



2017 2019

Fairfield County Community Health Improvement Plan

Coordinated by the Fairfield County Health Partners: Fairfield Medical Center, Fairfield County Department of Health and Fairfield Community Health Center.



Fairfield
Medical Center

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EXECUTIVE SUMMARY

In 2010, Live Well Fairfield County (LWFC) began conducting community health assessments (CHA) for the purpose of measuring and addressing health status. The most recent Fairfield County Community Health Assessment was cross-sectional in nature and included a written survey of adults, adolescents, and children within Fairfield 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), Youth Risk Behavior Surveillance System (YRBSS) and the National Survey of Children's Health (NSCH) developed by the Child and Adolescent Health Measurement Initiative. This has allowed Fairfield County to compare the data collected in their CHA to national, state and local health trends.

Fairfield 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 Fairfield County CHA has been utilized as a vital tool for creating the Fairfield 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, Live Well Fairfield County 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 Live Well Fairfield County 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 Fairfield County	
1.	Improve Adult, Youth, and Child Mental Health
2.	Decrease Adult and Youth Substance Abuse
3.	Decrease Adult, Youth and Child Obesity

Action Steps:

To work toward improving **adult, youth, and child mental health**, the following action steps are recommended:

1. Increase the number of primary care physicians screening for depression during office visits
2. Increase early identification of mental health needs among youth
3. Decrease barriers to treatment

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

1. Increase the number of health care providers screening for alcohol and drug abuse
2. Increase the number of incarcerated adults receiving substance abuse treatment prior to and after release
3. Expand evidence-based programs and counseling services targeting youth

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

1. Increase education of healthy eating for youth
2. Implement the Produce Prescription Program
3. Implement a healthier choices campaign in schools
4. Implement Safe Routes To School
5. Implement Ohio Healthy Program in child care centers
6. Increase healthy eating habits through fostering self-efficacy

To work toward addressing all three priority areas, the following **trans-strategies** are recommended:

1. Increase Public Transportation

PARTNERS

The 2017-2019 Community Health Improvement Plan was drafted by agencies and service providers within Fairfield County. During October-November, 2016, the committee reviewed many sources of information concerning the health and social challenges Fairfield County adults, youth and children may be facing. They determined priority issues which if addressed, could improve future outcomes, determined gaps in current programming and policies and examined best practices and solutions. The committee has recommended specific actions steps they hope many agencies and organizations will embrace to address the priority issues in the coming months and years. We would like to recognize these individuals and thank them for their devotion to this process and this body of work:

Live Well Fairfield County

Ann Probasco, Family Adult and Children Council/Safe Kids Fairfield County

Ann Tobin, Meals on Wheels

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Scott Spangler, United Way of Fairfield County

Shannon Carter, Ohio State Extension

Sharon Schmetz, Pickerington School District

Tiffany Nash, Fairfield Department of Health

Tony Motta, New Horizons Mental Health

The strategic planning process was facilitated by Emily Golias, Health Improvement Project Coordinator, and Tessa Elliott, Community Health Improvement Coordinator, 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 Fairfield County:

Making wellness happen in Fairfield County through collaboration, prevention and treatment

The Mission of Fairfield County:

Promoting overall wellness and empowering individuals

ALIGNMENT WITH NATIONAL AND STATE STANDARDS

The 2017-2019 Fairfield County Health Improvement Plan priorities align perfectly with state and national priorities. Fairfield County will be addressing the following priorities: mental health, substance abuse, and obesity.

Ohio State Health Improvement Plan

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

- **Priority 5:** Implementing integrated mental and physical health care models to improve public health
- **Priority 4:** Promote public awareness, policy, programs and data that demonstrate that injury and violence are preventable
- **Priority 2:** Prevent and reduce the burden of chronic disease for all Ohioans

To align with and support Priority 5 (Integration of Mental and Physical Health Care Models), Fairfield County will expand evidence-based programs and counseling services targeting youth. Furthermore, Fairfield County will implement mental health screening tools.

To align with and support Priority 4 (Injury and Violence Prevention [specific to substance abuse]), Fairfield County will increase the number of health care providers screening for alcohol and drug abuse.

To align with and support Priority 2 (Chronic Disease), Fairfield County will increase education of healthy eating for youth.

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

The Fairfield County Community Health Improvement Plan also aligns with four of the National Prevention Strategies for the U.S. population: healthy eating, active living, mental and emotional well-being and preventing drug abuse and excessive alcohol use.

ALIGNMENT WITH NATIONAL AND STATE STANDARDS, *continued*

Healthy People 2020

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

- **Mental Health and Mental Disorders (MHMD)-2:** Reduce suicide attempts by adolescents
- **Substance Abuse (SA)-2:** Increase the proportion of adolescents never using substances
- **Nutrition and Weight Status(NWS)-8:** Increase the proportion of adults who are at a healthy weight

There are 12 other mental health objectives, 20 other substance abuse objectives, and 21 other nutrition and weight status objectives that support the work of the Fairfield County CHIP. These objectives can be found in each individual section.

STRATEGIC PLANNING MODEL

Beginning in October 2016, Live Well Fairfield County met three (3) 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

Live Well Fairfield County reviewed the 2016 Fairfield County Health Assessment. The detailed primary data for each individual priority area can be found in the section it 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 2016 assessment report?

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Drug Abuse (17 votes)			
Used marijuana in the past 6 months	7%	Age: <30 Income: <\$25K	Male
Taken prescription opiates on a regular basis for more than 2 weeks	5%	N/A	N/A
Medication misuse	9%	Age: 30-65+ Income: <\$25K	Females
Cardiovascular Disease (15 votes)			
High blood cholesterol	29%	Age: 65+ Income: <\$25K	Male
Diagnosed with high blood pressure	34%	Age: 65+ Income: <\$25K	Male
Had angina or coronary heart disease	5%	Age: 65+	N/A
Survived a heart-attack	3%	Age: 65+	N/A
Survived a stroke	2%	Age: 65+	N/A
Access to Alcohol And Drug Treatment (13 Votes)			
Adults who have looked but have NOT found a specific program	44%	N/A	N/A
Health care coverage includes alcohol and drug treatment	42%	N/A	N/A
Access to Mental Health Services (12 Votes)			
Health care coverage includes mental health counseling	65%	N/A	N/A
Adults who have looked but have NOT found a specific program	17%	N/A	N/A
Violence (Human Trafficking, Domestic Violence) (11 Votes)			
Experienced domestic violence during pregnancy	7%	Age: <30	Female
Poor Mental Health (11 Votes)			
Felt sad or hopeless two or more weeks in a row	11%	Age: <30 Income: <\$25K	Male
Rated their mental health as not good on four or more days in the previous month	23%	N/A	Male

NEEDS ASSESSMENT, continued

What are the most significant ADULT health issues or concerns identified in the 2016 assessment report?

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Obesity (11 Votes)			
Obese	41%	Age: 30-64 Income: <\$25K	Male
Overweight	28%	Age: 65+ Income: >\$25K	Male
No physical activity in past week	29%	N/A	N/A
Ate 5+ fruits and vegetables per day	6%	N/A	N/A
Health Insurance Coverage (11 Votes)			
Deductibles were too high	31%	N/A	N/A
Co-pays were too high	20%	N/A	N/A
Had unmet needs in prescription medication	17%	N/A	N/A
Cancer (8 Votes)			
Diagnosed with cancer	12%	Age: 65+	Male
Diabetes (8 Votes)			
Diagnosed with diabetes	11%	Age: 65+ Income: >\$25K	Female
Tobacco Use (7 Votes)			
Current smoker	13%	Age: 30-64 Income: <\$25K	Female
E-cigarette use	7%	N/A	N/A
Sexual Health (7 Votes)			
Not using any method of birth control	14%	N/A	N/A
Access to Dental Care (5 Votes)			
Did not visit a dentist or dental clinic in the past year	27%	Age: 65+ Income: >\$25K	Males
Adults who had one or more permanent teeth removed	38%	N/A	N/A
Asthma (2Votes)			
Diagnosed with asthma	13%	Age: <30 Income: >\$25K	Males
Arthritis (2 Votes)			
Diagnosed with arthritis	33%	Age: 65+ Income: >\$25K	Males

NEEDS ASSESSMENT, continued

What are the most significant YOUTH health issues or concerns identified in the 2016 assessment report?

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Substance Abuse (18 Votes)			
Used marijuana at least once in the past 30 days	13%	Age: 14+	Male
Used inhalants	7%	N/A	N/A
Used liquid THC	5%	N/A	N/A
Youth reported that someone had offered, sold, or given them an illegal drug on school property	11%	N/A	N/A
Current smoker	12%	Age: 17+	Male
E-cigarette use	15%	N/A	N/A
Current drinker	20%	Age: 17-18	Male
Binge drinker (of current drinkers)	57%	Age: 17-18	Male
Mental Health (16 Votes)			
Youth reported they felt so sad or hopeless almost every day for two weeks or more in a row	27%	N/A	Female
Seriously considered attempting suicide	12%	Age: 14-16	Female
Attempted suicide	7%	Age: 14-16	Female
Bullied in the past year	40%	N/A	N/A
Experienced three or more adverse childhood experiences	30%	N/A	N/A
Obesity (16 Votes)			
Obese	17%	Age: 14-16	Male
Overweight	12%	Age: 14-16	Female
Did not participate in at least 60 minutes of physical activity on any day in the past week	11%	N/A	N/A
Sexual Behavior (14 Votes)			
Average age of onset (sexually active by age 13)	18%	N/A	N/A
Average age of onset (sexually active by age 15)	35%	N/A	N/A
Had sexual intercourse	26%	Age: 17+	Male
Did not use a reliable method of protection to prevent pregnancy	15%	N/A	N/A
Participated in sexting	30%	Age: 17+	Male
Texting and Driving (8 Votes)			
Texted while driving	30%	N/A	N/A
Firearms in the Home (5 Votes)			
Firearm in or around the home	58%	N/A	N/A

NEEDS ASSESSMENT, continued

What are the most significant CHILD health issues or concerns identified in the 2016 assessment report?

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Mental Health (18 Votes)			
Diagnosed with ADHD	9%	Age: 0-11	N/A
Bullied in the past year	53%	Age: 0-11	N/A
Mother rated their mental and emotional health as fair or poor	16%	Age: 0-5	N/A
Obesity (15 Votes)			
Obese	21%	Age: 0-11	N/A
Overweight	13%	Age: 0-11	N/A
Average screen time (Average time spent watching TV)*	1.8 hours*	N/A	N/A
Family Functioning (13 Votes)			
Ate a meal together every day of the week	42%	Age: 0-11	N/A
Child is read to every day	21%	Age: 0-11	N/A
Saw or heard any parents or adults in their home hit, beat, kicked, or physically hurt each other	4%	Age: 0-11	N/A
Dental Care (12 Votes)			
Visited the dentist in the past year	84%	Age: 0-11	N/A
Immunizations (12 Votes)			
Did not get all of their recommended vaccinations	17%	Age: 0-11	N/A
Access to Care (11 Votes)			
Child had a personal doctor	83%	Age: 0-11	N/A
Mothers received prenatal care within the first three months during their last pregnancy	38%	N/A	N/A
Child did not go to the dentist because of cost	3%	N/A	N/A
Injury Prevention (9 Votes)			
Child was put to sleep on their back	79%	Age: <1	N/A
Child was put to sleep in bed with parent or another person	37%	Age: <1	N/A
Child was put to sleep in crib/bassinet with bumper, blankets, or stuffed animals	30%	Age: <1	N/A
Child, who was below the height requirement of 4'9", always rode in a car seat/booster seat when a passenger in a car	83%	Age: 0-11	N/A
Asthma (7 Votes)			
Child diagnosed with asthma	21%	Age: 6-11	N/A

PRIORITIES CHOSEN

Based on the 2016 Fairfield County Health Assessment, key issues were identified for adults, youth and children. 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:

Health Issue	Average Score
1. Access to Mental Health, Alcohol and Drug Addiction Services	25.4
2. Adult Drug Abuse	24.9
3. Youth Substance Abuse	23.0
4. Adult Obesity	22.8
5. Child Mental Health	22.8
6. Youth Mental Health	22.8
7. Child Obesity	22.7
8. Youth Obesity	22.5
9. Family Functioning	21.8
10. Youth Sexual Behavior	20.3

Fairfield County will focus on the following three priorities over the next 3 years:

1. Adult, Youth and Child Mental Health
2. Adult and Youth Substance Abuse
3. Adult, Youth, and Child Obesity

FORCES OF CHANGE

Live Well Fairfield 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 Fairfield County in the near future. The table below summarizes the forces of change agent and its potential impacts.

