

# Tuscarawas County

Community Health Improvement  
Plan

**2016-2019**



COMMUNITY



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# EXECUTIVE SUMMARY

In 2015, Healthy Tusc began conducting community health assessments (CHA) for the purpose of measuring and addressing health status. The most recent Tuscarawas County Health Assessment was cross-sectional in nature and included a written survey of adults, adolescents, and parents within Tuscarawas 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). This has allowed Tuscarawas County to compare the data collected in their CHA to national, state and local health trends.

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

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

The Tuscarawas County CHA has been utilized as a vital tool for creating the Tuscarawas 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 hospitals, 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 Healthy Tusc to prioritize specific health issues and population groups which are the foundation of this plan. The diagram below illustrates how each of the four assessments contributes to the MAPP process.



**Strategies:**

Priority Health Issues for Tuscarawas County	
1.	Adult and Youth Obesity
2.	Adult and Youth Mental Health and Bullying
3.	Youth Substance Abuse
4.	Access to Dental Care

## Action Steps:

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

1. Implement OHA Health Hospitals Initiative
2. Increase businesses/organizations providing wellness programs & insurance incentive programs to their employees
3. Implement a Healthier Choices Campaign
4. Increase nutrition/physical education materials being offered to patients by primary care providers
5. Support the Implementation of the Pathways Model or Hub via Access Tusc

To work toward **increasing mental health and bullying services among adults and youth**, the following actions steps are recommended:

1. Increase awareness of available mental health services
2. Increase the number of primary care physicians screening for depression during office visits
3. Increase awareness of Trauma Informed Care

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

1. Implement a community based comprehensive program to reduce alcohol abuse
2. Secure a Drug Free Communities (DFC) Grant
3. Increase Prescription Drug Take-Back Collection Days

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

1. Increase the availability of dental supplies to low-income populations
2. Work With Local Dentists to Provide Pro-Bono Services and/or Services and/or Services to Medicaid Patients for a Certain Amount of Hours or Days Per Month
3. Ohio Department of Health's (ODH) Fluoridation Assistance Program (FAP)
4. Increase Use of Mobile Dentistry

## **PARTNERS**

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

### **Healthy Tusc**

Alison Kerns, United Way  
Andrea Dominick, Tuscarawas County Health Department  
Ashley Addressi, Union Hospital  
Belle Everett, Tusc County Commissioners Office  
Bill Harding, Community Volunteer  
Britney Ward, Hospital Council of Northwest Ohio  
Brittany Cochenour, Union Hospital  
Candy Bond, New Life Counseling  
Chris Kendle, OSU Extension  
Cindy Laughlin, ECOESC  
Darrin Lautenschleger, Union Hospital  
Darwin Smith, Union Hospital  
Dave Schaffer, ADAMHs  
Diane Lautenschleger, Tusc CVB  
Dr. Aruna Rao, Union Hospital  
Dr. Carrie Hawk, Tuscarawas County Dental Society  
Dr. Tim McKnight, Trinity Hospital Twin City  
Emily Golias, Hospital Council of Northwest Ohio  
Frida Ibarra, La Amistad  
Halli Sill, Trinity Hospital Twin City  
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Jamie Smith, Union Hospital/Union Physician Services  
Jane Clay, Tusc County Commissioners Office  
Jen Demuth, Trinity Hospital Twin City  
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JJ Borski, Community Mental Health  
Jodi Salvo, Personal and Family Counseling, Ohio Guidestone  
Julie Smith, Community Hospice  
Katie Seward, Tuscarawas County Health Department

Kelly Bowe, Trinity Hospital Twin City  
Kelly Kochman, Indian Valley Schools  
Kevin Spears, ECOESC  
Kim Nathan, Union Hospital  
Kris Drummer, Compass  
Louise Worsham, T4C  
LuAnn Beavers-Willis, Trinity Hospital Twin City  
Margaret Weber, Tuscarawas County Health Department  
Mark McKenzie, Tuscarawas Valley Family Farmers Market  
Mark Murphy, Tusky Valley Schools  
Michelle Grimm, Dover Schools  
Miles Riley, Community Mental Health  
Molly McMath, Compass  
Natalie Bollon, ADAMHs  
Pam Ferrell, Tusc County Senior Center  
Pam Trimmer, Personal and Family Counseling, Ohio Guidestone  
Pat Warther, Clinic for the Working Uninsured  
Polly Stark, Indian Valley Schools  
Robin Bowdish, Tusc County Family and Children First Council  
Robin Brown, Trinity Hospital Twin City  
Robin Waltz, United Way  
Ryan Dunn, New Life Counseling  
Steph Wills, Tusc YMCA  
Sue Shackelford, HARCUTAS  
Tessa Elliott, Hospital Council of Northwest  
Tiffany Poland, Trinity Hospital Twin City  
Vanessa Stergios, Tusc Child Advocacy Center  
Vickie Ionno, New Philadelphia Health Department  
Vicki Yates, Tusc County Senior Center  
Yvette Schupbach, Tusc County Senior Service Network and Amberwood Manor

## **Sponsoring Agencies**

Access Tusc  
ADAMHs Board  
Amberwood Manor  
Beacon Pointe  
Community Mental Health  
Dr. Rao  
East Central Ohio Educational Service Center  
New Life Counseling  
New Philadelphia Health Department

Ohio Guide Stone  
OSU Extension  
Senior Center  
Trinity Hospital Twin City  
Tusc County Health Department  
Tusc Senior Service Network  
Union Hospital  
United Way

The strategic planning process was facilitated by Britney Ward, Director of Community Health Improvement, Emily Golias, Health Improvement Project Coordinator, and Tessa Elliott, Graduate Assistant, from the Hospital Council of Northwest Ohio.

## **VISION**

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

### **The Vision of Tuscarawas County:**

The Healthy Tusc Taskforce was intended to serve as a catalyst for action in Tuscarawas County and to promote pioneering a healthier community. The taskforce will provide support to existing efforts by encouraging participation through public information and communications. The taskforce has provided leadership in the area of obesity prevention by promoting the development of public policies that support healthier lifestyles.

### **The Mission of Tuscarawas County:**

Improve the health and wellness of Tuscarawas County residents through programming, community awareness and advocacy aimed at reducing obesity.

## **ALIGNMENT WITH NATIONAL AND STATE STANDARDS**

The 2016-2019 Tuscarawas County Health Improvement Plan priorities align perfectly with state and national priorities. Tuscarawas County will be addressing the following priorities: obesity, mental health, substance abuse, and access to dental care.

### **Ohio State Health Improvement Plan**

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

Priority 2: Chronic Disease

Priority 5: Integration of Physical and Behavioral Health

Priority 6: Access to Care

To align with and support Priority 2 (Chronic Disease), Tuscarawas County will work to implement a healthier choices campaign and increase the number of nutrition and physical education materials being offered to patients by primary care physicians.

To align with and support Priority 5 (Integration of Physical and Behavioral Health), Tuscarawas County will increase awareness of trauma informed care. Furthermore, Tuscarawas County will increase awareness of available mental health services.

To align with and support Priority 6 (Access to Care), Tuscarawas County will work with local dentists to provide pro-bono services to Medicaid patients. Additionally, Tuscarawas County will also take advantage of the Fluoridation Assistance Program (FAP) to provide fluoridated water to their residents.

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

The Tuscarawas 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.

### **Healthy People 2020**

Tuscarawas 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
- Oral Health (OH)-7 Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year

There are 22 other weight control objectives, 12 other mental health objectives, 21 other substance abuse objectives, and 16 other oral health objectives that support the work of the Tuscarawas County CHIP. These objectives can be found in each individual section.

## STRATEGIC PLANNING MODEL

Beginning in February 2016, Healthy Tusc 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

Healthy Tusc reviewed the 2015 Tuscarawas County Health Assessment. The detailed primary data for each individual priority area can be found in the section in corresponds to. 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 Status (26 votes)</b> Obese Overweight No physical activity in past week Nutrition (Eating 5+ fruits & veggies per day)	36% 37 % 23% 5%	Age: 30-64, \$25K+ Age: 65+, <\$25K -- --	-- Male -- --
<b>2. Access to Dental Services (17 votes)</b> Dental visit in the last year	58%	Age: <30, <\$25K	Male
<b>3. Depressed (14 votes)</b> Depressed Person or family member had been diagnosed with or treated for depression	9% 29%	Age: <30, <\$25K --	Female --
<b>4. Diabetes (13 votes)</b> Diagnosed with diabetes Diagnosed with pre-diabetes	9% 5%	Age: 65+, <\$25K --	Male --
<b>5. Arthritis/Pain management (11 votes)</b> Diagnosed with arthritis	35%	Age: 65+	Female
<b>6. Heart Disease (11 votes)</b> Deaths from heart disease Had angina or coronary heart disease Survived a heart-attack High blood cholesterol	17% 8% 6% 36%	-- Age: 65+ Age: 65+ Age: 65+, <\$25K	Male -- -- Male
<b>7. High Blood Pressure (10 votes)</b> Diagnosed with high blood pressure	40%	Age: 65+, <\$25K	Male
<b>8. Prescription Medication Misuse (8 votes)</b>	10%	Age: 65+; >\$25K	Male
<b>9. Cancer (7 votes)</b>	12%	--	--
<b>10. Access to Primary Care (6 votes)</b> Did not have a personal doctor	17%	--	--
<b>11. Alcohol Use (6 votes)</b> Binge drinker Current drinker	39% 41%	-- Age: 30-46	-- Male
<b>12. Poor Mental Health (5 votes)</b> Felt sad or hopeless two or more weeks in a row	9%	Age: <30, <\$25K	Female
<b>13. Uninsured (5 votes)</b> Did not have health care coverage	14%	Age: <30, <\$25K	Female
<b>14. Tobacco Use (4 votes)</b> Current smoker	14%	Age: <30, <\$25K	Male
<b>15. Marijuana (3 votes)</b> Used marijuana in the past 6 months	5%	Age: <30, <\$25K	Male

## NEEDS ASSESSMENT, continued

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

Key Issue or Concern	% of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
<b>16. Mammograms (2 votes)</b> Had a mammogram in the past year (over 40)	55%	Age: >40, <\$25K	Female
<b>17. Condoms (1 vote)</b> Used as a birth control method Used as protection against HIV	10% 9%	-- --	-- --
<b>18. Food Insecurity (1 vote)</b> Food was too expensive	12%	--	--
<b>19. Men's Health PSA (1 vote)</b> Had a PSA test in the past year	53%	Age: >50, <\$25K	Male
<b>20. Drinking and Driving (1 vote)</b> Drove after having too much to drink	5%	<\$25K	--
<b>21. Preventative Medicine (1 vote)</b> Had the flu vaccine in the past year Had pneumonia vaccine sometime in their life	47% 22%	>65 >65	-- --

# 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 (or Income Level) Most at Risk	Gender Most at Risk
<b>1. Mental Health Issues (28 votes)</b> Depressed Contemplated suicide Attempted suicide	27% 16% 8%	-- -- Age: 12-13	Female Female Female
<b>2. Bullying (22 votes)</b> Bullied in past year Bullied on school property	48% 34%	-- --	-- --
<b>3. Drug Use (21 votes)</b>	--	--	--
<b>4. Weight Status (20 votes)</b> Obese Overweight	16% 13%	Age: 17 & older Age: 13 & younger	Male Female
<b>5. Alcohol Use (20 votes)</b> Lifetime drinker (of all youth) Binge drinker (of all youth) Current drinker	44% 9% 14%	Age: 17+ Age: 17+ Age: 17+	Male Male Male
<b>5. Sexual Activity (14 votes)</b> Ever had sexual intercourse Oral sex Anal sex Sexting Viewed pornography	20% 17% 3% 20% 26%	Age: 17+ Age: 17+ Age: 17+ Age: 17+ Age: 17+	-- Male -- -- Male
<b>6. Risky Driving (9 votes)</b> Did not wear seatbelt Texting Facebook Apply makeup	16% 38% 8% 7%	-- -- -- --	-- -- -- --
<b>7. Screen time (8 votes)</b> 3+ hours watching TV	30%	--	--
<b>8. Marijuana Use (5 votes)</b>	7%	Age: 17+	Female
<b>9. Tobacco Use (4 votes)</b> Current smoker E-cigarette use	9% 16%	Age: 17+ --	Male --
<b>9. Inhalants (3 votes)</b>	9%	Age: 13 & younger	Female
<b>10. Oral Health (3 votes)</b> Visited the dentist for a checkup within the past year	73%	--	--
<b>11. Body image (2 votes)</b> Described themselves as being either slightly or very overweight	34%	--	--
<b>11. Sexually bullied (2 votes)</b>	3%	--	Female
<b>12. Carried a weapon (1 vote)</b>	9%	--	Male
<b>13. Secondhand smoke (1 vote)</b>	65%	--	--
<b>14. Poor choices (1 vote)</b>	--	--	--

# PRIORITIES CHOSEN

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

The rankings were as follows:

<b>Health Issue</b>	<b>Average Score</b>
Adult Obesity	21.6
Youth Bullying	19.0
Youth Depression	18.0
Youth Alcohol Use	17.8
Youth Obesity	17.1
Youth Drug Use	16.6
Adult Depression	16.1
Adult Diabetes	16.1
Adult Access to Dental	15.9
Youth Sexual Activity	14.9

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

- **Adult and Youth Obesity**
- **Adult and Youth Mental Health and Bullying**
- **Youth Substance Abuse**
- **Access to Dental Care**

