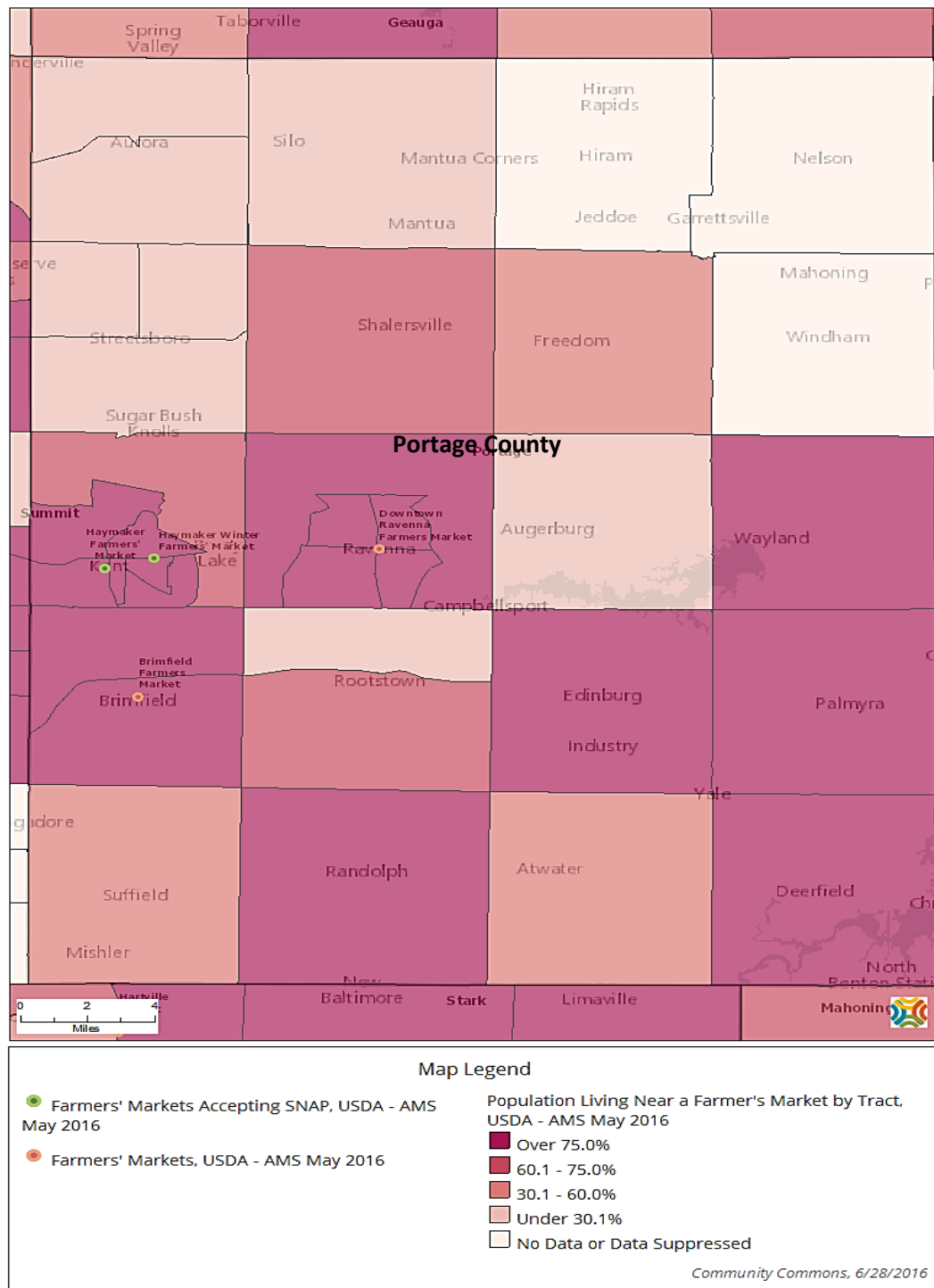


\*A number of the above map labels reflect street names; in addition to cities, townships and villages.

(Source: Community Commons 6/27/16)

# Priority #1 | HEAL (Healthy Eating, Active Living)

## Population Living Near a Farmer's Market by Tract, USDA - AMS May 2016



\*A number of the above map labels reflect street names; in addition to cities, townships and villages.

(Source: Community Commons 6/28/16)

# Priority #1 HEAL (Healthy Eating, Active Living)

## Resource Assessment

| Program/Strategy/Service   | Responsible Agency   | Population(s) Served              | Continuum of Care (Prevention, Early Intervention, or Treatment) | Evidence of Effectiveness   |
|--|--|-----------------------------------|--|---|
| Portage Park District programming and park/trail development                         | Portage Park District  | Portage County residents          | Prevention   | Residents passed levy to support  |
| Food Hub formation – bringing local products to residents with low income/low access | Portage County Regional Planning Commission – grant from USDA Agricultural Marketing Service | Portage County and Northeast Ohio | Prevention   | In process Sept. 2015 – Sept. 2016  |
| Provision of nutritious food/address food insecurity                                 | Portage County Job & Family Services & WIC   | Low income women and children     | Prevention   | For all of these, see <a href="http://www.cdc.gov/chronicdisease/resource/guidelines.htm">http://www.cdc.gov/chronicdisease/resource/guidelines.htm</a> |
| Provision of food/address food insecurity  | Family & Community Services – Kent Social Services & Center of Hope                          | Low income individuals            | Prevention   | None  |
| Provides healthy breakfast, lunch and snack  | Portage Learning Centers   | Ages 3-5yrs.                      | Prevention   | Evidence-based  |
| Kids Camp-weight management program  | Kent State University Center of Nutrition Outreach   | Pediatrics 8-17yrs.               | Prevention, early intervention                                   | Evidence-based  |
| Munch Bunch: fruit and vegetable education/behavior change program                   | Kent State University Center for Nutrition Outreach  | Pediatrics grades K-8             | Prevention   | Evidence-based  |
| KIDS in the Kitchen  | Kent State University Center for Nutrition Outreach  | Preschool                         | Prevention   | Evidence-based  |
| Providing and working towards access to nutrition care in Portage County             | Kent State University Center for Nutrition Outreach  | Birth-adult                       | Continuum of care  | Best practice/policy oriented   |
| Classroom nutrition education  | Kent State University Center for Nutrition Outreach  | Preschool-high school             | Prevention   | Best practice   |
| Adult Nutrition Education and Counseling   | Kent State University Center for Nutrition Outreach  | Adolescent-adults                 | Prevention, early intervention, treatment                        | Best practice   |
| Flight – family centered nutrition education program                                 | Kent State University Center for Nutrition Outreach  | Pediatrics neonatal-17yrs         | Prevention, early intervention, treatment                        | Best practice   |
| Food insecurity programming  | Kent State University Center for Nutrition Outreach  | Birth-adulthood                   | Prevention, early intervention                                   | Best practice   |

# Priority #1 | HEAL (Healthy Eating, Active Living)

## Resource Assessment

| Program/Strategy/Service   | Responsible Agency   | Population(s) Served                                    | Continuum of Care (Prevention, Early Intervention, or Treatment) | Evidence of Effectiveness     |
|--|--|---|--|-------------------------------|
| Healthy Campus Initiative<br>Physical Activity, nutrition, smoking ban | Kent State University  | Adolescent – adult                                      | Continuum of care  | Best practice/policy oriented |
| Nutrition education  | Portage County WIC   | Pregnant or postpartum women<br>Infant/child up to 5yrs | Prevention and early intervention                                | Evidence-based                |
| Breastfeeding education & support                                      | Portage County WIC   | Pregnant or postpartum women<br>Infant/child up to 5yrs | Prevention and early intervention                                | Evidence-based                |
| Provide breast pumps to qualifying moms                                | Portage County WIC   | Pregnant or postpartum women<br>Infant/child up to 5yrs | Prevention and early intervention                                | Evidence-based                |
| Farmers Market coupons (July-October)                                  | Portage County WIC   | Pregnant or postpartum women<br>Infant/child up to 5yrs | Prevention and early intervention                                | Evidence-based                |
| Geriatric care   | AxessPoint Community Health Center   | Adult   | Treatment  | None                          |
| Emergency food pantry  | Catholic Charities Serving Portage and Stark Counties  | Adult, youth and child                                  | Treatment  | None                          |
| Food assistance  | Portage County Jobs & Family Services  | Adult, youth and child                                  | Prevention   | None                          |
| Health education   | University Hospitals Portage County Medical Center   | Adult   | Prevention   | None                          |
| Wellness/Exercise  | Planet Fitness<br>Anytime Fitness<br>Fitness Anytime<br>The Natatorium Health & Fitness Center<br>Western Reserve Racquet & Fitness Club<br>Dynamic Fitness Solutions<br>Kings Gym<br>CrossFit Twinsburg | Adult   | Prevention   | None                          |
| Wellness/Exercise  | Garrettsville Family YMCA  | Adult, youth, child                                     | Prevention   | None                          |

## Priority #1 | HEAL (Healthy Eating, Active Living)

### Resource Assessment, continued

| Program/Strategy/Service           | Responsible Agency                        | Population(s) Served   | Continuum of Care<br>(prevention, early intervention, or treatment) | Evidence of Effectiveness   |
|------------------------------------|---|------------------------|---|---|
| Health education                   | Fitworks Stow                             | Adult                  | Prevention  | None  |
| Personal Improvement Program (PIP) | West Main Elementary                      | Youth                  | Prevention  | NACCHO best practices award; awarded Best Health Initiative in Portage County |
| Wellness/Exercise                  | Ravenna Athletic Center                   | Adult and youth        | Prevention  | Evidence-based  |
| Portage County Heart Walk          | American Heart Association                | Adult and youth        | Prevention  | Evidence-based  |
| Weight Watchers                    | Grace Episcopal Church                    | Adult                  | Prevention/early intervention                                       | Evidence-based  |
| Weight Watchers                    | Stow Presbyterian Church                  | Adult                  | Prevention/early intervention                                       | Evidence-based  |
| Weight Watchers                    | Stow City Hall                            | Adult                  | Prevention/early intervention                                       | Evidence-based  |
| Kohl's Fit & Healthy Kids          | Akron Children's Hospital                 | Youth                  | Prevention  | Evidence-based  |
| Overeaters Anonymous               | The Briarwood Nursing Home                | Adult                  | Treatment   | Evidence-based  |
| Eat Smart. Be Active. Program      | The Ohio State University Extension       | Adult, youth and child | Prevention  | Evidence-based  |
| Dietetics                          | Ravenna Multi-Specialty Outpatient Clinic | Adult                  | Treatment   | Evidence-based  |

# Priority #1 | HEAL (Healthy Eating, Active Living)

## Gaps and Potential Strategies

| Obesity Gaps                                 | Potential Strategies  |
|--|---|
| 1. Worksite wellness                         | <ul style="list-style-type: none"> <li>o Create more incentive based programs</li> <li>o Start with the larger employers</li> </ul>   |
| 2. Food access                               | <ul style="list-style-type: none"> <li>o Perform food desert assessments</li> <li>o Food HUB</li> <li>o Implement more school gardens</li> <li>o University Hospital food access program</li> <li>o Implement Farm to School program- grant funding is available</li> </ul> |
| 3. Walkability                               | <ul style="list-style-type: none"> <li>o Implement Complete Streets</li> </ul>  |
| 4. Access to physical activity opportunities | <ul style="list-style-type: none"> <li>o Open school fitness facilities to the community</li> <li>o Create Pump trails within the park (implement in 10 yr. plan)</li> </ul>  |
| 5. Nutrition education                       | <ul style="list-style-type: none"> <li>o Expand the PIP program (Personal Improvement Program)</li> <li>o Create a coordinated resource assessment and maintenance of that assessment</li> </ul>  |



# Priority #1 | HEAL (Healthy Eating, Active Living)

## Best Practices

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

1. **Complete Streets:** Complete Streets are designed and operated to enable safe access for all users, including pedestrians, bicyclists, motorists and transit riders of all ages and abilities. Complete Streets make it easy to cross the street, walk to shops, and bicycle to work.

Creating Complete Streets means transportation agencies must change their approach to community roads. By adopting a Complete Streets policy, communities direct their transportation planners and engineers to routinely design and operate the entire right of way to enable safe access for all users, regardless of age, ability, or mode of transportation. This means that every transportation project will make the street network better and safer for drivers, transit users, pedestrians, and bicyclists – making your town a better place to live.

Changing policy to routinely include the needs of people on foot, public transportation, and bicycles would make walking, riding bikes, riding buses and trains safer and easier. People of all ages and abilities would have more options when traveling to work, to school, to the grocery store, and to visit family.

For more information go to: <http://www.smartgrowthamerica.org/complete-streets/complete-streets-fundamentals/complete-streets-faq>

2. **Health Insurance Incentives & Penalties:** The number of employers offering financial rewards for participating in wellness programs rose by 50 percent from 2009 to 2011. In 2012, four out of five companies plan to offer some type of financial health incentive. The use of penalties among employers more than doubled from 2009 to 2011, rising from 8 percent to 19 percent. It could double again next year when 38 percent of companies plan to have penalties in place. Requiring smokers to pay a higher portion of the health insurance premium is among the most common penalties. A growing number of employers also base rewards on actual outcomes, such as reaching targeted healthy weights or cholesterol levels, rather than simply rewarding participation. A provision in the federal health care reform law will let employers offer greater incentives for participating in wellness programs starting in 2014. Under current rules, employers can provide incentives of up to 20 percent of the total health insurance premium per person. The 2010 Patient Protection and Affordable Care Act boosts the threshold to 30 percent and, in cases approved by federal health and labor officials, up to 50 percent in 2014. Employer programs often reward employees who exercise, lose weight or participate in disease management programs. Incentives may include cash awards, gift cards, higher employer contributions toward the health insurance premium, contributions toward employee health savings accounts, or the chance to compete in a sweepstakes. A lot of research shows people are very much motivated by the potential of a large prize. Some employers offer both individual awards and team awards. Some employers have found rescission of a reward especially effective. For instance, an employer might offer a \$500 health insurance premium discount to everyone and rescind the reward for employees who choose not to participate in the care management program.

# Priority #1 | HEAL (Healthy Eating, Active Living)

## Best Practices, continued

3. **Safe Routes to School:** Safe Routes to Schools (SRTS) is a federally supported program that promotes walking and biking to school through education and incentives. The program also targets city planning and legislation to make walking and biking safer.

Expected Beneficial Outcomes:

- Increased physical activity
- Healthier transportation behaviors
- Improved student health
- Decreased traffic and emissions near schools
- Reduced exposure to emissions

Evidence of Effectiveness:

There is strong evidence that SRTS increases the number of students walking or biking to school. Establishing SRTS is a recommended strategy to increase physical activity among students.

Active travel to school is associated with healthier body composition and cardio fitness levels. SRTS has a small positive effect on active travel among children. By improving walking and bicycling routes, SRTS projects in urban areas may also increase physical activity levels for adults. SRTS has been shown to reduce the incidence of pedestrian crashes.

Replacing automotive trips with biking and walking has positive environmental impacts at relatively low cost, although the long-term effect on traffic reduction is likely minor. Surveys of parents driving their children less than two miles to school indicate that convenience and saving time prompt the behavior; SRTS may not be able to address these parental constraints.

For more information go to: <http://www.countyhealthrankings.org/policies/safe-routes-schools-srts>

# Priority #1 HEAL (Healthy Eating, Active Living)

## Best Practices, continued

4. **Mindful by Sodexo and other Healthier Hospitals Initiatives:** Mindful by Sodexo is a healthy foods approach that focuses on transparency of ingredients, delicious food, satisfying portions and clarity in message so that making Mindful choices becomes second nature.

It assists participating organizations in modeling healthy eating by: providing low-fat options and healthy meal combinations (i.e., salad instead of fries), labeling each café item with calories per serving as sold, and offering a greater variety of whole and sliced fruits.

Additional features of Mindful:

- Sound nutritional philosophy and guidelines
- Based on latest science and leading health organization recommendations
- Chef & management training and certification through the Culinary Institute of America (CIA)
- Teachable moments with education that ties to the food
- Focus on taste and satisfaction – what we like to call healthy indulgence

For more information go to <https://mindful.sodexo.com/>

The Healthier Hospitals Initiative (HHI) is a nationwide program of Practice Greenhealth, which aims to assist health care organizations in using data to engage around proven environmental strategies and lead communities to a healthier future.

Hospitals can participate in the HHI Healthier Food challenge and model healthier eating behavior by providing more environmentally-sustainable foods and by serving healthier meals and beverages to patients, employees, visitors and the communities they serve.

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

5. **Prescription for Health:** The Prescription for Health program aims to increase fruit and vegetable consumption and improve health among patients with lower incomes.

How does the program work?

- a) Clinicians identify potential participants when patients come in for a regular visit.**  
A clinician reviews the patient's chart for chronic disease risk and food access difficulty. If a patient is interested, the clinician refers the patient to a group enrollment visit.
- b) Patients attend a group enrollment visit.**  
The patient attends a group enrollment visit, where he/she receives information about the program and engages in a discussion about the link between health, chronic disease and food choices. The patient sets specific goals for healthy eating and receives a "prescription" for fresh fruits and vegetables. The prescription may be filled at the local farmers market and is worth a total of \$100.
- c) Patients take their prescriptions to the Prescription for Health booth at the farmers market.**  
Program staff provides individual nutrition education and support and give the patient \$10 in tokens at each visit, up to 10 visits. The tokens can be used the same as cash at the market to purchase fresh fruits and vegetables.

For more information go to:

[http://www.ewashtenaw.org/government/departments/public\\_health/health-promotion/prescription-for-health/prescription-for-health](http://www.ewashtenaw.org/government/departments/public_health/health-promotion/prescription-for-health/prescription-for-health)

# Priority #1 HEAL (Healthy Eating, Active Living)

## Best Practices, continued

6. **Innovation of an After-School Personal Improvement Program (PIP) in Elementary school grades 3<sup>rd</sup>-5<sup>th</sup>:** The goal of the program was to increase the health of the student population in one Ravenna City elementary school as a pilot program by providing moderate to vigorous physical activity sessions after school, provide healthy snacks, and provide education in the areas of exercise physiology, nutrition, exercise monitoring and safety, in home and community exercise and recreation opportunities and body composition.

Positive changes relating to BMI, Fit gram scores and qualitative results concluded students reporting they felt better about themselves.

For more information go to:

<http://archived.naccho.org/topics/modelpractices/displaymp.cfm?id=363>

7. **Portage Park District 10-Year Plan Goals:** Partner with the Park District to carry out multiple programs, policies, and environmental strategies including:
- 'Park Prescriptions' from health care professionals
  - Promote walking and cycling clubs and 'Walk with a Doc' programs
  - Provide incentives to use parks and trails
    - Discounts, sponsored programs and rewards through workplace wellness programs
    - Rewards for walking and biking programs, such as Wild Hikes Challenge hiking sticks
  - Outdoor fitness equipment in parks
  - Outdoor education and recreation programs as alternative activities for youth
  - Plan and develop "Safe Routes to School"
  - Implement policies, plans and programs to encourage bike and pedestrian transportation options
  - Facilitate access to healthy local foods through programs, community gardens and policy promotion

For more information, go to: <http://portageparkdistrict.org/master-plan/>

8. **MATCH Wellness:** MATCH Wellness is a research tested, evidence based adolescent obesity reduction program consisting of structured curriculum, skills development and engaged learning.

It is an interdisciplinary approach to wellness, empowering adolescents to make healthy choices. Focusing on nutrition education and increasing physical activity, MATCH Wellness produces sustainable improvement in weight status years later.