Force of Change	Impact
1. Electronic age	<ul style="list-style-type: none"> Parents are not engaged with children Heavy phone and computer use for personal activity Youth distracted driving Negative use of social media- sexting
2. Drug/alcohol abuse	<ul style="list-style-type: none"> Additional Health issues Increase in addiction
3. Government	<ul style="list-style-type: none"> Expected to have answers/respond
4. Increased child poverty rate	<ul style="list-style-type: none"> Children who are food insecure
5. Parents not parenting	<ul style="list-style-type: none"> May lead to potential issues in children/youth
6. Kids move from school to school	<ul style="list-style-type: none"> Tardiness Transient kids
7. Youth mental illness and access to care	<ul style="list-style-type: none"> No impact identified
8. Increase in grandparents parenting	<ul style="list-style-type: none"> No impact identified
9. Different expectations for kids	<ul style="list-style-type: none"> Reduced overtime Not held accountable
10. Late stage cancer (esophageal, colon)	<ul style="list-style-type: none"> Higher morbidity Emphasis is not on screening for these cancers
11. Access to pre-school programs	<ul style="list-style-type: none"> No impact identified
12. Screen time for youth	<ul style="list-style-type: none"> No impact identified
13. Anxiety in children	<ul style="list-style-type: none"> Pressure on children
14. Obesity	<ul style="list-style-type: none"> May lead to serious health problems as an adult
15. Prenatal care outside of the county	<ul style="list-style-type: none"> No impact identified
16. Daily living for senior citizens	<ul style="list-style-type: none"> Fastest growing population Isolation and hunger Lack of transportation for medical and other essential services Lack of affordable housing Lack of long-term care planning
17. Competent care for those who need assistance	<ul style="list-style-type: none"> No impact identified
18. Mental health	<ul style="list-style-type: none"> Suicide
19. Unseen dangers of vaping	<ul style="list-style-type: none"> Potentially harmful to others
20. Reading of ages 0-5 compared to state	<ul style="list-style-type: none"> May have a negative impact on children
21. Lack of school-based activities for youth	<ul style="list-style-type: none"> No impact identified
22. Access to dental care for low-income/uninsured adults	<ul style="list-style-type: none"> No impact identified
23. Changes in funding among agencies	<ul style="list-style-type: none"> Funding is not consistent

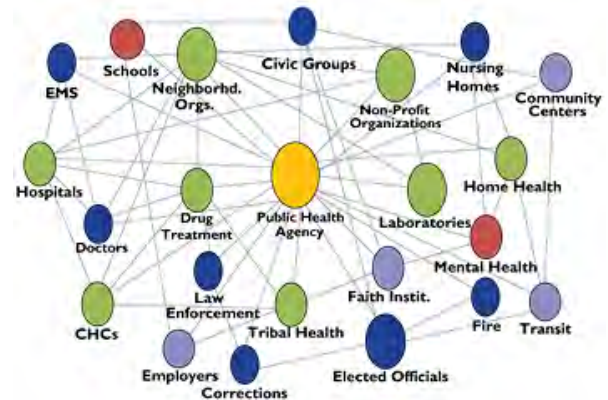
LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

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/nphps/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**.

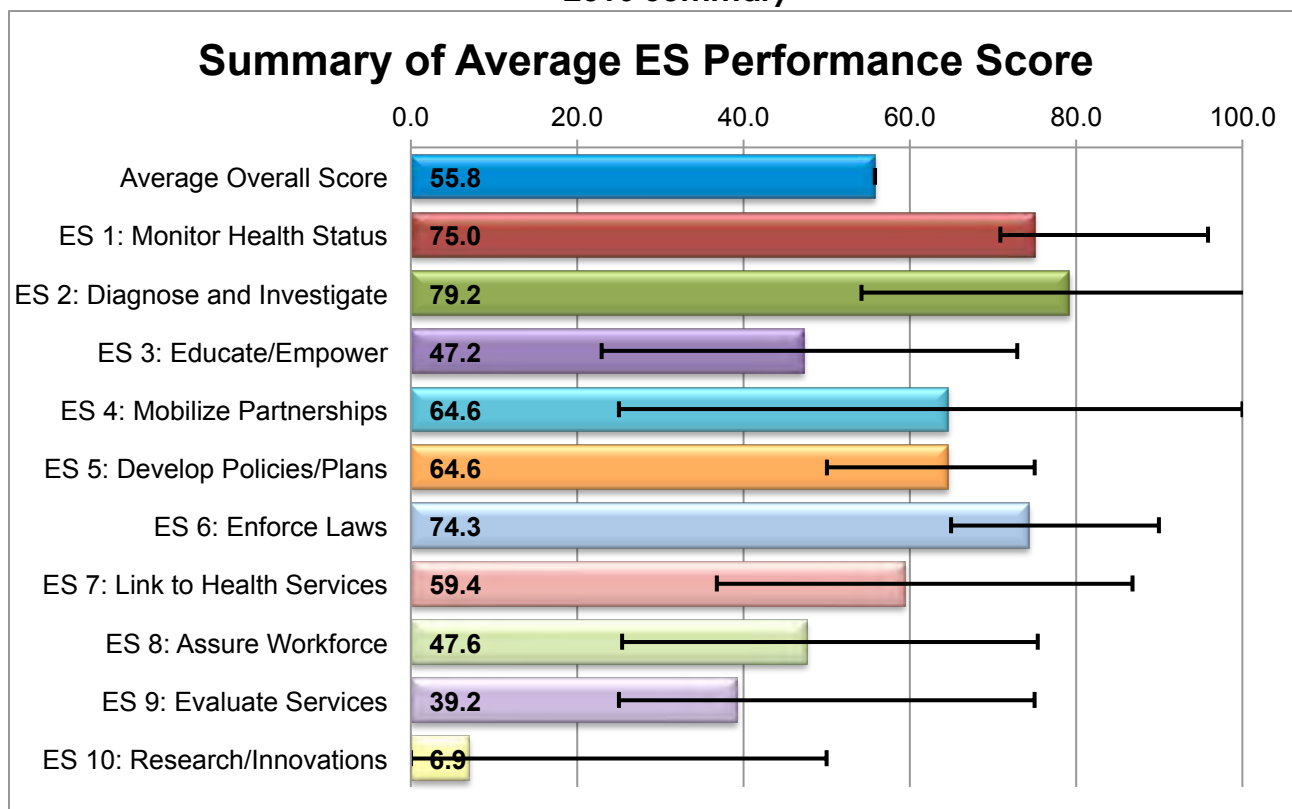
Members of the Fairfield Department of Health completed the performance measures instrument. The LPHSA results were then presented to the full CHIP committee for discussion. The 10 Essential Public Health Services and how they are being provided within the community as well as each model standard was 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 17 indicators that had a status of "minimal" and 9 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 Gwen Shafer from the Fairfield Department of Health at GShafer@co.fairfield.oh.us.

Fairfield County Local Public Health System Assessment 2016 Summary



COMMUNITY THEMES AND STRENGTHS

Live Well Fairfield County participated in an exercise to discuss community themes and strengths. The results were as follows:

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

- Healthy babies
- High graduation rate
- Stable families
- Good education system
- Strong hospitals
- Collaboration across all sectors
- Economic growth
- Low crime rate
- Access to primary care
- Culture of wellness and prevention
- OARRS program
- Sense of community

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

- Rich in resources
- Agency collaboration
- Able to meet needs of community because of county size
- Public and private schools
- City and county reinvestments
- Many coalitions
- Youth trained in CPR
- Strong focus on prevention
- Volunteers
- Efforts to prevent risky behaviors of youth
- Great focus on dangers of concussions in youth sports
- Areas to engage in health and fitness
- Support and involvement in community and surrounding counties
- Offer many free opportunities for families

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

- Family, Adult and Children First Council
- Healthier Buckeye Council
- Sharing Hope
- Mental Health/Juvenile Court/Education
- FQHC
- FMC
- FOH
- Health Fest
- Kids with Cops
- Gift of Time
- Safe Kids Coalition
- United Way Community Care Day
- Community Health Needs Assessment/CHIP Committee
- United Way
- Schools

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

- Substance abuse
- Under employment
- Under educated/lack of work ethic
- Political landscape
- Improvement of economic development
- Youth focus
- Social determinants of health
- Mental/behavioral health
- Obesity
- More focus on intervention
- Stronger focus on trauma informed care
- Family structure and stability
- Timely access to appropriate care
- Addiction services

COMMUNITY THEMES AND STRENGTHS, *continued*

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

- Federal and state policy/procedures do not allow individualized county collaboration
- Financial constraints
- Businesses won't move to a community where the political climate is in turmoil
- Mental health and addiction stigma
- Funding
- Time
- Public awareness and knowledge of resources
- Competition for resources
- Lack of collaboration
- Community does not understand what is truly happening
- Lack of commitment for program participants

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

- Increased education funding
- Increased protective services funding
- Increased funding to help combat heroin/opiate epidemic
- Increase funding for 0-3 children
- Have dieticians involved in communities- schools and family YMCA
- Greater mid-level involvement in community
- Smoking cessation
- Change in culture
- Agency collaboration
- Trauma-informed care
- Local services for mental health
- Greater focus on youth mental health services/care
- After-care planning improvement
- Improved after-school programs
- More drug treatment facilities

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

- New/additional funding to allow enhanced programs
- Economic development/growth
- Downtown growth
- Focus growth on "33" corridor
- Collaboration between city/county and FMC
- Collaboration
- Being able to offer preventative health services
- Community buy-in
- Results
- Seeing measurable improved outcomes
- Fluoridated water to improve dental health and other health outcomes

QUALITY OF LIFE SURVEY

Live Well Fairfield County urged community members to fill out a short Quality of Life Survey via Survey Monkey. There were 466 Fairfield 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]	3.44
2. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, options in health care, etc.)	3.60
3. Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	3.49
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.)	3.48
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.)	2.96
6. Is the community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, and the mall. Do neighbors know and trust one another? Do they look out for one another?)	3.21
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?	3.48
8. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?	3.37
9. Do all residents perceive that they — individually and collectively — can make the community a better place to live?	3.04
10. Are community assets broad-based and multi-sectoral? (There are a variety of resources and activities available county-wide)	3.21
11. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?	3.19
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?)	3.12

RESOURCE ASSESSMENT

Based on the chosen priorities, the Live Well Fairfield County was asked to complete a resource inventory for each priority. The resource inventory allowed LWFC to identify existing community resources, such as programs, exercise opportunities, free or reduced cost health screenings, and more. LWFC were then asked to determine whether a program or service was evidence-based, a best practice, or had no evidence indicated based on the following parameters:

An **evidence-based** practice has compelling evidence of effectiveness. Participant success can be attributed to the program itself and have evidence that the approach will work for others in a different environment. A **best practice** is a program that has been implemented and evaluation has been conducted. While the data supporting the program is promising, its scientific rigor is insufficient. A **non-evidence based** practice has neither no documentation that it has ever been used (regardless of the principals it is based upon) nor has been implemented successfully with no evaluation.

Each resource assessment is provided with the corresponding priority section and can be found on the following pages:

- Adult, Youth and Child Mental Health, *pages 28-39*
- Adult and Youth Substance Abuse, *pages 53-57*
- Adult, Youth and Child Obesity, *pages 71-75*

Priority #1 □ Improve Adult, Youth, and Child Mental Health

Mental Health Indicators

In 2016, 4% of Fairfield County adults considered attempting suicide. 11% of adults felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing usual activities. 12% of Fairfield County youth had seriously considered attempting suicide in the past year and 7% actually attempted suicide in the past year, increasing to 10% of females. Parents reported that their child's mental and emotional health put a burden on their family a great deal (1%), a medium amount (4%) and a little (12%).

Adult Mental Health

11% of Fairfield County adults felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing usual activities, increasing to 28% of those with incomes less than \$25,000.

4% of Fairfield County adults considered attempting suicide in the past year.

One percent (1%) of adults reported attempting suicide in the past year.

Fairfield County adults reported they or a family member were diagnosed with or treated for the following mental health issues: depression (16%), an anxiety disorder (9%), attention deficit disorder (ADD/ADHD) (5%), bipolar (4%), life-adjustment disorder/issue (3%), post-traumatic stress disorder (PTSD)/traumatic brain injury (TBI) (2%), psychotic disorder (1%), and some other mental health disorder (1%). 12% indicated they or a family member had taken medication for one or more mental health issues.

Fairfield County adults received the social and emotional support they needed from the following: family (85%), friends (72%), church (29%), neighbors (11%), a professional (5%), Internet (4%), community (3%), online support group (1%), self-help group (1%), and other (3%).

Youth Mental Health

In 2016, 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 41% of females (YRBS reported 26% for Ohio in 2013 and 30% for the U.S. in 2015).

12% of youth reported they had seriously considered attempting suicide in the past 12 months, increasing to 18% of females. 13% of high school youth had seriously considered attempting suicide, compared to the 2015 YRBS rate of 18% for U.S. youth and the 2013 YRBS rate of 14% for Ohio youth.

In the past year, 7% of Fairfield County youth had attempted suicide, increasing to 10% of females. 4% of youth had made more than one attempt. The 2015 YRBS reported a suicide attempt prevalence rate of 9% for U.S. youth and a 2013 YRBS rate of 6% for Ohio youth.

Of those who attempted suicide, 2% resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse.

48% of youth reported they would seek help if they were dealing with anxiety, stress, depression or thoughts of suicide. Of youth who reported they would not seek help the following reasons were reported: they can handle it themselves (37%), worried what others might think (19%), no time (14%), cost (10%), did not know where to go (9%), their family would not support them (7%), transportation (5%), and their friends would not support them (3%).