# FORCES OF CHANGE

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

Force of Change	Impact
1. <b>Towpath Trail</b>	<ul style="list-style-type: none"> <li>○ Towpath to come through Tuscarawas County by year 2020</li> <li>○ Multiple bike/bike trails are being implemented in the area—could possibly attach to the towpath</li> </ul>
2. <b>Repeal of the Affordable Care Act</b>	<ul style="list-style-type: none"> <li>○ There is uncertainty in terms of what that will do to the accessibility of preventative health care services</li> </ul>
3. <b>Possible Bridge/Road Construction</b>	<ul style="list-style-type: none"> <li>○ May affect bringing people into the community</li> </ul>
4. <b>Farmers Markets</b>	<ul style="list-style-type: none"> <li>○ Now accepting WIC, SNAP, and Healthy Tusc bucks</li> <li>○ Connecting with local restaurants with local growers in order to provide fresher, healthier food</li> </ul>
5. <b>Oil/Gas industry</b>	<ul style="list-style-type: none"> <li>○ Industry is starting to decline. Could affect the economy</li> </ul>
6. <b>New Emergency Center</b>	<ul style="list-style-type: none"> <li>○ Will be able to handle higher volumes of people</li> </ul>
7. <b>Route 30 Expansion</b>	<ul style="list-style-type: none"> <li>○ Expansion will increase traffic through Canton, possibility of increasing drug trade</li> </ul>
8. <b>Claymont School District Building Reorganization</b>	<ul style="list-style-type: none"> <li>○ Will the students have access to the YMCA?</li> <li>○ What will happen to the building?</li> </ul>
9. <b>Behavioral Health Redesign</b>	<ul style="list-style-type: none"> <li>○ May change Medicaid reimbursement rates</li> </ul>
10. <b>Growing Guatemalan Population</b>	<ul style="list-style-type: none"> <li>○ Language barriers: Up to 30% non-English speaking residents</li> <li>○ Low-literacy in schools</li> <li>○ Number of non-English speaking students is increasing</li> </ul>
11. <b>Sexual Orientation in Youth</b>	<ul style="list-style-type: none"> <li>○ Schools may not have enough resources to address sub-groups</li> </ul>
12. <b>State-Mandated Health Department Accreditation</b>	<ul style="list-style-type: none"> <li>○ May cause mergers or closings if health departments do not get accredited</li> </ul>
13. <b>Access Tusc</b>	<ul style="list-style-type: none"> <li>○ Looking into using the HUB Model</li> <li>○ Increase of integration and access to care</li> </ul>
14. <b>Random Drug Testing in School Districts</b>	<ul style="list-style-type: none"> <li>○ Decrease the usage of recreational drugs</li> </ul>
15. <b>Increased Recognition of Employers</b>	<ul style="list-style-type: none"> <li>○ Employees are utilizing their company wellness program</li> </ul>
16. <b>Increased Suicide Rates</b>	<ul style="list-style-type: none"> <li>○ Possibility of increased drug use by family and friends</li> </ul>

## FORCES OF CHANGE, continued

Force of Change	Impact
<b>17. County Health Rankings</b>	<ul style="list-style-type: none"> <li>○ Overall ranking is 40 as opposed to 45 previously.</li> <li>○ Ranked 71 for primary care as opposed to 63 previously               <ul style="list-style-type: none"> <li>○ 1 dentist per 2,990 people</li> <li>○ 1 primary care provider per 2,320 people</li> </ul> </li> </ul>
<b>18. CHIP Process</b>	<ul style="list-style-type: none"> <li>○ Will increase collaboration and have a positive impact in the community.</li> </ul>
<b>19. Lack of Parent Involvement in Schools</b>	<ul style="list-style-type: none"> <li>○ May negatively affect kids' social skills, self-esteem and grades</li> </ul>
<b>20. Culture of Poverty</b>	<ul style="list-style-type: none"> <li>○ May lead to behavioral health risk factors, learned helplessness and entitlement</li> </ul>
<b>21. Technology</b>	<ul style="list-style-type: none"> <li>○ Positive changes: access, data, immediate information.</li> <li>○ Negative changes: increased screen time, bullying, lack of face-to-face socialization</li> </ul>
<b>22. Changes in Politics at the Federal Level</b>	<ul style="list-style-type: none"> <li>○ Will the health platform change in terms of My Plate and healthier school lunches?</li> </ul>
<b>23. Schools Backpacks Programs</b>	<ul style="list-style-type: none"> <li>○ May help children who are otherwise hungry</li> </ul>
<b>24. Decreases in Funding (e.g., Planned Parenthood)</b>	<ul style="list-style-type: none"> <li>○ Defunding of programs may negatively affect other programs such as rape crisis centers, school programs, etc.</li> </ul>
<b>25. School Programming</b>	<ul style="list-style-type: none"> <li>○ Schools are already so busy implementing programs addressing hunger, nutrition, physical activity. Do not want to burn them out</li> </ul>
<b>26. Seniors Living in Poverty</b>	<ul style="list-style-type: none"> <li>○ Many cannot afford all that they need and are forced to choose between heat, food and medication</li> <li>○ Adult children may be living with seniors.</li> <li>○ There is a stigma with the geriatric population regarding mental health. May need to screen for depression more often</li> </ul>
<b>27. Adopt a Grandparent Program</b>	<ul style="list-style-type: none"> <li>○ Schools pair students with seniors and are pen pals for the year. School year ends with a field trip to meet each other. May benefit both student and senior mental health</li> </ul>
<b>28. Lack of Mental Health Resources</b>	<ul style="list-style-type: none"> <li>○ Schools need mental health resources as students are not able to get to services</li> </ul>
<b>29. Resource Guide to Services</b>	<ul style="list-style-type: none"> <li>○ There is a resource guide through Access Tusc</li> </ul>
<b>30. Lack of Transition Services</b>	<ul style="list-style-type: none"> <li>○ Transition of health care services between counties. Patients are not well connected</li> </ul>

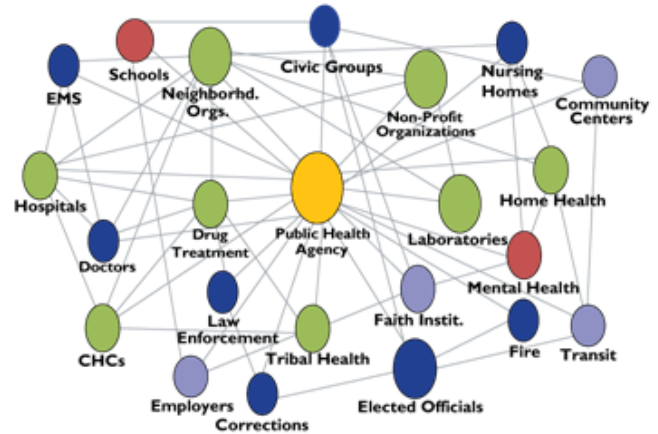
# LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

## 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>)

## 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**.

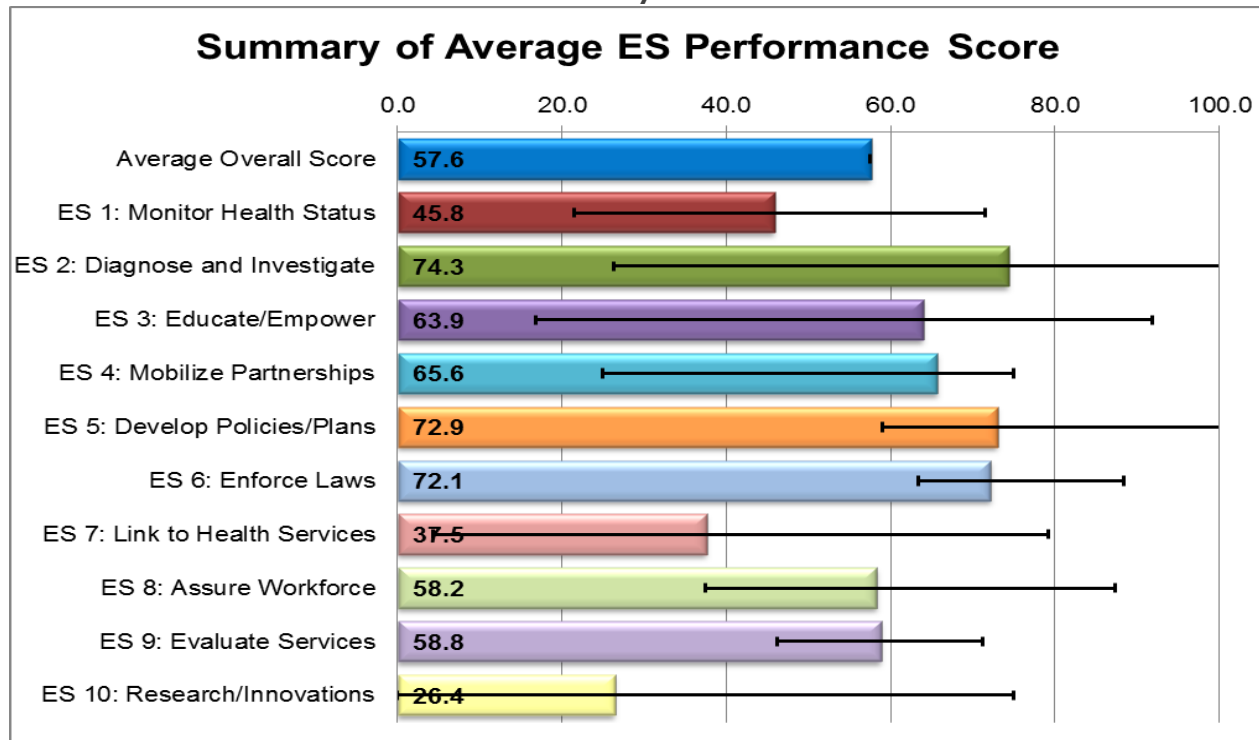
Members of the Tuscarawas County Health Department completed the performance measures instrument. The LPHSA results were then presented to the full CHIP committee for discussion. The 10 Essential Public Health Services and how they are being provided within the community as well as each model standard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

The CHIP committee identified 15 indicators that had a status of "minimal" and 4 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 Katie Seward from the Tuscarawas County Health Department at [director@tchdnow.org](mailto:director@tchdnow.org)

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



# COMMUNITY THEMES AND STRENGTHS

Healthy Tusc participated in an exercise to discuss community themes and strengths. The results were as follows:

## **Tuscarawas County community members believed the most important characteristics of a healthy community were:**

- Spirit of cooperation vs. spirit of competition
- Building resilient children and families
- Actions and rhetoric match up
- Innovation
- Acceptance
- Open mindedness
- Willingness to work together
- Having a supportive environment
- Generational presence
- Community is appealing and nice to look at
- Comforting
- Great place to raise a family

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

- Safety
- Sense of engagement
- Collaboration and investment of community leaders
- Volunteerism
- Generosity
- Resiliency of community members
- Cohesive community regardless of politics
- Faith-based community reaching out to help others
- Prideful
- Openness and willing to try new things
- Size and locale do not limited capabilities

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

- Healthy Tusc
- Access Tusc
- La Amistad
- Leadership Tuscarawas
- Family and Children First Council
- Senior Service Network of Tuscarawas County
- T4C
- Youth-Led Prevention
- Anti-Drug Coalition
- Family Farmer's Market
- Tuscarawas County Breastfeeding Coalition
- Silver Sneakers
- Fit Youth Initiative
- ADAMhs Board
- Community Team
- Hospice
- Safe Kids
- Recovery Team
- 21<sup>st</sup> Century After School Program
- Educational Service Center
- Home Net
- Homeless Shelter
- Trails Committee/Volunteers
- 4H
- Boy Scouts
- Girl Scouts
- Club and Recreational Sports
- Rotary
- Elks
- Moose
- Eagles
- Lions

# COMMUNITY THEMES AND STRENGTHS, continued

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

- Access to services
- Impacting developing addiction
- Culture of poverty
- Learned helplessness
- Increased collaboration between businesses, schools and community
- Increased walkability and bikability
- Continuity between providers
- Reaching out to all areas of the county
- Prevention and education
- Making families stronger

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

- Time and money
- Lack of staffing
- Accountability
- Momentum
- Culture of poverty
- Layout of the community
- Need to involve populations we want to serve in the decision-making process
- Lack of transportation
- Buy-in of community and leaders
- Top-level leadership

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

- Hub Model
- Evidence-based strategies
- Business buy-in to health
- Strategically placing prevention programs in schools
- Family focused interventions
- Empowering children to learn more and aspire to more

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

- People need to see the benefit directly to them
- Sustainable change and long-term impact
- Seeing a “quick win”
- Incentives
- Recognizing the role we play in being the catalyst of change
- Using the Community Health Worker model

# QUALITY OF LIFE SURVEY

Healthy Tusc urged community members to fill out a short Quality of Life Survey via Survey Monkey. There were 670 Tuscarawas 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]	3.72
2. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, options in health care, etc.)	3.38
3. Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	4.00
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.)	3.78
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.)	2.90
6. Is the community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, the mall. Do neighbors know and trust one another? Do they look out for one another?)	3.72
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?	3.65
8. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?	3.51
9. Do all residents perceive that they — individually and collectively — can make the community a better place to live?	3.23
10. Are community assets broad-based and multi-sectoral? (There are a variety of resources and activities available county-wide)	3.23
11. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?	3.25
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?)	3.24

# Strategy #1 | Decrease obesity

## Obesity Indicators

The 2015 Health Assessment identified that 73% of Tuscarawas County adults were overweight or obese based on Body Mass Index (BMI). More than one-third (36%) of Tuscarawas County adults were obese. The 2015 Health Assessment identified that 16% of Tuscarawas County youth were obese, according to Body Mass Index (BMI) by age. 80% of youth were exercising for 60 minutes on 3 or more days per week.

### Adult Weight Status

In 2015, the health assessment indicated that nearly three-fourths (73%) of Tuscarawas County adults were either overweight (37%) or obese (36%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of diseases.

Adults described their weight as: very underweight (<1%), underweight (2%), just about the right weight (47%), overweight (38%), very overweight (8%), and obese (6%).

Nearly half (48%) of adults were trying to lose weight, 30% were trying to maintain their current weight or keep from gaining weight, and 1% were trying to gain weight.

Tuscarawas County adults did the following to lose weight or keep from gaining weight: exercised (51%), ate less food, fewer calories, or foods low in fat (47%), ate a low-carb diet (13%), took diet pills, powders or liquids without a doctor's advice (4%), smoked cigarettes (3%), used a weight loss program (2%), health coaching (2%), went without eating 24 or more hours (2%), participated in a prescribed dietary or fitness program (1%), took prescribed medications (1%), and vomited (<1%).

In Tuscarawas County, 59% of adults were engaging in some type of physical activity or exercise for at least 30 minutes 3 or more days per week. 30% of adults were exercising 5 or more days per week. Nearly one-fourth (23%) of adults were not participating in any physical activity in the past week, including 4% who were unable to exercise.

Reasons for not exercising included: time (22%), weather (19%), too tired (14%), laziness (13%), pain or discomfort (13%), they chose not to exercise (11%), could not afford a gym membership (7%), no exercise partner (4%), did not have child care (4%), poorly maintained/no sidewalks (3%), did not know what activities to do (3%), no walking, biking trails, or parks (2%), no gym available (2%), transportation (1%), safety (1%), doctor advised them not to exercise (1%), and other reasons (5%).

On an average day, adults spent time doing the following: 2.6 hours watching television, 1.1 hours on their cell phone, 1.0 hour on the computer outside of work, and 0.2 hours playing video games.

In 2015, 5% of adults were eating 5 or more servings of fruits and vegetables per day. 88% 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.

Tuscarawas County adults reported the following reasons they chose the types of food they ate: taste (59%), enjoyment (54%), cost (46%), healthiness of food (44%), ease of preparation (39%), availability (35%), what their spouse prefers (33%), food they were used to (31%), nutritional content (27%), time (25%), calorie content (22%), what their child prefers (20%), if the food was genetically modified (10%), if the food was organic (6%), other food sensitivities (5%), gluten-free (4%), health care provider's advice (3%), lactose free (3%), and other reasons (3%).