For more information go to: [www.matchwellness.org](http://www.matchwellness.org)

# Priority #1 | HEAL (Healthy Eating, Active Living)

## Alignment with National Standards

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

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

# Priority #1 | HEAL (Healthy Eating, Active Living)

## Action Step Recommendations & Plan

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

1. Implement Mindful by Sodexo and other Healthier Hospitals Initiatives
3. Partner with Portage Park District to implement various programs/policies
4. Implement Complete Streets Policies within the City of Kent
5. Develop a Portage County Obesity Coalition
6. Implement the Prescription for Health Program
7. Incorporate families and children into community physical activities
8. Implement a Healthier Choices Campaign
9. Increase Nutrition/Physical Education Materials Being Offered to Patients by Primary Care Providers
10. Expand the Personal Improvement Program (PIP) in Schools
11. Implement postpartum weight loss educational program at WIC

| HEAL (Healthy Eating, Active Living)  |  |                        |
|---|--|------------------------|
| Action Step   | Responsible Person/Agency  | Timeline               |
| <b>Implement Mindful by Sodexo and other Healthier Hospitals Initiatives</b>  |  |                        |
| <p><b>Year 1:</b> UH Portage Medical Center will research Mindful by Sodexo and other Healthier Hospitals Initiatives.</p> <p>Collaborate with nutrition services to assess the current food and beverages in the hospital cafeterias, vending, meetings, and gift shops.</p> <p>Implement the Mindful program in at least one of the following priority areas:</p> <ul style="list-style-type: none"> <li>• Healthy Cafeterias/Cafes</li> <li>• Healthy Vending Machines</li> <li>• Healthy Meetings and Events</li> </ul> <p>Use marketing materials (posters, table tents, stickers, etc.) to better brand the program</p> | <p>Mindy Gusz,<br/>University Hospitals Portage<br/>Medical Center</p> | <p>October 1, 2017</p> |
| <p><b>Year 2:</b> Continue to implement, and monitor/assess implementation of, the Mindful program in all three priority areas within the hospital</p>  |  | <p>October 1, 2018</p> |
| <p><b>Year 3:</b> Introduce the program into other areas of the community (businesses, schools, churches, etc.)</p>   |  | <p>October 1, 2019</p> |

# Priority #1 | HEAL (Healthy Eating, Active Living)

## Action Step Recommendations & Plan, continued

| HEAL (Healthy Eating, Active Living)  |   |                 |
|---|---|-----------------|
| Action Step   | Responsible Person/Agency                     | Timeline        |
| <b>Partner with Portage Park District to implement various programs/policies</b>  |   |                 |
| <p><b>Year 1:</b> Partner with local communities across the county to promote park planning, funding and development.</p> <p>Increase awareness, access and use of parks:</p> <ul style="list-style-type: none"> <li>• Improve trail quality and signage.</li> <li>• Promote and expand the “Wild Hikes Challenge.”</li> <li>• Promote park and trail use through social media, Meetup groups, hiking clubs.</li> <li>• Partner with health care providers to distribute maps and brochures of parks and trails.</li> <li>• Initiate partnerships for Park Rx program.</li> </ul> | Christine Craycroft,<br>Portage Park District | October 1, 2017 |
| <p><b>Year 2:</b> Initiate and expand park programming for healthy recreation including walking and biking clubs.</p> <p>Distribute Parks Rx program materials to pilot groups of healthcare providers, and evaluate progress.</p> <p>Partner to create a pump track for bikes in association with the hike and bike trail.</p> <p>Add 3 miles of trails.</p>   |   | October 1, 2018 |
| <p><b>Year 3:</b> Expand participation in Parks Rx, Wild Hikes Challenge and group activities.</p> <p>Partner to develop a fitness trail with outdoor exercise equipment.</p> <p>Partner to offer community gardens and associated programming on park property.</p>  |   | October 1, 2019 |

# Priority #1 | HEAL (Healthy Eating, Active Living)

## Action Step Recommendations & Plan, continued

| HEAL (Healthy Eating, Active Living)   |  |                        |
|--|--|------------------------|
| Action Step  | Responsible Person/Agency  | Timeline               |
| <b>Implement Complete Streets Policies within the City of Kent</b>   |  |                        |
| <p><b>Year 1:</b> Raise awareness of Complete Streets Policy and adopt comprehensive complete streets policies.</p> <p>Gather baseline data on all of the Complete Streets Policy objectives.</p> <p>Plan and hold a meeting with city residents, city planners and other city officials in attendance to discuss future policy changes.</p>   | <p>Jeff Neistadt,<br/>Kent City Health Department</p>                                    | <p>October 1, 2017</p> |
| <p><b>Year 2:</b> Begin to implement the following Complete Streets Objectives:</p> <ul style="list-style-type: none"> <li>• Increase in total number of miles of on-street bicycle facilities, defined by streets and roads with clearly marked or signed bicycle accommodations.</li> <li>• Pursue Safe Routes to School status from the National Center for Safe Routes to School.</li> <li>• Pursue city council ordinance that any street needing significant repair transition to a Complete Streets model.</li> <li>• Pursue city ordinance requiring bike riders under 16 to wear a helmet.</li> </ul> |  | <p>October 1, 2018</p> |
| <p><b>Year 3:</b> Continue efforts from years 1 and 2.</p>   |  | <p>October 1, 2019</p> |
| <b>Develop a Portage County Obesity Coalition</b>  |  |                        |
| <p><b>Year 1:</b> Establish the basic principles of the coalition and develop evaluations for progress.</p> <p>Recruit community leaders, stakeholders, school RN's and primary care physicians to sign up and become members of the coalition.</p> <p>Announce the coalition through press releases and social media outlets. Work to establish a mailing list serv to send updates to the community.</p> <p>Complete an action plan and set 2-3 goals that the coalition will work towards implementing.</p> <p>Begin to determine resources and begin to secure funding.</p>                                | <p>Natalie Caine-Bish,<br/>Kent State University Center for<br/>Nutritional Outreach</p> | <p>October 1, 2017</p> |
| <p><b>Year 2:</b> Work towards completion of established action plan goals.</p> <p>Expand coalition to recruit and include all partners interested in decreasing childhood and adult obesity.</p> <p>Collaborate in development of additional goals and pursuit of funding.</p> <p>Research community bike giveaway programs. Partner with community agencies (and PCHD bike helmet program) to distribute bike helmets to children in need.</p>   | <p>Becky Lehman,<br/>Portage County Combined<br/>General Health District</p>             | <p>October 1, 2018</p> |
| <p><b>Year 3:</b> Continue efforts from years 1 and 2.</p>   |  | <p>October 1, 2019</p> |



# Priority #1 | HEAL (Healthy Eating, Active Living)

## Action Step Recommendations & Plan, continued

| HEAL (Healthy Eating, Active Living)   |   |                        |
|--|---|------------------------|
| Action Step  | Responsible Person/Agency   | Timeline               |
| <b>Implement the Prescription for Health Program</b>   |   |                        |
| <p><b>Year 1:</b> Research Prescription for Health program.</p> <p>Obtain baseline data to document need for Prescription for Health.</p> <p>Contact potential clinic and farmer's market partners. Schedule and attend meetings with potential partners – discuss the program and requirements for participation.</p> <p>Finalize clinic and program partners.</p> <p>Decide what program materials are needed.</p> <p>Develop program materials.</p> | <p>Jeneane Favaloro,<br/>AxessPointe Community Health Center</p>  | <p>October 1, 2017</p> |
| <p><b>Year 2:</b> Research Prescription for Health program.</p> <p>Obtain baseline data to document need for Prescription for Health.</p> <p>Contact potential clinic and farmer's market partners. Schedule and attend meetings with potential partners – discuss the program and requirements for participation.</p> <p>Finalize clinic and program partners.</p> <p>Decide what program materials are needed.</p> <p>Develop program materials.</p> | <p>Amy Lee (NEOMED)<br/>and<br/>NEOMED SOAR Clinic</p>  | <p>October 1, 2018</p> |
| <p><b>Year 3:</b> Double the number of locations offering the Prescription for Health program.</p>   |   | <p>October 1, 2019</p> |
| <b>Incorporate families and children into community physical activities</b>  |   |                        |
| <p><b>Year 1:</b> Obtain baseline data on races and other organized physical activities in the county and if they offer a child or family component.</p> <p>Provide at least one Community related program promoting physical activity and families.</p>   | <p>Natalie Caine-Bish,<br/>Kent State University Center for<br/>Nutritional Outreach<br/>&amp;<br/>The Portage County Obesity Coalition</p>                     | <p>October 1, 2017</p> |
| <p><b>Year 2:</b> Provide five family engagement Healthy Kids Running Series events in Portage County.</p> <p>Collaborate with Sequoia on the fitness activity and nutrition programs.</p>   | <p>Natalie Caine-Bish,<br/>Kent State University Center for<br/>Nutritional Outreach<br/>and<br/>Jackie Smallridge, &amp; Jacy Watson,<br/>Sequoia Wellness</p> | <p>October 1, 2018</p> |
| <p><b>Year 3:</b> Increase child and family participation at organized physical activity events by 10%.</p>  |   | <p>October 1, 2019</p> |
| <b>Implement a Healthier Choices Campaign</b>  |   |                        |
| <p><b>Year 1:</b> Work with Portage County Obesity Coalition and the KSU Center for Nutrition Outreach to develop a Healthier Choices Campaign.</p> <p>Secure funding to create campaign materials.</p>  | <p>Natalie Caine-Bish,<br/>Kent State University Center for<br/>Nutritional Outreach<br/>&amp;<br/>The Portage County Obesity Coalition</p>                     | <p>October 1, 2017</p> |
| <p><b>Year 2:</b> Roll out a Healthier Choices -type campaign to schools, youth centers, local gyms, and healthcare offices as pilot centers.</p> <p>Explore potential funding opportunities (United Way Community Needs Grant, etc)</p>   |   | <p>October 1, 2018</p> |
| <p><b>Year 3:</b> Roll out campaign to entire County</p> <p>Continue fundraising.</p>  |   | <p>October 1, 2019</p> |

# Priority #1 | HEAL (Healthy Eating, Active Living)

## Action Step Recommendations & Plan, continued

| HEAL (Healthy Eating, Active Living)   |  |                        |
|--|--|------------------------|
| Action Step  | Responsible Person/Agency  | Timeline               |
| <b>Increase nutrition/physical education materials being offered to patients by primary care providers</b>   |  |                        |
| <p><b>Year 1:</b> Work with primary care physicians and offices to assess what information and/or materials they are lacking to provide better resources for overweight and obese patients.</p> <p>Develop nutrition/physical education tool kits to provide to primary care physicians that include dietitian referral information.</p> <p>Obtain funding for toolkit printing and training.</p>  | <p>Natalie Caine-Bish,<br/>Kent State University Center for<br/>Nutritional Outreach<br/>&amp;<br/>The Portage County Obesity<br/>Coalition</p>                  | <p>October 1, 2017</p> |
| <p><b>Year 2:</b> Investigate collaborative opportunities for system solutions with the three major health systems.</p> <ul style="list-style-type: none"> <li>Identify people in each system that can share the screening tools; ascertain if EMRs from each system can be collected/shared.</li> <li>Investigate what primary care providers are screening for in offices (including mental health, substance abuse, and obesity).</li> <li>Obtain EMR <b>required</b> questions from all the health care systems.</li> <li>Determine PCP assessment criteria and follow up/referral protocols.</li> </ul> | <p>Joseph Diorio, and<br/>Mark Arrendondo<br/>Portage County Combined<br/>General Health District<br/>and<br/>Kirk Stiffler,<br/>Kent City Health Department</p> | <p>October 1, 2018</p> |
| <p><b>Year 3:</b> Offer additional trainings to reach at least 50% of the primary care physician offices in the county.</p>  |  | <p>October 1, 2019</p> |
| <b>Expand the Personal Improvement Program (PIP) in schools</b>  |  |                        |
| <p><b>Year 1:</b> Increase awareness among schools about the PIP program. Meet with school superintendents, after school program directors, and other school staff.</p> <p>Explore feasibility of expanding the program to other schools.</p> <p>Explore funding opportunities to expand program.</p>  | <p>William McCluskey,<br/>Edinburg Township</p>  | <p>October 1, 2017</p> |
| <p><b>Year 2:</b> Implement the PIP program at West Main Elementary School in Ravenna.</p> <p>Recruit exercise physiologists, certified fitness instructors (ACSM), or PE students or teachers to volunteer for classes.</p> <p>Pursue sponsors and donations for healthy snacks and student t-shirts.</p> <p>Explore potential funding opportunities (United Way Community Needs Grant, etc)</p>  |  | <p>October 1, 2018</p> |
| <p><b>Year 3:</b> Continue efforts from years 1 and 2.</p>   |  | <p>October 1, 2019</p> |

# Priority #1 | HEAL (Healthy Eating, Active Living)

## Action Step Recommendations & Plan, continued

| HEAL (Healthy Eating, Active Living)   |                             |                 |
|--|-----------------------------|-----------------|
| Action Step  | Responsible Person/Agency   | Timeline        |
| <b>Implement postpartum weight loss educational program at WIC</b>   |                             |                 |
| <p><b>Year 1:</b> Initiate "Healthier You" program to provide targeted nutrition education, breastfeeding support, recipes and physical activity recommendations to encourage healthy weight reduction to postpartum WIC mothers.</p> <p>Establish a Facebook group to appeal to millennials.</p>  | Amy Cooper,<br>WIC Director | October 1, 2017 |
| <p><b>Year 2:</b> Expand "Healthier You" to include involvement of community partners.</p> <ul style="list-style-type: none"> <li>Collaborate with Portage Parks District to promote family (Mom and Me) walks in the park.</li> <li>Offer quarterly meet-ups of WIC mothers – offer education by community partners such as car seats, smoking cessation, stress management, safe sleep and baby wearing, as well as cooking demonstrations, breastfeeding education and mom-to-mom support.</li> </ul> |                             | October 1, 2018 |
| <p><b>Year 3:</b> Continue efforts from years 1 and 2.</p>   |                             | October 1, 2019 |

## Priority #2 | Increase Mental Health Services

### Mental Health Indicators

*In 2015, 6% of Portage County adults considered attempting suicide. 18% of Portage County 6<sup>th</sup>-12<sup>th</sup> grade youth had seriously considered attempting suicide in the past year and 9% admitted actually attempting suicide in the past year, increasing to 15% of females.*

#### Adult Mental Health

In the past year, 15% of Portage County adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities, increasing to 33% of those with incomes less than \$25,000.

6% of Portage County adults considered attempting suicide in the past year.

Five percent (5%) of adults reported attempting suicide in the past year.

Portage County adults received the social and emotional support they needed from the following: family (78%), friends (71%), church (28%), neighbors (12%), Internet (9%), community (5%), a professional (4%), self-help group (1%), and other (1%). Almost three-quarters (70%) received social and emotional support from more than one source. Ten percent do not get the social and emotional support that they need.

Portage County adults reported they would do the following if they knew someone who was suicidal: talk to them (71%), call a crisis hotline (50%), try to calm them down (47%), call 911 (34%), take them to the ER (16%), call a friend (15%), and other method (7%). One percent said they would do nothing if someone they knew was suicidal.

Portage County adults reported the following causes of anxiety, stress and depression: job stress (40%), financial stress (38%), death of close family member or friend (25%), fighting at home (24%), poverty/no money (21%), marital/dating relationship (20%), other stress at home (17%), caring for a parent (13%), family member is sick (13%), family member with a mental illness (12%), unemployment (12%), family member with a substance abuse problem (9%), divorce/separation (6%), not having enough to eat (5%), family member in the military (5%), fighting with friends (4%), alcohol or drug use at home (4%), caring for someone with special needs (4%), not feeling safe in the community (3%), raising/caring for grandchildren (2%), not feeling safe at home (1%), sexual orientation/gender identity (1%), not having a place to live (1%), and other stressors (9%).

Portage County adults reported that they or a family member had been diagnosed or treated for the following mental health issues in the past year: depression (40%), anxiety disorder (24%), attention deficit disorder (ADD/ADHD) (19%), alcohol and illicit drug use (16%), bipolar (13%), life adjustment disorder (6%), developmental disability (5%), psychotic disorder (4%), autism spectrum (3%), other trauma (2%), and some other mental health disorder (4%).

#### Youth Mental Health

In 2015, over one-quarter (27%) of youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, increasing to 39% of females (2013 YRBS reported 26% for Ohio and 30% for the U.S.).

18% of youth reported they had seriously considered attempting suicide in the past 12 months, increasing to 25% of females. 21% of high school youth had seriously considered attempting suicide, compared to the 2013 YRBS rate of 17% for U.S. youth and 14% for Ohio youth.

## Priority #2 | Increase Mental Health Services

### Mental Health Indicators, continued

#### Youth Mental Health, continued

In the past year, 9% of Portage County youth had attempted suicide, increasing to 15% of females. 3% of youth had made more than one attempt. The 2013 YRBS reported a suicide attempt prevalence rate of 8% for U.S. youth and a 6% rate for Ohio youth.

Of all youth, 2% made a suicide attempt that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (2013 YRBS reported 1% for Ohio and 3% for the U.S.).

Portage County youth reported the following ways of dealing with anxiety, stress, or depression: sleeping (48%), hobbies (37%), texting someone (32%), exercising (26%), talking to a peer (26%), talking to someone in their family (25%), eating (23%), praying (19%), using social media (16%), breaking something (12%), shopping (12%), talk to a counselor /teacher (9%), reading the Bible (9%), writing in a journal (9%), drinking alcohol (7%), using prescribed medication (7%), smoking/using tobacco (6%), using illegal drugs (5%), self-harm (4%), vandalism/violent behavior (3%), gambling (2%), talking to a medical professional (2%), using un-prescribed medication (1%), and harming someone else (1%). 25% of youth reported they did not have anxiety, stress, or depression.

#### Child Mental Health

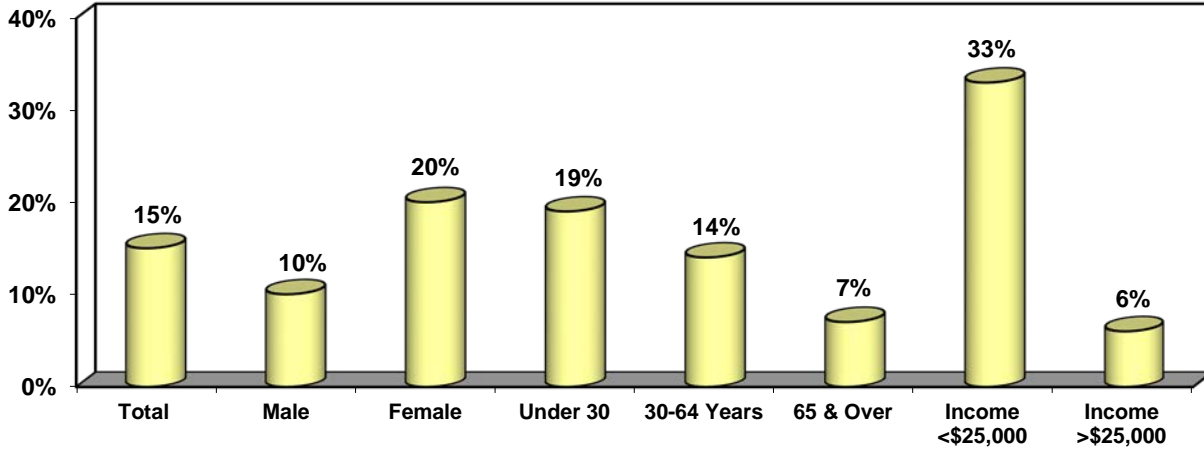
88% of parents reported that their child's mental and emotional health did not put a burden on their family. 9% reported their child's mental and emotional health put a little burden on their family, 2% reported a medium amount, and 1% indicated their child's mental and emotional health put a great deal of burden on their family.

Portage County parents were concerned with the following issues pertaining to their child: having enough time with their child (38%), how child copes with stress (34%), academic achievement (24%), child's self-esteem (24%), cell phone and technology use (24%), internet use (23%), bullying (22%), child's anxiety (19%), their relationship with their child (18%), child getting along with others (18%), learning difficulties (15%), violence in home, school or neighborhood (8%), child talking (6%), child's depression (5%), eating disorder (5%), risky behavior (5%), child crawling, walking or running (1%), and substance abuse (1%).