Priority #1 □ Improve Adult, Youth, and Child Mental Health

Mental Health Indicators, *continued*

Youth Mental Health, *continued*

Fairfield County youth reported the following ways of dealing with anxiety, stress, or depression: be by themselves in their room (52%), sleeping (48%), hobbies (40%), texting someone (36%), eating (31%), exercising (30%), talking to a peer (28%), play video games (26%), talking to someone in their family (25%), praying (24%), using social media (16%), shopping (13%), reading the Bible (12%), breaking something (12%), writing in a journal (11%), self-harm (9%), drinking alcohol (8%), smoking/using tobacco (8%), using illegal drugs (6%), talk to a counselor /teacher (6%), using prescribed medication (6%), vandalism/violent behavior (2%), gambling (2%), talking to a medical professional (2%), using unprescribed medication (1%), harming someone else (1%), and text or call Teen Line (1%). 27% of youth reported they did not have anxiety, stress, or depression.

Child Mental Health

10% of parents rated their mental and emotional health as fair or poor.

16% of mothers and 5% of fathers of 0-5 year olds rated their mental and emotional health as fair or poor. 11% of mothers and 2% of fathers of 6-11 year olds rated their mental or emotional health as fair or poor.

53% of parents reported their child (ages 6-11) was bullied in the past year. The following types of bullying were reported:

- 33% were verbally bullied (teased, taunted or called harmful names)
- 15% were indirectly bullied (spread mean rumors about or kept out of a "group")
- 13% were physically bullied (they were hit, kicked, punched or people took their belongings)
- 1% were cyber bullied (teased, taunted or threatened by e-mail or cell phone)
- 1% were sexually bullied (used nude or semi-nude pictures to pressure someone to have sex that did not want to, blackmail, intimidate, or exploit another person)

Parents of 0-11 year olds reported: their child had ADD/ADHD (9%), their child had anxiety problems (4%), and their child had behavioral/conduct problems (4%).

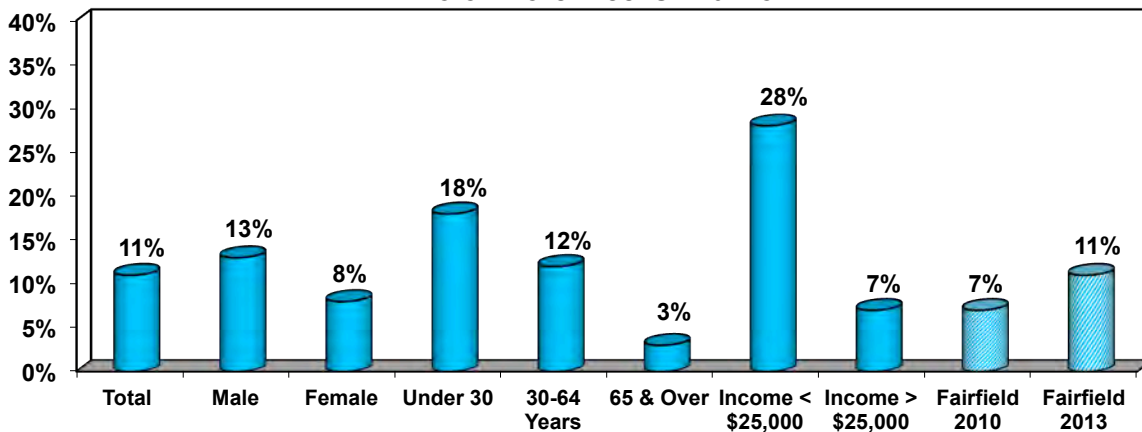
Priority #1 ☐ Improve Adult, Youth, and Child Mental Health

Mental Health Indicators, continued

Adult Comparisons	Fairfield County 2010	Fairfield County 2013	Fairfield County 2016	Ohio 2014	U.S. 2014
Considered attempting suicide in the past year	2%	2%	4%	N/A	N/A
Two or more weeks in a row felt sad or hopeless	7%	11%	11%	N/A	N/A

N/A – Not available

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

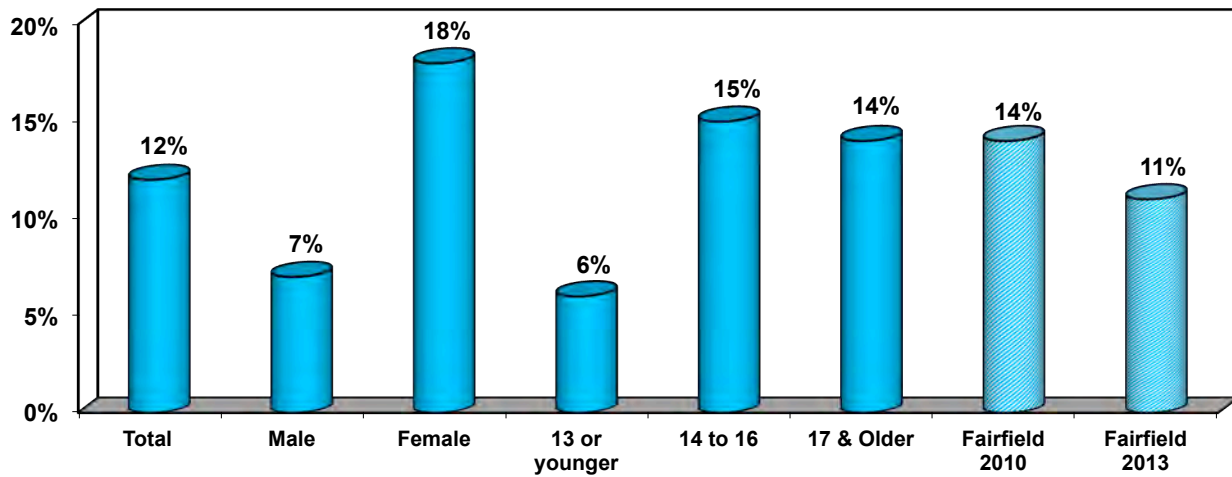


Youth Comparisons	Fairfield County 2009 (6 th -12 th)	Fairfield County 2013 (6 th -12 th)	Fairfield County 2016 (6 th -12 th)	Fairfield County 2016 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Youth who had seriously considered attempting suicide in the past year	14%	10%	12%	13%	14%	18%
Youth who had attempted suicide in the past year	7%	4%	7%	7%	6%	9%

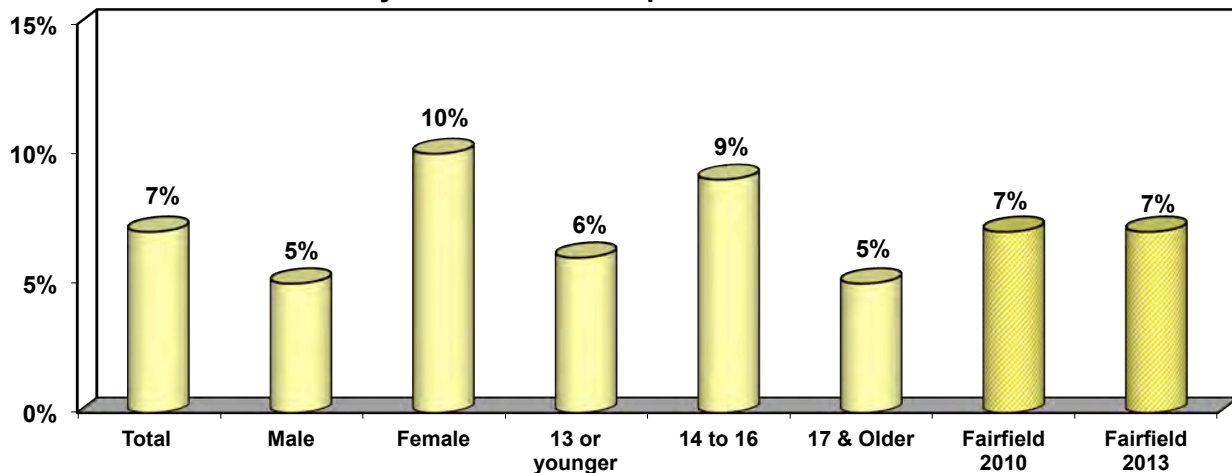
Priority #1 ☐ Improve Adult, Youth, and Child Mental Health

Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (of all youth)	2%	2%	2%	1%	1%	3%
Youth who felt sad or hopeless almost every day for 2 or more weeks in a row	21%	23%	27%	27%	26%	30%

Fairfield County Youth Who Had Seriously Considered Attempting Suicide in the Past 12 months



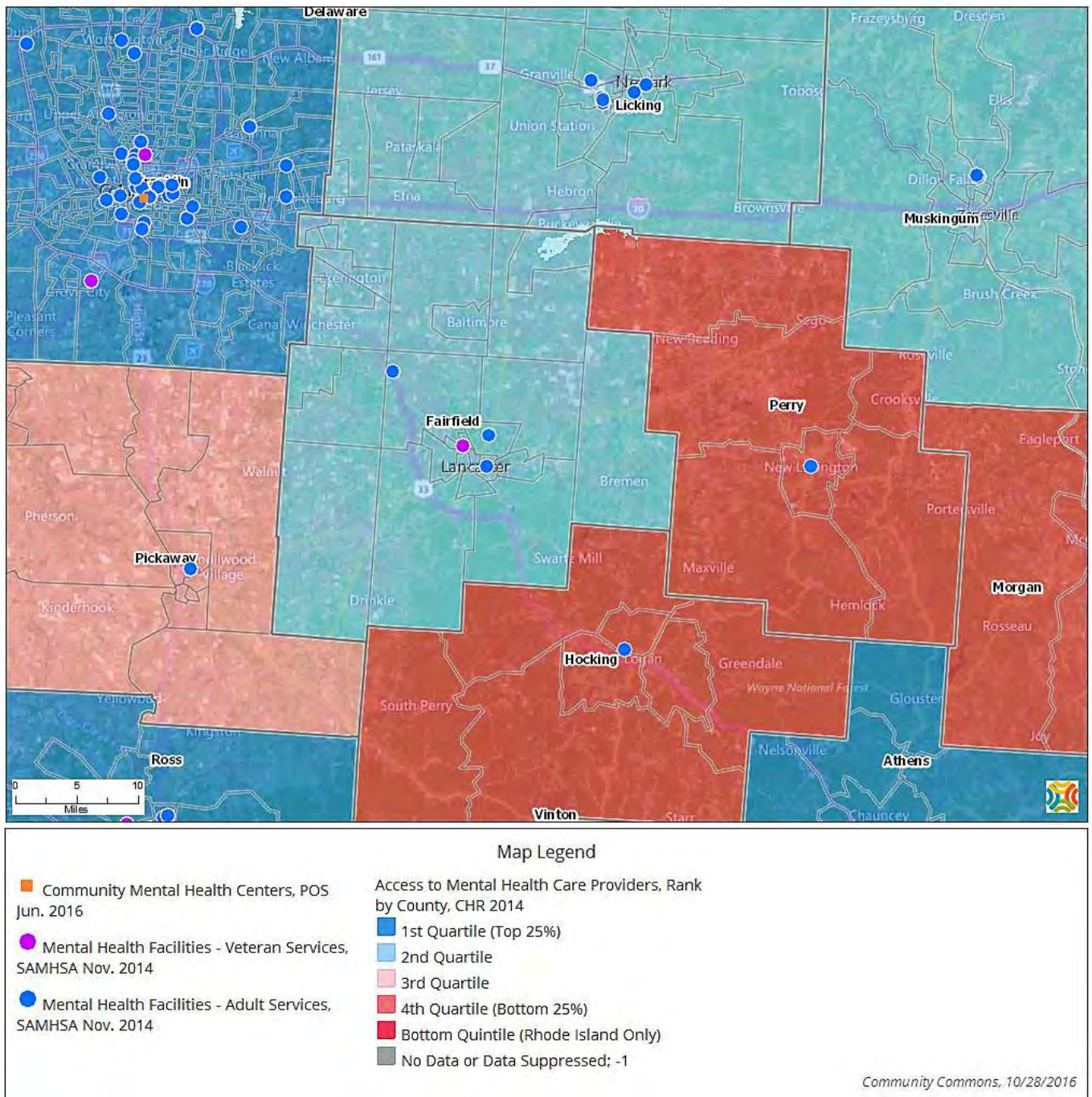
Fairfield County Youth Who Attempted Suicide in the Past 12 Months