21% of adults drank soda pop, punch, Kool-Aid, sports drinks, energy drinks, or other fruit-flavored drinks at least once per day.

# Strategy #1 | Decrease obesity

## Obesity Indicators, continued

### Adult Weight Status, continued

Adults ate out in a restaurant or brought home take-out food an average of 2.1 times per week.

Tuscarawas adults reported the following barriers in consuming fruits and vegetables: too expensive (12%), they did not like the taste (5%), no variety (1%), did not know how to prepare (1%), transportation (1%), did not take EBT (<1%), or other barriers (3%).

### Youth Weight Status

In 2015, 16% of youth were classified as obese by Body Mass Index (BMI) calculations (2013 YRBS reported 13% for Ohio and 14% for the U.S.). 13% of youth were classified as overweight (2013 YRBS reported 16% for Ohio and 17% for the U.S.), 67% were normal weight, and 3% were underweight.

34% 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 (48%) of all youth were trying to lose weight, increasing to 57% of Tuscarawas County female youth (compared to 40% of males) (2013 YRBS reported 47% for Ohio and 48% for the U.S.).

12% of youth ate 5 or more servings of fruits and vegetables per day. 83% ate 1 to 4 servings of fruits and vegetables per day.

Tuscarawas County youth consumed the following sources of calcium daily: milk (85%), yogurt (37%), other dairy products (53%), calcium-fortified juice (11%), calcium supplements (6%) and other calcium sources (7%).

Youth reported they ate most of their food at the following places: home (94%), from a fast food place (3%), school (2%), a restaurant (1%) and a convenience store (<1%).

80% of Tuscarawas County youth participated in at least 60 minutes of physical activity on 3 or more days in the past week. 56% did so on 5 or more days in the past week (2013 YRBS reports 48% for Ohio and 47% for the U.S.), and 35% did so every day in the past week (2013 YRBS reports 26% for Ohio and 27% for the U.S.). 9% 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.).

Tuscarawas County youth spent an average of 3.6 hours on their cell phone, 2.0 hours watching TV, 1.3 hours playing video games and 1.1 hours on their computer/tablet on an average day of the week.

Nearly one-third (30%) 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.).

90% of youth participated in extracurricular activities. They participated in the following: sports or intramural programs (63%), exercising (outside of school) (54%), church youth group (32%), church or religious organization (31%), school club or social organization (30%), caring for siblings after school (24%), part-time job (21%), babysitting for other kids (20%), volunteering in the community (20%), caring for parents or grandparents (5%) or some other organized activity (Scouts, 4H, etc.) (11%).

# Strategy #1 | Decrease obesity

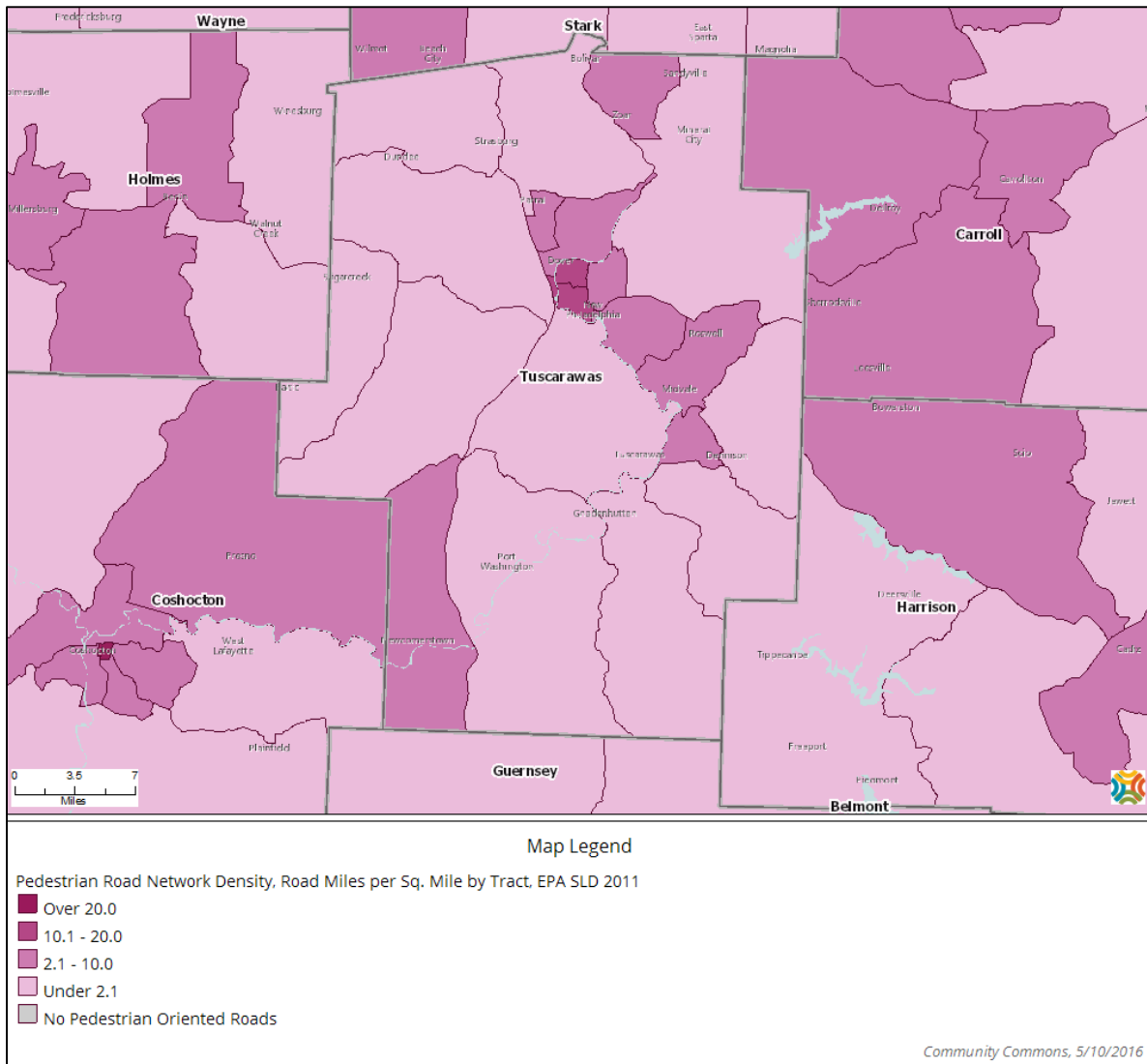
## Obesity Indicators, continued

Adult Comparisons	Tuscarawas County 2015	Ohio 2013	U.S. 2013
Obese	36%	30%	29%
Overweight	37%	35%	35%

Youth Comparisons	Tuscarawas County 2015 (6 <sup>th</sup> -12 <sup>th</sup> )	Tuscarawas 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	16%	18%	13%	14%
Overweight	13%	14%	16%	17%
Described themselves as slightly or very overweight	34%	36%	28%	31%
Trying to lose weight	48%	45%	47%	48%
Exercised to lose weight	53%	53%	61%‡	61%‡
Ate less food, fewer calories, or foods lower in fat to lose weight	28%	27%	43%‡	39%‡
Went without eating for 24 hours or more	4%	4%	10%	13%
Took diet pills, powders, or liquids without a doctor's advice	3%	4%	5%	5%
Vomited or took laxatives	3%	3%	5%	4%
Ate 1 to 4 servings of fruits and vegetables per day	83%	89%	85%‡	78%‡
Physically active at least 60 minutes per day on every day in past week	35%	34%	26%	27%
Physically active at least 60 minutes per day on 5 or more days in past week	56%	56%	48%	47%
Did not participate in at least 60 minutes of physical activity on any day in past week	9%	7%	13%	15%
Watched TV 3 or more hours per day	30%	28%	28%	33%

# Strategy #1 | Decrease obesity

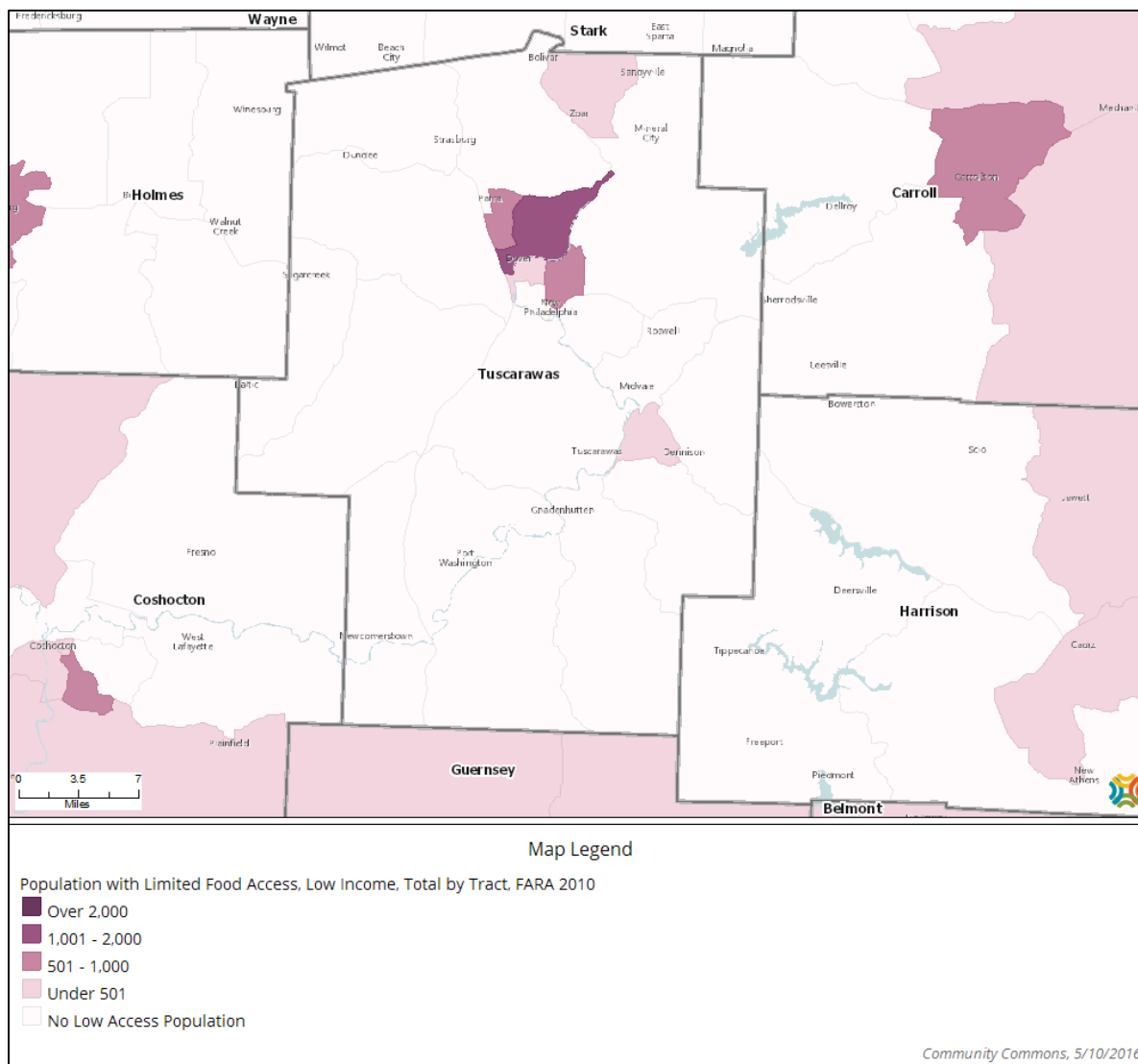
## Pedestrian Road Network Density, Road Miles per Sq. Mile by Tract, EPA SLD 2011



(Source: Community Commons 5/10/16)

# Strategy #1 | Decrease obesity

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



(Source: Community Commons 5/10/16)

# Strategy #1 | Decrease obesity

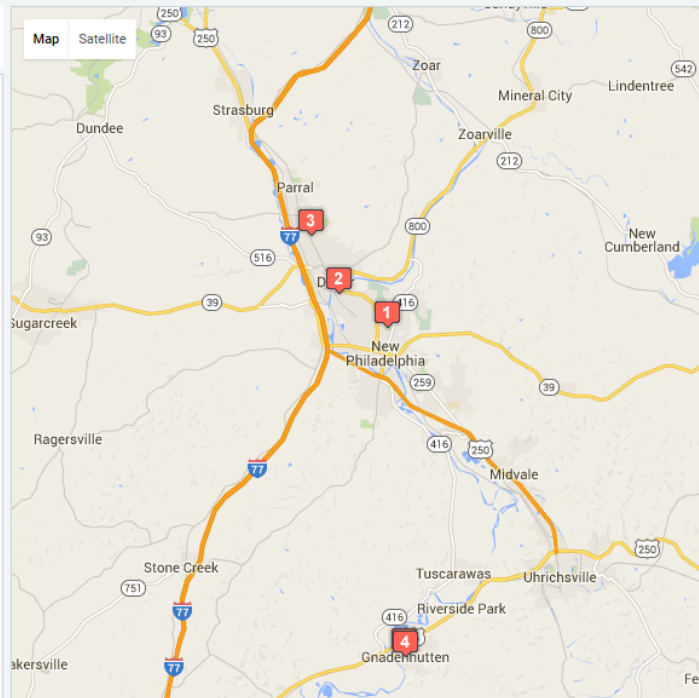
## Farmers' Markets around Tuscarawas County, Ohio

### Farmers' Markets around Tuscarawas County OH

Who knew an ear of corn or fresh tomato could improve your health, your community and the environment, all at the same time? Buying local Tuscarawas County foods is a simple way to do all three. Local food doesn't suffer the "jet lag" of produce trucked across the country. It puts more money back into the local economy and saves a whole lot of gas. Find the best farmers' markets near Tuscarawas County below:

Viewing 1 - 5 of 5 total on Map

- 1 New Philadelphia Farmers Market**  
161 Tuscora Avenue North West, New Philadelphi...
- 2 Tuscarawas Valley Farmers Market**  
259 South Tuscarawas Street, Dover, Tuscarawas...
- 3 City of Dover Farmer's Market**  
North Wooster Avenue, Dover, Tuscarawas County
- 4 Gnadenhutzen Farmers Market**  
131 South Walnut Street, Gnadenhutzen, Tuscara...
- 5 Newcomerstown Farmers' Market**  
123 East Main Street, Newcomerstown, Tuscarawa...