# Priority #2 | Increase Mental Health Services

## Mental Health Indicators, continued

**Portage County Adults Feeling Sad or Hopeless for Two or More Weeks in a Row**

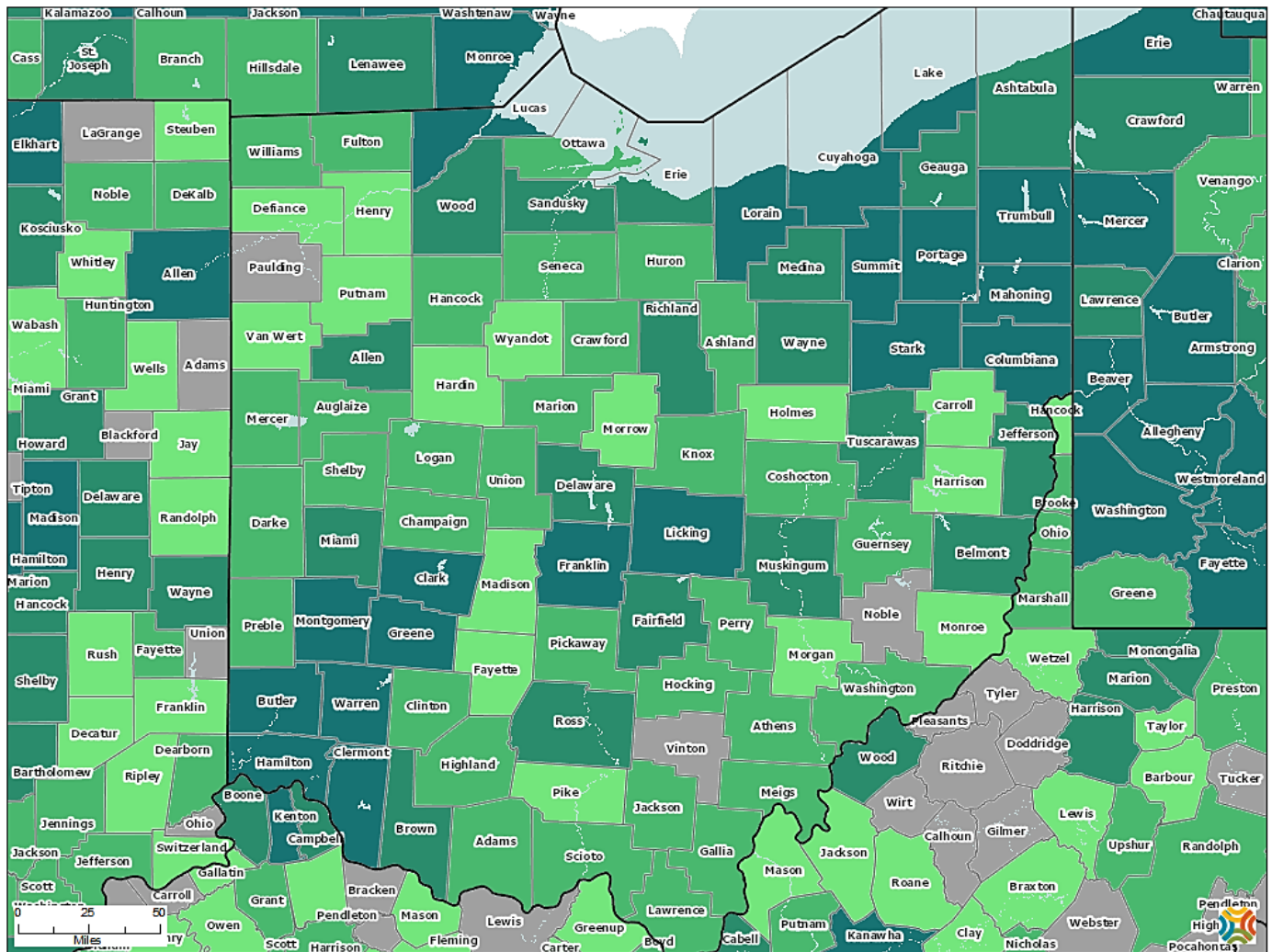


| Youth Comparisons  | Portage County 2015 (6 <sup>th</sup> -12 <sup>th</sup> ) | Portage County 2015 (9 <sup>th</sup> -12 <sup>th</sup> ) | Ohio 2013 (9 <sup>th</sup> -12 <sup>th</sup> ) | U.S. 2013 (9 <sup>th</sup> -12 <sup>th</sup> ) |
|--|--|--|--|--|
| Youth who had seriously considered attempting suicide in the past year   | 18%  | 21%  | 14%  | 17%  |
| Youth who had attempted suicide in the past year   | 9%   | 11%  | 6%   | 8%   |
| Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (of all youth) | 2%   | 3%   | 1%   | 3%   |
| Youth who felt sad or hopeless almost every day for 2 or more weeks in a row   | 27%  | 33%  | 26%  | 30%  |

# Priority #2 | Increase Mental Health Services

## Mental Health Indicators, continued

### Suicide Mortality, Total Deaths by County, NVSS 2009-13



Map Legend

Suicide Mortality, Total Deaths by County, NVSS 2009-13

- Over 80
- 41 - 80
- 21 - 40
- 10 - 20
- Data Suppressed (<10 Deaths)

Community Commons, 6/28/2016

(Source: Community Commons 6/28/16)



## Priority #2 | Increase Mental Health Services

### Resource Assessment

| Program/Strategy/Service                         | Responsible Agency  | Population(s) Served                                   | Continuum of Care (Prevention, Early Intervention, or Treatment) | Evidence of Effectiveness  |
|--|---|--|--|--|
| Crisis Intervention Team training for police     | MHRB, Sheriff's Office, & Coleman Professional Services                       | Police throughout the county                           | Crisis and Early Intervention                                    | Nationally recognized program that saves lives                         |
| Crisis Intervention Team Education Collaboration | MHRB & Sheriff's Office   | School employees                                       | Crisis and Early Intervention                                    | Based on the CIT program above   |
| Mental Health First Aid                          | Coleman Professional Services & MHRB  | Adult, youth and child                                 | Crisis and Early Intervention                                    | Evidence-base program  |
| Suicide Prevention Coalition                     | MHRB  | Adult, youth and child                                 | Prevention   | Keep track of suicide deaths in Portage                                |
| Incident Response Team                           | MHRB, Coleman, Children's Advantage, Townhall II, Family & Community Services | Adult, youth and child                                 | Crisis and Early Intervention following a death                  | Anecdotal comments that it has reduced crises                          |
| Mental Health Court & Drug Court                 | Coleman, Townhall II, FCS, MHRB, Municipal and Common Pleas Judges            | Adults   | Diversion/Treatment  | Specialty Docket Courts are recognized as effective diversion programs |
| Suicide Loss Support Group                       | MHRB  | Families/Individuals who have lost someone to suicide  | Crisis and Early Intervention                                    | Evidence of preventing suicides  |
| Family Children First Council                    | MHRB and FCS co-lead  | Ages 0-18  | Prevention, Early Intervention, treatment                        | No evidence other than serving to coordinate systems                   |
| Red Flags – Mental Health framework for schools  | MHRB and all school districts   | Ages 5-18  | Prevention, Early Intervention                                   | Evidence of preventing suicides in children                            |
| Online depression screening tool                 | MHRB  | Adults   | Prevention, Early Intervention                                   | Evidence of preventing suicides  |
| Oversight Committee                              | MHRB  | Anyone in Portage County with a substance use disorder | Prevention, Early Intervention, and treatment                    | No evidence other than serving to coordinate systems                   |



## Priority #2 | Increase Mental Health Services

### Resource Assessment, continued

| Program/Strategy/Service  | Responsible Agency                | Population(s) Served                                   | Continuum of Care (Prevention, Early Intervention, or Treatment) | Evidence of Effectiveness  |
|---|-----------------------------------|--|--|--|
| Project Dawn  | MHRB & Portage Co Health District | Residents at risk for heroin overdose & family members | Harm reduction   | Lives saved  |
| Community presentations (stress, mental health awareness, drug addiction) | MHRB & agencies                   | Adults   | Prevention   | Raise awareness for resources, referrals   |
| Trauma Clinic: TF-CBT and SITCAP; starting EMDR training                  | Children's Advantage              | 0 – 18ish  | Treatment  | Evidence Based treatment for trauma  |
| Outpatient/In-Home Counseling Services                                    | Children's Advantage              | 0-18ish<br>Anxiety, Depressed,                         | Treatment  | CBT – Evidence Based Treatment   |
| CPST – TIP (Transition to Independence)                                   | Children's Advantage              | 14-20ish   | Treatment  | Evidence Based Case management services  |
| School consultation   | Children's Advantage              | Preschool to high school                               | Prevention, Early prevention                                     | In FY15 almost 40% of students screened were identified as needing mental health services  |
| Psychiatry  | Children's Advantage              | Children and Youth                                     | Treatment  | None   |
| In-Home Services: intensive in home counseling and CPST services          | Children's Advantage              | Infants to 18ish                                       | Early Intervention, Treatment                                    | Tracking the amount of out of home placements, ability for families to re-integrate into the home, reduction in safety concerns that led to JFS involvement. |
| TOTS, Early Childhood Grant   | Children's Advantage              | 0 – 6 in daycares, preschools, kindergarten            | Prevention, Early Intervention                                   |  |
| Groups – anger management, Choices (JDC referred), Trauma                 | Children's Advantage              | Adult, youth and child:                                | Treatment  | None   |
| CPST and service coordination   | Children's Advantage              | Adult, youth and child                                 | Treatment  | Helps families get access to community resources   |

## Priority #2 | Increase Mental Health Services

### Resource Assessment, continued

| Program/Strategy/Service  | Responsible Agency   | Population(s) Served   | Continuum of Care<br>(Prevention, Early Intervention, or Treatment) | Evidence of Effectiveness                                 |
|---|--|--|---|---|
| Outpatient Counseling for Behavioral Disorder:<br>ADHD/ODD/CD   | Children's Advantage   | Adult, youth and child   | Treatment – social skills; CBT; parent training                     | Evidence Based treatment                                  |
| <u>Adult/Senior Mental Health</u><br>Individual Mental Health Counseling  | Family and Community Services Counseling                         | Adult  | Assessment, Counseling, Medication Mgmt, Rep Payee Program          | Positive changes in mental health status                  |
| Parenting Towards Solutions   | Family and Community Services Counseling                         | Adult parents  | Education, Prevention, Counseling, Treatment, Case management       | Improved family function, balance                         |
| Safer Solutions (Anger Management)<br>Peaceful Solutions (Anger Management)   | Family and Community Services Counseling                         | Adult Males (Domestic Violence)<br>Adult Females (Domestic Violence) | Treatment and Prevention  | Program uses established best practices treatment model.  |
| Senior Case Management  | F & CS Counseling<br>JFS of Portage<br>Adult Protective Services | Seniors in PC referred for in-home services                          | Case Management   | Safety, stability, improved mental & physical health      |
| Sex Offender Treatment  | Family and Community Services Counseling<br>JFS of Portage Co.   | M/F Adult and Adolescent Offenders                                   | Assessment, Treatment, Prevention                                   | Program uses established best practices treatment models. |
| <u>Child/Family Mental Health</u><br>Teen Solutions<br>Multi-Systemic Therapy<br>Intensive Home-Based<br>Family Solutions | Family and Community Services Counseling                         | Adult and youth  | Prevention<br>Early Intervention<br>Treatment                       | Programs use established best practices treatment models. |
| <u>Veterans</u><br>Freedom House –M<br>White House – M<br>Miss Liberty House –F   | Family & Community Services. Inc.                                | Portage County Homeless Veterans                                     | Mental Health, Substance Abuse Treatment, Housing and Employment    | Safety, stability, improved mental & physical health      |

## Priority #2 | Increase Mental Health Services

### Resource Assessment, continued

| Program/Strategy/Service  | Responsible Agency  | Population(s) Served   | Continuum of Care (Prevention, Early Intervention, or Treatment)     | Evidence of Effectiveness                                  |
|---|---|--|--|--|
| <u>Addiction Services Treatment Counseling</u><br>Gougler Counseling Dept.<br>On Track To Recovery (OTTR)                       | Family and Community Services<br>Counseling                               | Adult  | Assessment, Prevention, Outpatient, Intensive Outpatient, Counseling | Programs use established best practices treatment models.  |
| <u>Diversion</u><br>Driver Intervention Program<br>BIC-60 :Cannabis Intervention<br>DEC-8: 18-21yo - OVI with less than .08 BAC | Family and Community Services<br>Counseling                               | Adult  | Prevention<br>Intervention<br>Diversion                              | Reduction or elimination of problematic substance use      |
| PARC: Recovery House for Women<br>Root House : Residential Treatment for Men<br>Number 12 Recovery House (OTTR)                 | Family and Community Services<br>Counseling                               | Women  | Assessment<br>Counseling<br>Residential Treatment                    | Increased Sobriety and Positive Recovery Outcomes          |
| Passages – Guiding Fathers, Strengthening Families  | Passages is a faith-based non-profit sponsored by Saint Luke’s Foundation | Fathers and families in Portage County                             | Intervention   | Opening branch offices in other counties in northeast Ohio |
| 24-hour Helpline  | Townhall II   | Any individual in crisis or needing information for other services | Early Intervention   | Accredited by the American Association of Suicidology.     |
| Victim of Crime Advocacy  | Townhall II   | Any victim of a violent crime                                      | Intervention   | None   |
| Mental health counseling & psychiatric referrals  | AxessPointe Community Health Center                                       | Adult  | Treatment  | None   |
| Addiction Recovery  | Coleman Professional Services   | Adult  | Treatment  | Evidence-based   |
| Individual, Family & Group Counseling   | Coleman Professional Services   | Adult  | Treatment  | Evidence-based   |
| FIRST program   | Coleman Professional Services   | Adult  | Early-Intervention   | Evidence-based   |
| Psychiatric Intake Response Center  | Akron Children’s Hospital   | Youth and child  | Intervention   | None   |

## Priority #2 | Increase Mental Health Services

### Resource Assessment, continued

| Program/Strategy/Service   | Responsible Agency  | Population(s) Served                   | Continuum of Care (Prevention, Early Intervention, or Treatment) | Evidence of Effectiveness |
|--|---|--|--|---------------------------|
| Behavioral Health Emergency Services                                     | Akron Children's Hospital   | Youth                                  | Intervention   | None                      |
| Project AWARE Kent   | Kent State University   | Kent State students, faculty and staff | Intervention   | Evidence-based            |
| PTSD treatment and outreach  | Ravenna Multi-Specialty Outpatient Clinic   | Adult                                  | Treatment  | None                      |
| Kent State University Health Center: Mental Health services for students | Kent State University Health Center, College of Education, Health, and Human Services | Adolescent-young adults                | Prevention, Early Intervention, treatment                        | Best Practice             |

# Priority #2 | Increase Mental Health Services

## Gaps and Potential Strategies

| Mental Health Gaps                            | Potential Strategies  |
|---|---|
| <p><b>1. Lack of psychiatric services</b></p> | <ul style="list-style-type: none"> <li>o Talk with the state (state-wide program)</li> <li>o Utilize Telemedicine</li> <li>o Implement Red Flags into school curriculum</li> <li>o Create a youth and child treatment center (look for funds from M.H, JFS, etc.)</li> <li>o Collaboration between Mental Health Recovery Board and University Hospitals Portage County Medical Center</li> </ul> |
| <p><b>2. Lack of Detox facility</b></p>       | <ul style="list-style-type: none"> <li>o Create a crisis and detox center together (Stark County has this)</li> </ul>   |
| <p><b>3. Mental health stigma</b></p>         | <ul style="list-style-type: none"> <li>o Normalize mental health - use different descriptive words</li> </ul>   |

# Priority #2 | Increase Mental Health Services

## Best Practices

The following programs and policies have been reviewed and have proven strategies to increase **mental health** services:

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

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

2. **Life Skills Training (LST)** – LST is a school-based program that aims to prevent alcohol, tobacco, and marijuana use and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. LST is based on both the social influence and competence enhancement models of prevention. Consistent with this theoretical framework, LST addresses multiple risk and protective factors and teaches personal and social skills that build resilience and help youth navigate developmental tasks, including the skills necessary to understand and resist pro-drug influences. LST is designed to provide information relevant to the important life transitions that adolescents and young teens face, using culturally sensitive and developmentally and age-appropriate language and content. Facilitated discussion, structured small group activities, and role-playing scenarios are used to stimulate participation and promote the acquisition of skills. Separate LST programs are offered for elementary school (grades 3-6), middle school (grades 6-9), and high school (grades 9-12).

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

3. **QPR:** QPR stands for Question, Persuade, and Refer — the 3 simple steps anyone can learn to help save a life from suicide. Just as people trained in CPR and the Heimlich maneuver help save thousands of lives each year, people trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. QPR can be learned in the Gatekeeper course in as little as one hour. According to the Surgeon General's National Strategy for Suicide Prevention (2001), a gatekeeper is someone in a position to recognize a crisis and the warning signs that someone may be contemplating suicide. Gatekeepers can be anyone, but include parents, friends, neighbors, teachers, ministers, doctors, nurses, office supervisors, squad leaders, foremen, police officers, advisors, caseworkers, firefighters, and many others who are strategically positioned to recognize and refer someone at risk of suicide.

For more information go to: <https://www.qprinstitute.com/about-qpr>

# Priority #2 | Increase Mental Health Services

## Best Practices, continued

4. **Strengthening Families™:** Strengthening Families™ is a research-informed approach to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs and communities in building five protective factors:
- Parental resilience
  - Social connections
  - Knowledge of parenting and child development
  - Concrete support in times of need
  - Social and emotional competence of children

Strengthening Families implementation takes place at multiple levels – in programs, in larger agencies, in systems, in states and communities and at the national level. Learn more about what that implementation looks like and about the core functions of implementation that run across all of those levels.

At any level of implementation, attention must be paid to five core functions: building an infrastructure to advance and sustain the work; building parent partnerships; deepening knowledge and understanding of a protective factors approach; shifting practice, policy and systems to a protective factors approach; and ensuring accountability

For more Information go to: <http://www.cssp.org/reform/strengtheningfamilies/about>

5. **PHQ-9:** The PHQ-9 is the nine item depression scale of the Patient Health Questionnaire. The PHQ-9 is a powerful tool for assisting primary care clinicians in diagnosing depression as well as selecting and monitoring treatment. The primary care clinician and/or office staff should discuss with the patient the reasons for completing the questionnaire and how to fill it out. After the patient has completed the PHQ-9 questionnaire, it is scored by the primary care clinician or office staff.

There are two components of the PHQ-9:

- Assessing symptoms and functional impairment to make a tentative depression diagnosis, and
- Deriving a severity score to help select and monitor treatment

The PHQ-9 is based directly on the diagnostic criteria for major depressive disorder in the Diagnostic and Statistical Manual Fourth Edition (DSM-IV).

For more information go to:

<http://www.depression-primarycare.org/clinicians/toolkits/materials/forms/phq9/>

## Priority #2 | Increase Mental Health Services

### Best Practices, continued

6. **Mental Health First Aid:** Mental Health First Aid is an adult public education program designed to improve participants' knowledge and modify their attitudes and perceptions about mental health and related issues, including how to respond to individuals who are experiencing one or more acute mental health crises (i.e., suicidal thoughts and/or behavior, acute stress reaction, panic attacks, and/or acute psychotic behavior) or are in the early stages of one or more chronic mental health problems (i.e., depressive, anxiety, and/or psychotic disorders, which may occur with substance abuse).

The Intervention is delivered by a trained, certified instructor through an interactive 12-hour course, which can be completed in two 6-hour sessions or four 3-hour sessions. The course introduces participants to risk factors, warning signs, and symptoms for a range of mental health problems, including comorbidity with substance use disorders; builds participants' understanding of the impact and prevalence of mental health problems; and provides an overview of common support and treatment resources for those with a mental health problem. Participants also are taught a five-step action plan, known as ALGEE, for use when providing Mental Health First Aid to an individual in crisis:

- A-Assess for risk of suicide or harm
- L-Listen nonjudgmentally
- G-Give reassurance and information
- E-Encourage appropriate professional help
- E-Encourage self-help and other support strategies

In addition, the course helps participants to not only gain confidence in their capacity to approach and offer assistance to others, but also to improve their personal mental health. After completing the course and passing an examination, participants are certified for 3 years as a Mental Health First Aider.