Priority #1 □ Improve Adult, Youth, and Child Mental Health

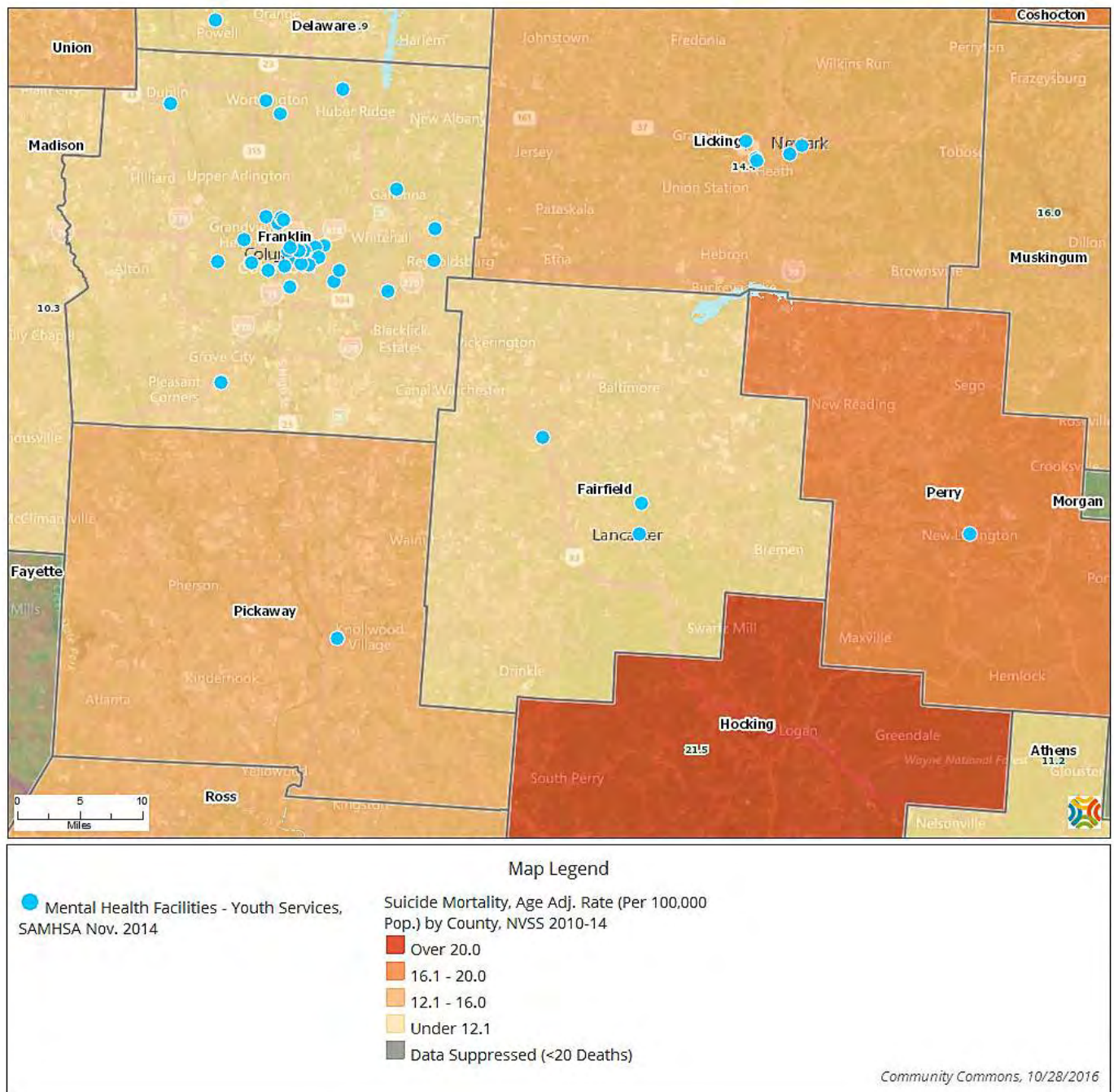
Access to Mental Health Care Providers, Rank by County, CHR 2014

Priority #1 □ Improve Adult, Youth, and Child Mental Health



Priority #1 ☐ Improve Adult, Youth, and Child Mental Health

Suicide Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, NVSS 2010-2014



Priority #1 ☐ Improve Adult, Youth, and Child Mental Health

Resource Assessment

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Awareness/Education of mental health and substance abuse services, disorders, recovery, prevention, intervention and treatment.	ADAMH	www.fairfieldadamh.org	General Public and targeted groups	Prevention	Varies
Teen Dodgeball Tournament	ADAMH funding to The Recovery Center	www.therecoverycenter.org	Junior High and High School Teens	Prevention	Environmental Strategy /Alternative Activity
Parent Education: Parents 1,2,3,4 Active Parenting Parent Project Teens with Tots	ADAMH Funding to FACFC via The Recovery Center ADAMH Funding to Lancaster-Fairfield Community Action Agency via The Recovery Center	www.facfc.org	Parents with children of all ages Teen Parents	Prevention	All programs are evidence based
Suicide Prevention Coalition	ADAMH Funding to 211	www.fairfieldadamh.org	All populations	Prevention	None identified.
Prevention Works Coalition	ADAMH	www.fairfieldadamh.org	All populations	Prevention	None identified.
Healthy Directions Youth Mentoring	ADAMH Funding to Big Brothers Big Sisters	www.fairfieldadamh.org and www.bbbs-fairfieldoh.org	Children and Teens living in dysfunctional situations where mental health and/or substance abuse are issues.	Prevention	Evidenced Based

Priority #1 ☐ Improve Adult, Youth, and Child Mental Health

Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Perinatal Outreach & Encouragement for Moms POEM	ADAMH Funding to Mental Health America of Franklin County	www.fairfieldadamh.org and www.mhafc.org	The POEM program serves pregnant and new mothers who are at-risk for or experiencing pregnancy and postpartum depression (PPD), adjustment challenges or related disorders	Prevention	The PSI Support Line training is national and evidenced based. The rest of the program is evidence researched
Signs of Suicide	ADAMH Funding to New Horizons	www.fairfieldadamh.org and www.newhorizonsmentalhealth.org	Middle and High School Students are assessed for risk of suicide and offered support and services	Early Intervention/ Prevention	Evidenced Based Program
Too Good for Violence	ADAMH Funding to The Recovery Center	www.fairfieldadamh.org and www.therecoverycenter.org	K-5, 6-8 Fairfield County Schools teaching kids how to resolve conflict and develop more protective factors	Prevention	SAMSHA Evidenced Based Program
Red Flags	ADAMH Funding to The Recovery Center	www.fairfieldadamh.org and www.therecoverycenter.org	Middle School Curriculum around Identification of Depression	Prevention	SAMSHA Evidenced Based Program
Safe Dates	ADAMH Funding to The Recovery Center	www.fairfieldadamh.org and www.therecoverycenter.org	Middle and High School age youth to teach difference between healthy dating behaviors and controlling/manipulative dating behaviors	Prevention	SAMSHA Evidenced Based Program
Reconnecting Youth	ADAMH Funding to The Recovery Center	www.fairfieldadamh.org and www.therecoverycenter.org	6 th , 7 th , 8 th grades primarily at Bloom Carroll and Fairfield Union Schools this year- this program works with a small number of students who have been identified as having	Prevention	SAMSHA Evidenced Based Practice

Priority #1 ☐ Improve Adult, Youth, and Child Mental Health

			high risk behaviors.		
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Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Mutai -Systems Youth Coordination	ADAMH Funding, along with Fairfield County DD, and Fairfield County Juvenile Court to FACFC	www.facfc.org	Children and Adolescents with involvement in more than one system, i.e. mental health/aod, developmental disabilities, or juvenile court.	Early intervention and Treatment	None identified.
Respite Care	ADAMH Funding to FACFC	www.fairfieldadamh.org Maureen Muth Keller-ADAMH Clinical Care Coordinator or Tessie Swain Multi System Youth Coordinator www.facfc.org	Children or Teens with families who are experiencing stress and need to take a break from one another.	Intervention/Treatment	None identified.
Pro Bono Counseling	ADAMH Funding to Mental Health American of Franklin County	www.fairfieldadamh.org and mhafc.org	Persons with no insurance, high deductible or high copays who are in need of 6 to 8 counseling sessions free of charge. Cannot have substance abuse issues or need long term treatment.	Treatment	None identified.

Priority #1 ☐ Improve Adult, Youth, and Child Mental Health

687-TALK	ADAMH Funding to 211	www.fairfieldadamh.org and fairfieldcountyy211.org	24 hour per day, 7 day per week telephone line to provide emotional support, identify need(s) for crisis intervention and other mental health emergency services	Intervention	None identified.
Outreach Project	ADAMH Funding to 211	www.fairfieldadamh.org and fairfieldcountyy211.org	Outreach worker goes to various locations in the community to assist persons in applying for and being linked to services such as mental health/aod services, Medicaid, food, transportation, clothing, etc.	Recovery Support	None identified.

Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Payee Project	ADAMH Funding to 211 and to Fairfield Mental Health Consumer Group	www.fairfieldadamh.org and fairfieldcountyy211.org	There are three individuals who serve as payees for persons with severe mental illness and/or have dual diagnosis of substance abuse and mental illness. Two are located at 211 and one is located at FMHCG. This allows persons on Social Security and other pensions, etc. to have assistance in assuring rent and other bills are paid and then spending money is dispensed.	Recovery Support	None identified.
The Recovery Center	ADAMH Funding to the Recovery Center	www.fairfieldadamh.org and www.therecoverycenter.org	The Recovery Center offers a number of services that are in part or in whole funded by the ADAMH Board. They also accept Medicaid and Self Pay.		Evidenced Based Practices
Community Residence Project	ADAMH Funding to The Recovery Center	www.fairfieldadamh.org and www.therecoverycenter.org	This project is so that case management services can be offered to persons in recovery around housing issues. They must be adults who are in treatment at the Recovery Center to be	Recovery Supports	OhioMHAS and CARF Accredited

Priority #1 ☐ Improve Adult, Youth, and Child Mental Health

			eligible.		
Reentry Services for Persons with Severe Mental Disabilities	ADAMH Funding to New Horizons Mental Health	www.fairfieldadamh.org and www.newhorizonsmentalhealth	This project serves persons who have a history of chronic and severe mental illness and are being discharged from prison or jail. The goal is to reduce recidivism by ensuring that they are engaged in treatment.	Mental Health Treatment	OhioMHAS and CARF Accredited
Reentry Services through the Fairfield Reentry Coalition and the Recovery Center	ADAMH Funding to The Reentry Coalition	www.fairfieldadamh.org and https://www.sheriff.fairfield.oh.us/reentrycoalition	This project provides counseling services at the county jail utilizing staff from the Recovery Center. It complements the "HOPE" grant, a reentry coalition grant also designed to provide these services.	Substance Abuse Treatment	OhioMHAS and CARF Accredited

Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Behavioral Health Linkage Project	ADAMH Funding to Mid-Ohio Psychological Services	www.fairfieldadamh.org and www.mopsOhio.com	This project supports a case manager going into the county jail, meeting with inmates identified by staff as having mental health or substance abuse issues. Once the Behavioral Health Linkage meets with an individual she then links them to services to be accessed on the outside upon release	Mental Health and Substance Abuse Treatment	85% of the linkages result in persons obtaining services upon release from jail.
Counseling for Survivors of Domestic Violence and Their Children	ADAMH Funding to The Lighthouse	www.fairfieldadamh.org and https://www.domesticshelters.org/oh/lancaster	ADAMH funds are used when persons do not have Medicaid and cover assessments, individual counseling, and group counseling for adults and children	Mental Health and Substance Abuse Treatment	OhioMHAS Accredited

Priority #1 ☐ Improve Adult, Youth, and Child Mental Health

Child Care for Survivors of Domestic Violence and Their Children	ADAMH Funding to The Lighthouse	www.fairfieldadamh.org and https://www.domesticshelters.org/oh/ancaster	Children are provided Child Care with a Certified Provider while their parent is able to attend counseling, 12 step meetings, look for employment and/or housing.	Recovery Supports	OhioMHAS Accredited
Sexual Assault Advocacy Project	ADAMH Funding to The Lighthouse	www.fairfieldadamh.org and https://www.domesticshelters.org/oh/ancaster	Adults and Children who have been sexually assaulted receive crisis counseling at the FMC or Dilley Ridge Emergency facilities. They then receive follow up counseling services for the trauma which has occurred. The Lighthouse also does presentations on Sexual Assault Prevention in Fairfield County.	Mental Health Treatment	OhioMHAS Accredited

Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Gambling Screening	ADAMH Funding to The Recovery Center, New Horizons MidOhio Psychological Services	www.fairfieldadamh.org www.newhorizonsmentalhealth.org www.therecoverycenter.org	Adults are given a Gambling Screening to identify if they could benefit from Gambling Abuse and/or Addiction Treatment	Gambling Screening	OhioMHAS Accredited
Gambling Treatment	ADAMH Funding to The Recovery Center	www.fairfieldadamh.org www.therecoverycenter.org	Adults identified as having a Gambling problem can receive counseling from specially trained counselors.	Gambling Treatment	OhioMHAS Accredited

Priority #1 ☐ Improve Adult, Youth, and Child Mental Health

Anger Management	ADAMH Funding to Mid-Ohio Psychological Services	www.fairfieldadamh.org and www.mopsohio.com	This individual and group counseling service is available to Youth and Adults who are in need of counseling to reduce their inappropriate expression of anger within their families, schools, workplaces, and the community.	Mental Health Treatment	OhioMHAS Accredited
Sexually Abusive Behaviors Program	ADAMH Funding to Mid-Ohio Psychological Services	www.fairfieldadamh.org and www.mopsohio.com	This individual and group counseling service is available to Youth and Adults who are in need of counseling to address sexually inappropriate behaviors or to assist them in recovery from having been sexually abused.	Mental Health Treatment	OhioMHAS Accredited
Behavioral Health Navigator Project	ADAMH Funding to The Fairfield Mental Health Consumer Group	www.fairfieldadamh.org	This project is designed to address the gaps in the system by identifying them, linking persons to services, and keeping data related to the number of persons who either have insurance with high deductibles and high copays, have no insurances, or who have Medicare and cannot find a provider.	Recovery Supports	OhioMHAS Accredited for Consumer Operated Services

Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
The Center of Hope	ADAMH Funding to The Fairfield Mental Health Consumer Group	www.fairfieldadamh.org	Open Monday through Friday 8:30 a.m. to 5:00 p.m. the Center of Hope offers a lunch time meal, individual and group peer support services, educational and self- help groups. Adults working on recovery from mental health, substance abuse issues or both, can attend at no cost to the individual.	Recovery Supports	OhioMHAS Accredited for Consumer Operated Services