# Strategy #1 | Decrease obesity

## Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Opportunity to access fresh, local, nutrient dense, flavorful food options	Tuscarawas County Farmers Market	All residents	Prevention/Early Intervention	Evidence-based
Diabetic Self-management Education utilizing American Association of Diabetes Educators (AADE) curriculum	Trinity Hospital Twin City	Older youth and adults with a diabetes diagnosis	Early Intervention/Treatment	Have served over 400 people with diabetes with greater than 30% showing a decrease in Hemoglobin A1C levels
Monthly Diabetes Support Groups	Trinity Hospital Twin City	Older youth and adults with a diabetes diagnosis and their support persons	Early Intervention/Treatment	Average attendance of 8 people per month
Dining with Diabetes	OSU Extension Office and Trinity Hospital Twin City	Older youth and adults with a diabetes diagnosis	Early Intervention/Treatment	About 16 people per program attending
Fit for Life (diabetes programs, mini seminars, etc.)	Trinity Hospital Twin City	Older youth and adults in the community	Prevention/Early Intervention	Promising best practice
Panhandle Passage Trail sponsorship	County Parks Committee, Twin City Chamber of Commerce	Entire community	Prevention/Early Intervention/Treatment	Best practice
Community Health Screenings	Trinity Hospital Twin City	Adults	Prevention/Early Intervention/Treatment	Evidence based
Medicaid Nutrition Training	THTC Dieticians	Adults and youth	Early Intervention/Treatment	Evidence based
Cooking demos	THTC	Adults and youth	Prevention/Early Intervention	Evidence based

# Strategy #1 | Decrease obesity

## Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Weight loss and diabetes prevention mini seminars	THTC	Entire community	Prevention/ Early Intervention/ Treatment	Evidence based
MNT Counseling (5 appointments every Tuesday-Friday with early and late appointments as needed)	Union Hospital Dieticians	Children to Older adults	Prevention/ Early Intervention/ Treatment	Evidence based
Diabetes Self-Management Training (Every Wednesday from 1-3pm)	Union Hospital Certified Diabetes Educator and Dietician	Adults	Prevention/ Early Intervention/ Treatment	Evidence based
Behavioral Health Nutrition Education Class (2 times a month at BHC)	Union Hospital Behavioral Health Nurse and Dietician	Adults	Prevention/ Early Intervention/ Treatment	Evidence based
CORE 4 (6-week weight loss class provided at UPS offices)	Union Hospital Dietician	Adults	Prevention/ Early Intervention/ Treatment	Evidence based
Primary Care Physicians accept Medicaid	FQHC	Population with Medicaid	Prevention/ Early Intervention/ Treatment	None
Direct counseling	Tusc Clinic for working uninsured	Adults (uninsured)	Early Intervention	Evidence based
Weight Be Gone	St. Johns Church	Adults	Prevention/ Early Intervention/ Treatment	None
Take Off Pounds (TOPS)	Grace Evangelical Lutheran Church	Adults	Early Intervention/ Treatment	Evidence based
Community Education Weight Loss Program	Multiple	All ages	Early Intervention/ Treatment	None
Jim Dandy's Line Dancing Zumba	1 <sup>st</sup> United Methodist	Older adults	Prevention	Best practice
Fitness classes (various) Education classes Healthy eating classes	Senior center	50+	Prevention/ Early Intervention/ Treatment	Evidence based

# Strategy #1 | Decrease obesity

## Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Million Hearts Summer Walking Program	OSU Extension	All ages 3+	Prevention/Early Intervention	Evidence based
Diabetes Prevention	OSU Extension YMCA	Those diagnosed with pre-diabetes	Prevention/Early Intervention	Evidence based
MNT My Plate WIC (Women Infant and Children)	Health Department	Adults Youth Youth, 0-5, Female adult	Prevention/Early Intervention/ Treatment	Evidence based
Yoga classes	The Sheriff	Inmate population	Prevention/Early Intervention/ Treatment	Evidence based
Monthly Diabetes Support Group	Trinity Hospital	Those diagnosed with diabetes	Treatment	Evidence based
Panhandle Passage Trail	Trinity Hospital	All ages	Prevention	Evidence based
Community Health Screenings (glucose, H1C, HBP)	Trinity Hospital	Adolescents and adults	Prevention/Early Intervention	Emerging best practice
Health screenings	New Philadelphia Health Department	All ages	Prevention/Early Intervention	Evidence based
The Farmers Markets accepts SNAP	Tuscarawas Family Farmers Market	All ages	Prevention	Evidence based
Programs for Healthy Food	OSU Extension Tuscarawas Family Farmers Market	All ages	Prevention	None
Walk with a Doc	Union Hospital	All ages	Prevention	Evidence based
Youth Smoking Cessation- Tar Wars	Union Hospital Community Health and Wellness	Youth grades 4-5	Prevention	Evidence based
Smoking Cessation – 6 week classes	Union Hospital Workplace Wellness	Adult 18+	Treatment	Evidence based
Cooking Demos at TVFFM	Union Hospital Work well	Youth and adult	Prevention	Evidence based
Yearly HRA screenings for workplaces	Union Hospital Work well	Adult	Prevention/Early Intervention/ Treatment	Yearly checkup and HRA upon employee discretion
Random Drug Screenings	Union Hospital Work well	Youth and adult	Prevention/Early Intervention	Evidence based
Bike Helmets	CHW	Youth	Prevention	Evidence based
Diabetes program, Twinges, Aqua Fit	YMCA	All ages	Prevention/Early Intervention	Evidence based

# Strategy #1 | Decrease obesity

## Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
<u>Fitness classes</u> Spinning Zumba Boot camp Pump Turbo Kick Personal wellness coach, yoga	YMCA	Adults	Prevention/Early Intervention	Best practice
Silver Sneakers	YMCA	Seniors	Prevention/Early Intervention	Evidence based
Youth Personal Training	YMCA	Youth to 20 years old	Prevention/Early Intervention	Evidence based
Butterfly Camp	YMCA	Special needs kids	Prevention/Early Intervention	Evidence based
Sports camps, Day Camps	YMCA	Kids	Prevention/Early Intervention	Evidence based
Swimming, gym, etc. activities from home schooled youth	YMCA	Home schooled youth	Prevention/Early Intervention	Evidence based

# Strategy #1 | Decrease obesity

## Gaps and Potential Strategies

Gaps	Potential Strategies
<b>1. Lack of Communication</b>	<ul style="list-style-type: none"><li>○ Primary care physicians (PCP) need to discuss nutrition and overall health with patients.</li></ul>
<b>2. Food Access</b>	<ul style="list-style-type: none"><li>○ Grocery store tours</li><li>○ Provide kiosks with healthy food and recipes in grocery stores</li><li>○ ProMedica nutrition prescription programs</li><li>○ Community gardens</li><li>○ Farmer's markets accepting SNAP</li></ul>
<b>3. Walkability</b>	<ul style="list-style-type: none"><li>○ Implement complete streets</li></ul>
<b>4. Access to physical activity opportunities</b>	<ul style="list-style-type: none"><li>○ Provide more local races (ex. 5k)</li><li>○ Live Healthy, Live Well email challenge</li><li>○ Water trail development (kayaking)</li></ul>

# Strategy #1 | Decrease obesity

## Best Practices

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

1. **Health Insurance Incentives & Penalties:** The number of employers offering financial rewards for participating in wellness programs rose by 50 percent from 2009 to 2011. In 2012, four out of five companies plan to offer some type of financial health incentive. The use of penalties among employers more than doubled from 2009 to 2011, rising from 8 percent to 19 percent. It could double again next year when 38 percent of companies plan to have penalties in place. Requiring smokers to pay a higher portion of the health insurance premium is among the most common penalties. A growing number of employers also base rewards on actual outcomes, such as reaching targeted healthy weights or cholesterol levels, rather than simply rewarding participation. A provision in the federal health care reform law will let employers offer greater incentives for participating in wellness programs starting in 2014. Under current rules, employers can provide incentives of up to 20 percent of the total health insurance premium per person. The 2010 Patient Protection and Affordable Care Act boosts the threshold to 30 percent and, in cases approved by federal health and labor officials, up to 50 percent in 2014. Employer programs often reward employees who exercise, lose weight or participate in disease management programs. Incentives may include cash awards, gift cards, higher employer contributions toward the health insurance premium, contributions toward employee health savings accounts, or the chance to compete in a sweepstakes. A lot of research shows people are very much motivated by the potential of a large prize. Some employers offer both individual awards and team awards. Some employers have found rescission of a reward especially effective. For instance, an employer might offer a \$500 health insurance premium discount to everyone and rescind the reward for employees who choose not to participate in the care management program.
2. **OHA Good4You Healthy Hospital Initiative:** Good4You is a statewide initiative of Ohio hospitals, sponsored by the Ohio Hospital Association. Good4You seeks to help hospitals lead Ohioans to better health through health eating, physical activity and other statewide population health initiatives.

As leaders in their communities and advocates of health and well-being, hospitals can model healthy eating to support the health of employees, visitors and the communities they serve.

Hospitals can participate in this voluntary initiative by adopting the Good4You Eat Healthy nutrition criteria in four specific areas within the hospital: vending machines, cafeterias and cafes, meetings and events; and outside vendors and franchises. Participation is easy, and tools and resources are available to help hospitals as they transition to an Eat Healthy environment.

For more information go to [www.ohiohospitals.org/Good4You](http://www.ohiohospitals.org/Good4You)

# Strategy #1 | Decrease obesity

## Alignment with National Standards

The Tuscarawas 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

# Strategy #1 | Decrease obesity

## Action Step Recommendations & Plan

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

1. Implement OHA Health Hospitals Initiative
2. Increase Businesses/Organizations Providing Wellness Programs & Insurance Incentive Programs to Their Employees
3. Implement a Healthier Choices Campaign
4. Increase Nutrition/Physical Education Materials Being Offered to Patients by Primary Care Providers
5. Support the Implementation of Pathways Model or Hub via Access Tusc

## Action Plan

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
<b>Implement OHA Healthy Hospitals Initiative</b>		
<p><b>Year 1:</b> Hospitals should research OHA's Good4You Program</p> <p>Complete all Assessment Tools provided by OHA to gather baseline information on current food and beverages in the hospital cafeterias, vending, meetings, and gift shops.</p> <p>Implement the Good 4 You Initiative 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> <li>• Healthy Outside Vendors and Franchises</li> </ul> <p>Use marketing materials (posters, table tents, stickers, etc.) to better brand the program</p>	<p>Kim Nathan, Union Hospital</p> <p>Jen Demuth, Trinity Hospital Twin City</p>	<p>July 1, 2017</p>
<p><b>Year 2:</b> Implement the Good4You Initiative in all four priority areas within each hospital</p>		<p>July 1, 2018</p>
<p><b>Year 3:</b> Introduce the program into other areas of the community (businesses, schools, churches, etc.)</p>		<p>July 1, 2019</p>

# Strategy #1 | Decrease obesity

## Action Step Recommendations & Plan, continued

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
<b>Increase Businesses/Organizations Providing Wellness Programs &amp; Insurance Incentive Programs to Their Employees</b>		
<p><b>Year 1:</b> Collect baseline data on businesses and organizations offering wellness and insurance incentive programs to employees.</p> <p>Educate Tuscarawas County Businesses about the benefits of implementing these programs</p> <p>Encourage businesses and organizations to offer free or subsidized evidence-based programs such as Weight Watchers to their employees and their spouses</p>	<p>Kim Nathan, Union Hospital</p> <p>Jen Demuth, Trinity Hospital Twin City</p> <p>Jessica Kinsey, Access Tusc</p>	July 1, 2017
<p><b>Year 2:</b> Enlist 2 small and 2 large businesses/organizations to initiate wellness and/or insurance incentive programs. Partner with hospitals when appropriate.</p>		July 1, 2018
<p><b>Year 3:</b> Double the number of businesses/organizations providing wellness and insurance incentive programs from baseline.</p>		July 1, 2019
<b>Implement a Healthier Choices Campaign</b>		
<p><b>Year 1:</b> Work with school and community wellness committees as well as other youth-based organizations to introduce the following:</p> <ul style="list-style-type: none"> <li>• Healthier snack "extra choices" offered during school lunches</li> <li>• Healthier fundraising foods</li> <li>• Healthier choices in vending machines</li> <li>• Healthier choices at sporting events and concession stands,</li> <li>• Reducing unhealthy foods as rewards</li> </ul>	<p>Kevin Spears, ECOESC</p> <p>Kim Nathan, Healthy Tusc</p>	July 1, 2017
<p><b>Year 2:</b> Each school district and youth organization will choose at least 1 priority area to focus on and implement.</p>		July 1, 2018
<p><b>Year 3:</b> Each school district and youth organization will implement at least 3 of the 5 priority areas.</p>		July 1, 2019
<b>Increase Nutrition/Physical Education Materials Being Offered to Patients by Primary Care Offices</b>		
<p><b>Year 1:</b> Work with primary care and non-primary care physician offices to assess what information and/or materials they are lacking to provide better resources for overweight and obese patients.</p>	<p>Kim Nathan, Union Hospital</p> <p>Jen Demuth, Trinity Hospital Twin City</p> <p>Miles Riley, FQHC</p>	July 1, 2017
<p><b>Year 2:</b> Offer trainings for PCP and non-PCP offices on nutrition and physical activity best practices, as well as referral sources.</p> <p>Enlist at least 3 primary care physician and/or non primary care physician offices.</p>		July 1, 2018
<p><b>Year 3:</b> Offer additional trainings to reach at least 50% of the primary care physician offices and non-primary care physicians in the county.</p>		July 1, 2019

# Strategy #1 | Decrease obesity

## Action Step Recommendations & Plan, continued

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
<b>Support the Implementation of Pathways Model or Hub via Access Tusc</b>		
<p><b>Year 1:</b> Research the Community Pathways Model which can work to decrease obesity and other chronic disease. Determine interest and feasibility of implementing the Pathways Program in existing clinics and community centers throughout Tuscarawas County.</p> <p>Contact the Northwest Ohio Pathways HUB to present information on the Pathways Model to community stakeholders.</p> <p>Assess community readiness to implement a Pathways Program throughout various community centers, clinics and home visiting sites.</p>	<p>Jessica Kinsey, Access Tusc</p>	<p>July 1, 2017</p>
<p><b>Year 2:</b> Research and seek start-up funding and select a pilot site to hire a community care coordinator.</p> <p>Continue efforts from year 1.</p>		<p>July 1, 2018</p>
<p><b>Year 3:</b> The selected pilot site will complete Pathways training through the Northwest Ohio Pathways HUB and begin enrolling clients into the program.</p>		<p>July 1, 2019</p>

## Strategy #2 | Mental Health & Bullying

### Mental Health Indicators

*In 2015, 2% of Tuscarawas County adults considered attempting suicide. 9% of adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities. In 2015, the Health Assessment results indicated that 16% of Tuscarawas County 6th-12th grade youth had seriously considered attempting suicide in the past year and 8% admitted actually attempting suicide in the past year.*

#### Adult Mental Health

In the past year, 9% of Tuscarawas 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 13% of females and 18% those with incomes less than \$25,000.