In the studies reviewed for this summary, Mental Health First Aid was delivered as a 9-hour course, through three weekly sessions of 3 hours each. Participants were recruited from community and workplace settings in Ashtabula or were members of the general public who responded to recruitment efforts. Some of the participants (7%-60% across the three studies reviewed) had experienced mental health problems

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

7. **Red Flags:** Red Flags is a framework and toolkit for school-based mental health education. They celebrate and promote sound mental health as an essential component of overall health. They also view mental health as a critical factor in children's development and their ability to learn. Red Flags is committed to making mental health education an integral part of the infrastructure of K-12 educational institutions. The Ohio Department of Mental Health recognized the importance of Red Flags for universal prevention and early intervention, and made Red Flags kits available for all Ohio middle schools. The Department continued to evaluate Red Flags annually to assure its effectiveness and value. A number of schools around the country learned of Red Flags and also began to implement the program. Hundreds of thousands of children and adults nationwide have received the informational booklet, Red Flags in Children's Behavior. Over the years, Red Flags and its materials were developed and refined by the schools and teachers who were using it. Much remains the same: a commitment to school-based mental health education that is comprehensive, flexible, inexpensive, sustainable, and easy to implement.

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



## Priority #2 | Increase Mental Health Services

### Best Practices, continued

9. **Public Health Response to Access to Rural Mental Health Services Model:** Through academic partnerships and a community-wide collaborative established and led by the Marshall County Health Department and Board of Health, the objectives for the project includes:
- Provide grass-root level efforts to improve and integrate access to mental health related services within the county.
  - Provide and support delivery of advocacy and educational activities and programs concerning mental wellness and related issues.
  - Disseminate information about the Marshall County Behavioral Health Task Force to provoke thinking and discussion about activities and potential unmet needs with the community.

The outcome of the work done by the Task Force has resulted in access for Marshall County residents to mental health counseling, outreach activities, telepsychiatry, training for first responders and in-school prevention activities that previously did not exist. Of particular note is the provision of services to the Medicaid population. Seventy-eight percent of those receiving services are Medicaid recipients.

For more information go to:

<http://archived.naccho.org/topics/modelpractices/displaymp.cfm?id=465>

10. **Telemedicine:** Formally defined, telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve a patient's clinical health status. Telemedicine includes a growing variety of applications and services using two-way video, email, smart phones, wireless tools and other forms of telecommunications technology.

What Services Can Be Provided By Telemedicine?

- **Primary care and specialist referral services** may involve a primary care or allied health professional providing a consultation with a patient or a specialist assisting the primary care physician in rendering a diagnosis. This may involve the use of live interactive video or the use of store and forward transmission of diagnostic images, vital signs and/or video clips along with patient data for later review.
- **Remote patient monitoring**, including home telehealth, uses devices to remotely collect and send data to a home health agency or a remote diagnostic testing facility (RDTF) for interpretation. Such applications might include a specific vital sign, such as blood glucose or heart ECG or a variety of indicators for homebound patients. Such services can be used to supplement the use of visiting nurses.
- **Consumer medical and health information** includes the use of the Internet and wireless devices for consumers to obtain specialized health information and on-line discussion groups to provide peer-to-peer support.
- **Medical education** provides continuing medical education credits for health professionals and special medical education seminars for targeted groups in remote location.

For more information go to:

<http://www.americantelemed.org/about-telemedicine/what-is-telemedicine#.V1qjKFUrlCs>

## Priority #2 | Increase Mental Health Services

### Best Practices, continued

11. **ROX (Ruling Our Experiences):** ROX is a 501(c)(3) nonprofit organization that provides evidence-based empowerment programming for girls, delivers professional development to educators, teachers, and parents, and conducts research and evaluation focused on girls.

ROX helps girls develop the skills to deal with social, personal, and academic issues including: girl bullying and relational aggression, healthy dating and forming healthy relationships, cyberbullying, body image and the media, navigating social media, dealing with sexual harassment and violence, and leadership development for girls.

Licensed ROX facilitators work with small groups of 10-15 girls for 20 weeks. The validated curriculum provides the structure and content for girls to explore the tough things going on in their lives and develop new ways to communicate, stand up for themselves, and plan for their futures.

ROX programs operate in schools and community organizations throughout northern Kentucky, southeastern Michigan, Ohio, and Pennsylvania. In 2013-14 nearly 1,300 girls in grades 4-12 participated in ROX. The elementary curriculum focuses on issues facing late elementary/early middle school girls and the secondary curriculum focuses on the middle and high school years.

For more information go to: [http://www.rulingourexperiences.com/#!about\\_us/csgz](http://www.rulingourexperiences.com/#!about_us/csgz)

## Priority #2 | Increase Mental Health Services

### Alignment with National Standards

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

Healthy People 2020 Goals include:

- **Mental Health and Mental Disorders (MHMD)-1** Reduce the suicide rate
- **Mental Health and Mental Disorders (MHMD)-2** Reduce suicide attempts by adolescents
- **Mental Health and Mental Disorders (MHMD)-3** Reduce the proportion of adolescents who engage in disordered eating behaviors in an attempt to control their weight
- **Mental Health and Mental Disorders (MHMD)-4** Reduce the proportion of persons who experience major depressive episodes (MDEs)
- **Mental Health and Mental Disorders (MHMD)-5** Increase the proportion of primary care facilities that provide mental health treatment onsite or by paid referral
- **Mental Health and Mental Disorders (MHMD)-6** Increase the proportion of children with mental health problems who receive treatment
- **Mental Health and Mental Disorders (MHMD)-7** Increase the proportion of juvenile residential facilities that screen admissions for mental health problems
- **Mental Health and Mental Disorders (MHMD)-8** Increase the proportion of persons with serious mental illness (SMI) who are employed
- **Mental Health and Mental Disorders (MHMD)-9** Increase the proportion of adults with mental health disorders who receive treatment
- **Mental Health and Mental Disorders (MHMD)-10** Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders
- **Mental Health and Mental Disorders (MHMD)-11** Increase depression screening by primary care providers
- **Mental Health and Mental Disorders (MHMD)-12** Increase the proportion of homeless adults with mental health problems who receive mental health services

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

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

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

## Priority #2 | Increase Mental Health Services

### Action Step Recommendations & Plan

To work toward **increasing mental health services** the following actions steps are recommended:

1. Increase awareness and accessibility of available mental health services
2. Increase the number of primary care physicians screening for depression during office visits
3. Expand evidence-based suicide prevention and bullying programs targeting youth and families
4. Provide mental health first aid trainings
5. Increase awareness of trauma informed care
6. Establish a youth-focused community center at the former Mantua Center School

| Mental Health  |  |                        |
|--|--|------------------------|
| Action Step  | Responsible Person/Agency  | Timeline               |
| <b>Increase awareness and accessibility of available mental health services</b>  |  |                        |
| <p><b>Year 1:</b> Educate school personnel and social workers in at least three local school districts on the availability of mental health services.</p> <p>Create a presentation on available mental health services and present to Portage County area churches, Law Enforcement, Chamber of Commerce, City Councils, Portage College students majoring in social work, etc.</p> <p>Support and disseminate an informational brochure that highlights all organizations in Portage County that provide mental health services.</p>  | <p>Karyn Hall,<br/>Mental Health &amp; Recovery<br/>Board of Portage County</p>  | <p>October 1, 2017</p> |
| <p><b>Year 2:</b> Educate school personnel and social workers in all local school districts on the availability of mental health services.</p> <p>Continue presentations on available mental health services to Portage County groups.</p>   |  | <p>October 1, 2018</p> |
| <p><b>Year 3:</b> Continue efforts of years 1 and 2 and expand outreach.</p>   |  | <p>October 1, 2019</p> |
| <b>Increase the number of primary care physicians screening for depression during office visits</b>  |  |                        |
| <p><b>Year 1:</b> Collect baseline data on the number of primary care physicians that currently screen for depression during office visits.</p> <p>Research screening tool with other 4 priorities.</p>  | <p>Paul Dages,<br/>Suicide Prevention Coalition<br/>and<br/>Joel Mowrey,<br/>Mental Health &amp; Recovery<br/>Board of Portage County</p>                        | <p>October 1, 2017</p> |
| <p><b>Year 2:</b> Investigate collaborative opportunities for system solutions with the three major health systems.</p> <ul style="list-style-type: none"> <li>• Identify people in each system that can share the screening tools; ascertain if EMRs from each system can be collected/shared.</li> <li>• Investigate what primary care providers are screening for in offices (including mental health, substance abuse, and obesity).</li> <li>• Obtain EMR <b>required</b> questions from all the health care systems.</li> <li>• Determine PCP assessment criteria and follow up/referral protocols.</li> </ul> | <p>Joseph Diorio, and<br/>Mark Arrendondo<br/>Portage County Combined<br/>General Health District<br/>and<br/>Kirk Stiffler,<br/>Kent City Health Department</p> | <p>October 1, 2018</p> |
| <p><b>Year 3:</b> Increase the number of primary care physicians using the screening tool by 25% from baseline.</p>  |  | <p>October 1, 2019</p> |

## Priority #2 | Increase Mental Health Services

### Action Step Recommendations & Plan, continued

| Mental Health   |  |                 |
|---|--|-----------------|
| Action Step   | Responsible Person/Agency  | Timeline        |
| <b>Expand evidence-based suicide prevention and bullying programs targeting youth and families</b>  |  |                 |
| <p><b>Year 1:</b> Research Life Skills, QPR, ROX, Strengthening Families, and the Incredible Years programs.</p> <p>Continue the implementation of Red Flags to the Portage County School Districts.</p>  | Karyn Hall,<br>Mental Health & Recovery<br>Board of Portage County                 | October 1, 2017 |
| <p><b>Year 2:</b> Increase awareness and participation of available programs. (Red Flags, Like Skills, PBIS, and Start with Hello.)</p> <p>Continue researching the PAX program.</p> <p>Collect data on Red Flags and other programs being utilized.</p> <p>Implement at least 1 of the programs in 1 new location or school and/or in additional grade levels.</p>   |  | October 1, 2018 |
| <p><b>Year 3:</b> Continue efforts to implement the program(s) in at least one grade level in each school district.</p>   |  | October 1, 2019 |
| <b>Provide mental health first aid trainings</b>  |  |                 |
| <p><b>Year 1:</b> Obtain baseline data on the number of trainings that have taken place.</p> <p>Market the training to Portage County area churches, schools, Rotary Clubs, Law Enforcement, Chamber of Commerce, City Councils, Kent State University students majoring in social work/mental health, Coleman services, non-clinician departments and organizations, etc.</p> <p>Provide at least 2 trainings.</p> | Karyn Hall,<br>Mental Health & Recovery<br>Board of Portage County                 | October 1, 2017 |
| <p><b>Year 2:</b> Provide 2 additional trainings and continue marketing efforts to expand reach of trainings through community partners.</p>  |  | October 1, 2018 |
| <p><b>Year 3:</b> Continue efforts from year 2.</p>   |  | October 1, 2019 |
| <b>Increase awareness of trauma informed care</b>   |  |                 |
| <p><b>Year 1:</b> Continue community trainings on trauma informed care and adverse childhood experiences (ACEs).</p> <p>Continue to train clinicians on evidence-based trauma programs.</p>   | Joel Mowrey and Karyn Hall,<br>Mental Health & Recovery<br>Board of Portage County | October 1, 2017 |
| <p><b>Year 2:</b> Continue efforts of year 1.</p> <p>Provide agency clinician training on Eye Movement Desensitization and Reprogramming psychotherapy treatment in spring 2018.</p>  |  | October 1, 2018 |
| <p><b>Year 3:</b> Continue efforts of years 1 and 2.</p>  |  | October 1, 2019 |

## Priority #2 | Increase Mental Health Services

### Action Step Recommendations & Plan, continued

| Mental Health   |   |                        |
|---|---|------------------------|
| Action Step   | Responsible Person/Agency   | Timeline               |
| <b>Establish a youth-focused community center at the former Mantua Center School</b>  |   |                        |
| <p><b>Year 1:</b> Explore options, community partnerships, and funding sources for renovation and development of the former Mantua Center School into a "Center Café" community center offering teens and young adults a healthy community space to build positive peer and mentor relationships and explore new opportunities, hobbies, and career paths.</p>  | <p>Jeff Jackson,<br/>Hilltop Christian Church – Mantua<br/>and<br/>Chad Delaney,<br/>Mantua Center Christian Church</p> | <p>October 1, 2017</p> |
| <p><b>Year 2:</b> Identify location for after-school program for 7<sup>th</sup> and 8<sup>th</sup> graders,<br/><br/>Identify advisory board and volunteer coordinator<br/><br/>Implement a 3-week trial after-school program for target age group at location in the first quarter of 2018.<br/><br/>Plan for full program implementation in the fall of 2018 (to include snacks, homework assistance, leisure activities, and drug prevention education.)</p> | <p>Chad Delaney,<br/>Mantua Center Christian Church<br/>and<br/>Chris McCreight,<br/>Hiram Christian Church</p>         | <p>October 1, 2018</p> |
| <p><b>Year 3:</b> Expand programming.<br/><br/>Establish a community meeting room and offer additional community-wide programming including all CHIP priorities.<br/><br/>Incorporate a Social Enterprise Incubator.</p>  |   | <p>October 1, 2019</p> |

# Priority #3 | Decrease Substance Abuse

## Substance Abuse Indicators

*In 2015, 13% of Portage County adults were current smokers and 23% were considered former smokers. 8% of Portage County adults were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines.) The 2016 Health Assessment identified that 6% of Portage County youth in grades 6-12 were smokers, increasing to 10% of those ages 17 and older. 17% of youth vaped e-cigarettes in the past year.*

### **Adult Alcohol Consumption**

In 2015, 62% of the Portage County adults had at least one alcoholic drink in the past month, increasing to 100% of those under the age of 30. The 2013 BRFSS reported current drinker prevalence rates of 53% for Ohio and 55% for the U.S.

Of those who drank, Portage County adults drank 3.7 drinks on average, increasing to 4.2 drinks for males.

Almost one-quarter (22%) of all Portage County adults were considered binge drinkers. The 2013 BRFSS reported binge drinking rates of 17% for Ohio and for the U.S.

2% of adults reported driving after having perhaps too much to drink.

Of current drinkers, 37% reported they had five or more alcoholic drinks (for males) or 4 or more drinks (for females) on an occasion in the last month and would be considered binge drinkers by definition.

### **Adult Tobacco Use**

The 2016 health assessment identified that nearly one-in-eight (13%) Portage County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoke some or all days). The 2013 BRFSS reported current smoker prevalence rates of 23% for Ohio and 19% for the U.S.

Almost one-quarter (23%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke). The 2013 BRFSS reported former smoker prevalence rates of 25% for Ohio and the U.S.

Portage County adults used the following tobacco products in the past year: cigarettes (19%), e-cigarettes (11%), cigars (7%), Black and Milds (5%), hookah (4%), chewing tobacco (3%), snuff (1%), little cigars (1%), pipes (1%), and cigarillos (<1%).

### **Adult Drug Use**

10% of Portage County adults had used marijuana in the past 6 months, increasing to 23% of those under the age of 30.

2% of Portage County adults reported using other recreational drugs in the past six months such as cocaine, synthetic marijuana/K2, heroin, LSD, inhalants, Ecstasy, bath salts, and methamphetamines.

10% of adults had used medication not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past 6 months, increasing to 15% of males and 19% of those under the age of 30.

## Priority #3 | Decrease Substance Abuse

### Substance Abuse Indicators, continued

#### Youth Alcohol Consumption

In 2015, the Health Assessment results indicated that nearly half (47%) of all Portage County youth (ages 12 to 18) had at least one drink of alcohol in their life, increasing to 71% of those ages 17 and older (2013 YRBS reports 66% for the U.S.).

Nearly one-fifth (18%) of youth had at least one drink in the past 30 days, increasing to 37% of those ages 17 and older (2013 YRBS reports 30% for Ohio and 35% for the U.S.).

Of those who drank, 49% had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers by definition, increasing to 51% of high school youth.

Based on all youth surveyed, 9% were defined as binge drinkers, increasing to 21% of those ages 17 and older (2013 YRBS reports 16% for Ohio and 21% for the U.S.).

Portage County youth drinkers reported they got their alcohol from the following: someone gave it to them (32%) (2013 YRBS reports 38% for Ohio and 42% for the U.S.), a parent gave it to them (27%), someone older bought it (17%), an older friend or sibling bought it (17%), gave someone else money to buy it (11%), took it from a store or family member (11%), a friend's parent gave it to them (9%), bought it at a public event (5%), bought it in a liquor store/ convenience store/gas station (2%), and some other way (20%). No one reported using a fake ID to buy alcohol or buying it at a restaurant/bar/club.

During the past month 18% of all Portage County youth had ridden in a car driven by someone who had been drinking alcohol (2013 YRBS reports 17% for Ohio and 22% for the U.S.).

5% of youth drivers had driven a car in the past month after they had been drinking alcohol (2013 YRBS reports 4% for Ohio and 10% for the U.S.).

#### Youth Tobacco Use

The 2016 Health Assessment indicated that 26% of Portage County youth had tried cigarette smoking (2013 YRBS reported 41% for the U.S.).

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

In 2015, 6% of Portage County youth were current smokers, having smoked at some time in the past 30 days (2013 YRBS reported 15% for Ohio and 16% for the U.S.).

Portage County youth used the following forms of tobacco the most in the past year: e-cigarettes (17%), cigarettes (11%), hookah (8%), Black and Milds (8%), swishers (6%), chewing tobacco or snuff (6%), cigars (5%), cigarillos (3%), flavored cigarettes (3%), snus (2%), little cigars (1%), dissolvable tobacco products (1%) and bidis (<1%).



## Priority #3 | Decrease Substance Abuse

### Substance Abuse Indicators, continued

#### Youth Drug Use

In 2015, 11% of Portage County 6<sup>th</sup>-12<sup>th</sup> grade youth had used marijuana at least once in the past 30 days, increasing to 17% of those ages 17 and older.

During the past 12 months, 9% of all Portage County youth reported that someone had offered, sold, or given them an illegal drug on school property, increasing to 13% of high school youth (2013 YRBS reports 20% for Ohio and 22% for the U.S.).

7% of Portage County youth used medications that were not prescribed for them or took more than prescribed to feel good or get high at some time in their lives, increasing to 11% of those over the age of 17.

Youth reported that their friends would disapprove of them: misusing prescription drugs (65%), smoking cigarettes (62%), using marijuana (54%), and drinking alcohol (47%).

#### Child Tobacco Use

Portage County parents had the following rules about smoking in their home: no one is allowed to smoke inside their home at any time (79%), smoking is not allowed when children are present (6%), smoking is allowed in some rooms only (5%), and smoking is allowed anywhere (3%).

Portage County parents had the following rules about smoking in their car: no one is allowed to smoke inside their car at any time (78%), smoking is not allowed when children are present (8%), smoking is allowed as long as a window is open (4%), and smoking is allowed anywhere (1%).