Priority #1 ☐ Improve Adult, Youth, and Child Mental Health

Home Based Project for Seniors	ADAMH Funding to New Horizons Mental Health and Meals on Wheels	www.fairfieldadamh.org www.newhorizonsmentalhealth.org	This is counseling offered in the home to persons with mental health and substance abuse needs of adults age 65 or older, and those adults who are 55 and older and housebound due to health and other disabling challenges.	Mental Health and Substance Abuse Treatment	OhioMHAS and CARF Accredited
Benefits Planner	ADAMH Funding to New Horizons Mental Health	www.fairfieldadamh.org www.newhorizonsmentalhealth.org	Open to adults in Fairfield County this is a project which can help persons who are on disability (either SSI or SSDI) as a result of a mental health or substance abuse problem, learn about what they will gain and/or lose in returning to work.	Recovery Supports	OhioMHAS and CARF Accredited
Supported Employment Program	ADAMH Funding to New Horizons Mental Health	www.fairfieldadamh.org www.newhorizonsmentalhealth.org	These are vocational services offered to persons with a history of severe or chronic mental illness to assist them in assessing their work readiness, determine goals, prepare them for paid or volunteer work opportunities, and support them as they do a trial work period.	Recovery Supports	OhioMHAS and CARF Accredited

Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Intensive Home Based Counseling	ADAMH Funding, along with Fairfield County DD, and Fairfield County Juvenile Court to	www.fairfieldadamh.org www.facfc.org www.newhorizonsmentalhealth.org	Individual and Family Counseling, Case Management provided in the home to children, and adolescents and their families.	Mental Health Treatment	OhioMHAS and CARF Accredited

Priority #1 ☐ Improve Adult, Youth, and Child Mental Health

	FACFC (who then contracts with New Horizons Mental Health)	ealth			
Crisis Intervention Services	ADAMH Funding to New Horizons Mental Health	www.fairfieldadamh.org www.newhorizonsmentalhealth	Located at Fairfield Medical Center these services are available 24 hours per day, 7 days per week and are for the purpose of assessing, addressing and resolving mental health emergencies. Also 24/7 Emergency Co-Response with Child Protective Services.	Mental Health Crisis Intervention	OhioMHAS and CARF Accredited
Assessment, Individual, Group, Family Counseling Services	ADAMH Funding to New Horizons Mental Health	www.fairfieldadamh.org www.newhorizonsmentalhealth	These are mental health services offered to adults, teens, and children on an outpatient basis. Those who do not have Medicaid, and who qualify for a sliding fee scale have ADAMH funds supplement the costs for this treatment.	Mental Health Treatment	OhioMHAS and CARF Accredited
Medication/Somatic Services	ADAMH Funding to New Horizons Mental Health	www.fairfieldadamh.org www.newhorizonsmentalhealth	These are psychiatric services offered to adults, teens, and children on an outpatient basis. Those who do not have Medicaid, and who qualify for a sliding fee scale have ADAMH funds supplement the costs for this treatment.	Mental Health Treatment	OhioMHAS and CARF Accredited

Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
CPST (Case Management) Services	ADAMH Funding to New Horizons Mental Health	www.fairfieldadamh.org www.newhorizonsmentalhealth	These are services delivered to adults ,teens, and children on an outpatient basis who need someone to help them negotiate various systems,	Mental Health Treatment	OhioMHAS and CARF Accredited

Priority #1 ☐ Improve Adult, Youth, and Child Mental Health

		ealth	including but not limited to JFS, Social Security Administration, etc.		
Community Residence Program	ADAMH Funding to New Horizons Mental Health	www.fairfieldadamh.org www.newhorizonsmentalhealth	New Horizons owns Cherry Gardens, Orchard Place, and Ault Manor, all which house persons with a history of serious and persistent mental illness. They also place persons who are in need into Adult Care Facilities where there is structure and supervision. ADAMH supports the work involved in managing this and other housing projects at New Horizons.	Mental Health Housing	OhioMHAS and CARF Accredited
Housing Specialist in Emergency Shelter	ADAMH Funding to Lutheran Social Services	www.fairfieldadamh.org and www.lssco.org	The Housing Specialist works with persons in the emergency shelter who have mental health and or substance abuse issues and helps them to find safe and affordable housing when possible.	Recovery Supports	OhioMHAS Accredited
Psychiatric Aftercare	ADAMH Funding to Lutheran Social Services	www.fairfieldadamh.org and www.lssco.org	Housing for adult men and women who are homeless and being released from a psychiatric hospital.	Recovery Supports	OhioMHAS Accredited
Promise House	ADAMH Funding to Lutheran Social Services	www.fairfieldadamh.org and www.lssco.org	Recovery Housing for men in which a live in peer support worker is available for supervision, experience, strength, and hope. The men are engaged in counseling, 12 step programs. They are expected to either be working or pursuing further education	Recovery Supports	OhioMHAS Accredited

Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or	Evidence of Effectiveness
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Priority #1 ☐ Improve Adult, Youth, and Child Mental Health

				treatment)	
Mental Health First Aid-Adults	ADAMH Board Staff	www.fairfieldadamh.org	These are 8 hour trainings to help the average citizen learn about mental health issues and learn how to be of assistance when someone is expecting a mental health crisis. They are offered free to the public.	Education	Instructors are Certified Mental Health First Aid Instructors
Mental Health First Aid-Youth	ADAMH Board Staff	www.fairfieldadamh.org	These are 8 hour trainings for persons who work with youth and who would like to learn more about mental health crisis and how to effectively assist a youth in crisis.	Education	Instructors are Certified Mental Health First Aid Instructors
Crisis Intervention Team Training (CIT)	ADAMH	www.fairfieldadamh.org	40 hour training class for law enforcement regarding the local mental health and addiction service delivery system and understanding mental health and addiction disorders.	Education	Evidence-Based Practice
Other Community Education Events	ADAMH	www.fairfieldadamh.org	Examples of selected past trainings: Trauma Informed Care, Prevention Ethics, Ethics and Supervision, Process Addictions, Problem Gambling, etc.	Education	Qualified Instructors
Annual Recovery Conference	ADAMH	www.fairfieldadamh.org	Provides support, education, and stigma reduction to professionals, family members, consumers, and advocates for persons experiencing a mental health and/or addiction disorder.	N/A	Qualified Instructors
Wrap Around	ADAMH ADAMH via special projects	www.fairfieldadamh.org	Provides individualized intervention/treatment/recovery support as indicated in agency treatment plan.	Intervention/ Treatment/ Recovery Support	None identified.

Priority #1 ☐ Improve Adult, Youth, and Child Mental Health

Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Fairfield County Crisis Line 2-1-1	ADAMH	http://www.fairfieldcountyny211.org/crisis.html	Fairfield County 2-1-1 has a Mental Health Crisis Line for all individuals. 740-687-8255 (TALK) Available 24 hours a day, 7 days a week.		None identified.
Caregiver Support Programming	Meals on Wheels	http://mowfc.org/wordpress_f/	Adults	Intervention/Treatment	None identified.
Mindful Stress Reduction	Ohio State University Extension	http://fairfield.osu.edu/program-areas/family-and-consumer-sciences/mind-body/mindfulness	Adults	Intervention/Treatment	Best Practice
4-H Youth Development	Ohio State University Extension	http://fairfield.osu.edu/program-areas/4-h-youth-development	Youth	Prevention	None identified.
Crime & Trauma Assistance Program	Mount Carmel Health	http://www.mountcarmelhealth.com/crime-trauma-assistance	Child and adult victims, survivors and co-survivors	Intervention/Treatment	None identified.
Integrated Services for Behavioral Health	Ohio Guide Stone	http://integratedservice.org/services/fairfield-county/	All populations	Intervention/Treatment	Best Practice
Alzheimer's Support Group	Alzheimer's Association - Central Ohio Chapter	http://www.alz.org/centralohio/	Elderly Adults	Intervention/Treatment	Best Practice

Priority #1 ☐ Improve Adult, Youth, and Child Mental Health

Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Grief Counseling	FairHoPe Hospice & Palliative Care Inc	http://www.fairhopehospice.org/fairhope_hospice_grief_services.html	Adults	Intervention/Treatment	Best Practice
School-Based Counseling for Medicaid Clients	New Horizons	http://www.newhorizonsmentalhealth.org/services.html	Youth	Intervention/Treatment	Best Practice
Appalachian Behavioral Health Services	Appalachian Behavioral Healthcare Hospital	http://mha.ohio.gov/default.aspx?tabid=187	All populations	Intervention/Treatment	Best Practice
Twin Valley Behavioral Healthcare Hospital	Twin Valley Behavioral Healthcare Hospital	http://mha.ohio.gov/Default.aspx?tabid=193	All populations	Intervention/Treatment	Best Practice
Behavioral Health Services, And Counseling	Fairfield Community Health Center	http://www.fairfieldchc.org/	All populations	Intervention/Treatment	Best Practice
Dedicated Socials Worker/Guidance Counselor in Each Building	Lancaster City Schools	http://www.lancaster.k12.oh.us/	Youth	Intervention/Treatment	Best Practice
Mental Health Services in Lancaster City Schools (Medicaid Only)	New Horizons	http://www.newhorizonsmentalhealth.org/	Youth	Intervention/Treatment	Best Practice

Priority #1 □ Improve Adult, Youth, and Child Mental Health

Gaps and Potential Strategies

Gaps	Potential Strategies
1. Lack of transportation	<ul style="list-style-type: none"> ○ Telehealth services ○ Utilize public places in communities, such as the library or JFS ○ Build a fully coordinated transportation system
2. Timely access to/availability of services	<ul style="list-style-type: none"> ○ Restructuring of the intake process ○ Telemedicine ○ Peer support services
3. Lack of intensive counseling in schools	<ul style="list-style-type: none"> ○ Trauma informed care strategies in schools through trainings provided by the community ○ Increase the number of general therapists, social workers, and guidance counselors in schools
4. Dementia	<ul style="list-style-type: none"> ○ Education regarding support groups and resources available ○ Inpatient facilities ○ Opportunities to wrap-around care
5. Lack of youth inpatient mental health services	<ul style="list-style-type: none"> ○ Youth treatment facilities ○ Partnerships with faith
6. Lack of mental health providers	<ul style="list-style-type: none"> ○ Telemedicine
7. Lack of funding	<ul style="list-style-type: none"> ○ None identified
8. Stigma regarding mental health	<ul style="list-style-type: none"> ○ PSA's for mental health ○ Social media campaigns ○ Encourage mental health screenings during yearly physicals
9. Uninsured/underinsured	<ul style="list-style-type: none"> ○ Refer to existing program, such as FQHC ○ Refer to ADAMH board
10. Lack of long-term mental health treatment	<ul style="list-style-type: none"> ○ Local respite care and residential treatments

Priority #1 □ Improve Adult, Youth, and Child Mental Health

Best Practices

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

1. **SOS Signs of Suicide®**: The Signs of Suicide Prevention Program is an award-winning, nationally recognized program designed for middle and high school-age students. The program teaches students how to identify the symptoms of depression and suicidality in themselves or their friends, and encourages help-seeking through the use of the ACT® technique (Acknowledge, Care, Tell). The SOS High School program is the only school-based suicide prevention program listed on the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices that addresses suicide risk and depression, while reducing suicide attempts. In a randomized control study, the SOS program showed a reduction in self-reported suicide attempts by 40% (BMC Public Health, July 2007).