2% of Tuscarawas County adults made a plan about attempting suicide in the past year.

Less than one percent (<1%) of adults reported attempting suicide in the past year.

Tuscarawas County adults received the social and emotional support they needed from the following: family (78%), friends (68%), church (36%), neighbors (10%), a professional (8%), community (5%), Internet (4%), self-help group (<1%), and other (5%).

Tuscarawas County adults would do the following if they knew someone who was suicidal: talk to them (70%), try to calm them down (50%), call a crisis line (48%), call 9-1-1 (37%), take them to the emergency room (17%), and call a friend (16%).

Tuscarawas County adults indicated the following caused them anxiety, stress or depression: job stress (35%), financial stress (35%), death of close family member or friend (21%), poverty/no money (20%), marital/dating relationship (17%), sick family member (17%), fighting at home (15%), other stress at home (11%), unemployment (11%), caring for parent (8%), family member with mental illness (5%), fighting with friends (5%), caring for someone with special needs (5%), divorce/separation (4%), family member with substance abuse problem (3%), raising/caring for grandchildren (3%), not having enough to eat (3%), alcohol or drug use at home (2%), not having a place to live (2%), family member in the military (1%), not feeling safe at home (1%), sexual orientation (1%), and not feeling safe in the community (1%).

Tuscarawas County adults do the following to deal with their stress: talk to someone they trust (56%), listen to music (33%), eat more or less than normal (32%), exercise (31%), sleep (29%), work on a hobby (23%), work (22%), drink alcohol (11%), take it out on others (10%), smoke tobacco (9%), meditate (6%), use prescription drugs (3%), use herbs or home remedies (3%), use illegal drugs (2%), gamble (1%), and others things (9%).

#### 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 36% of females (2013 YRBS reported 26% for Ohio and 30% for the U.S.).

16% of youth reported they had seriously considered attempting suicide in the past 12 months, increasing to 26% of females, (2013 YRBS rate of 14% for Ohio youth and 17% for U.S. youth).

In the past year, 8% of Tuscarawas County youth had attempted suicide, increasing to 12% of females. 3% of youth had made more than one attempt. The 2013 YRBS reported a suicide attempt prevalence rate of 6% for Ohio youth and 8% for U.S. youth.

Of all youth, 3% 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.).

# Strategy #2 | Mental Health & Bullying

## Mental Health Indicators, continued

### Youth Mental Health, continued

Youth reported the following ways of dealing with anxiety, stress, or depression: sleeping (51%), hobbies (42%), texting someone (36%), praying (34%), talking to someone in their family (29%), exercising (28%), talking to a peer (26%), eating (25%), using social media (15%), reading the Bible (16%), breaking something (11%), shopping (11%), writing in a journal (11%), self-harm (7%), talk to a counselor /teacher (9%), drinking alcohol (5%), using illegal drugs (2%), using prescribed medication (5%), smoking/using tobacco (4%), vandalism/violent behavior (3%), talking to a medical professional (2%), harming someone else (1%), gambling (1%), and using un-prescribed medication (1%). 12% of youth reported they did not have anxiety, stress, or depression.

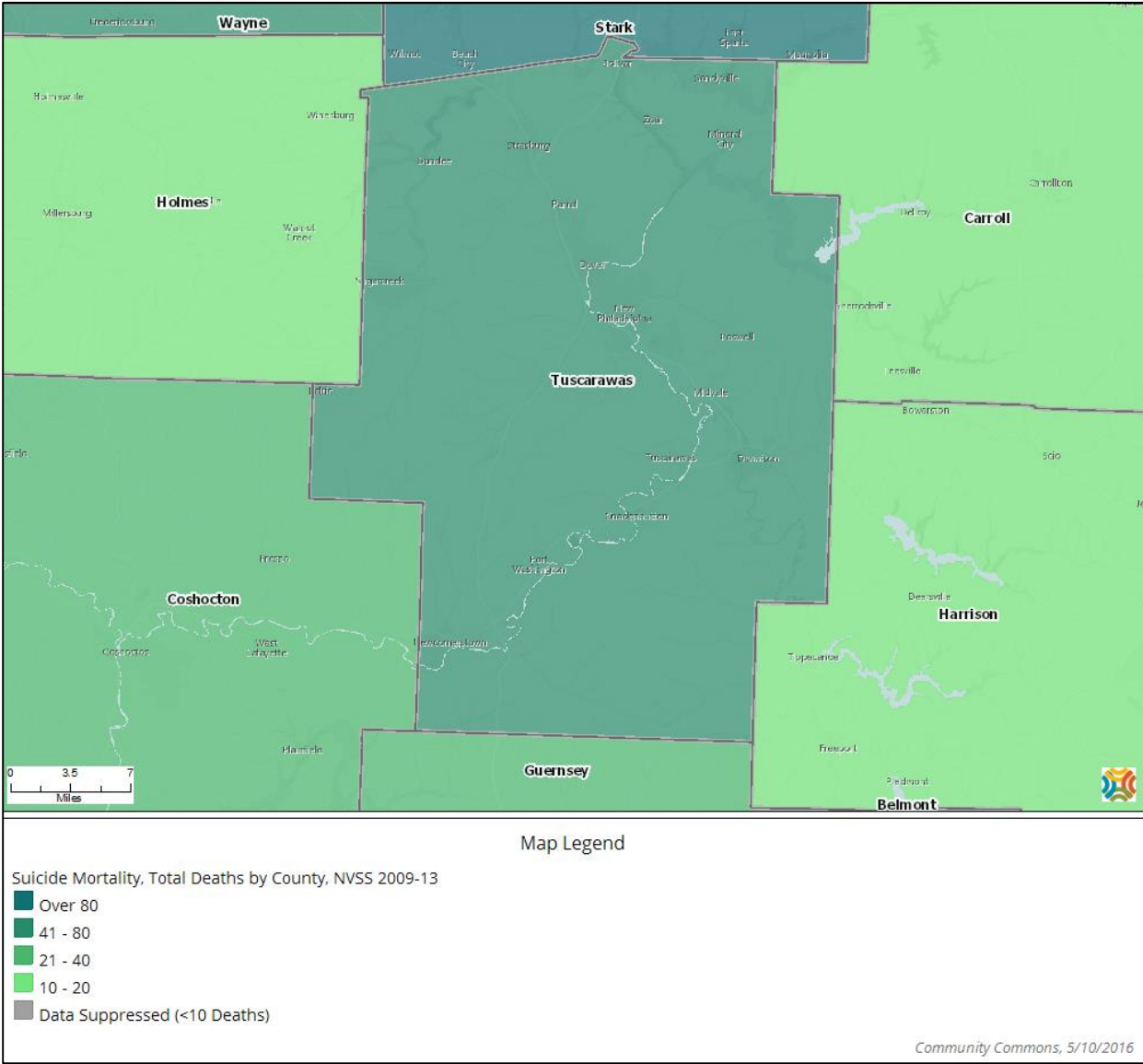
**Tuscarawas County Adults Feeling Sad or Hopeless for Two or More Weeks in a Row**



Youth Comparisons	Tuscarawas County 2015 (6 <sup>th</sup> -12 <sup>th</sup> )	Tuscarawas 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	16%	18%	14%	17%
Youth who had attempted suicide in the past year	8%	8%	6%	8%
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (of all youth)	3%	4%	1%	3%
Youth who felt sad or hopeless almost every day for 2 or more weeks in a row	27%	26%	26%	30%

# Strategy #2 | Mental Health & Bullying

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



(Source: Community Commons 5/10/16)

## Strategy #2 | Mental Health & Bullying

### Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Outpatient Counseling	Personal and Family Counseling Services (PFCS) Community Mental Healthcare (CMH) Southeast Chrysalis Counseling New Life Counseling	18+	Treatment	Evidence based
Partial Hospitalization	Community Mental Healthcare (CMH) Ten Lakes Union Hospital	18+	Treatment	Evidence based
Case Management	Community Mental Healthcare (CMH) Personal and Family Counseling Services (PFCS) Southeast	18+ and children	Treatment	Evidence based
Psychiatric Services	Community Mental Healthcare (CMH) Personal and Family Counseling Services (PFCS) (tele psych) Southeast	13+	Treatment	Evidence based
Crisis Stabilization Unit (5 bed unit)	Community Mental Healthcare (CMH)	18+	Treatment	Evidence based
Inpatient Treatment	Ten Lakes	21+	Treatment	Evidence based
Harbor House Domestic Violence Shelter	Personal and Family Counseling Services (PFCS)	Adults and Families	Treatment	Evidence based
Hospitalization and Group Home Placement is available out of county as necessary	Community Mental Healthcare (CMH)	18+	Treatment	Evidence based
Peer Support	Advocacy, Choices and Empowerment/ NAMI	18+	Treatment	Evidence based
SOS (Survivors of Suicide)	ADAMHs Board	Youth and Adult	Intervention	Evidence based
LOSS Team (Local Outreach to Survivors of Suicide)	ADAMHs Board	Youth and Adult	Intervention	Evidence based

## Strategy #2 | Mental Health & Bullying

### Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Support Group for Sexually Abused	COMPASS	All ages	Intervention	Evidence based
CIT (Crisis Intervention Training) and other Crisis Training	ADAMHs Board	Youth and Adult	Prevention	Evidence based
Grief Counseling	Hospice	Youth and Adult	Prevention	Evidence based
ADAMHs Board website Screening Tool <a href="http://www.Adamhtc.org">www.Adamhtc.org</a>	ADAMHs Board	All ages	Prevention/ Early Intervention	None
Outpatient Counseling	Personal and Family Counseling Services (PFCS) Community Mental Healthcare (CMH) Village Network Chrysalis New Life Counseling	Under 18	Treatment	Evidence based
Group Counseling	Village Network	Under 18	Treatment	Evidence based
School Counseling	Personal and Family Counseling Services (PFCS) Community Mental Healthcare (CMH) Village Network	Under 18	Treatment	Evidence based
Home Based Counseling	Personal and Family Counseling Services (PFCS)	Under 18	Treatment	Evidence based
Case Management	Personal and Family Counseling Services (PFCS) Community Mental Healthcare (CMH)	Under 18	Treatment	Evidence based
Psychiatric Services	Personal and Family Counseling Services (PFCS) (tele psych) Community Mental Healthcare (CMH) Village Network	16+	Treatment	Evidence based
Crisis Stabilization, Hospitalization and Residential Placement are available out of county as necessary	CMH is the designated pre-screening agency	Youth	Treatment	Evidence based
PROTECT Program (Individuals and Family counseling for sex offending juveniles)	Personal and Family Counseling Services (PFCS)	Under 18	Treatment	Evidence based

## Strategy #2 | Mental Health & Bullying

### Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Equine Assisted Psychotherapy	Personal and Family Counseling Services (PFCS)	Youth	Treatment	Evidence based
Service Coordination TIP (Transition to Individual)	TCFCFC	Multi-system youth ages 16-20	Intervention	None
Early Childhood Mental Health	Personal and Family Counseling Services (PFCS)	Pre-school and Head start	Intervention	Evidence based
Child Advocacy Center	CAC	Youth	Intervention	None
Supervised Visitation Program	Personal and Family Counseling Services (PFCS)	Under 18	Intervention	None
CODIP – program for children of divorced parents	Personal and Family Counseling Services (PFCS)	Youth (grades K-9)	Intervention	None
Life Skills Training Program	Personal and Family Counseling Services (PFCS)	Elementary and Middle School	Prevention	Evidence based
Bullying and Depression Training	ADAMHs Board	Youth	Prevention	None
Sexting/Bullying Training	Amanda Miller, Assistant Prosecutor Compass	Youth	Prevention	None
Youth to Youth Peer Driven Program	Personal and Family Counseling Services (PFCS)	Youth	Prevention	None
Peer Mentoring Programs (A Team, SPEAK, Anti-Virus)	T4C BB/BS ACES Compass	Youth	Prevention	Evidence based
Various mental health services	National Alliance on Mental Illness (NAMI)	Family and children	Prevention/Early Intervention	None
Depression Screenings (Becks) provided at primary care medical provider visits	Trinity Medical Group	All adult patients of Trinity Medical Group	Prevention/Early Intervention	Evidence based
Pediatric Behavioral Health Screenings	Trinity Medical Group Pediatrician	Youth patients	Early Intervention/Treatment	Evidence based
Referrals to outpatient counseling services and programs	Trinity Hospital Twin City and Trinity Medical Group	All patients	Early Intervention/Treatment	Evidence based
Vibrant Living Outpatient Behavioral Health Services	Trinity Hospital Twin City	Older adults	Early Intervention/Treatment	None
Ten Lakes Center Inpatient Older Adult Behavioral Health Services	Ten Lakes Center	Older adults	Prevention/Early Intervention/Treatment	Evidence based
Provide seminars on mental health topics (depression, stress, bullying, Alzheimer's, Dementia)	Trinity Hospital Twin City	Adults	Prevention/Early Intervention/Treatment	None

## Strategy #2 | Mental Health & Bullying

### Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Programs for bereavement including counseling, social activities, support groups, educational workshops	Community Hospice (Bridge to Healing)	All ages	Early Intervention/Treatment	Evidence based
Silver Sneakers	YMCA	Seniors	Prevention/Early Intervention/Treatment	Evidence based
Social/Emotional Support	Senior Center	Older adults	Early Intervention/Treatment	Evidence based
Mental Health screenings	Tuscarawas Health Department	Youth and adult	Prevention	Evidence based
Alcohol and Addiction Program (AAP)	Tuscarawas Health Department	13+	Early Intervention/Treatment	Evidence based
Counselors, mental health, faith based, crisis intervention programs	Sheriff (Tuscarawas jail)	Incarcerated youth	Early Intervention/Treatment	Evidence based
Administer Vivitrol	New Philadelphia Health Department	All ages	Treatment	29 patients
Depression screening tool	Trinity Hospital	Adults	Prevention	Evidence based
Pediatric screening tool	Trinity Hospital	Teens	Prevention	Evidence based
Free seminar on mental health clinics	Trinity Hospital	All ages	Prevention	Evidence based
Children counseling Outpatient services Substance abuse	New Life counseling	All ages	Prevention/Early Intervention/Treatment	Evidence based
Mental health and substance abuse education in schools	New Life counseling	Youth	Prevention	Evidence based
Youth Bullying Program Youth 2 Youth mentoring program	T-4-C	Youth and Adults	Prevention/Early Intervention	None
Available primary care physicians	Union Physician Services	All ages	Prevention/Early Intervention	Evidence based
Vibrant Living Program	Trinity Hospital	Medicare	Early Intervention/Treatment	None
Assess workplaces for possible employment opportunities	Bureau of vocational education program	Unemployed adults	Prevention	None
Youth camp and support group	Hospice	Ages 7-17	Prevention/Early Intervention	None
Children of Divorce	Personal and Family Counseling Services (PFCS)	Youth	Early Intervention/Treatment	None
Eating disorders related to trauma	ADAMHs Board	All ages	Early Intervention/Treatment	Evidence based
Therapy/therapists at the juvenile court	Juvenile court	Incarcerated youth	Treatment	Evidence based