# Priority #3 | Decrease Substance Abuse

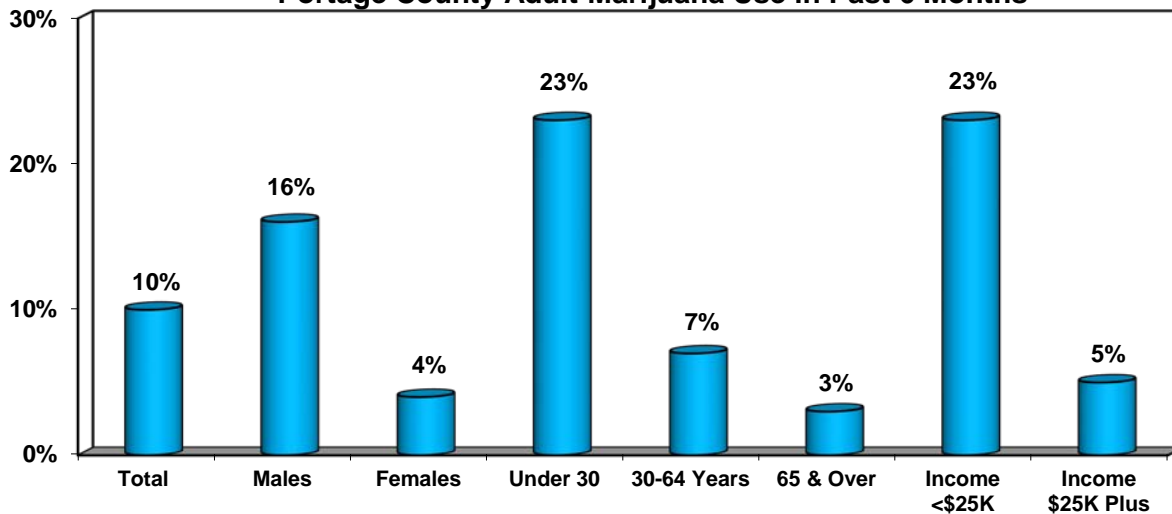
## Substance Abuse Indicators, continued

| Youth Comparisons  | Portage County 2015 (6 <sup>th</sup> -12 <sup>th</sup> ) | Portage County 2015 (9 <sup>th</sup> -12 <sup>th</sup> ) | Ohio 2013 (9 <sup>th</sup> -12 <sup>th</sup> ) | U.S. 2013 (9 <sup>th</sup> -12 <sup>th</sup> ) |
|--|--|--|--|--|
| Youth who used marijuana in the past month   | 11%  | 17%  | 21%  | 23%  |
| Ever used methamphetamines   | 1%   | 2%   | 6%*  | 3%   |
| Ever used cocaine  | 2%   | 4%   | 4%   | 6%   |
| Ever used heroin   | 1%   | 1%   | 2%   | 2%   |
| Ever used steroids   | 1%   | 2%   | 3%   | 3%   |
| Ever used inhalants  | 4%   | 4%   | 9%   | 9%   |
| Ever misused medications   | 7%   | 11%  | N/A  | 18%  |
| Ever used ecstasy/MDMA   | 3%   | 4%   | N/A  | 7%   |
| Ever been offered, sold, or given an illegal drug by someone on school property in the past year | 9%   | 13%  | 20%  | 22%  |

N/A - Not available

\*2007 YRBS Data

**Portage County Adult Marijuana Use in Past 6 Months**

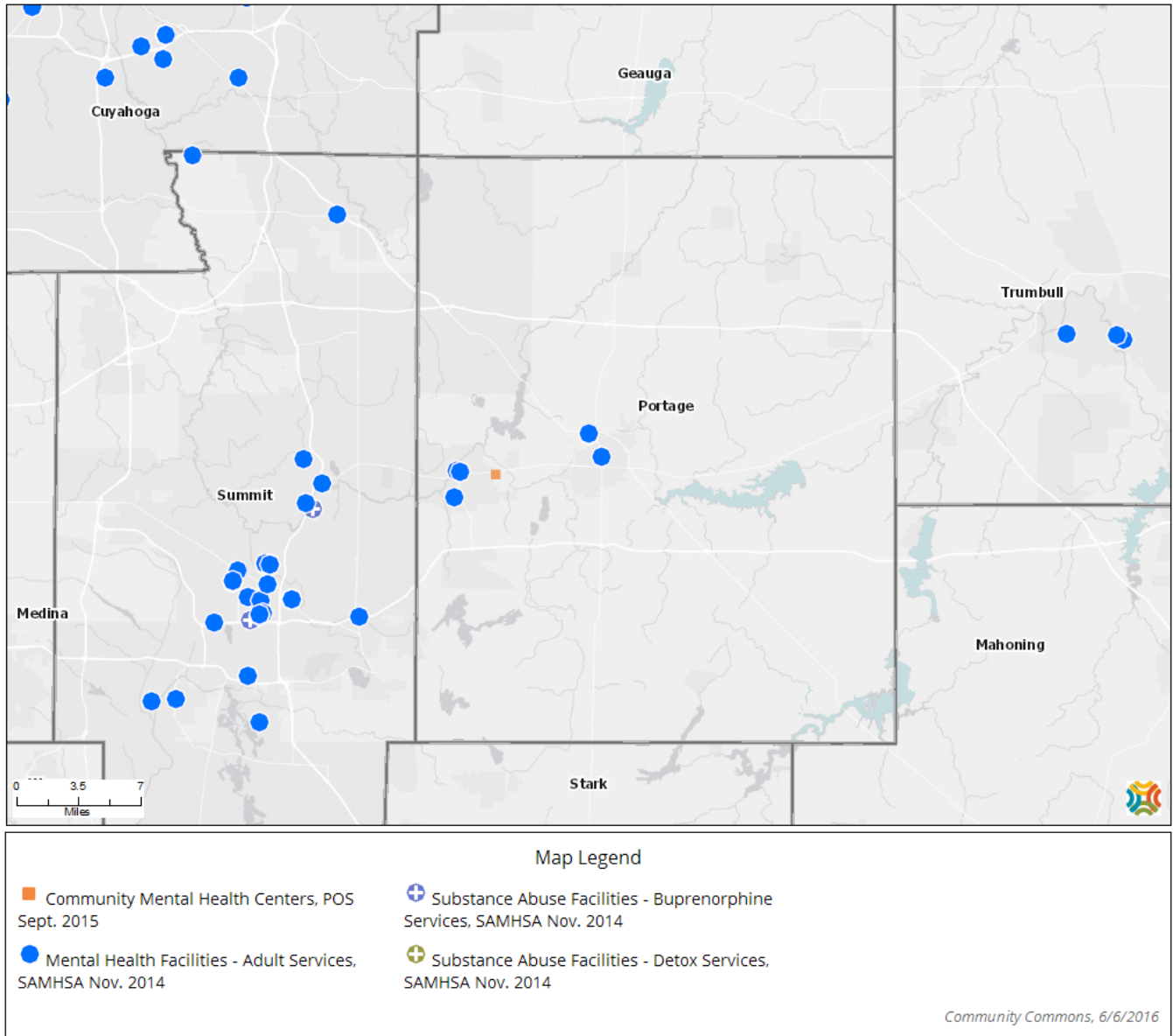


| Adult Comparisons   | Portage County 2015 | Ohio 2013 | U.S. 2013 |
|---|---------------------|-----------|-----------|
| Drank alcohol at least once in past month   | 62%                 | 53%       | 55%       |
| Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion) | 22%                 | 17%       | 17%       |

# Priority #3 | Decrease Substance Abuse

## Substance Abuse Indicators, continued

Mental Health Centers and Substance Facilities – POS Sept. 2015, SAMHSA  
Nov. 2014



(Source: Community Commons 6/6/16)

## Priority #3 | Decrease Substance Abuse

### Resource Assessment

| Program/Strategy/Service                           | Responsible Agency | Population(s) Served  | Continuum of Care (Prevention, Early Intervention, or Treatment) | Evidence of Effectiveness                    |
|--|--------------------|---|--|--|
| Intensive Outpatient Treatment                     | Townhall II        | Adults who have been assessed to have a moderate to severe Substance Use Disorder   | Treatment  | CARF-accredited program                      |
| Outpatient substance abuse or addiction counseling | Townhall II        | 13 years or older who have been assessed to have a mild to moderate Substance Use Disorder                                    | Treatment  | CARF-accredited program                      |
| Substance Abuse Education & Therapy Group          | Townhall II        | Adults who have been assessed to have a mild to moderate Substance Use Disorder   | Treatment  | CARF-accredited program                      |
| Integrated Dual Disorder Treatment                 | Townhall II        | Adults who have co-occurring disorders of substance abuse/addiction and a mild to moderate mental health concerns             | Treatment  | CARF-accredited program                      |
| Adolescent substance abuse treatment group         | Townhall II        | 13-17 year old adolescents who have been assessed to have a Substance Use Disorder that meet criteria for outpatient services | Treatment  | CARF-accredited program                      |
| Horizon House (Halfway House)                      | Townhall II        | Adult women who meet Level of Care criteria for a Level II-A Non-Medical Community Residential addiction treatment program    | Treatment  | CARF-accredited program                      |
| Project Detour (72-hr Driver Intervention Program) | Townhall II        | Adult first-time OVI offenders who have been court-referred   | Early Intervention   | Certified by the Ohio Dept. of MHAS          |
| Too Good for Drugs                                 | Townhall II        | Portage County kindergarten, 3 <sup>rd</sup> and 5 <sup>th</sup> grade students   | Prevention   | Nationally Accredited Evidence Based Program |

## Priority #3 | Decrease Substance Abuse

### Resource Assessment, continued

| Program/Strategy/Service          | Responsible Agency                        | Population(s) Served  | Continuum of Care (Prevention, Early Intervention, or Treatment) | Evidence of Effectiveness                    |
|-----------------------------------|---|---|--|--|
| Project Alert                     | Townhall II                               | Portage County middle school students   | Prevention   | Nationally Accredited Evidence Based Program |
| Tobacco Education                 | Townhall II                               | Portage County middle & high school students caught with tobacco on school property | Intervention   | CARF- accredited program                     |
| Family Program – Addiction Series | Townhall II                               | Family members of individuals facing addiction or in treatment                      | Prevention/Education   | CARF – accredited program                    |
| Substance Abuse Treatment         | Ravenna Multi-Specialty Outpatient Clinic | Adult   | Treatment  | Evidence-based                               |
| Alcoholics Anonymous Group        | Akron Intergroup Council                  | Adult   | Treatment  | Evidence-based                               |

# Priority #3 | Decrease Substance Abuse

## Gaps and Potential Strategies

| Substance Abuse Gaps  | Potential Strategies  |
|-----------------------|---|
| 1. Programs for youth | <ul style="list-style-type: none"><li>○ Create programs for those who are &lt;18yrs.</li></ul>  |
| 2. No detox facility  | <ul style="list-style-type: none"><li>○ Portage County ADAHMS board will pay for a 5-7 day stay outside of the county</li><li>○ Need to increase support staff</li><li>○ Mental Health &amp; Recovery Board collaborate with Town Hall II</li></ul> |

# Priority #3 | Decrease Substance Abuse

## Best Practices

1. **Parent Project**®: The Parent Project is an evidence/science based parenting skills program specifically designed for parents with strong-willed or out-of-control children. Parents are provided with practical tools and no-nonsense solutions for even the most destructive of adolescent behaviors. The Parent Project is the largest court mandated juvenile diversion program in the country and for agencies, the least expensive Intervention program available today.

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

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

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

2. **Project ASSERT**- Project ASSERT (Alcohol and Substance Abuse Services, Education, and Referral to Treatment) is a screening, brief Intervention, and referral to treatment (SBIRT) model designed for use in health clinics or emergency departments (Eds). Project ASSERT targets three groups:

- a. Out-of-treatment adults who are visiting a walk-in health clinic for routine medical care and have a positive screening result for cocaine and/or opiate use. Project ASSERT aims to reduce or eliminate their cocaine and/or opiate use through interaction with peer educators (substance abuse outreach workers who are in recovery themselves for cocaine and/or opiate use and/or are licensed alcohol and drug counselors).
- b. Adolescents and young adults who are visiting a pediatric ED for acute care and have a positive screening result for marijuana use. Project ASSERT aims to reduce or eliminate their marijuana use through interaction with peer educators (adults who are under the age of 25 and, often, college educated).
- c. Adults who are visiting an ED for acute care and have a positive screening result for high-risk and/or dependent alcohol use. Project ASSERT aims to motivate patients to reduce or eliminate their unhealthy use through collaboration with ED staff members (physicians, nurses, nurse practitioners, social workers, or emergency medical technicians).

On average, Project ASSERT is delivered in 15 minutes, although more time may be needed, depending on the severity of the patient's substance use problem and associated treatment referral needs. The face-to-face component of the Intervention is completed during the course of medical care, while the patient is waiting for the doctor, laboratory results, or medications.

For more information go to: <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=222>

## Priority #3 | Decrease Substance Abuse

### Best Practice, continued

3. **Community Trials Intervention to Reduce High-Risk Drinking** – Community Trials Intervention to Reduce High-Risk Drinking is a multicomponent, community-based program developed to alter the alcohol use patterns and related problems of people of all ages. The program incorporates a set of environmental Interventions that assist communities in (1) using zoning and municipal regulations to restrict alcohol access through alcohol outlet density control; (2) enhancing responsible beverage service by training, testing, and assisting beverage servers and retailers in the development of policies and procedures to reduce intoxication and driving after drinking; (3) increasing law enforcement and sobriety checkpoints to raise actual and perceived risk of arrest for driving after drinking; (4) reducing youth access to alcohol by training alcohol retailers to avoid selling to minors and those who provide alcohol to minors; and (5) forming the coalitions needed to implement and support the Interventions that address each of these prevention components.

For more information go to: <http://www.pire.org/communitytrials/index.htm>

4. **Too Good for Drugs:** Too Good for Drugs (TGFD) is a school-based prevention program for kindergarten through 12<sup>th</sup> grade that builds on students' resiliency by teaching them how to be socially competent and autonomous problem solvers. The program is designed to benefit everyone in the school by providing needed education in social and emotional competencies and by reducing risk factors and building protective factors that affect students in these age groups. TGFD focuses on developing personal and interpersonal skills to resist peer pressures, goal setting, decision making, bonding with others, having respect for self and others, managing emotions, effective communication, and social interactions. The program also provides information about the negative consequences of drug use and the benefits of a nonviolent, drug-free lifestyle. TGFD has developmentally appropriate curricula for each grade level through 8<sup>th</sup> grade, with a separate high school curriculum for students in grades 9 through 12. The K-8 curricula each include 10 weekly, 30- to 60-minute lessons, and the high school curriculum includes 14 weekly, 1-hour lessons plus 12 optional, 1-hour "infusion" lessons designed to incorporate and reinforce skills taught in the core curriculum through academic infusion in subject areas such as English, social studies, and science/health. Ideally, implementation begins with all school personnel (e.g., teachers, secretaries, janitors) participating in a 10-hour staff development program, which can be implemented either as a series of 1-hour sessions or as a 1- or 2-day workshop.

Five studies conducted by an independent evaluator have examined TGFD's effectiveness in reducing adolescents' intention to use tobacco, alcohol, and marijuana; reducing fighting; and strengthening protective and resiliency factors. Each of the five studies showed positive effects on risk and protective factors relating to alcohol, tobacco, illegal drug use, and violence, including significant positive effects on the following:

- Attitudes toward drugs
- Attitudes toward violence
- Perceived peer norms
- Peer disapproval of use
- Emotional competence
- Social and resistance skills
- Goals and decision making
- Perceived harmful effects

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



# Priority #3 | Decrease Substance Abuse

## Alignment with National Standards

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

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

## Priority #3 | Decrease Substance Abuse

### Action Step Recommendations & Plan

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

1. Develop and implement a community based comprehensive plan to reduce alcohol and drug abuse
2. Increase treatment options for those with substance use disorder
3. Implement and increase prevention programs
4. Implement and increase harm reduction initiatives
5. Increase the number of health care providers screening for alcohol and drug abuse
6. Advocate for substance abuse and criminal justice issues
7. Implement a Tobacco and Smoke Free Policy on Kent State University campuses

| Substance Abuse   |   |                 |
|---|---|-----------------|
| Action Step   | Responsible Person/Agency   | Timeline        |
| <b>Develop and implement a community based comprehensive plan to reduce alcohol and drug abuse</b>  |   |                 |
| <b>Year 1:</b> Hold an annual conference to educate the public and organizations.<br>Plan community awareness campaign.<br>Establish working committees for the Substance Abuse Coalition (the Oversight Committee).  | Joel Mowrey,<br>Mental Health & Recovery<br>Board of Portage County | October 1, 2017 |
| <b>Year 2:</b> Hold annual conference; continue efforts from year 1.  |   | October 1, 2018 |
| <b>Year 3:</b> Hold annual conference; continue efforts from years 1 and 2.   |   | October 1, 2019 |
| <b>Increase treatment options for those with substance use disorder</b>   |   |                 |
| <b>Year 1:</b> Support Quest/Townhall II with the startup of their MAT clinic & ambulatory detox.<br>Work with Coleman to expand their MAT program.<br>Continue to explore MAT program with AxxessPointe.<br>Explore other treatment options for detox, recovery housing, etc.      | Joel Mowrey,<br>Mental Health & Recovery<br>Board of Portage County | October 1, 2017 |
| <b>Year 2:</b> Collect data and monitor success rate of MAT programs.<br>Continue collaborative expansion of MAT training and programming efforts.<br>Explore other treatment options for detox, recovery housing, after care housing, etc. (Extended length, intense programming.) |   | October 1, 2018 |
| <b>Year 3:</b> Continue efforts of years 1 and 2.   |   | October 1, 2019 |

# Priority #3 | Decrease Substance Abuse

## Action Step Recommendations & Plan, continued

| Substance Abuse   |   |                        |
|---|---|------------------------|
| Action Step   | Responsible Person/ Agency  | Timeline               |
| <b>Implement and increase prevention programs</b>   |   |                        |
| <p><b>Year 1:</b> Continue to introduce "Too Good For Drugs" to school administrators.</p> <p>Research parent program already in place with Townhall II.</p> <p>Identify groups (youth, faith community, sports, etc) and how to reach them.</p> <p>Secure funding for program.</p>   | <p>Karyn Hall,<br/>Mental Health &amp; Recovery<br/>Board of Portage County</p>   | <p>October 1, 2017</p> |
| <p><b>Year 2:</b> Continue and expand "Too Good for Drugs," "Project Alert" and other drug prevention curricula to additional grade levels, preschools, aftercare programs, community groups.</p> <p>Outreach to PTA and other parent organizations.</p>  | <p>Karyn Hall,<br/>Mental Health &amp; Recovery<br/>Board of Portage County<br/>and<br/>Sarah McCully, Townhall II</p>  | <p>October 1, 2018</p> |
| <p><b>Year 3:</b> Increase the number of schools and grade levels offering "Too Good For Drugs" by 25%.</p>   |   | <p>October 1, 2019</p> |
| <b>Implement and increase harm reduction initiatives</b>  |   |                        |
| <p><b>Year 1:</b> Increase Naloxone kit distribution.</p> <p>Research needle exchange.</p> <p>Promote the drug drop off locations.</p>  | <p>Becky Lehman,<br/>Portage County Combined<br/>General Health District<br/>and<br/>Karyn Hall,<br/>Mental Health &amp; Recovery<br/>Board of Portage County</p>                     | <p>October 1, 2017</p> |
| <p><b>Year 2:</b> Collect data from law enforcement on where Narcan is needed in the community via GIS project between PCHD and KSU.</p> <p>Investigate increasing the number of drug drop off locations (NEOMED, Rootstown, etc.).</p> <p>Investigate incorporating quick response teams in Portage County.</p> <p>Continue to explore feasibility of implementing a needle exchange and/or needle collection program.</p> <p>Promote drug take-back days.</p> | <p>Joseph Diorio &amp; Becky Lehman,<br/>Portage County Combined<br/>General Health District<br/>and<br/>Karyn Hall,<br/>Mental Health &amp; Recovery<br/>Board of Portage County</p> | <p>October 1, 2018</p> |
| <p><b>Year 3:</b> Continue efforts of years 1 and 2.</p>  |   | <p>October 1, 2019</p> |