For more information go to:

<http://www.mentalhealthscreening.org/programs/youth-prevention-programs/sos/>

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

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

3. **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
 - 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:

Priority #1 □ Improve Adult, Youth, and Child Mental Health

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

Best Practices, continued

4. **Strengthening Families™:** Strengthening Families™ is a research-informed approach to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs and communities in building five protective factors:

- Parental resilience
- Social connections
- Knowledge of parenting and child development
- Concrete support in times of need
- Social and emotional competence of children

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

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

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

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

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

Priority #1 □ Improve Adult, Youth, and Child Mental Health

Alignment with National Standards

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

- **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

Priority #1 □ Improve Adult, Youth, and Child Mental Health

Action Step Recommendations & Plan

To work toward **improving adult, youth, and child mental health**, the following action steps are recommended:

1. Increase the number of primary care physicians screening for depression during office visits
2. Increase early identification of mental health needs among youth
3. Decrease barriers to treatment

Action Plan

Improve Adult, Youth, and Child Mental Health		
Action Step	Responsible Person/Agency	Timeline
Increase The Number Of Primary Care Physicians Screening For Depression During Office Visits		
Year 1: Collect baseline data on the number of primary care physicians that currently screen for depression during office visits.	Jackie Hilton Diley Ridge Medical Center Gwen Shafer Fairfield Department of Health Tony Motta New Horizons Mental Health Lisa Evangelista Fairfield Community Health Center Ann Tobin Meals on Wheels Rhonda Myers Fairfield County ADAMH Board	December 31, 2017
Year 2: Introduce PHQ-2 and PHQ-9 to physicians' offices and hospital administration. Pilot the protocol with one primary care physicians' office.		December 31, 2018
Year 3: Increase the number of primary care physicians using the PQH-2 screening tool by 10% from baseline.		December 31, 2019

Priority #1 □ Improve Adult, Youth, and Child Mental Health

Action Step Recommendations & Plan, continued

Improve Adult, Youth, and Child Mental Health		
Action Step	Responsible Person/Agency	Timeline
Increase Early Identification of Mental Health Needs Among Youth		
<p>Year 1: Gather baseline data on any mental health screening tools that are currently being used by Fairfield County Schools and/or Juvenile Court.</p> <p>Work with school district administrators and wellness committees to create/expand Behavioral Intervention Teams that assist in assessing if a student is at risk for suicide and/or targeted violence.</p> <p>Train at least one additional school district on identifying warning signs on how to communicate with students at risk.</p>	<p>Kim Devitt Head Start</p> <p>Rhonda Myers Fairfield County ADAMH Board</p>	December 31, 2017
<p>Year 2: Train 2 additional school districts on identifying warning signs on how to communicate with students at risk.</p>		December 31, 2018
<p>Year 3: Double the number of schools with Behavioral Intervention Teams in Fairfield County.</p>		December 31, 2019
Decrease Barriers to Treatment		
<p>Year 1: Create an informational brochure/online guide that highlights all organizations in Fairfield County that provide mental health services. Include information on transportation options, which organizations offer free services or a sliding fee scale, and include which insurance plans are accepted, including Medicaid and managed care options.</p> <p>Create a presentation on available mental health services and present to Fairfield County area churches, law enforcement, Chamber of Commerce, City Council, service clubs, and businesses. Include information on stigma and work to increase community awareness and education of stigma and how it is a barrier to treatment. Create a social media campaign to reduce mental health stigma.</p>	<p>Krista Ankrom 211/ Information and Community Referral</p> <p>Lisa Evangelista Fairfield Community Health Center</p> <p>Rhonda Myers Fairfield County ADAMH Board</p>	December 31, 2017
<p>Year 2: Enlist organizations to update the brochure/guide on an annual basis and increase dissemination of the information.</p> <p>Continue and expand presentations on available mental health services and stigma to Fairfield County groups.</p>		December 31, 2018
<p>Year 3: Continue efforts of Years 1 and 2 and expand outreach.</p> <p>Determine on an annual basis who will update and print (if necessary) the guides for the next 3</p>		December 31, 2019

Priority #1 ☐ Improve Adult, Youth, and Child Mental Health

years.		
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Priority #2 □ Decrease Adult and Youth Substance Abuse

Substance Abuse Indicators

In 2016, 13% of Fairfield County adults were current smokers. 48% of the Fairfield County adults had at least one alcoholic drink in the past month, increasing to 54% of those with incomes more than \$25,000. One-in-six (17%) Fairfield County adults were considered binge drinkers. 7% of Fairfield County adults had used marijuana in the past 6 months, increasing to 15% of those under the age of 30. 9% of adults had used medication not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past 6 months, increasing to 18% of those with incomes less than \$25,000.

The 2016 Health Assessment identified that 12% of Fairfield County youth in grades 6-12 were current smokers, increasing to 15% of those ages 17 and older. 15% of youth used e-cigarettes. 20% of all Fairfield County 6th-12th grade youth and 28% of those over the age of 17 had at least one drink in the past 30 days. Nearly three-fifths (57%) of the 6th-12th grade youth who reported drinking in the past 30 days had at least one episode of binge drinking. 5% of all youth drivers had driven a car in the past month after they had been drinking alcohol. 13% of all Fairfield County youth had used marijuana at least once in the past 30 days, increasing to 17% of those over the age of 17. 11% of all Fairfield County youth reported that someone had offered, sold, or given them an illegal drug on school property.

Adult Substance Abuse

The 2016 health assessment identified that more than one-in-eight (13%) Fairfield County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked some or all days).

One-fourth (25%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke).

Fairfield County adult smokers were more likely to: have rated their overall health as poor (36%), have been divorced (33%), have incomes less than \$25,000 (30%).

Fairfield County adults used the following tobacco products in the past year: cigarettes (18%), e-cigarettes (7%), cigars (5%), Black and Milds (3%), snuff (3%), chewing tobacco (2%), roll-your-own (2%), swishers (2%), pipes (1%), and pouch (1%).

71% of current smokers used one of the following methods to quit smoking in the past year: cold turkey (51%), e-cigarette (40%), prescribed Chantix (15%), nicotine patch (19%), nicotine gum (9%), Wellbutrin (9%), cessation classes (6%), and support groups (2%).

Fairfield County adults had the following rules/practices about smoking in their home: never allowed (85%), allowed sometimes/in some places (5%), no rules about smoking (5%), not allowed with children around (3%), and allowed anywhere (2%).

In 2016, 48% of the Fairfield County adults had at least one alcoholic drink in the past month, increasing to 54% of those with incomes more than \$25,000.

One-in-ten (10%) adults were considered frequent drinkers (drank on an average of three or more days per week).

Of those who drank, Fairfield County adults drank 3.7 drinks on average, increasing to 6.5 drinks for those under the age of 30.

One-in-six (17%) Fairfield County adults were considered binge drinkers.

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

Priority #2 □ Decrease Adult and Youth Substance Abuse

Substance Abuse Indicators, *continued*

Adult Substance Abuse, *continued*

7% of Fairfield County adults had used marijuana in the past 6 months, increasing to 15% of those under the age of 30.

1% of Fairfield County adults reported using other recreational drugs in the past six months such as cocaine, synthetic marijuana/K2, heroin, LSD, inhalants, Ecstasy, bath salts, and methamphetamines.

When asked about their frequency of marijuana and other recreational drug use in the past six months, 18% of Fairfield County adults who used drugs did so almost every day, and 46% did so less than once a month.

9% of adults had used medication not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past 6 months, increasing to 18% of those with incomes less than \$25,000.

When asked about their frequency of medication misuse in the past six months, 31% of Fairfield County adults who used these drugs did so almost every day, and 24% did so less than once a month.

Fairfield County adults indicated they did the following with their unused prescription medication: threw it in the trash (19%), took as prescribed (18%), flushed it down the toilet (16%), kept it (14%), took it to the Medication Collection program (8%), took them in on Drug Take Back Days (4%), took them to the Sheriff's Office (3%), kept in a locked cabinet (2%), sold it (1%), and some other destruction method (2%). 36% of adults did not have unused medication.

5% of adults have taken prescription opiates on a regular basis for more than 2 weeks.

Youth Substance Abuse

The 2016 health assessment indicated that 24% of Fairfield County youth had tried cigarette smoking (2015 YRBS reported 32% for the U.S.).

9% of all Fairfield County youth had smoked a whole cigarette for the first time before the age of 13 (2015 YRBS reported 7% for the U.S.).

31% of those who had smoked a whole cigarette did so at 10 years old or younger, and another 22% had done so by 12 years old. The average age of onset for smoking was 11.9 years old.

In 2016, 12% of Fairfield County youth were current smokers, having smoked at some time in the past 30 days (YRBS reported 15% for Ohio in 2013 and 11% for the U.S. in 2015).

29% of current smokers smoked cigarettes daily.

4% of all Fairfield County youth smoked cigarettes on 20 or more days during the past month (2013 YRBS reported that 7% of youth in Ohio smoked cigarettes on 20 or more days during the past month and 3% for the U.S. in 2015).

Almost three-fourths (71%) of Fairfield County youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.

46% of youth smokers borrowed cigarettes from someone else, 40% gave someone else money to buy them cigarettes, 32% took them from a family member, 26% said a person 18 years or older gave them the cigarettes, 18% indicated they bought cigarettes from a store or gas station (2015 YRBS reported 18% for the U.S.), 6% got them on the internet, 4% took them from a store, 3% got them from a vending machine and 24% got them some other way.

Priority #2 □ Decrease Adult and Youth Substance Abuse

Substance Abuse Indicators, *continued*

Youth Substance Abuse, *continued*

Fairfield County youth used the following forms of tobacco the most in the past year: e-cigarette (15%), cigarettes (15%), chewing tobacco or snuff (9%), hookah (8%), cigars (8%), swishers (7%), Black and Milds (7%), snus (5%), cigarillos (5%), little cigars (3%), dissolvable tobacco products (1%), bidis (1%) and other forms of tobacco (2%).

One-fifth (20%) of youth had at least one drink in the past 30 days, increasing to 28% of those ages 17 and older (YRBS reports 30% for Ohio in 2013 and 33% for the U.S. in 2015).

Of those who drank, 57% had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers by definition, increasing to 61% of males.

Based on all youth surveyed, 12% were defined as binge drinkers, increasing to 18% of those ages 17 and older (YRBS reports 16% for Ohio in 2013 and 18% for the U.S. in 2015).

Over two-fifths (43%) of Fairfield County youth who reported drinking at some time in their life had their first drink at 12 years old or younger; 27% took their first drink between the ages of 13 and 14, and 30% started drinking between the ages of 15 and 18. The average age of onset was 12.5 years old.

Of all Fairfield County youth, 17% had drunk alcohol for the first time before the age of 13 (YRBS reports 13% of Ohio youth drank alcohol for the first time before the age of 13 in 2013 and 17% for the U.S. in 2015).

Fairfield County youth drinkers reported they got their alcohol from the following: someone gave it to them (41%) (2013 YRBS reports 38% for Ohio and 2015 YRBS reports 44% for the U.S.), a parent gave it to them (25%), someone older bought it (22%), a friend's parent gave it to them (14%), took it from a store or family member (14%), gave someone else money to buy it for them (14%), bought it in a liquor store/convenience store/gas station (6%), bought it with a fake ID (6%), bought it at a public event (4%), bought it at a bar, restaurant or club, and obtained it some other way (24%).

During the past month, 14% of all Fairfield County youth had ridden in a car driven by someone who had been drinking alcohol (YRBS reports 17% for Ohio in 2013 and 20% for the U.S. in 2015).

5% of youth drivers had driven a car in the past month after they had been drinking alcohol (YRBS reports 4% for Ohio in 2013 and 8% for the U.S. in 2015).

In 2016, 13% of all Fairfield County youth had used marijuana at least once in the past 30 days, increasing to 17% of those over the age of 17. The 2013 YRBS found a prevalence of 21% for Ohio youth and a prevalence of 22% for U.S. youth in 2015.

During the past 12 months, 11% of all Fairfield County youth reported that someone had offered, sold, or given them an illegal drug on school property (YRBS reports 20% for Ohio in 2013 and 22% for the U.S. in 2015).

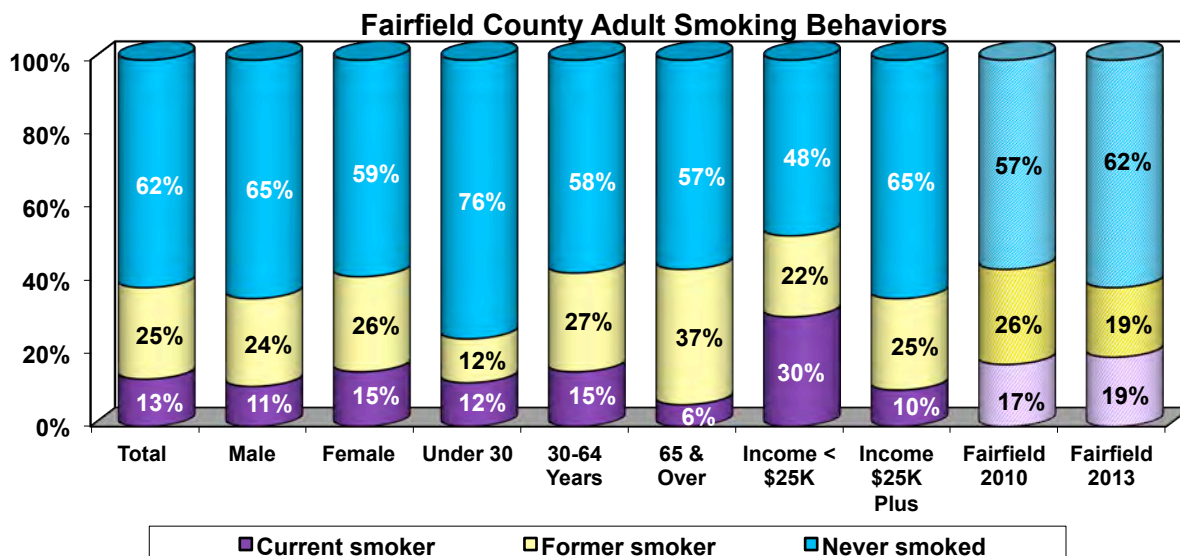
6% Fairfield County youth used medications that were not prescribed for them or took more than prescribed to feel good or get high at some time in their lives, increasing to 9% of those over the age of 17.

38% of Fairfield County youth reported having been prescribed pain medications, such as codeine or Vicodin, for an injury or surgery at least once during their life.

Youth who misused prescription medications got them in the following ways: a friend gave it to them (60%), they took it from a friend or family member (46%), a parent gave it to them (26%), bought it from a friend (23%), bought it from someone else (17%), the internet (14%), and another family member gave it to them (11%).