# Strategy #2 | Mental Health & Bullying

## Gaps and Potential Strategies

Gaps	Potential Strategies
<b>1. Lack of child psychiatric services</b>	<ul style="list-style-type: none"><li>○ Use telemedicine</li><li>○ Provide a crisis text line</li></ul>
<b>2. Long wait list for mental health services</b>	<ul style="list-style-type: none"><li>○ Recruit mental health professionals (i.e. loan forgiveness)</li><li>○ Provide general public medication assistance</li><li>○ Acute access to detox</li></ul>
<b>3. Lack of bullying programs</b>	<ul style="list-style-type: none"><li>○ Implement the Olweus Bullying Project in Tuscarawas County schools</li></ul>

## Strategy #2 | Mental Health & Bullying

### Best Practices

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

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

There are two components of the PHQ-9:

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

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

For more information go to:

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

## Strategy #2 | Mental Health & Bullying

### 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

# Strategy #2 | Mental Health & Bullying

## Action Step Recommendations & Plan

To work toward **increasing mental health and bullying services among adult and youth**, the following actions steps are recommended:

1. Increase awareness of available mental health services
2. Increase the Number Primary Care Physicians Screening for Depression During Office Visits
3. Increase Awareness of Trauma Informed Care

### Action Plan

Adult and Youth Mental Health and Bullying		
Action Step	Responsible Person/Agency	Timeline
<b>Increase Awareness 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 Tuscarawas County area churches, Law Enforcement, Chamber of Commerce, City Councils, Tuscarawas College students majoring in social work, etc.</p> <p>Support and disseminate an informational brochure that highlights all organizations in Tuscarawas County that provide mental health services. ("speed dating" idea)</p>	<p>Dave Schaffer, ADAMHs Board</p> <p>Robin Bowdish, Family and Children First Council</p> <p>School Roundtable Committee</p>	July 1, 2017
<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 Tuscarawas County groups.</p> <p>Continue warm hand-off training annually.</p>		July 1, 2018
<p><b>Year 3:</b> Continue efforts of years 1 and 2 and expand outreach</p>		July 1, 2019
<b>Increase the Number 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>	Jamie Smith, Union Hospital	July 1, 2017
<p><b>Year 2:</b> Introduce PHQ2 and PHQ9 to physicians' offices and hospital administration</p> <p>Pilot the protocol with one primary care physicians' office</p>		July 1, 2018
<p><b>Year 3:</b> Increase the number of primary care physicians using the PQH2 screening tool by 25% from baseline.</p>		July 1, 2019

## Strategy #2 | Mental Health & Bullying

### Action Step Recommendations & Plan, continued

Adult and Youth Mental Health and Bullying		
Action Step	Responsible Person/Agency	Timeline
<b>Increase Awareness of Trauma Informed Care</b>		
<p><b>Year 1:</b> Facilitate an assessment among clinicians in Tuscarawas County on their awareness and understanding of toxic stress and trauma informed care.</p> <p>Survey community members of their awareness and understanding of toxic stress and trauma.</p> <p>Facilitate a training to increase education and understanding of toxic stress and trauma.</p>	<p>Dave Schaffer, ADAMHs Board</p> <p>Kris Drummer, Compass</p> <p>Jodi Salvo, Personal and Family Counseling Services (PFCS)</p> <p>Miles Riley, FQHC</p>	July 1, 2017
<p><b>Year 2:</b> Facilitate trainings for Tuscarawas County teachers on trauma and Adverse Childhood Experiences.</p> <p>Develop and implement a trauma screening tool for social service agencies who work with at risk youth.</p>		July 1, 2018
<p><b>Year 3:</b> Continue efforts of years 1 and 2</p> <p>Increase the use of trauma screening tools by 25%.</p>		July 1, 2019

# Strategy #3 | Youth Substance Abuse

## Substance Abuse indicators

*In 2015, the Health Assessment results indicated that 44% of Tuscarawas County youth in grades 6-12 had drunk at least one drink of alcohol in their life, increasing to 65% of youth seventeen and older. Of those 6th -12th grade youth who smoked in the past year, 41% had tried to quit. 61% of Tuscarawas County youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days. In 2015, 7% of Tuscarawas County 6th-12th grade youth had used marijuana at least once in the past 30 days, increasing to 13% of those ages 17 and older.*

### Youth Alcohol Consumption

In 2015, the Health Assessment results indicated that over two-fifths (44%) of all Tuscarawas County youth (ages 12 to 18) had at least one drink of alcohol in their life, increasing to 65% of those ages 17 and older (2013 YRBS reports 66% for the U.S.).

14% of youth had at least one drink in the past 30 days, increasing to 33% of those ages 17 and older (2013 YRBS reports 30% for Ohio and 35% for the U.S.).

Of those who drank, 63% had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers by definition.

Based on all youth surveyed, 9% were defined as binge drinkers, increasing to 19% of those ages 17 and older (2013 YRBS reports 16% for Ohio and 21% for the U.S.).

Tuscarawas County youth drinkers reported they got their alcohol from the following: someone gave it to them (36%) (2013 YRBS reports 38% for Ohio and 42% for the U.S.), a parent gave it to them (33%), someone older bought it (26%), an older friend or sibling bought it (24%), gave someone else money to buy it (19%), a friend's parent gave it to them (6%), took it from a store or family member (6%), bought it in a liquor store/ convenience store/gas station (3%), bought it with a fake ID (3%) and some other way (14%). No one reported buying it at a public event or at a restaurant/bar/club.

### Youth Tobacco Use

The 2015 health assessment indicated that 24% of Tuscarawas County youth had tried cigarette smoking (2013 YRBS reported 41% for the U.S.).

In 2015, 9% of Tuscarawas County youth were current smokers; having smoked at some time in the past 30 days increasing to 16% of youth 17 and older (2013 YRBS reported 15% for Ohio and 16% for the U.S.).

Over three-fifths 61% of Tuscarawas County youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.

Tuscarawas County youth used the following forms of tobacco the most in the past year: e-cigarette (16%), cigarettes (15%), chewing tobacco or snuff (9%), Black and Milds (6%), cigars (5%), swishers (4%), hookah (4%), cigarillos (2%), flavored cigarettes (4%), snus (2%), little cigars (1%) and dissolvable tobacco products (1%). No one reported using bidis.

### Youth Drug Use

In 2015, 7% of all Tuscarawas County youth had used marijuana at least once in the past 30 days, increasing to 13% of those over the age of 17. The 2013 YRBS found a prevalence of 21% for Ohio youth and a prevalence of 23% for U.S. youth.

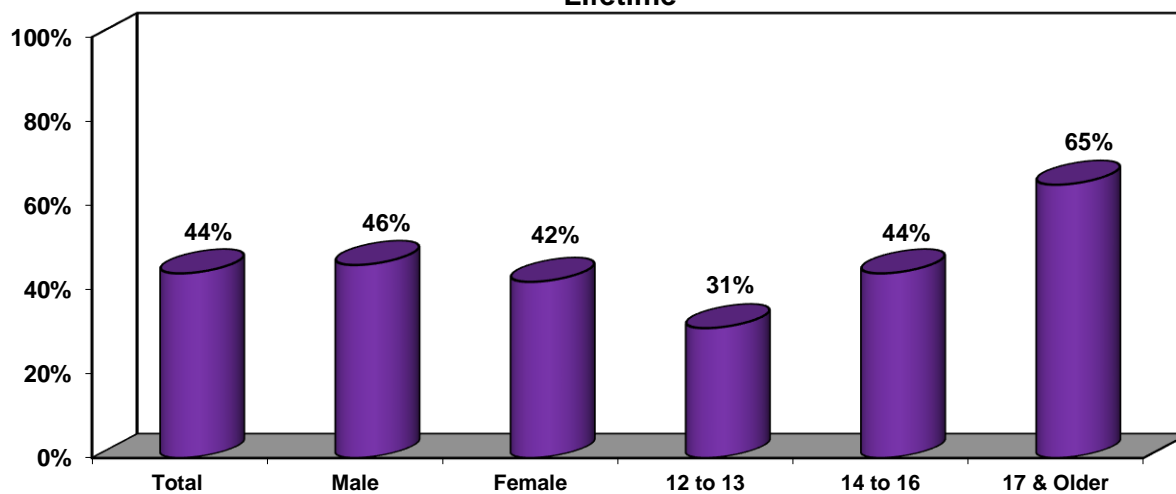
5% Tuscarawas County youth used medications that were not prescribed for them or took more than prescribed to feel good or get high at some time in their lives.

# Strategy #3 | Youth Substance Abuse

## Substance Abuse indicators, continued

Youth Comparisons	Tuscarawas County 2015 (6 <sup>th</sup> -12 <sup>th</sup> )	Tuscarawas 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	7%	11%	21%	23%
Ever used methamphetamines	1%	1%	6%‡	3%
Ever used cocaine	3%	5%	4%	6%
Ever used heroin	1%	2%	2%	2%
Ever used steroids	5%	4%	3%	3%
Ever used inhalants	9%	4%	9%	9%
Ever misused prescription medications	5%	7%	N/A	18%
Ever used ecstasy/MDMA	2%	3%	N/A	7%
Ever been offered, sold, or given an illegal drug by someone on school property in the past year	7%	8%	20%	22%

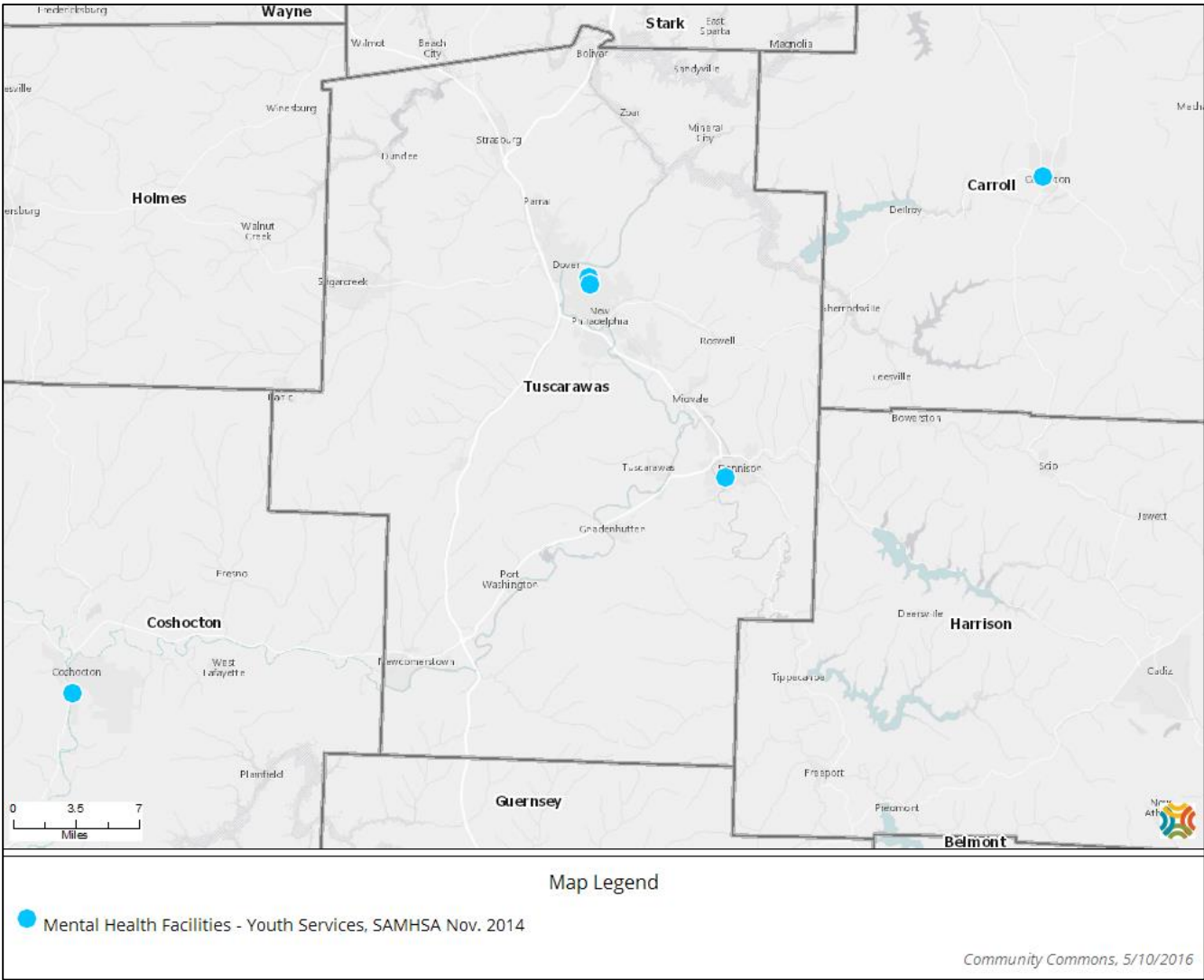
**Tuscarawas County Youth Having At Least One Drink In Their Lifetime**



Youth Comparisons	Tuscarawas County 2015 (6 <sup>th</sup> -12 <sup>th</sup> )	Tuscarawas 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> )
Ever tried cigarettes	24%	34%	52%*	41%
Current smokers	9%	14%	15%	16%
Tried to quit smoking (of those youth who smoked in the past year)	41%	48%	56%*	48%