# Priority #3 | Decrease Substance Abuse

## Action Step Recommendations & Plan, continued

| Substance Abuse  |   |                        |
|--|---|------------------------|
| Action Step  | Responsible Person/ Agency  | Timeline               |
| <b>Increase the number of health care providers screening for alcohol and drug abuse</b>   |   |                        |
| <p><b>Year 1:</b> Collect baseline data on the number of emergency departments, primary care and specialty care providers that currently screen for drug and alcohol abuse.</p> <p>Research a screening tool.</p>  | <p>Joel Mowrey,<br/>Mental Health &amp; Recovery<br/>Board of Portage County<br/>(to coordinate with the other CHIP committees working with primary care providers)</p> | <p>October 1, 2017</p> |
| <p><b>Year 2:</b> Investigate collaborative opportunities for system solutions with the three major health systems.</p> <ul style="list-style-type: none"> <li>Identify people in each system that can share the screening tools, ascertain if EMRs from each system can be collected/shared.</li> <li>Investigate what primary care providers are screening for in offices (including mental health, substance abuse, and obesity).</li> <li>Obtain EMR <b>required</b> questions from all the health care systems.</li> <li>Determine PCP assessment criteria and follow up/referral protocols.</li> </ul> | <p>Joseph Diorio, and<br/>Mark Arrendondo<br/>Portage County Combined<br/>General Health District<br/>and<br/>Kirk Stiffler,<br/>Kent City Health Department</p>        | <p>October 1, 2018</p> |
| <p><b>Year 3:</b> Increase the number of primary care physicians using the model by 25% from baseline.</p>   |   | <p>October 1, 2019</p> |
| <b>Advocate for substance abuse and criminal justice issues</b>  |   |                        |
| <p><b>Year 1:</b> Organize methods for sharing information and call in/email campaigns to legislators.</p> <p>Support and promote the effectiveness of the Portage County Mental Health &amp; Drug Courts.</p> <p>Advocate for Medicaid for people in jail.</p>  | <p>Joel Mowrey,<br/>Mental Health &amp; Recovery<br/>Board of Portage County</p>  | <p>October 1, 2017</p> |
| <p><b>Year 2:</b> Continue efforts of year 1.</p> <p>Build relationships between Portage Substance Abuse Community Coalition Advocacy subgroup and criminal justice department representatives (judicial, prosecution, probation, etc.)</p>  |   | <p>October 1, 2018</p> |
| <p><b>Year 3:</b> Continue efforts of years 1 and 2.</p>   |   | <p>October 1, 2019</p> |

# Priority #3 | Decrease Substance Abuse

## Action Step Recommendations & Plan, continued

| Substance Abuse   |   |                 |
|---|---|-----------------|
| Action Step   | Responsible Person/ Agency  | Timeline        |
| <b>Implement a Tobacco and Smoke Free Policy on Kent State University campuses</b>  |   |                 |
| <b>Year 1:</b> Kent State University will implement a Tobacco and Smoke Free Campus Policy as a component of the Healthy Campus Initiative.   | Shay Davis Little,<br>Kent State University   | October 1, 2017 |
| <p><b>Year 2:</b> Continue education and intervention efforts of the Tobacco and Smoke Free Campus Policy. Ensure signage, flyers and individuals are available to address issues that occur around campus to remind individuals still unaware or non-compliant with the rule.</p> <p>Increase promotion of tobacco cessation initiatives for both students and employees.</p> <p>Monitor for issues of non-compliance and complaints, as well as reduction in tobacco use across the campus population.</p> <p>Implement Tobacco Free Parks and Recreation areas initiatives in Kent City Parks</p> <p>Implement tobacco free community festivals throughout the broader population within Kent City</p> | Melissa Celko,<br>Kent State University<br>and<br>Jeff Neistadt,<br>Kent City Health Department | October 1, 2018 |
| <b>Year 3:</b> Continue efforts of years 1 and 2.   |   | October 1, 2019 |

# Priority #4 | Increase Access to Healthcare

## Healthcare Access Indicators

*The 2016 Health Assessment project identified that 61% of Portage County adults had visited a doctor for a routine checkup in the past year. Almost one-quarter (22%) of adults reported there was a time in the past year they needed to see a doctor but could not because of cost. 25% of Portage County youth did not visit the doctor for a routine check-up in the past year. 17% of parents reported their child did not get all of the prescription medications they needed in the past year, increasing to 28% of those with incomes less than \$25,000.*

### Adult Health Care Access

Just over three-fifths (61%) of Portage County adults visited a doctor for a routine checkup in the past year, increasing to 80% of those over the age of 65.

More than half (51%) of Portage County adults reported they had one person they thought of as their personal doctor or healthcare provider. 30% of adults had more than one person they thought of as their personal healthcare provider, and 20% did not have one at all.

67% of Portage County adults reported having a usual source of medical care.

Reasons for not having a usual source of medical care included: had not needed a doctor (31%), had two or more usual places (26%), can't afford (21%), no insurance (8%), previous doctor unavailable/moved (5%), no place available/close enough (2%), not accepting new patients (1%), and other reasons (4%).

Adults usually visited the following places for health care services: doctor's office (59%), Internet (7%), urgent care center (2%), in-store health clinic (2%), public health clinic or community health department (1%), hospital emergency room (1%), VA (1%), chiropractor (<1%), and some other kind of place (<1%). 18% of adults reported multiple places, including a doctor's office, 4% reported multiple places, not including a doctor's office, and 5% had no usual place for health care services.

The following might prevent Portage County adults from seeing a doctor if they were sick, injured, or needed some kind of health care: cost (25%), could not get time off work (11%), difficult to get an appointment (7%), hours not convenient (6%), worried they might find something wrong (5%), frightened of the procedure or doctor (3%), difficult to find/no transportation (2%), do not trust or believe doctors (2%), and some other reason (3%).

Portage County adults had the following problems when they needed health care in the past year: did not have enough money to pay for health care (10%), did not have insurance (9%), could not get appointments when they wanted them (8%), too busy to get the healthcare they needed (7%), had to change doctors because of their healthcare plan (4%), could not find a doctor to take them as a patient (3%), could not find a doctor they were comfortable with (2%), did not have transportation (2%), too embarrassed to seek help (2%), healthcare plan did not allow them to see doctors in Portage County (1%), did not have child care (1%), did not get health services because they were concerned about their confidentiality (1%), did not have anyone to watch parent or senior family member (<1%), did not get health services because of discrimination (<1%), and other problems that prevented them from getting health care (5%).

# Priority #4 | Increase Access to Healthcare

## Healthcare Access Indicators, continued

### Adult Health Care Access (continued)

22% of adults reported there was a time in the past year they needed to see a doctor but could not because of cost, increasing to 45% of those under the age of 30 and 33% of those with incomes less than \$25,000.

Portage County adults had the following transportation issues when they needed services: could not afford gas (7%), no car insurance (6%), car did not work (4%), no car (3%), no driver's license (3%), limited public transportation available or accessible (2%), no public transportation available or accessible (1%), no public transportation before 8:00 a.m. or after 4:30 p.m. (1%), disabled (1%), and other car issues/expenses (5%).

### Youth Health Care Access

75% of Portage County youth had visited the doctor for a routine check-up in the past year, 7% reported one to two years ago, and 1% said they had never been to the doctor for a routine check-up.

During their last check-up, Portage County youth reporting that their doctor or nurse discussed: how to maintain a healthy weight (25%), ways to deal with feelings of hopelessness or sadness (11%), ways to avoid alcohol use (10%), and ways to avoid tobacco use (10%). 67% of youth reported that their doctor or nurse had discussed none of these things with them.

Youth reported they preferred to get information about their health from the following: parents (55%), healthcare professional (49%), school (31%), the internet (24%), friends (23%), siblings (14%), TV (7%), Facebook (4%), Instagram (4%), Twitter (3%), and the radio (3%).

### Child Health Care Access

3% of parents reported there was a time in the past year that their child was not covered by any health insurance.

Portage County children had the following types of health insurance: parent's employer (65%), Medicaid, Healthy Start, or other public health benefits (20%), someone else's employer (13%), self-paid (3%), Medicare (3%), Insurance Marketplace (1%), or some other source of insurance (1%).

17% of parents reported their child did not get all of the prescription medications they needed in the past year, increasing to 28% of those with incomes less than \$25,000. Reasons for not receiving all prescription medication included: their child did not need prescription medication (9%), no referral (3%), cost (2%), treatment was ongoing (1%), no insurance (1%), health plan problem (<1%), inconvenient times/could not get an appointment (<1%), religious preferences (<1%), and other reasons (2%).

Parents reported their child's health insurance covered the following: doctor visits (99%), immunizations (99%), well visits (98%), prescription coverage (97%), hospital stays (96%), dental (91%), mental health (83%), and vision (81%).

## Priority #4 | Increase Access to Healthcare

### Healthcare Access Indicators, continued

#### Child Health Care Access (continued)

12% of parents reported their child did not get all of the medical care they needed in the past year, increasing to 24% of those with household incomes less than \$25,000. Reasons for not receiving all medical care included: cost (3%), treatment was ongoing (3%), no referral (3%), no insurance (2%), inconvenient times/could not get an appointment (2%), could not find a doctor who accepted child's insurance (1%), vaccine shortage (1%), not available in area/transportation problems (<1%), doctor did not know how to treat or provide care (<1%), did not know where to go for treatment (<1%), child refused to go (<1%), and other reasons (5%).

95% of Portage County children had received all of their recommended vaccinations.

Reasons for not receiving all of their recommended vaccinations included: child had received some, but not all recommended vaccinations (3%), parents chose to not vaccinate their child (1%), fear of negative effects (1%), used an alternative vaccination schedule (1%), religious or cultural beliefs (1%), too expensive (<1%), not sure which are recommended (<1%), and other reasons (2%).

Portage County children received special needs and/or medical handicap services from the following places: Akron Children's Hospital (6%), primary care physician's office (4%), other physician's office (2%), Help Me Grow (2%), Happy Day School/Portage County Board of Developmental Disabilities (2%), Portage County Health Department/BMCH (1%), Robinson Memorial Hospital (1%), Children's Advantage (1%), Portage County WIC (1%), Head Start (<1%), and other places (3%).

77% of parents reported they had one or more people they think of as their child's personal doctor or nurse, decreasing to 71% of those with incomes less than \$25,000.

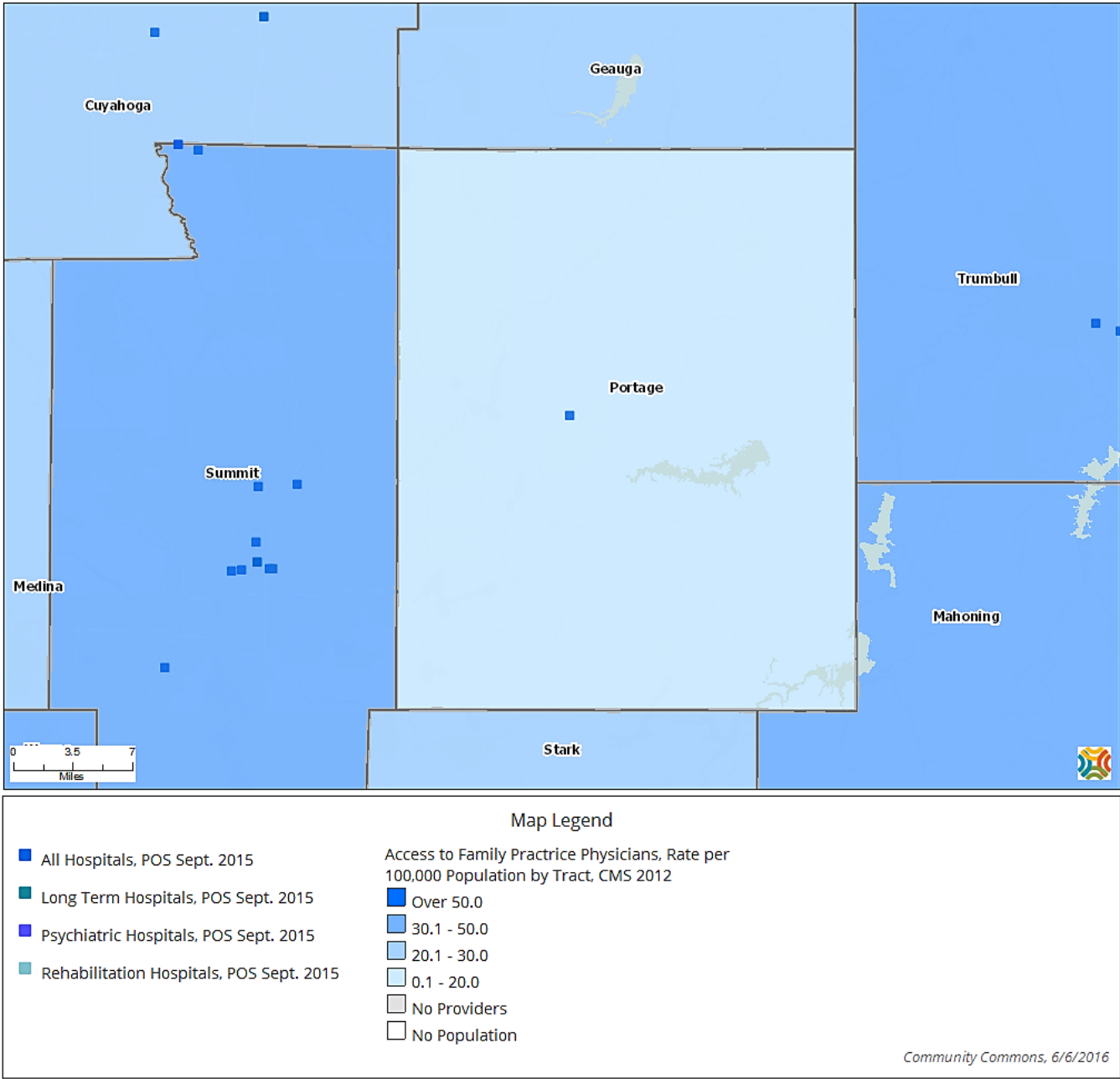
85% of children had visited their health care provider for preventive care in the past year, increasing to 97% of 0-5 year olds.

Portage County parents usually went to the following places if their child was sick or they needed advice about their child's health: a private doctor's office (80%), multiple places-including a doctor's office (11%), a public health clinic or community health center (2%), an urgent care center (2%), a hospital emergency room (1%), in-store health clinic (1%), no usual place (1%), multiple places- not including a doctor's office (1%), alternative therapies (<1%), and some other kind of place (1%).



# Priority #4 | Increase Access to Healthcare

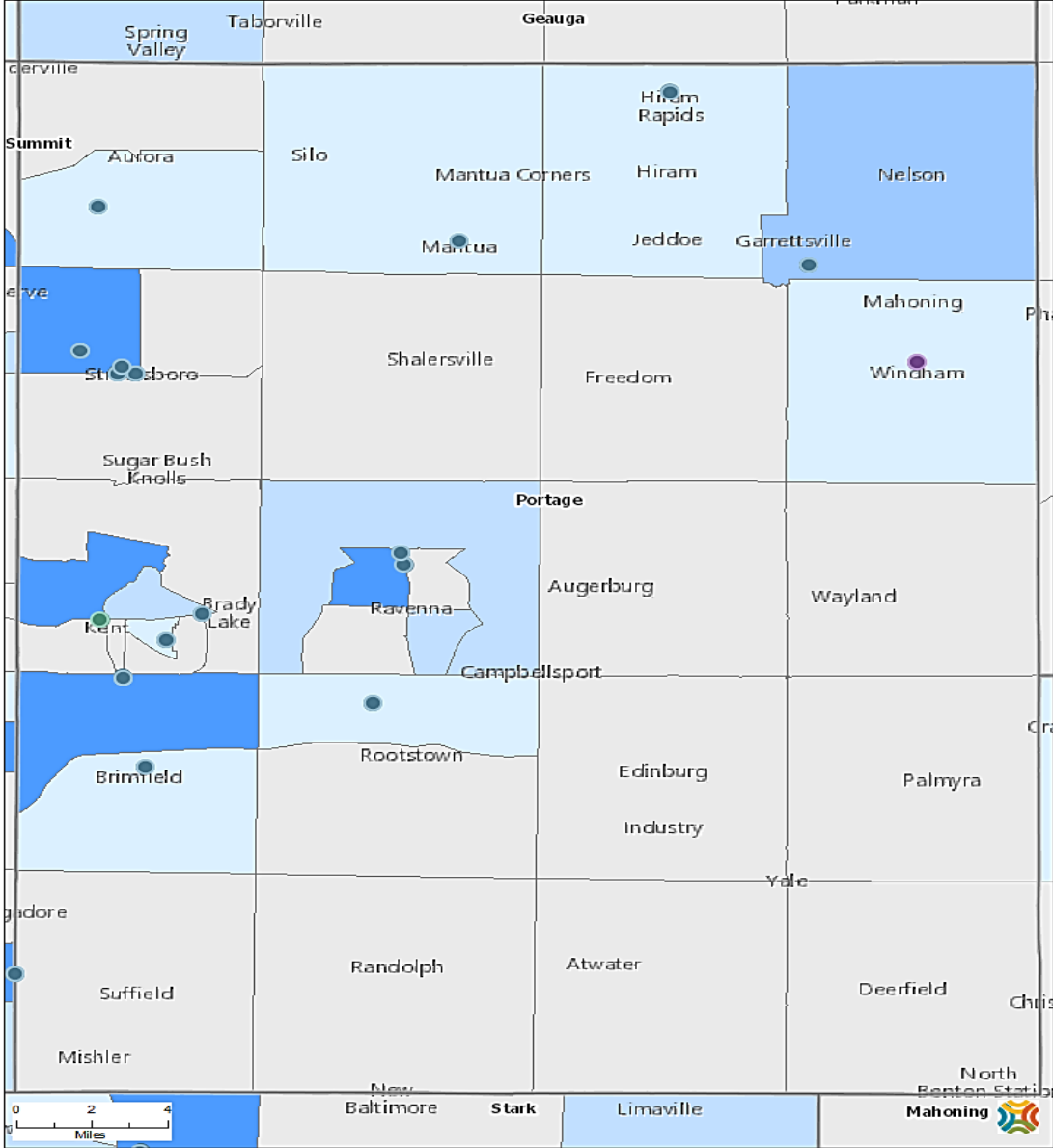
Access to Family Practice Physicians, Rate per 100,000 Population by Tract 2012



(Source: Community Commons 6/6/16)

# Priority #4 | Increase Access to Healthcare

Access to Primary Care Physicians,  
Rate per 100,000 Population by County 2012



**Map Legend**

- General Practice Physicians, CMS 2012
- Family Practrice Physicians, CMS 2012
- Pediatric Medicine Physicians, CMS 2012

Access to Primary Care Physicians, Rate per 100,000 Population by County, CMS 2012

- Over 75.0
- 55.1 - 75.0
- 35.1 - 55.0
- 0.1 - 35.0
- No Providers
- No Population

Community Commons, 6/28/2016

\*A number of the above map labels reflect street names; in addition to cities, townships and villages.