Priority #2 □ Decrease Adult and Youth Substance Abuse

Substance Abuse Indictors, *continued*



Adult Comparisons	Fairfield County 2010	Fairfield County 2013	Fairfield County 2016	Ohio 2014	U.S. 2014
Drank alcohol at least once in past month	45%	43%	48%	53%	53%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	19%	17%	17%	18%	16%

Adult Comparisons	Fairfield County 2010	Fairfield County 2013	Fairfield County 2016	Ohio 2014	U.S. 2014
Adults who used marijuana in the past 6 months	4%	3%	7%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	5%	4%	9%	N/A	N/A

N/A – Not available

Priority #2 Decrease Adult and Youth Substance Abuse

Substance Abuse Indicators, *continued*

Youth Comparisons	Fairfield County 2010 (6 th -12 th)	Fairfield County 2013 (6 th -12 th)	Fairfield County 2016 (6 th -12 th)	Fairfield County 2016 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Ever tried cigarettes	36%	24%	24%	31%	52%*	32%
Current smokers	16%	9%	12%	14%	15%	11%
Smoked cigarettes on 20 or more days during the past month (of all youth)	6%	4%	4%	6%	7%	3%
Smoked a whole cigarette for the first time before the age of 13 (of all youth)	11%	5%	9%	12%	14%*	7%
Tried to quit smoking (of those youth who smoked in the past year)	66%	51%	37%	37%	56%*	55%

* Comparative YRBS data for Ohio is 2013 and for U.S. is 2015

Youth Comparisons	Fairfield County 2010 (6 th -12 th)	Fairfield County 2013 (6 th -12 th)	Fairfield County 2016 (6 th -12 th)	Fairfield County 2016 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Ever tried alcohol	63%	45%	49%	59%	71%*	63%
Current drinker	33%	19%	20%	27%	30%	33%
Binge drinker (of all youth)	19%	13%	12%	16%	16%	18%
Drank for the first time before age 13 (of all youth)	24%	13%	17%	18%	13%	17%
Rode with someone who was drinking	19%	13%	14%	15%	17%	20%
Drank and drove (of youth drivers)	6%	3%	5%	5%	4%	8%
Obtained the alcohol they drank by someone giving it to them	52%	36%	41%	44%	38%	44%

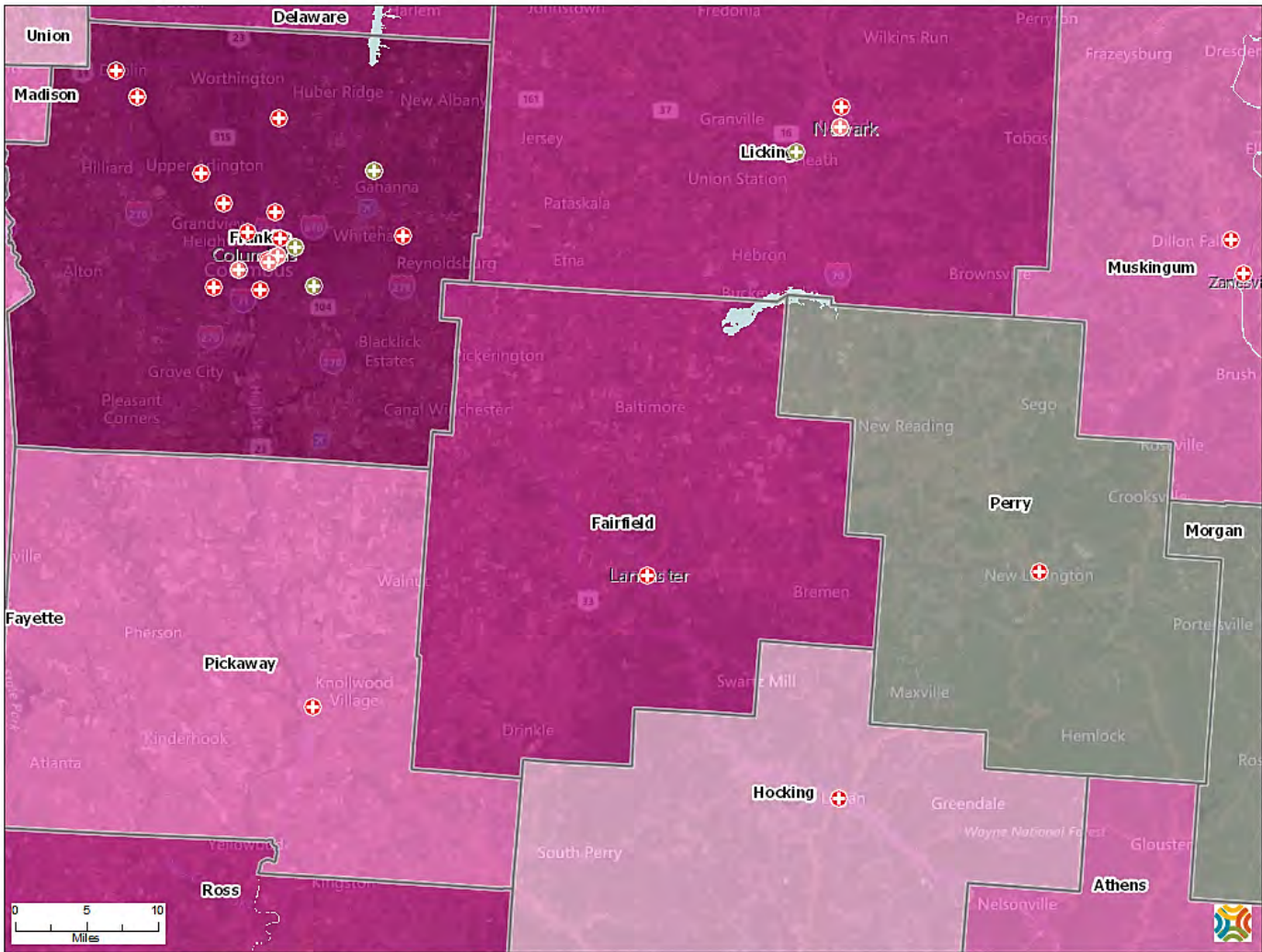
* Comparative YRBS data for Ohio is 2013 and U.S. is 2015

Youth Comparisons	Fairfield County 2009 (6 th -12 th)	Fairfield County 2013 (6 th -12 th)	Fairfield County 2016 (6 th -12 th)	Fairfield County 2016 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Youth who used marijuana in the past month	13%	10%	13%	19%	21%	22%
Ever used methamphetamines	3%	2%	3%	4%	6%‡	3%
Ever used cocaine	4%	3%	3%	4%	4%	5%
Ever used heroin	1%	1%	2%	2%	2%	2%
Ever used steroids	3%	4%	2%	3%	3%	4%
Ever used inhalants	8%	4%	7%	7%	9%	7%
Ever used ecstasy/MDMA/Molly	N/A	2%	3%	5%	N/A	5%
Ever misused medications	13%	7%	6%	8%	N/A	N/A
Ever been offered, sold, or given an illegal drug by someone on school property in the past year	15%	10%	11%	13%	20%	22%

‡ Comparative YRBS data for Ohio is 2013 and the U.S. is 2015, N/A – Not available

Priority #2 □ Decrease Adult and Youth Substance Abuse

Drug Overdose Deaths, Deaths by County, CHR 2012-14



Map Legend

Substance Abuse Facilities - Detox Services, SAMHSA Nov. 2014

Substance Abuse Facilities - Halfway Houses, SAMHSA Nov. 2014

Substance Abuse Treatment Facilities, SAMHSA Nov. 2014

Drug Overdose Deaths, Deaths by County, CHR 2012-14

Over 90

41 - 90

21 - 40

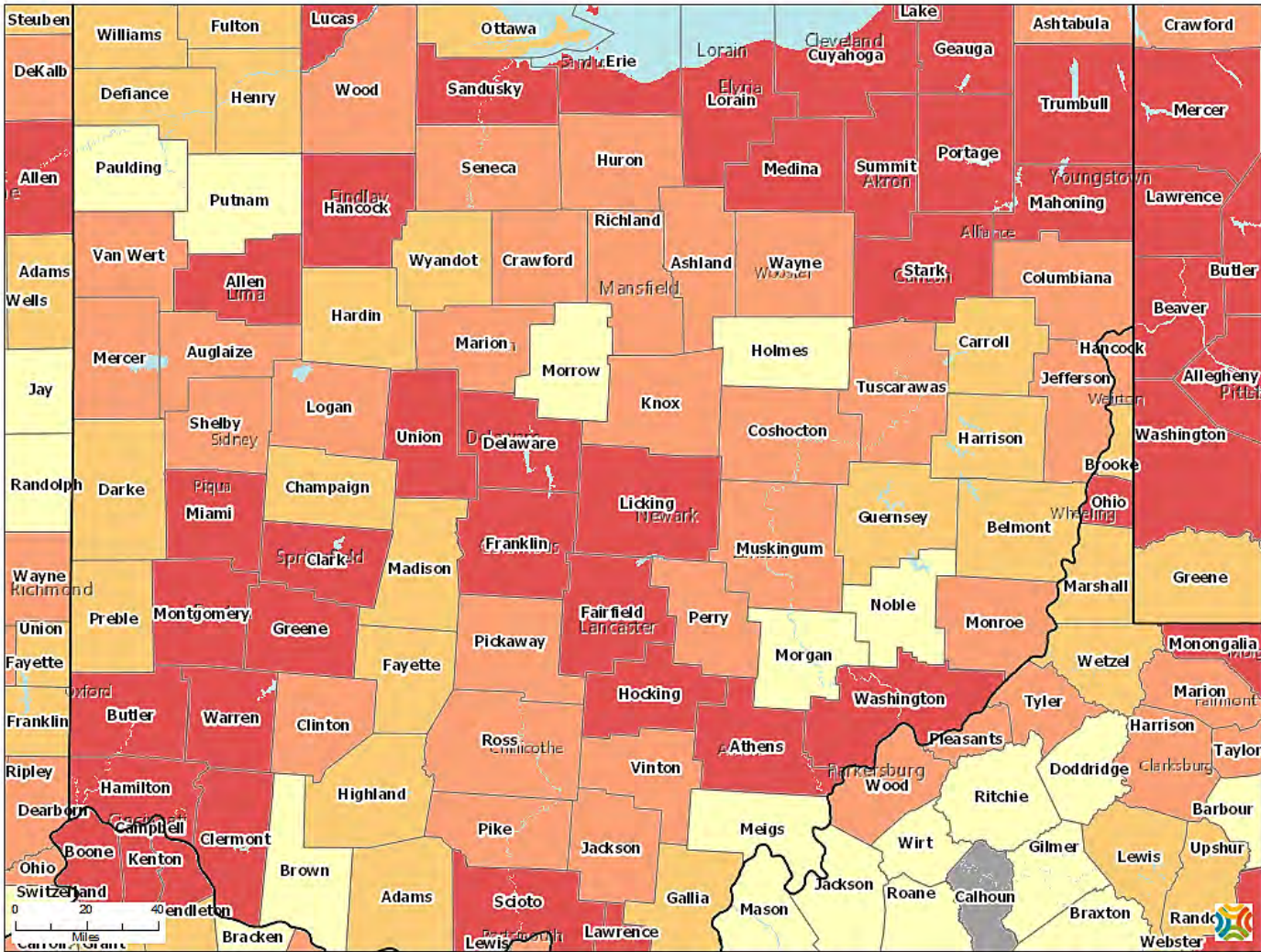
Under 21

No Data or Data Suppressed

Community Commons, 10/31/2016

Priority #2 Decrease Adult and Youth Substance Abuse

Alcohol-Impaired Driving Deaths, Percent of Total Driving Deaths by County, CHR 2016



Map Legend

Alcohol-Impaired Driving Deaths, Percent of Total Driving Deaths by County, CHR 2016

75.1 - 100.0

60.1 - 75.0

40.1 - 60.0

-0.9 - 40.0

-8888.0 - -1.0

Community Commons, 10/31/2016

Priority #2 □ Decrease Adult and Youth Substance Abuse

Resource Assessment

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Awareness/Education of mental health and substance abuse services, disorders, recovery, prevention, intervention and treatment.	ADAMH	www.fairfieldadammh.org	General Public and targeted groups	Prevention	Varies
Opiate Task Force	ADAMH	www.fairfieldadammh.org	Opiate – Related Disorders	Prevention, Advocacy	None identified.
Drug Free Workforce Community Initiative	ADAMH	www.fairfieldadammh.org	Adults and teens seeking employment and employee retention. Businesses	Prevention	None identified.
Brain Power	ADAMH Funding to Mid-Ohio Psychological Services (MOPS)	www.fairfieldadammh.org and www.mopsOhio.com	Fourth Grade Drug and Alcohol Curriculum presented to Lancaster City Schools	Prevention	Evidenced Based Curriculum
The Incredible Years	ADAMH Funding to The Recovery Center	www.fairfieldadammh.org and www.therecoverycenter.org	Children 0 to 12 with challenging behaviors- families are in counseling for substance abuse and addiction	Prevention	Evidenced Based Program
Project Alert and Too Good for Drugs	ADAMH Funding to The Recovery Center	www.fairfieldadammh.org and www.therecoverycenter.org	These curriculum expand on the social emotional skills of students while exploring negative aspects of alcohol, tobacco, and other drugs. Offered in Elementary, Middle, and High Schools throughout the county.	Prevention	SAMSHA Evidenced Based Practice
Mutai -Systems Youth Coordination	ADAMH Funding, along with Fairfield County DD, and Fairfield County Juvenile Court to FACFC	www.facfc.org	Children and Adolescents with involvement in more than one system, i.e. mental health/aod, developmental disabilities, or juvenile court.	Early intervention and Treatment	None identified.