# Strategy #3 | Youth Substance Abuse

## Mental Health Facilities – Youth Services, SAMHSA Nov. 2014



Source: Community Commons 5/10/16

## Strategy #3 | Youth Substance Abuse

### Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Outpatient Counseling	Personal and Family Counseling Services (PFCS) Community Mental Healthcare (CMH) Chrysalis Counseling Alcohol and Addiction Program (AAP)	Under 18	Treatment	Evidence based
Group Counseling	Tuscarawas County Court	Adjudicated Adolescents	Treatment	Evidence based
Detox, Residential – referred out of county as necessary	Community Mental Healthcare – prescreening agency	N/A	Treatment	None
Smoking Cessation – Baby and Me Tobacco Free	Alcohol and Addiction Program (AAP) /Tuscarawas County Health Department	Youth and/or adult	Treatment	Evidence based
CARY Project	ADAMHs Board	Middle and High school students	Early Intervention/ Treatment	Evidence based
Takin it to the Schools – Life Skills Training Program	Personal and Family Counseling Services (PFCS)	Elementary and Middle school	Prevention	Evidence based
Youth Led Prevention Committee	Personal and Family Counseling Services (PFCS)	High school	Prevention	Evidenced based
Anti-Drug Coalition (resources to schools)	Personal and Family Counseling Services (PFCS)	All schools	Prevention	Evidence based
Mentoring Programs	BB/BS T-4-C ACE	Under 18	Prevention	Evidence based
Drug Testing	Alcohol and Addiction Program (AAP) Occupational Medicine	Middle and High school students	Prevention/Early Intervention	Evidence based
ADAMHs Board Website Screening Tool <a href="http://www.Adamhtc.org">www.Adamhtc.org</a>	ADAMHs Board	All ages	Prevention/Early Intervention	None
Alcoholics Anonymous (12-Step)	Alcoholics Anonymous National Program	All ages	Treatment	Evidence based
Narcotics Anonymous	NA	All ages	Treatment	Evidence based

## Strategy #3 | Youth Substance Abuse

### Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Drug Screening	Sheriff and court	Reentry and those on probation	Prevention/Early Intervention	Evidence based
Parenting classes (birth-teen)	OSU Extension	Parents	Prevention	Evidence based
Active Parenting – Parenting classes	Jobs and Family Services	Parents	Early Intervention	Evidence based
Boy Scouts, Girl Scouts, 4-H, Extracurricular activities	OSU Extension	Youth	Prevention/Early Intervention	Evidence based
Healthy Choices for Youth (AToD, Sexual Activity, Bullying)	T-4-C	6 <sup>th</sup> , 7 <sup>th</sup> , 8 <sup>th</sup> grade	Prevention	Evidence based
Use of Narcan in the Emergency Room	Trinity Hospital	All ages	Early Intervention/Treatment	Evidence based
Pediatric Screening	Trinity Hospital	Adolescent	Prevention	None
Sober Living Home	Pathway to Wellness	Adults	Treatment	Evidence based
Speakers in School – substance abuse topics (Anita Davis)	Tuscarawas County schools	Youth	Prevention	None
School health classes	Schools	Youth	Prevention	Evidence based

## Strategy #3 | Youth Substance Abuse

### Gaps and Potential Strategies

Gaps	Potential Strategies
1. Health classes	<ul style="list-style-type: none"><li>○ Need better research based curriculum</li></ul>
2. Geographical barriers	<ul style="list-style-type: none"><li>○ Implement the Community Health Worker (CHW) model</li></ul>
3. Parental education	<ul style="list-style-type: none"><li>○ Educate parents through churches and workplaces</li></ul>
4. Narcan	<ul style="list-style-type: none"><li>○ Medical professionals can bill for it</li><li>○ House Bill 4 will allow individuals to get Narcan without a prescription</li></ul>

## Strategy #3 | Youth Substance Abuse

### Best Practices

1. **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>

# Strategy #3 | Youth Substance Abuse

## Alignment with National Standards

The Tuscarawas 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

# Strategy #3 | Youth Substance Abuse

## Action Step Recommendations & Action Plan

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

1. Implement a Community Based Comprehensive Program to Reduce Alcohol Abuse
2. Secure a Drug Free Communities (DFC) Grant
3. Increase Prescription Drug Take-Back Collection

### Action Plan

Substance abuse		
Action Step	Responsible Person/ Agency	Timeline
<b>Implement a Community Based Comprehensive Program to Reduce Alcohol Abuse</b>		
<p><b>Year 1:</b> Research Community Trials Intervention to Reduce High-Risk Drinking program.</p> <p>Work with all area law enforcement agencies to determine which components would be feasible to implement.</p>	Jodi Salvo, Personal and Family Counseling Services (PFCS)	July 1, 2017
<p><b>Year 2:</b> Implement at least 2 of the following strategies:</p> <ul style="list-style-type: none"> <li>• Sobriety checkpoints (working with law enforcement)</li> <li>• Compliance checks (working with the Ohio Investigative Unit)</li> <li>• Seller/server trainings (working with the Ohio Investigative Unit)</li> <li>• Parents Who Host Lose the Most campaign (educating parents on the laws for distributing alcohol to minors)</li> <li>• Use zoning and municipal regulations to control alcohol outlet density</li> </ul>		July 1, 2018
<p><b>Year 3:</b> Expand strategies to all areas of the county and implement remaining strategies</p> <p>Publicize results of efforts.</p>		July 1, 2019
<b>Secure a Drug Free Communities (DFC) Grant</b>		
<p><b>Year 1:</b> Wait until September, 2016 to find out if DFC grant was awarded to Tuscarawas County.</p> <p>Initiate any pre-work that has to be done to meet grant deliverables such as enlisting missing sectors to the current coalition, etc.</p> <p>If unsuccessful, apply again in spring, 2017 or look into applying for a mentoring grant with a county that is already a grantee.</p>	Jodi Salvo, Personal and Family Counseling Services (PFCS)	July 1, 2017
<p><b>Year 2:</b> Follow through with grant deliverables if funded or re-apply if not funded.</p>		July 1, 2018
<p><b>Year 3:</b> Assess efforts after years 1 and 2.</p>		July 1, 2019

## Strategy #3 | Youth Substance Abuse

### Action Step Recommendations & Action Plan, continued

Substance abuse		
Action Step	Responsible Person/ Agency	Timeline
<b>Increase Prescription Drug Take-Back Collection</b>		
<p><b>Year 1:</b> Work with local law enforcement to sponsor and host prescription drug take-back days. Raise awareness in the community of the take-back day.</p>	Andrea Dominick, Tuscarawas County Health Department	July 1, 2017
<p><b>Year 2:</b> Host additional prescription drug take back days and increase participation. Explore opportunities to create a permanent prescription drug take back location that is available to the community (or increase the number of permanent locations).</p>		July 1, 2018
<p><b>Year 3:</b> Double the number of drug take-back days and double the number of permanent locations.</p>		July 1, 2019

## Strategy #4 | Access to Dental Care

### Access to Dental Care Indicators

*The 2015 Health Assessment project has determined that more than half (58%) of Tuscarawas County adults had visited a dentist or dental clinic in the past year. The 2012 BRFSS reported that 68% of Ohio adults and 67% of U.S. adults had visited a dentist or dental clinic in the previous twelve months. Nearly three-fourths (73%) of Tuscarawas County youth in grades 6-12 had visited the dentist for a check-up, exam, teeth cleaning, or other dental work in the past year (2013 YRBS reported 75% for Ohio).*

#### **Adult and Youth Dental Care**

In the past year, 58% of Tuscarawas County adults had visited a dentist or dental clinic, decreasing to 38% of adults with annual household incomes less than \$25,000.

The 2012 BRFSS reported that 68% of Ohio adults and 67% of U.S. adults had visited a dentist or dental clinic in the previous twelve months.

More than two-thirds (71%) of Tuscarawas County adults with dental insurance have been to the dentist in the past year, compared to 46% of those without dental insurance.

When asked the main reason for not visiting a dentist in the last year, 30% said cost, 28% had no oral health problems, 13% said fear, apprehension, nervousness, pain, and dislike going, 4% had not thought of it, 3% could not find a dentist who took Medicaid, 2% had other priorities, 2% said their dentist did not accept their medical coverage, 1% did not have/know a dentist, 1% could not find a dentist who treats special needs clients, and 1% could not get into a dentist.

More than half (51%) of adults had one or more of their permanent teeth removed, increasing to 77% of those ages 65 and over.

19% of Tuscarawas County adults ages 65 and over had all of their permanent teeth removed.

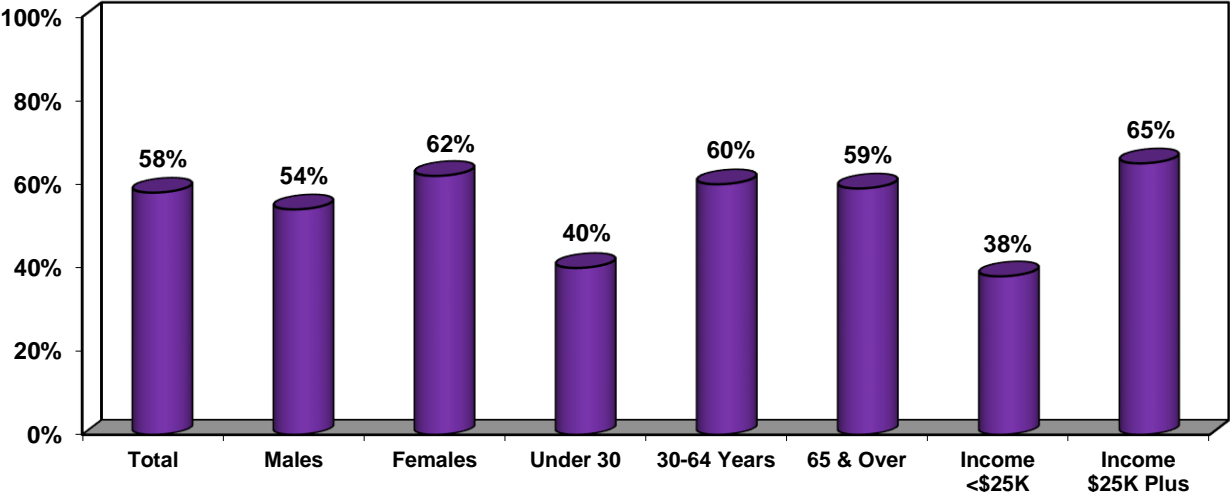
Tuscarawas County youth last saw a dentist for a check-up, exam, teeth cleaning, or other dental work: less than a year ago (73%), 1 to 2 years ago (9%), 2 to or more years ago (5%), never (1%), and do not know (12%).

Almost three-fourths (73%) of youth had been to the dentist for a check-up, exam, teeth cleaning or other dental work in the past year (2013 YRBS reported 75% for Ohio).