(Source: Community Commons 6/28/16)

## Priority #4 | Increase Access to Healthcare

### Resource Assessment

| Program/Strategy/ Service   | Responsible Agency  | Population(s) Served   | Continuum of Care                       | Evidence of Effectiveness              |
|---|---|--|---|--|
| Cardiovascular/<br>hypertension<br>Digestive disease, and<br>diabetes education   | Kent State University<br>Center of Nutrition              | Students and<br>families   | Prevention                              | Evidence-based                         |
| Burn Institute<br>Childhood cancers and<br>blood disorders<br>Diabetes and<br>endocrinology<br>Ear, nose and throat<br>center   | Akron Children's<br>Hospital                              | Adult, infant and<br>children                                    | Treatment                               | None                                   |
| Portage Area Regional<br>Transit Authority (PARTA)  | PARTA   | Portage County<br>residents                                      | Prevention                              | Ongoing planning to<br>improve service |
| Vision, hearing and<br>speech screenings<br>Daily tooth brushing and<br>basic hygiene<br>Prenatal, postpartum,<br>breastfeeding and<br>nutrition education<br>Assist families in<br>developing on-going<br>healthcare<br>Provides prenatal visits 2<br>times/month including<br>postpartum depression<br>screening<br>Provides transportation | Portage Learning<br>Centers                               | Ages 3-5yrs.   | Prevention                              | None                                   |
| BMI, body fat, blood<br>pressure, cholesterol and<br>fasting blood glucose<br>level checks  | Kent State University<br>Center for Nutrition<br>Outreach | Adult, youth, child  | Prevention,<br>Intervention             | Evidence- based                        |
| Immunization screening<br>& referral  | Portage County WIC  | Pregnant or<br>postpartum<br>women<br>Infant/child up to<br>5yrs | Prevention and<br>early<br>Intervention | None                                   |
| Bureau for Children with<br>Medical Handicaps<br>(BCMh)-<br>Provided RN care  | Portage County Health<br>District                         | Child  | Treatment                               | None                                   |
| Immunizations   | Portage County Health<br>District                         | Adult, youth and<br>child  | Treatment                               | None                                   |
| Tobacco Cessation   | Portage County Health<br>District                         | Adult  | Prevention                              | None                                   |

## Priority #4 | Increase Access to Healthcare

### Resource Assessment, continued

| Program/Strategy/Service  | Responsible Agency                  | Population(s) Served     | Continuum of Care | Evidence of Effectiveness |
|---|-------------------------------------|--------------------------|-------------------|---------------------------|
| Vision Care Outreach Program  | Portage County Health District      | Adult and child          | Treatment         | None                      |
| HIV testing and education   | Portage County Health District      | Child                    | Treatment         | None                      |
| Medical care  | Giant Eagle Pharmacy                | Portage County residents | Treatment         | None                      |
| Medical care  | Triangle Pharmacy                   | Portage County residents | Treatment         | None                      |
| Medical care  | Walmart Pharmacy                    | Portage County residents | Treatment         | None                      |
| Medical care  | Suma's Home Infusion Pharmacy       | Portage County residents | Treatment         | None                      |
| Medical care  | Acme Fresh Market Pharmacy          | Portage County residents | Treatment         | None                      |
| Medical care  | Garrettsville Family Pharmacy       | Portage County residents | Treatment         | None                      |
| Medical care  | CVS Pharmacy                        | Portage County residents | Treatment         | None                      |
| Medical care  | Walgreens Pharmacy                  | Portage County residents | Treatment         | None                      |
| Medical care  | Wexler's Pharmacy                   | Portage County residents | Treatment         | None                      |
| Medical care  | Windham Pharmacy                    | Portage County residents | Treatment         | None                      |
| Medical care  | Medical Arts Pharmacy               | Portage County residents | Treatment         | None                      |
| Medical care  | Newton Falls Pharmacy               | Portage County residents | Treatment         | None                      |
| Dental care   | Portage Dental Center               | Portage County residents | Treatment         | None                      |
| Annual flu & immunizations  | AxessPointe Community Health Center | Adult, youth and child   | Treatment         | None                      |
| Chronic illness management<br>Geriatric care<br>Podiatry referrals<br>Physical & health screenings<br>Vision & hearing testing<br>Rapid HIV testing<br>Free or low cost prescription programs<br>Medicaid/Disability assistance | AxessPointe Community Health Center | Adult                    | Treatment         | None                      |

## Priority #4 | Increase Access to Healthcare

### Resource Assessment, continued

| Program/Strategy/Service  | Responsible Agency                                 | Population(s) Served   | Continuum of Care           | Evidence of Effectiveness |
|---|--|--|-----------------------------|---------------------------|
| Medicare Part D assistance  | AxessPointe Community Health Center                | Adult  | Treatment                   | None                      |
| Help Me Grow (home-based program)   | Portage County Jobs & Family Services              | Children birth to 3yrs. With developmental delays  | Treatment                   | None                      |
| Pregnant and Parenting Program  | Townhall II  | Portage County women of child bearing age who are currently pregnant or parenting with a focus on teen parents | Prevention and Intervention | None                      |
| Childbirth education  | University Hospitals Portage County Medical Center | Women  | Treatment                   | None                      |
| Health Education Center   | University Hospitals Portage County Medical Center | Adult  | Treatment                   | None                      |
| Neurology<br>Orthopedics<br>Rehabilitation<br>Respiratory care<br>Senior health<br>Sleep disorders<br>Urgent care<br>Women's health<br>Wound care<br>Cancer Care<br>Cardiovascular care<br>Case management<br>Endocrinology | University Hospitals Portage County Medical Center | Adult  | Treatment                   | None                      |
| Pregnancy Center  | Coleman Professional Services                      | Women  | Early Intervention          | Evidence-based            |
| Women's clinic, podiatry, optometry and primary care  | Ravenna Multi-Specialty Outpatient Clinic          | Adult  | Treatment                   | None                      |

# Priority #4 | Increase Access to Healthcare

## Gaps and Potential Strategies

| Access to Healthcare       | Potential Strategies   |
|----------------------------|--|
| 1. Lack of transportation  | <ul style="list-style-type: none"><li>○ Utilize smaller buses vs. larger buses to cut costs</li><li>○ Increase available travel times among services</li><li>○ Use Uber</li><li>○ Expand routes</li><li>○ Get all of transportation providers in the same room for discussions</li></ul> |
| 2. Lack of care navigators | <ul style="list-style-type: none"><li>○ Incorporate community health workers or care navigators within University Hospitals Portage Medical Center</li></ul>   |
| 3. Lack of physicians      | <ul style="list-style-type: none"><li>○ Implement mobile units</li><li>○ Need physicians in Windham</li><li>○ Utilize schools and community centers as a one-stop-shop for services</li></ul>  |
| 4. Insufficient workforce  | <ul style="list-style-type: none"><li>○ Collaborate with universities to use interns and graduate assistants</li></ul>   |

# Priority #4 | Increase Access to Healthcare

## Best Practices

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

### Expected Beneficial Outcomes:

- Increased patient knowledge
- Increased access to care
- Increased use of preventive services
- Improved health behaviors

### Evidence of Effectiveness

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

### Impact on Disparities:

- Likely to decrease disparities

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

2. **Systems Navigators and Integration (E.g., Patient Navigators):** Patient navigators provide culturally sensitive assistance and care-coordination, guiding patients through available medical, insurance, and social support systems. These programs seek to reduce racial, ethnic, and economic disparities in access to care and disease outcomes.

### Expected Beneficial Outcomes:

- Increased use of preventive services
- Increased cancer screening
- Improved birth outcomes
- Improved maternal health

### Evidence of Effectiveness

- There is strong evidence that patient navigator programs improve cancer screenings, especially for breast cancer. Additional evidence is needed to confirm effects for programs focused on other health outcomes.

### Impact on Disparities:

- Likely to decrease disparities

For more information go to:

<http://www.countyhealthrankings.org/policies/systems-navigators-and-integration-eg-patient-navigators>

# Priority #4 | Increase Access to Healthcare

## Best Practices, continued

3. **Building the Fully Coordinated Transportation System:** Leaders in communities and states across the country have greatly improved mobility for millions of people over the last several decades. The shift away from providing rides to managing mobility is driving the success of fully coordinated transportation systems. The strategy coordinates human service agencies that support transportation with public and private transit providers. Such systems have gone far in meeting the needs of consumers who must have access to healthcare, jobs or job training, education and social networks. Coordinated transportation systems also increase the ability of government officials, at all levels, to make the most efficient and effective use of limited resources.

The Framework for Action: Building the Fully Coordinated Transportation System helps stakeholders realize a shared perspective and build a roadmap for moving forward together. The Framework for Action was developed by analyzing the transportation coordination efforts in states and communities and successful models, with the advice and guidance of an expert panel. The assessment tool can be used by itself, or it can be an essential element of developing a work plan, a strategic plan, or some other plan.

For more information go to:

<http://www.incog.org/transportation/coordinatedplan/UnitedWeRideFramework.pdf>



# Priority #4 | Increase Access to Healthcare

## Alignment with National Standards

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

- **Access to Health Services (AHS)-1** Increase the proportion of persons with health insurance
- **Access to Health Services (AHS)-2** (Developmental) Increase the proportion of insured persons with coverage for clinical preventive services
- **Access to Health Services (AHS)-3** Increase the proportion of persons with a usual primary care provider
- **Access to Health Services (AHS)-4** (Developmental) Increase the number of practicing primary care providers.
- **Access to Health Services (AHS)-5** Increase the proportion of persons who have a specific source of ongoing care
- **Access to Health Services (AHS)-6** Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines
- **Access to Health Services (AHS)-7** (Developmental) Increase the proportion of persons who receive appropriate evidence-based clinical preventive services
- **Access to Health Services (AHS)-8** (Developmental) Increase the proportion of persons who have access to rapidly responding prehospital emergency medical services
- **Access to Health Services (AHS)-9** (Developmental) Reduce the proportion of hospital emergency department visits in which the wait time to see an emergency department clinician exceeds the recommended timeframe

# Priority #4 | Increase Access to Healthcare

## Action Step Recommendations & Plan

To work toward **increasing access to healthcare**, the following actions steps are recommended:

1. Increase community education on health insurance opportunities/utilization and support the implementation of Pathways Model or HUB
2. Support collaboration between local universities and healthcare agencies through other social service agencies and graduate opportunities
3. Increase transportation through a county Transportation Plan
4. Develop an Access to Care Coalition

| Increase Access to Healthcare   |   |                        |
|---|---|------------------------|
| Action Step   | Responsible Person/Agency   | Timeline               |
| <b>Increase community education on health insurance opportunities/utilization and support the implementation of Pathways Model or HUB</b>   |   |                        |
| <p><b>Year 1:</b> Utilize Federal Navigator grantees and other sources to provide an in-person resource for educating and enrolling community members in health insurance plans throughout the county.</p> <p>Explore the feasibility of using health kiosks.</p> <p>Explore opportunities for employees to become certified application counselors.</p> <p>Create a list of physicians that accept Medicaid products.</p> <p>Research the Community Pathways Model which addresses social determinants of health and increase access and health outcomes.</p> <p>Contact the Northwest Ohio Pathways HUB to present information on the Pathways Model to community stakeholders.</p> | <p>Jeneane Favaloro,<br/>AxessPointe Community Health Center</p>          | <p>October 1, 2017</p> |
| <p><b>Year 2:</b> Research the Community Pathways Model which addresses social determinants of health and potential implementation mechanisms to increase access and health outcomes.</p>   | <p>Joseph Diorio,<br/>Portage County Combined General Health District</p> | <p>October 1, 2018</p> |
| <p><b>Year 3:</b> Continue efforts from years 1 and 2.</p> <p>Increase the number of sites and CHWs.</p>  |   | <p>October 1, 2019</p> |

# Priority #4 | Increase Access to Healthcare

## Action Step Recommendations & Plan, continued

| Increase Access to Healthcare  |   |                 |
|--|---|-----------------|
| Action Step  | Responsible Person/Agency   | Timeline        |
| <b>Support collaboration between local universities and healthcare agencies through other social service agencies and graduate opportunities</b>   |   |                 |
| <p><b>Year 1:</b> Create a task force with local universities and healthcare providers to discuss workforce needs and gaps in the community.</p> <p>Create a formal arrangement between universities and providers to provide external internships and graduate assistantships.</p> <p>Universities can use these opportunities to recruit more students into their programs.</p>  | <p>Asha Goodner,<br/>Hiram College<br/>and<br/>Heather Beard,<br/>Kent State University<br/>College of Public Health<br/>and<br/>Amy Lee,<br/>Northeast Ohio Medical<br/>University<br/>and<br/>CHIP steering<br/>committee</p> | October 1, 2017 |
| <p><b>Year 2:</b> Share relevant student projects (undergrad, MPH, PhD)</p> <p>Continue to develop the Kent City Academic health department through projects related to access to care needs and opportunities.</p> <p>Expand the use of NEOMED SOAR (student run free clinic) for community education and outreach.</p>   | <p>Chris Mundorf,<br/>Hiram College<br/>and<br/>Ken Slenkovich,<br/>Kent State University<br/>and<br/>Amy Lee,<br/>Northeast Ohio Medical<br/>University</p>  | October 1, 2018 |
| <p><b>Year 3:</b> Continue efforts of years 1 and 2.</p>   |   | October 1, 2019 |
| <b>Increase transportation through a county Transportation Plan</b>  |   |                 |
| <p><b>Year 1:</b> Establish collaborative effort between public health, transportation, community service, and local health care organizations to assess and address transportation needs.</p> <p>Identify existing public health data relating social determinants of health and transportation. Plan and conduct a Transportation Needs Assessment to gather public input.</p> <p>Analyze survey results, including successes, challenges, and recommendations for future projects.</p> <p>Release data to public.</p> | <p>Becky Lehman,<br/>Portage County<br/>Combined General<br/>Health District<br/>and<br/>Karen Towne,<br/>Portage County<br/>Combined General<br/>Health District</p>   | October 1, 2017 |
| <p><b>Year 2:</b> Invite community stakeholders to attend a meeting to discuss transportation issues in Portage County.</p> <p>Create strategies to address gaps and increase efficiency in transportation.</p> <p>Address strategies to increase the use of public transportation and reduce stigma.</p> <p>Begin implementing strategies identified.</p>   |   | October 1, 2018 |
| <p><b>Year 3:</b> Increase efforts of years 1 and 2.</p> <p>Facilitate follow-up surveys to gauge the public's response to strategies that have been addressed and collect outcome measures.</p>   |   | October 1, 2019 |

# Priority #4 | Increase Access to Healthcare

## Action Step Recommendations & Plan, continued

| Increase Access to Healthcare  |  |                        |
|--|--|------------------------|
| Action Step  | Responsible Person/Agency  | Timeline               |
| <b>Develop an Access to Care Coalition</b>   |  |                        |
| <p><b>Year 1:</b> Collaborate with community organizations, local health care organizations, churches, schools, and other community groups to create an access to care coalition.</p> <p>Raise awareness of the coalition and recruit volunteers to carry out action steps listed in the Portage County Community Health Improvement Plan.</p> <p>Gather baseline data on access to care gaps in the community. Use this information to create additional action steps as needed.</p>  | <p>Jeneane Favaloro,<br/>AxessPointe Community Health Center<br/>and<br/>Joseph Diorio<br/>Portage County Combined General Health District</p> | <p>October 1, 2017</p> |
| <p><b>Year 2:</b> Develop strategies collaboratively to address gaps/barriers.</p> <p>Begin implementing strategies.</p> <p>Continue to expand partnership of the coalition.</p> <p>Review baseline data and gaps of services (dental needs).</p> <p>Assist in coordination of efforts across HEAL, Mental Health, and Substance Abuse priorities in reference to primary care office screenings to investigate collaborative opportunities for system solutions with the three major health systems regarding the following:</p> <ul style="list-style-type: none"> <li>• Identify people in each system that can share the screening tools; ascertain if EMRs from each system can be collected/shared.</li> <li>• Investigate what primary care providers are screening for in offices (including mental health, substance abuse, and obesity).</li> <li>• Obtain EMR <b>required</b> questions from all the health care systems.</li> <li>• Determine PCP assessment criteria and follow up/referral protocols.</li> </ul> | <p>Joseph Diorio<br/>Portage County Combined General Health District<br/>and<br/>Jeff Neistadt,<br/>Kent City Health Department</p>            | <p>October 1, 2018</p> |
| <p><b>Year 3:</b> Continue and expand upon efforts from years 1 and 2.</p>   |  | <p>October 1, 2019</p> |

# Priority #5 | Increase Injury Prevention

## Injury Prevention Indicators

*In 2015, 36% of adults kept a firearm in or around their home. 27% of youth drivers texted while driving. In 2015, 93% of Portage County parents reported their child always rode in a car seat/booster seat when a passenger in a car.*

### Adult Safety

Over one-third (36%) of Portage County adults kept a firearm in or around their home. 5% of adults reported they were unlocked and loaded.

Portage County adults reported doing the following while driving: wearing a seatbelt (89%), eating (43%), talking on hand-held cell phone (34%), talking on hands-free cell phone (31%), texting (12%), using internet on their cell phone (5%), checking Facebook on their cell phone (3%), being under the influence of prescription drugs (2%), being under the influence of alcohol (2%), being under the influence of recreational drugs (2%), reading (1%), and other activities (such as applying makeup, shaving, etc.) (2%).

Portage County residents reported the following concerns about their community: illegal drug use (31%), unemployment (29%), bullying (28%), distracted driving (27%), school funding (26%), youth substance abuse (26%), lack of affordable healthcare (23%), homelessness (19%), opiate/prescription drug abuse (19%), DUI (18%), OVI (16%), violence (16%), healthy eating (16%), teenage pregnancy (16%), suicide prevention (16%), nutrition (14%), senior/elder care (14%), alcohol abuse (14%), lack of affordable housing (13%), tobacco use (13%), traffic (12%), physical fitness opportunities (12%), underemployment (11%), speeding (11%), parents hosting/allowing underage drinking (10%), bicycle safety (10%), lack of health education (8%), sexting (7%), cancer prevention screening (6%), disaster preparedness (6%), discrimination based on race, ethnicity or sexual orientation (6%), lack of affordable transportation (5%), chronic disease prevention (5%), seat belt or restraint usage (3%), and falls (3%), cooking (2%), gambling (2%), and other (2%).

### Youth Safety

In the past 30 days, 18% of youth had ridden in a car driven by someone who had been drinking alcohol, (2013 YRBS reported 17% for Ohio and 22% for the U.S.) and 5% of youth drivers had driven a car themselves after drinking alcohol, (2013 YRBS reported 4% for Ohio and 10% for the U.S.).

Portage County youth drivers did the following while driving in the past month: wore a seatbelt (78%), ate (40%), drove while tired or fatigued (31%), talked on their cell phone (30%), texted (27%), used the internet on their cell phone (11%), used cell phone for other things (10%), played electronic games on cell phone (8%), checked Facebook on their cell phone (6%), used illegal drugs (6%), drank alcohol (5%), read (5%), applied makeup (2%), and misused prescription drugs (2%).

12% of youth reported that they had suffered a blow or jolt to the head while playing with a sports team which caused them to get "knocked out," have memory problems, double or blurry vision, headaches or "pressure" in the head, or nausea or vomiting, increasing to 16% of males (2013 YRBS reported 12% for Ohio).

### Child Safety

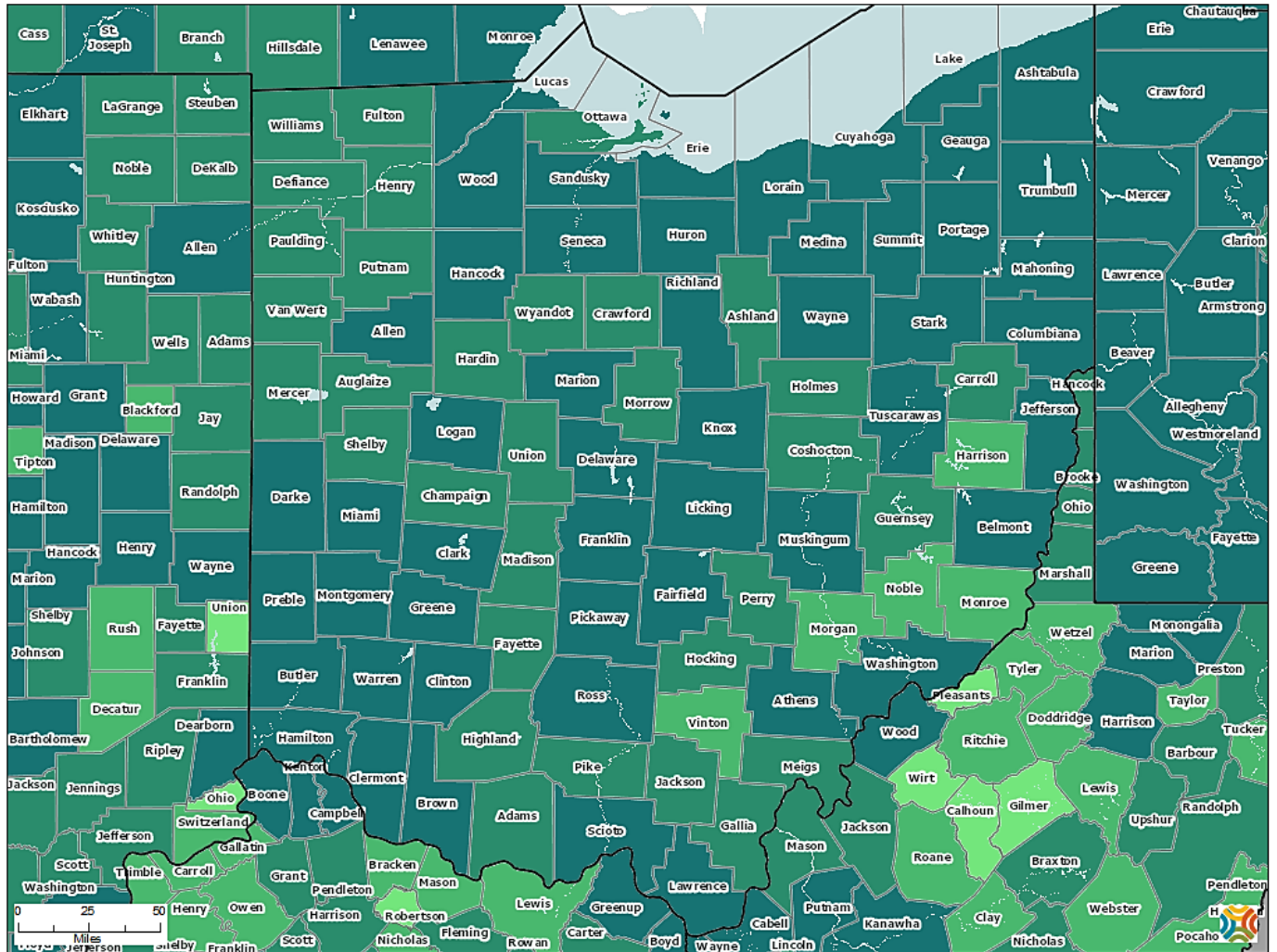
When asked how parents put their child to sleep as an infant, 75% said on their back, 10% said in bed with them or another person, 8% said on their stomach, 5% said on their side, and 3% said various methods.

Children were put to sleep in the following places: crib/bassinette (no bumper, blankets, stuffed animals) (69%), pack n' play (43%), crib/bassinette (with bumper, blankets, stuffed animals) (35%), car seat (35%), swing (31%), in bed with parent or another person (31%), floor (9%), and couch or chair (8%).

# Priority #5 | Increase Injury Prevention

## Injury Prevention Indicators, continued

### Unintentional Injury (Accident) Mortality, Total Deaths by County, NVSS 2009-13



Map Legend

Unintentional Injury (Accident) Mortality, Total Deaths by County, NVSS 2009-13

- Over 200
- 81 - 200
- 41 - 80
- 10 - 40
- Data Suppressed (<10 Deaths)

Community Commons, 6/28/2016

(Source: Community Commons 6/8/16)

# Priority #5 | Increase Injury Prevention

## Resource Assessment

| Program/Strategy/Service   | Responsible Agency                           | Population(s) Served   | Continuum of Care (Prevention, Early Intervention, or Treatment) | Evidence of Effectiveness                            |
|--|--|--|--|--|
| Personal Body Safety   | Townhall II                                  | Portage County elementary school students                            | Prevention   | CARF – accredited program                            |
| Nurturing Parenting Program  | Townhall II                                  | Portage County parents of 4 – 8 year olds and their children         | Prevention   | Nationally Accredited Evidence Based Program         |
| Stand Up (Sexual Assault Prevention)   | Townhall II                                  | Portage County middle and high school students                       | Prevention   | CARF – accredited program                            |
| Matter of Balance  | Portage County Health District<br>UH Portage | Seniors over 55  | Prevention   | Evidenced based                                      |
| Safe Sleep program   | Portage County Health District               | Anyone in contact with a child under the age of 1 year.              | Prevention   | Evidenced based ODH ABC's of Safe Sleep              |
| Prevention, Retention, contingency (PRC)   | Portage County Jobs & Family Services        | Adults with children <18yrs & below 200% of federal poverty level    | Treatment  | Evidence-based                                       |
| Cribs for Kids   | Portage County Health District               | Infants under the age of 9 months.                                   | Prevention   | Evidenced based program                              |
| Safe Communities Coalition - Traffic safety Click it or Ticket/None for Under 21/Distracted Driving/ Motorcycle Safety | Portage County Health District               | Adult  | Prevention   | Evidence-based (reduced vehicle accidents, injuries) |
| Motorcycle Ohio  | Portage County Health District               | Motorcycle operators   | Prevention   | Evidence-based                                       |
| Put a Lid on it  | Portage County Health District               | Toddlers to adults   | Prevention   | American Academy of Pediatrics program               |
| Project DAWN   | Portage County Health District               | Anyone in contact with persons at risk for opioid or heroin overdose | Prevention   | ODH program  |
| Car Seat program   | Portage County Health District               | Parents of children birth-8yrs                                       | Prevention   | Evidence-based                                       |

# Priority #5 | Increase Injury Prevention

## Gaps and Potential Strategies

| Injury Prevention      | Potential Strategies   |
|------------------------|--|
| 1. Lack of information | <ul style="list-style-type: none"><li>o Collect and analyze current data- Kent Schools Mouth guard pilot)</li><li>o Create a Safe Kids Coalition</li><li>o Standardize Safety Town</li></ul> |



# Priority #5 | Increase Injury Prevention

## Best Practices

1. **A Matter of Balance:** is an 8-week structured group Intervention that emphasizes practical strategies to reduce fear of falling and increase activity levels. Participants learn to view falls and fear of falling as controllable, set realistic goals to increase activity, change their environment to reduce fall risk factors, and exercise to increase strength and balance.

A Matter of Balance (MOB) acknowledges the risk of falling but emphasizes practical coping strategies to reduce this fear. These include:

- Promoting a view of falls and fear of falling as controllable
- Setting realistic goals for increasing activity
- Changing the environment to reduce fall risk factors
- Promoting exercise to increase strength and balance.

The workshop is conducted over eight sessions, meeting weekly or twice weekly for two hours per session. Meetings are led by volunteer lay leaders called coaches. A Master Trainer is responsible for teaching the Matter of Balance curriculum to the coaches, providing them with guidance, a coach observation visit, and support as they lead the Matter of Balance classes. A Guest Healthcare Professional visit to the community class may be arranged by the Master Trainer.

For more information go to: [www.ncoa.org/healthy-aging/falls-prevention/falls-prevention-programs-for-older-adults/](http://www.ncoa.org/healthy-aging/falls-prevention/falls-prevention-programs-for-older-adults/)

2. **STEADI:** The **Stopping Elderly Accidents, Deaths & Injuries (STEADI)** Tool Kit is a suite of materials created by CDC's Injury Center for health care providers. It is a provider resource adapted from the American and British Geriatric Societies' Clinical Practice Guideline. It includes basic information about falls, case studies, conversation starters, and standardized gait and balance assessment tests. In addition, there are educational handouts about fall prevention specifically designed for patients and their friends and family.

Health care providers play a critical role in the prevention of falls. Integration of simple screenings into your practice can help identify patients at-risk for a fall such as those with lower body weakness, difficulties with gait and balance, postural hypotension, medication use, vision problems and home hazards. By addressing these risk factors or referring patients to community programs or specialists who can, health care providers can significantly reduce their patients' chances of falling and suffering serious, life-changing injuries such as hip fractures.

For more information, go to: <http://www.healthy.ohio.gov/vipp/falls/STEADI.aspx>

3. **Safe Kids Worldwide:** Safe Kids Worldwide is a global organization dedicated to preventing injuries in children, the number one killer of kids in the United States. Safe Kids works with more than 200 Safe Kids coalitions across the country to hold free youth sports safety clinics for coaches, parents, young athletes and league organizers. The clinics provide the knowledge and skills essential to preventing sports injuries and emergencies in young athletes. The content for the clinics is based on relevant information and tools to combat the most common and severe injuries in sports today, including acute and overuse injuries, dehydration and concussion. They also work with parents and community leaders to urge school boards to adopt best practices and guidelines to address all sporting injuries among their student-athletes. The state and local coalitions work to create and implement evidence-based programs that help families, caregivers and educators prevent childhood injuries.

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

## Priority #5 | Increase Injury Prevention

### Best Practices, continued

4. **The Ohio Buckles Buckeyes (OBB) Program:** The Ohio Department of Health's child passenger safety (CPS) program, Ohio Buckles Buckeyes (OBB), provides child safety seats and booster seats to eligible low income families in all Ohio counties. The overall goal of this program is to increase the availability of child safety seats for families who could not otherwise afford them and to increase correct installation and proper use of child safety seats.

Through the coordinated efforts of a network of local and regional CPS coordinators, the OBB Program distributes child safety seats and booster seats and provides CPS education. The OBB Program has distributed more than 17,000 child safety seats and booster seats to low income families in Ohio over the past five years.

The OBB Program works in close collaboration with a network of regional CPS coordinators who provide technical assistance, training and educational resources to the local OBB sites in their regions. The regional CPS coordinators assist the OBB sites in the implementation, coordination and evaluation of their distribution programs. They offer a mechanism for ensuring that the local sites have trained personnel and are in compliance with program requirements.

In order to receive an OBB seat, income eligible families must attend an educational class provided by trained local CPS staff. In this session, the parent/caregiver(s) receives important education on how to properly use the car seat for their child, and they are instructed on how to correctly install the seat in their vehicle.

For more information go to: [www.healthy.ohio.gov/vipp/cps/cps.aspx](http://www.healthy.ohio.gov/vipp/cps/cps.aspx)

# Priority #5 | Increase Injury Prevention

## Alignment with National Standards

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

- **Injury Prevention (IVP)-1** Reduce fatal and nonfatal injuries
- **Injury Prevention (IVP)-2** Reduce fatal and nonfatal traumatic brain injuries
- **Injury Prevention (IVP)-3** Reduce fatal and nonfatal spinal cord injuries
- **Injury Prevention (IVP)-4** (Developmental) Increase the number of States and the District of Columbia where 90 percent of deaths among children aged 17 years and under that are due to external causes are reviewed by a child fatality review team
- **Injury Prevention (IVP)-5**(Developmental) Increase the number of States and the District of Columbia where 90 percent of sudden and unexpected deaths to infants are reviewed by a child fatality review team
- **Injury Prevention (IVP)-6** Reduce unintentional injury deaths
- **Injury Prevention (IVP)-7** Reduce nonfatal unintentional injuries
- **Injury Prevention (IVP)-8** Increase use of safety belts
- **Injury Prevention (IVP)-9** Increase age-appropriate vehicle restraint system use in children
- **Injury Prevention (IVP)-10** Increase the number of States and the District of Columbia with laws requiring bicycle helmets for bicycle riders
- **Injury Prevention (IVP)-11** Increase the proportion of motorcycle operators and passengers using helmets
- **Injury Prevention (IVP)-12** Prevent an increase in fall-related deaths
- **Injury Prevention (IVP)-13** Reduce unintentional suffocation deaths
- **Injury Prevention (IVP)-14** Reduce drowning deaths
- **Injury Prevention (IVP)-15** Reduce sports and recreation injuries
- **Injury Prevention (IVP)-16** Increase the proportion of public and private schools that require students to wear appropriate protective gear when engaged in school-sponsored physical activities
- **Injury Prevention (IVP)-17** Reduce physical fighting among adolescents
- **Injury Prevention (IVP)-18** Reduce bullying among adolescents
- **Injury Prevention (IVP)-19** Reduce nonfatal child maltreatment
- **Injury Prevention (IVP)-20** Reduce nonfatal intentional self-harm injuries
- **Injury Prevention (IVP)-21** Reduce children's exposure to violence

# Priority #5 | Increase Injury Prevention

## Action Step Recommendations & Plan

To work toward **increasing injury prevention**, the following actions steps are recommended:

1. Increase the use of Safe Sleep practices
2. Implement a Safe Kids Coalition
3. Implement Safe Routes to School
4. Expand the evidence based Fall Risk Reduction Program
5. Expand the Child Passenger Safety Program
6. Expand Activities of Safe Communities Fatal Crash Review
7. Expand Activities of Child Fatality Review

| Injury Prevention  |  |                        |
|--|--|------------------------|
| Action Step  | Responsible Person/Agency  | Timeline               |
| <b>Increase the use of Safe Sleep practices</b>  |  |                        |
| <p><b>Year 1:</b> Work with local partnering agencies to train staff on Safe Sleep practices.</p> <p>Collaborate with trained organizations to implement infant Safe Sleep policy/system level changes within their organizations.</p> <p>Provide Portage County agencies serving families with children under the age of 1 year with Safe Sleep education materials to be distributed to their clients/customers/patients.</p> <p>Provide pack n' plays to families who are in need of a safe sleep environment for their infant.</p> | <p>Becky Lehman,<br/>Portage County Combined<br/>General Health District</p>   | <p>October 1, 2017</p> |
| <p><b>Year 2:</b> Train additional community members to serve as Safe Sleep ambassadors.</p> <p>Implement a community wide Safe Sleep campaign.</p> <p>Continue to provide pack n' plays to families who are in need of a safe sleep environment.</p> <p>Explore collaborations with the UH Portage Medical Center birthing center targeting the 48-72 hour hospital stay following birth.</p>   |  | <p>October 1, 2018</p> |
| <p><b>Year 3:</b> Work with Portage County Commissioners to create a resolution to ban bumper pad sales in Portage County.</p>   |  | <p>October 1, 2019</p> |
| <b>Implement a Safe Kids Coalition</b>   |  |                        |
| <p><b>Year 1:</b> Research implementation of a Safe Kids Coalition.</p>  | <p>Becky Lehman,<br/>Portage County Combined<br/>General Health District<br/>and<br/>Kim Trowbridge,<br/>Northeast Ohio Medical<br/>University</p> | <p>October 1, 2017</p> |
| <p><b>Year 2:</b> Create a Safe Kids Coalition: include partnering agencies (ex: Healthcare agencies, fire and police departments, county-wide agencies and organizations.)</p> <p>Explore gun safety programming.</p>   |  | <p>October 1, 2018</p> |
| <p><b>Year 3:</b> Host at least 2 community events that offer community awareness and education on childhood injury prevention strategies.</p>   |  | <p>October 1, 2019</p> |

## Priority #5 | Increase Injury Prevention

### Action Step Recommendations & Plan, continued

| Injury Prevention   |  |                        |
|---|--|------------------------|
| Action Step   | Responsible Person/Agency  | Timeline               |
| <b>Implement Safe Routes to School</b>  |  |                        |
| <p><b>Year 1:</b> Collect baseline data on current Safe Routes programs in Portage County. Gather information on what types of activities are offered, how many people attend the activities, how often activities take place, and location.</p> <p>Identify key stakeholders to collaborate and develop a plan to start or expand Safe Routes Programs. Develop program goals and an evaluation process for tracking outcomes.</p> <p>Look for funding sources to incentivize participation in the Safe Routes program.</p>  | <p>Kim Trowbridge,<br/>Northeast Ohio Medical<br/>University</p> | <p>October 1, 2017</p> |
| <p><b>Year 2:</b> Collect baseline data on current Safe Routes programs in Portage County. Gather information on what types of activities are offered, how many people attend the activities, how often activities take place, and location.</p> <p>Identify key stakeholders to collaborate and develop a plan to start or expand Safe Routes Programs. Develop program goals and an evaluation process for tracking outcomes.</p> <p>Look for funding sources to incentivize participation in the Safe Routes program.</p>  |  | <p>October 1, 2018</p> |
| <p><b>Year 3:</b> Recruit individuals to serve as walking/biking leaders.</p> <p>Decide on the locations, walking routes and number of walking/biking groups.</p> <p>Link the walking/biking groups with existing organizations to increase participation. Consider faith-based organizations, schools, community-based organizations, and health care providers.</p> <p>Begin implementing the program with 1 new school district.</p> <p>Raise awareness and promote the Safe Routes programs.</p> <p>Evaluate program goals.</p> <p>Increase the number of Safe Routes programs by 25%.</p> <p>Look for funding sources to incentivize participation in the Safe Routes program.</p> |  | <p>October 1, 2019</p> |

## Priority #5 | Increase Injury Prevention

### Action Step Recommendations & Plan, continued

| Injury Prevention   |  |                        |
|---|--|------------------------|
| Action Step   | Responsible Person/Agency  | Timeline               |
| <b>Expand the evidence based Fall Risk Reduction Program</b>  |  |                        |
| <p><b>Year 1:</b> Research STEADI balance assessment tools.</p> <p>Determine best locations to hold the Matter of Balance program (ex: Senior Centers, churches, etc.)</p>  | <p>Ali Mitchell,<br/>Portage County Combined<br/>General Health District</p>   | <p>October 1, 2017</p> |
| <p><b>Year 2:</b> Work with physicians for referrals to Matter of Balance program.</p> <p>Increase number of Matter of Balance programs offered throughout the county.</p>  |  | <p>October 1, 2018</p> |
| <p><b>Year 3:</b> Continue to increase Matter of Balance program in multiple locations.</p>   |  | <p>October 1, 2019</p> |
| <b>Expand the Child Passenger Safety Program</b>  |  |                        |
| <p><b>Year 1:</b> Continue to implement the Car Seat Program at Portage County Health District.</p> <p>Continue to participate in the Ohio Buckles Buckeye program.</p> <p>Raise awareness of the program and the importance of car seat safety.</p> <p>Research additional funding to increase the number of available car seat technicians.</p> | <p>Ali Mitchell,<br/>Portage County Combined<br/>General Health District<br/>and<br/>Becky Lehman,<br/>Portage County Combined<br/>General Health District</p> | <p>October 1, 2017</p> |
| <p><b>Year 2:</b> Continue efforts from year 1.</p> <p>Provide car seat check events throughout the county throughout the year.</p>   |  | <p>October 1, 2018</p> |
| <p><b>Year 3:</b> Continue efforts from year 2.</p> <p>Collaborate with other organizations to offer off-site car seat clinics in various locations of the community.</p>   |  | <p>October 1, 2019</p> |

## Priority #5 | Increase Injury Prevention

### Action Step Recommendations & Plan, continued

| Injury Prevention   |   |                 |
|---|---|-----------------|
| Action Step   | Responsible Person/Agency   | Timeline        |
| <b>Expand Activities of Safe Communities Fatal Crash Review</b>   |   |                 |
| <b>Year 1:</b> Collaborate with county-wide partners to review fatal crash reports, identify trends, and recommend countermeasures to reduce preventable crashes and increase public awareness of Portage County traffic-related deaths through media releases. | Lynette Blasiman,<br>Portage County Combined<br>General Health District | October 1, 2017 |
| <b>Year 2:</b> Continue efforts from year 1 to meet Fatal Crash Review Board requirements.  |   | October 1, 2018 |
| <b>Year 3:</b> Continue efforts from years 1 and 2 to meet Fatal Crash Review Board requirements.   |   | October 1, 2019 |
| <b>Expand Activities of Child Fatality Review</b>   |   |                 |
| <b>Year 1:</b> Collaborate with county-wide partners to review child fatality reports, identify trends, and recommend countermeasures to reduce preventable deaths and increase public awareness of Portage County child fatalities through media releases.     | Rosemary Ferraro,<br>Portage County Combined<br>General Health District | October 1, 2017 |
| <b>Year 2:</b> Continue efforts from year 1 to meet Child Fatality Review Board requirements.   |   | October 1, 2018 |
| <b>Year 3:</b> Continue efforts from years 1 and 2 to meet Child Fatality Review Board requirements.  |   | October 1, 2019 |

# PROGRESS AND MEASURING OUTCOMES

The progress of meeting the local priorities will be monitored with measurable indicators identified by Portage County Community Health Improvement Planning Partners. The smaller dedicated groups that are working on action steps meet on an as needed basis. Subcommittees for each of the five priorities meet quarterly to report out the progress. A Steering Committee has been formed to review and guide the activities of all other groups, and ensures dissemination of the Community Health Improvement Plan and associated activities to the community. Action steps, responsible person/agency, and timelines are reviewed at the end of each year by the Steering Committee. Edits and revisions are made accordingly.

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

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

- To evaluate decreasing obesity, the indicators found on pages 22-42 will be collected every 3 years.
- To evaluate increasing mental health services, the indicators found on pages 43-61 will be collected every 3 years.
- To evaluate decreasing substance abuse, the indicators found on pages 62-75 will be collected every 3 years.
- To evaluate increasing access to healthcare, the indicators found on page 76-90 will be collected every 3 years.
- To evaluate increasing injury prevention, the indicators found on page 91-100 will be collected every 3 years.

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

Furthermore, all action steps have been incorporated into a Progress Report template that is completed and shared following all quarterly progress reporting meetings, keeping all groups on task and accountable. This progress report also serves as meeting minutes.

## Contact Us

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

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