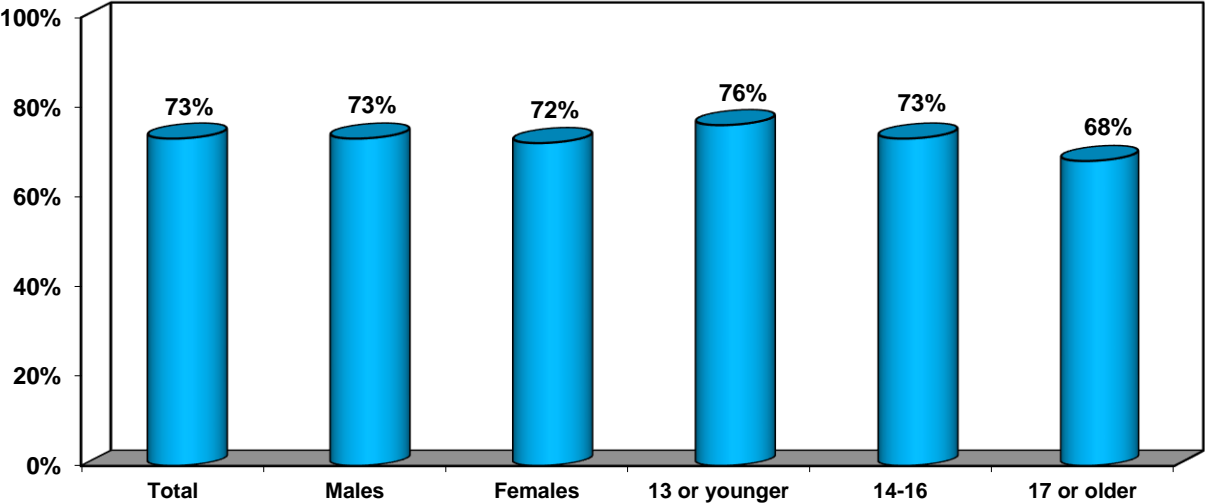
# Strategy #4 | Access to Dental Care

## Access to Dental Care Indicators, continued

Tuscarawas County Adults Visiting a Dentist in the Past Year

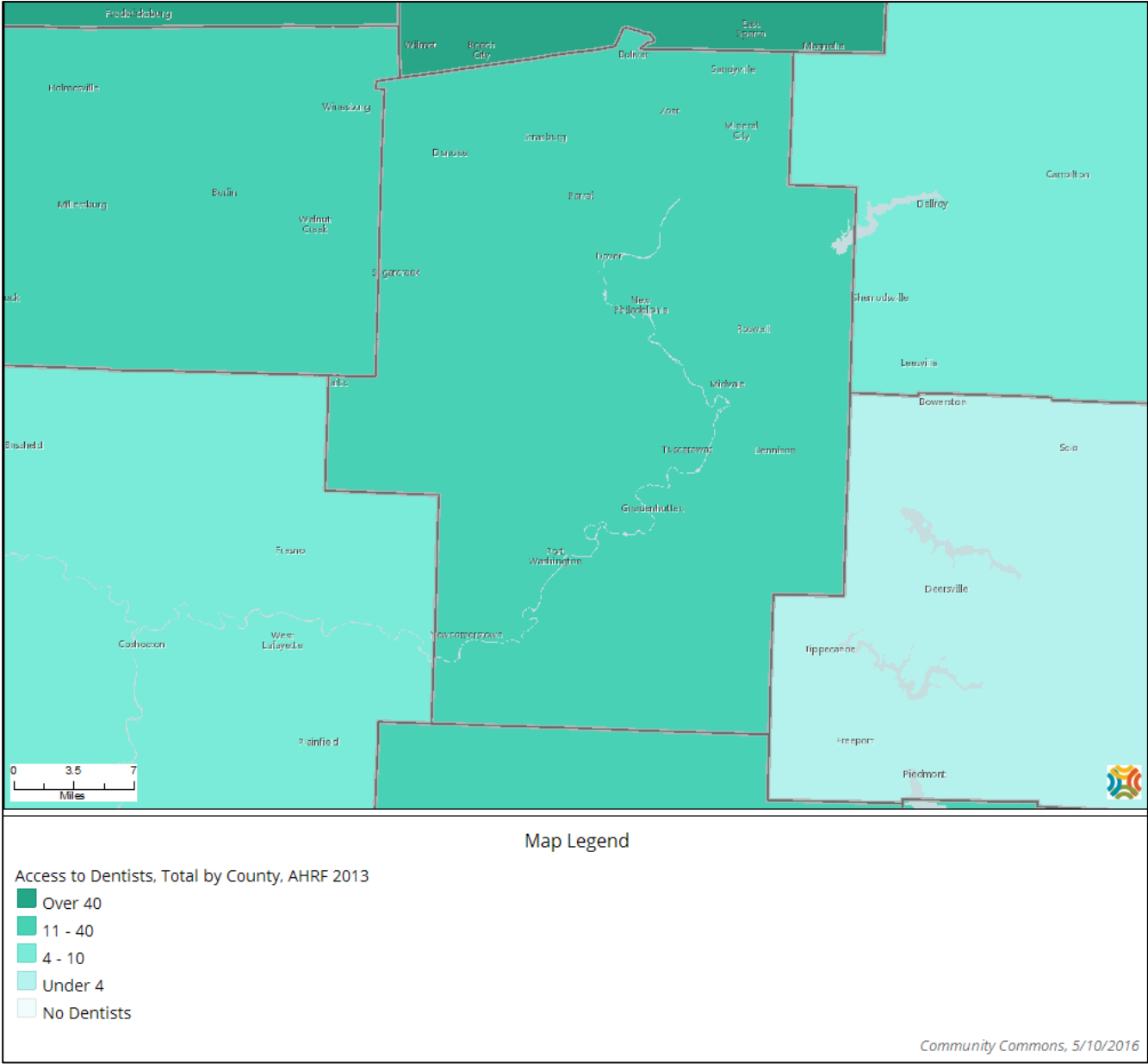


Tuscarawas County Youth Visiting a Dentist in the Past Year



# Strategy #4 | Access to Dental Care

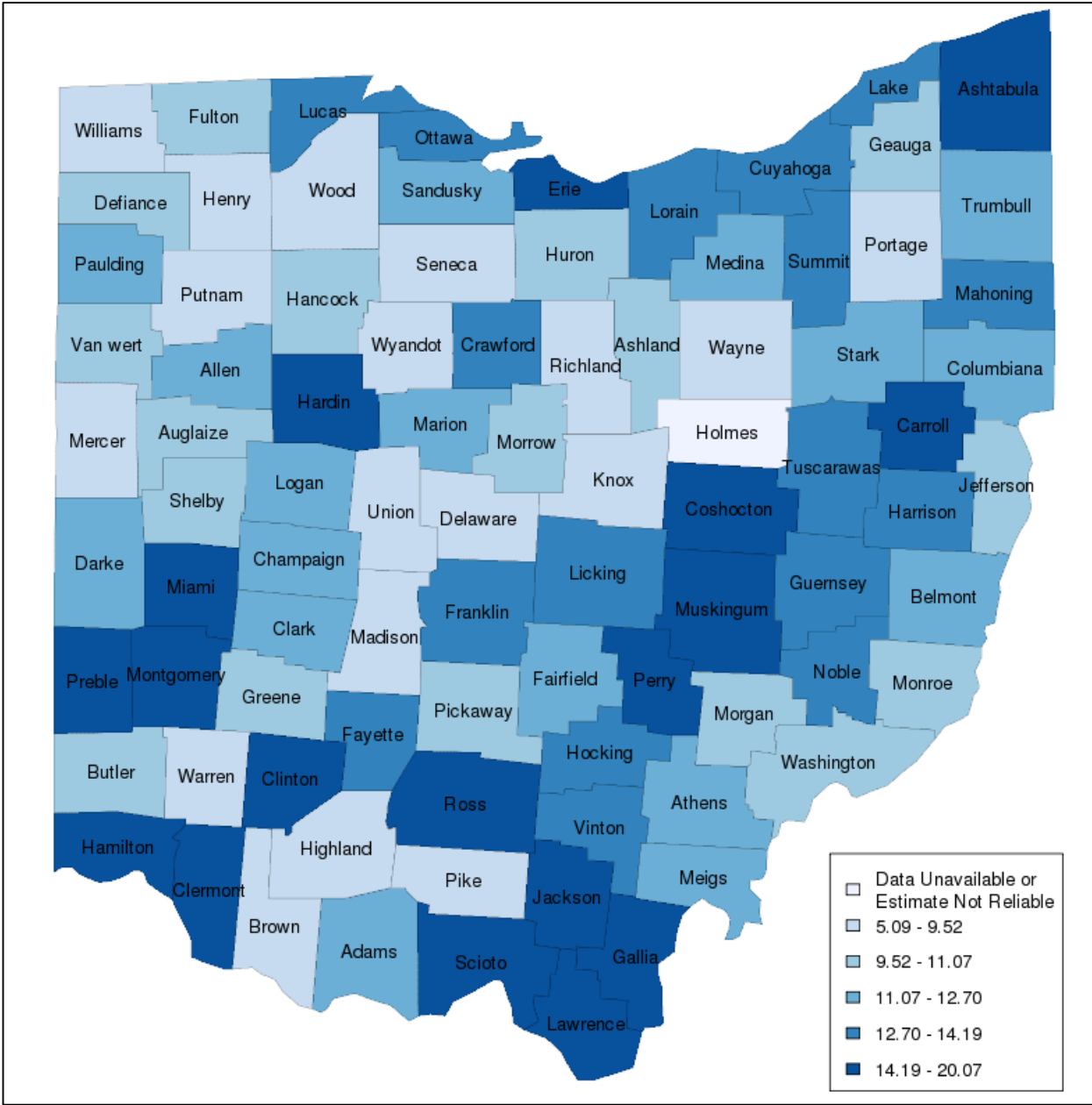
Access to Dentists, Total by County, AHRF 2013



(Source: Community Commons 5/10/16)

# Strategy #4 | Access to Dental Care

**Estimated Proportion: Unmet Needs in Dental Care**  
**Survey Year 2015; All Adults, Ages 19 Years and Older With Family Incomes 0% FPL or More**



(Source: The Adult Ohio Medicaid Assessment Survey (OMAS) Dashboard, 2015 from: <http://grcapps.osu.edu/dashboards/OMAS/adult/>)

## Strategy #4 | Access to Dental Care

### Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care	Evidence of Effectiveness
Acute Care Dental	Tuscarawas County Health Department	All ages (no private insurance) Inmates	Treatment	None
Fluoride Treatments	UPS	Youth	Prevention	Evidence-based
Mobile Dentistry	Tuscarawas County Health Department	All ages	Prevention	None
Screenings	Dental Society	Youth	Prevention	None
Limited contract with dentist	FQHC	All ages	Prevention/Early Intervention/ Treatment	None

# Strategy #4 | Access to Dental Care

## Gaps and Potential Strategies

Gaps	Potential Strategies
<b>1. No fluoridated water in Tuscarawas County</b>	<ul style="list-style-type: none"> <li>○ Look into ODH oral health program</li> </ul>
<b>2. Long wait list for dental services/lack of Dentists</b>	<ul style="list-style-type: none"> <li>○ Bring in a retired dentist to provide services</li> <li>○ Use loan forgiveness as an incentive to bring dentists into the county</li> <li>○ Health department contract with dentists</li> <li>○ Train primary care physicians to provide basic dental care in the Emergency Room</li> </ul>
<b>3. Education on proper oral health</b>	<ul style="list-style-type: none"> <li>○ Provide education in schools and in the farmers market</li> <li>○ McDonald's Mobile Dental Unit</li> </ul>

# Strategy #4 | Access to Dental Care

## Best Practices

The following programs and policies have been reviewed and have proven strategies to increase **access to dental care**:

1. The following evidence-based community interventions come from the **Guide to Community Preventive Services, Centers for Disease Control and Prevention (CDC)** and help to meet the Healthy People 2020 Objectives:
  - Community Water Fluoridation- Community water fluoridation involves adding fluoride (which prevents tooth decay) to community water sources, then adjusting and monitoring the amount of fluoride to ensure that it stays at the desired level.
  - School-based Fluoride Mouth Rinse and Supplement Programs- program for 1st- 5th graders
  - School-based Dental Sealant Delivery Programs

For more information go to:

<http://www.thecommunityguide.org/oral/index.html>

2. **Ohio Department of Health (ODH) Fluoridation Assistance Program (FAP):** Making fluoridated water available to Ohioans is the single most important step a community can take to improve the dental health of its residents. This effective, economical, legal and safe public health measure can be implemented at minimal cost through the Ohio Department of Health's (ODH) Fluoridation Assistance Program (FAP). The purpose of the FAP is to provide financial and technical assistance to communities, enabling them to fluoridate their water systems to the optimum level necessary to prevent dental disease. Presently, 92 percent of the state's population served by community water systems is enjoying the benefits of fluoridated water. The FAP assists public water supply systems by reimbursing a portion of the cost to purchase **new or replacement** fluoridation equipment and/or supplies. The program is funded through the generous support of the Delta Dental Foundation.

For more information go to:

<https://www.odh.ohio.gov/en/odhprograms/ohs/oral/oralprev/reimbprg.aspx>

# Strategy #4 | Access to Dental Care

## Alignment with National Standards

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

- **Oral Health (OH)-1** Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth
- **Oral Health (OH)-2** Reduce the proportion of children and adolescents with untreated dental decay
- **Oral Health (OH)-3** Reduce the proportion of adults with untreated dental decay
- **Oral Health (OH)-4** Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease
- **Oral Health (OH)-5** Reduce the proportion of adults aged 45 to 74 years with moderate or severe periodontitis
- **Oral Health (OH)-6** Increase the proportion of oral and pharyngeal cancers detected at the earliest stage
- **Oral Health (OH)-7** Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year
- **Oral Health (OH)-8** Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year
- **Oral Health (OH)-9** Increase the proportion of school-based health centers with an oral health component
- **Oral Health (OH)-10** Increase the proportion of local health departments and Federally Qualified Health Centers (FQHCs) that have an oral health program
- **Oral Health (OH)-11** Increase the proportion of patients who receive oral health services at Federally Qualified Health Centers (FQHCs) each year
- **Oral Health (OH)-12** Increase the proportion of children and adolescents who have received dental sealants on their molar teeth
- **Oral Health (OH)-13** Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water
- **Oral Health (OH)-14** (Developmental) Increase the proportion of adults who receive preventive interventions in dental offices
- **Oral Health (OH)-15** (Developmental) Increase the number of States and the District of Columbia that have a system for recording and referring infants and children with cleft lips and cleft palates to craniofacial anomaly rehabilitative teams
- **Oral Health (OH)-17** Increase health agencies that have a dental public health program directed by a dental professional with public health training

# Strategy #4 | Access to Dental Care

## Action Step Recommendations & Action Plan

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

1. Increase the Availability of Dental Supplies to Low-Income Populations
2. Work With Local Dentists to Provide Pro-Bono Services and/or Services and/or Services to Medicaid Patients for a Certain Amount of Hours or Days Per Month
3. Ohio Department of Health's (ODH) Fluoridation Assistance Program (FAP)
4. Increase Use of Mobile Dentistry

Access to Dental Care		
Action Step	Responsible Person/Agency	Timeline
<b>Increase the Availability of Dental Supplies to Low-Income Populations</b>		
<b>Year 1:</b> Raise awareness in Tuscarawas County of the need for dental supplies (such as toothpaste, dental floss, etc.).  Begin collecting dental supplies and distribute them through local food pantry sites.	Dr. Carrie Hawk, Tuscarawas County Dental Society  Dr. Aruna Rao, Union Hospital	July 1, 2017
<b>Year 2:</b> Enlist the support of at least 5 local schools, churches, and/or businesses/organizations to collect dental supplies		July 1, 2018
<b>Year 3:</b> Double the number of those collecting dental supplies from year 2.		July 1, 2019
<b>Work With Local Dentists to Provide Pro-Bono Services and/or Services and/or Services to Medicaid Patients for a Certain Amount of Hours or Days Per Month</b>		
<b>Year 1:</b> Establish a work group to explore the opportunity of providing pro bono services and/or Medicaid services to patients. Local dentists should comprise at least 20% of the committee.  Introduce the idea to local dentists.	Dr. Carrie Hawk, Tuscarawas County Dental Society  Dr. Aruna Rao, Union Hospital	July 1, 2017
<b>Year 2:</b> Enlist at least 2 local dentists to begin offering pro bono and/or Medicaid services to patients.		July 1, 2018
<b>Year 3:</b> Double the number of dentists who are participating in the program or increase the number of hours/days current dentists are providing these services		July 1, 2019

## Strategy #4 | Access to Dental Care

### Action Step Recommendations & Action Plan

Access to Dental Care		
Action Step	Responsible Person/Agency	Timeline
<b>Ohio Department of Health's (ODH) Fluoridation Assistance Program (FAP)</b>		
<p><b>Year 1:</b> Research the Ohio's Department of Health's (ODH) Fluoridation Assistance Program (FAP). Review FAP guidelines to determine the level of reimbursement. To apply for assistance, submit a letter requesting financial assistance accompanied by detailed quotes/estimates from suppliers.</p>	<p>Dr. Carrie Hawk, Tuscarawas County Dental Society Dr. Aruna Rao, Union Hospital</p>	July 1, 2017
<b>Year 2:</b> Continue efforts from year 1.		July 1, 2018
<b>Year 3:</b> Continue efforts from years 1 and 2.		July 1, 2019
<b>Increase Use of Mobile Dentistry</b>		
<p><b>Year 1:</b> Explore feasibility of utilizing mobile dentistry at locations that have low-income clients as well as the schools Pilot use of mobile dentistry at one school building and one additional location in the community</p>	<p>Dr. Carrie Hawk, Tuscarawas County Dental Society Dr. Aruna Rao, Union Hospital</p>	July 1, 2017
<b>Year 2:</b> Expand efforts to other schools as well as other areas of the county		July 1, 2018
<b>Year 3:</b> Increase efforts from years 1 and 2.		July 1, 2019

## PROGRESS AND MEASURING OUTCOMES

The progress of meeting the local priorities will be monitored with measurable indicators identified by Healthy Tusc. The individuals that are working on action steps will meet on an as needed basis. The full committee will meet quarterly to report out the progress. The committee will form a plan to disseminate the Community Health Improvement Plan to the community. Action steps, responsible person/agency, and timelines will be reviewed at the end of each year by the committee. Edits and revisions will be made accordingly.

Tuscarawas County will continue facilitating a Community Health Assessment every 3 years to collect and track data. Primary data will be collected for adults and youth using national sets of questions to not only compare trends in Tuscarawas 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 19-34 will be collected every 3 years.
- To evaluate increasing mental health and bullying services, the indicators found on pages 35-46 will be collected every 3 years.
- To evaluate decreasing youth substance abuse, the indicators found on pages 47-56 will be collected every 3 years.
- To evaluate access to dental care, the indicators found on pages 57-66 will be collected every 3 years.

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

Furthermore, all action steps have been incorporated into a Progress Report template that can be completed at all future Healthy Tusc meetings, keeping the committee on task and accountable. This progress report may also serving 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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