Priority #2 Decrease Adult and Youth Substance Abuse

Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Outreach Project	ADAMH Funding to 211	www.fairfieldada.mh.org and fairfieldcounty211.org	Outreach worker goes to various locations in the community to assist persons in applying for and being linked to services such as mental health/aod services, Medicaid, food, transportation, clothing, etc.	Recovery Support	None identified.
Payee Project	ADAMH Funding to 211 and to Fairfield Mental Health Consumer Group	www.fairfieldada.mh.org and fairfieldcounty211.org	There are three individuals who serve as payees for persons with severe mental illness and/or have dual diagnosis of substance abuse and mental illness. Two are located at 211 and one is located at FMHCG. This allows persons on Social Security and other pensions, etc. to have assistance in assuring rent and other bills are paid and then spending money is dispensed.	Recovery Support	None identified.
Naloxone Project	ADAMH Funding to 211	www.fairfieldada.mh.org and fairfieldcounty211.org	211 will dispense vouchers to persons who want a kit on hand to prevent overdose from opiates.	Recovery Support	None identified.
Substance Abuse/Dependence Assessment	ADAMH Funding to The Recovery Center and Medicaid	www.fairfieldada.mh.org and www.therecoverycenter.org	Individual who are in need of an assessment to determine the best level of care for their substance abuse/addiction problem can be seen at the Recovery Center?	Substance Abuse Treatment	OhioMHAS and CARF Accredited
Intensive Outpatient Substance Abuse Treatment	ADAMH Funding to The Recovery Center and Medicaid	www.fairfieldada.mh.org and www.therecoverycenter.org	There is both a Men's IOP Program and a Women's IOP Program at the Recovery Center.	Substance Abuse Treatment	OhioMHAS and CARF Accredited
Individual Counseling, Group Counseling, Case Management Outpatient Substance Abuse Treatment	ADAMH Funding to The Recovery Center and Medicaid	www.fairfieldada.mh.org and www.therecoverycenter.org	The Recovery Center provides outpatient services to individuals 12 years of age or older with behavioral health problems	Substance Abuse Treatment	OhioMHAS and CARF Accredited

Priority #2 □ Decrease Adult and Youth Substance Abuse

Resource Assessment, *continued*

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Medication Assisted Treatment	ADAMH Funding to The Recovery Center and Medicaid	www.fairfieldada.mh.org and www.therecoverycenter.org	The Recovery Center provides Medication Assisted Treatment and Ambulatory Detoxification Services utilizing Suboxone, Subutex, or Vivatrol. Regular Urine Tests are part of this program, as well as ongoing counseling while receiving medication.	Substance Abuse Treatment	OhioMHAS and CARF Accredited
Prenatal Project	ADAMH Funding to The Recovery Center	www.fairfieldada.mh.org and www.therecoverycenter.org	This project is for pregnant women who have opioid abuse and/or addiction issues and will assist them in achieving and maintain abstinence from street drugs while pregnant and up to 12 months after giving birth. It is a project that is implemented in conjunction with the Fairfield County Health Department.	Substance Abuse Treatment and Recovery Supports (This includes apartments that ADAMH has paid for in advance so that any opiate addicted and pregnant homeless woman can access safe housing.)	OhioMHAS and CARF Accredited
Vocational Services	ADAMH Funding to The Recovery Center	www.fairfieldada.mh.org and www.therecoverycenter.org	This project serves persons in recovery from substance abuse who want to either return to work or explore further education.	Recovery Supports	OhioMHAS and CARF Accredited
(Maryhaven Buprenorphine Assisted Recovery Program)	Maryhaven	www.fairfieldada.mh.org and www.maryhaven.com	This project is still in the planning stages but will serve approximately 10 person who are opiate dependent. They will be assisted with transportation if they do not have this and will go to the clinic at Maryhaven Monday through Saturday. They will receive MAT, counseling, and drug screening.	Substance Abuse Treatment	OhioMHAS and CARF Accredited

Priority #2 Decrease Adult and Youth Substance Abuse

Resource Assessment, *continued*

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Sober Living Project	ADAMH Funding to Lutheran Social Services	www.fairfieldadammh.org and www.lssco.org	Housing for Adult Men who are in recovery from substance abuse and addiction. The men are housed two men to an apartment in Fairhaven, and are expected to attend counseling, 12 step programs, and are expected to either be working or attending school.	Recovery Supports	OhioMHAS Accredited
Promise House	ADAMH Funding to Lutheran Social Services	www.fairfieldadammh.org and www.lssco.org	Recovery Housing for men in which a live in peer support worker is available for supervision, experience, strength, and hope. The men are engaged in counseling, 12 step programs. They are expected to either be working or pursuing further education	Recovery Supports	OhioMHAS Accredited
Annual Recovery Conference	ADAMH	www.fairfieldadammh.org	Provides support, education, and stigma reduction to professionals, family members, consumers, and advocates for persons experiencing a mental health and/or addiction disorder.	N/A	Qualified Instructors
Naloxone Kits Available	Fairfield Department of Health	www.myfdh.org	All populations	Treatment	Best Practice
Family Dependency Treatment	Juvenile Court	http://www.fairfieldcountyprobate.com/programs-juvenile-court.htm	All populations	Treatment	Best Practice
Trauma and Substance Abuse Screenings	Ohio Guide Stone	http://www.ohioguidestone.org/	All populations	Prevention	Best Practice
Recovery Coaches (Medicaid billable)	Ohio Guide Stone	http://www.ohioguidestone.org/	All populations	Intervention	Best Practice

Priority #2 □ Decrease Adult and Youth Substance Abuse

Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Pearl House	Fairfield Metropolitan Housing Authority	http://www.fairfieldmha.org/index.php/housing-assistance/pearl-and-rutherford-information/pearl-house	All populations	Intervention	None Identified
The Refuge House	N/A	N/A	All populations	Intervention	None Identified
Tyler's Light – Pickerington and Lancaster	Tyler's Light	http://tylerslight.com/about-us-2tl/	All populations	Prevention/Intervention	None Identified
Perinatal Leadership Community	ADAMH, Medicaid, et.	N/A	Women	Prevention/Intervention	None Identified
Mom's Project	Ohio Children Trust Fund	https://www.facfc.org/pdf/Annual-Report-2015.pdf	Women	Prevention/Intervention	None Identified
DARE Program	Lancaster Police Department	https://www.ci.lancaster.oh.us/204/DARE	Youth	Prevention	Best Practice
Permanent Drug Drop Off Sites	Lancaster and Pickerington Police	N/A	All populations	Prevention/Intervention	Best Practice
Drug Screening Provider/Vendor (Call In System For Random Screening)	American Court Services - Lancaster	https://www.scrmsystems.com/providers/american-court-drug-testing-services/	All populations	Prevention/Intervention	Best Practice
Substance Abuse Stabilization Unit	Fairfield Medical Center	http://www.fmchealth.org/	All populations	Intervention/Treatment	Best Practice

Priority #2 □ Decrease Adult and Youth Substance Abuse

Gaps and Potential Strategies

Gaps	Potential Strategies
1. After care for schools	<ul style="list-style-type: none"> Therapeutic schools Sober schools
2. Timely Access/Access to Services	<ul style="list-style-type: none"> Increase the number of health care professionals in area
3. Long-term residential treatment	<ul style="list-style-type: none"> Repurpose and old school so that instead of going to jail, they go to rehab Offer treatment in prisons
4. Affordability/ability to pay	<ul style="list-style-type: none"> Direct to FQHC Utilize community resources
5. Lack of publicity/education for substance abuse initiatives	<ul style="list-style-type: none"> Awareness campaigns Have a representative from starttalking.ohio.gov present on the radio
6. Providers not using the OARRS system	<ul style="list-style-type: none"> Need for a code/ID for providers to use when they use OARRS. Put code/ID on prescriptions
7. Transportation	<ul style="list-style-type: none"> Telemedicine Increase transportation services
8. Support for families	<ul style="list-style-type: none"> Offer education and support Make naloxone kits available
9. Lack of community education for opiates	<ul style="list-style-type: none"> Expand opiate task force
10. Medication abuse by family members	<ul style="list-style-type: none"> Education and awareness of drug take back days
11. Need of needle exchange program	<ul style="list-style-type: none"> Explore funding sources Work with local task force

Priority #2 □ Decrease Adult and Youth Substance Abuse

Best Practices

The following programs and policies have been reviewed and have proven strategies to **decrease adult and youth substance abuse**:

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

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

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

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

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

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

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

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

Priority #2 □ Decrease Adult and Youth Substance Abuse

3. **Project ASSERT:** Project ASSERT (Alcohol and Substance Abuse Services, Education, and Referral to Treatment) is a screening, brief intervention, and referral to treatment (SBIRT) model designed for use in health clinics or emergency departments (EDs). Project ASSERT targets three groups:
- a. Out-of-treatment adults who are visiting a walk-in health clinic for routine medical care and have a positive screening result for cocaine and/or opiate use. Project ASSERT aims to reduce or eliminate their cocaine and/or opiate use through interaction with peer educators (substance abuse outreach workers who are in recovery themselves for cocaine and/or opiate use and/or are licensed alcohol and drug counselors).
 - b. Adolescents and young adults who are visiting a pediatric ED for acute care and have a positive screening result for marijuana use. Project ASSERT aims to reduce or eliminate their marijuana use through interaction with peer educators (adults who are under the age of 25 and, often, college educated).
 - c. Adults who are visiting an ED for acute care and have a positive screening result for high-risk and/or dependent alcohol use. Project ASSERT aims to motivate patients to reduce or eliminate their unhealthy use through collaboration with ED staff members (physicians, nurses, nurse practitioners, social workers, or emergency medical technicians).

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

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

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

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

Priority #2 □ Decrease Adult and Youth Substance Abuse

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

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

6. **Operation Storefront:** The goal of Operation Storefront is to raise community awareness of the tobacco and alcohol industries' successful marketing strategies using retail advertising and promotions. Often referred to as point-of-purchase advertising (POP) this type of advertising includes outdoor banners, window signs, counter, floor, and ceiling displays, posters, decals, clocks, calendars, and much more. Operation Storefront is an activity designed for youth and adult volunteers to actually document the amount of tobacco and alcohol advertising at local retailers. It is not in any way designed to single out local merchants. For more information, you can find Operation Storefront details at numerous state websites. Operation Storefront does not have its own website.
7. **Alcoholics Anonymous:** Alcoholics Anonymous® is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership; we are self-supporting through our own contributions. AA is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy, neither endorses nor opposes any causes. Our primary purpose is to stay sober and help other alcoholics to achieve sobriety.

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

8. **Narcotics Anonymous:** Narcotics Anonymous is a global, community-based organization with a multi-lingual and multicultural membership. NA was founded in 1953, and our membership growth was minimal during our initial twenty years as an organization. Since the publication of our Basic Text in 1983, the number of members and meetings has increased dramatically. Today, NA members hold nearly 67,000 meetings weekly in 139 countries. We offer recovery from the effects of addiction through working a twelve-step program, including regular attendance at group meetings. The group atmosphere provides help from peers and offers an ongoing support network for addicts who wish to pursue and maintain a drug-free lifestyle. Our name, Narcotics Anonymous, is not meant to imply a focus on any particular drug; NA's approach makes no distinction between drugs including alcohol. Membership is free, and we have no affiliation with any organizations outside of NA including governments, religions, law enforcement groups, or medical and psychiatric associations. Through all of our service efforts and our cooperation with others seeking to help addicts, we strive to reach a day when every addict in the world has an opportunity to experience our message of recovery in his or her own language and culture.

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

Priority #2 □ Decrease Adult and Youth Substance Abuse

Alignment with National Standards

Through proven and promising best practices, effective programs will be better able to help achieve the Healthy People 2020 Substance Abuse Objectives to improve substance abuse through prevention and ensure access to appropriate, quality substance abuse services.

Healthy People 2020 Goals include:

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

Priority #2 □ Decrease Adult and Youth Substance Abuse

Action Step Recommendations & Plan

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

1. Increase the number of health care providers screening for alcohol and drug abuse
2. Increase the number of incarcerated adults receiving substance abuse treatment prior to and after release
3. Expand evidence-based programs and counseling services targeting youth

Action Plan

Decrease Adult and Youth Substance Abuse		
Action Step	Responsible Person/Agency	Timeline
Increase the Number of Health Care Providers Screening for Alcohol and Drug Abuse		
Year 1: Introduce Project ASSERT. Collect baseline data on the number of emergency department, primary care and specialty care providers that currently screen for drug and alcohol abuse (and at what age they start screening).	Lisa Evangelista Fairfield Community Health Center Fairfield Medical Center Diley Ridge Medical Center Fairfield County ADAMH Board	December 31, 2017
Year 2: Introduce a screening, brief intervention and referral to treatment model (SBIRT) to physicians' offices and hospital emergency departments. Pilot the model with one primary care physician's office and hospital ER.		December 31, 2018
Year 3: Increase the number of ER and primary care physicians using the SBIRT model by 25% from baseline.		December 31, 2019
Increase the Number of Incarcerated Adults Receiving Substance Abuse Treatment Prior To and After Release		
Year 1: Work to create a program which identifies offenders with substance abuse issues prior to their release. Expand the capacity of service providers to allow for needed treatment to be delivered to offenders prior to and following their release.	Fairfield Department of Health Fairfield County ADAMH Board	December 31, 2017
Year 2: Increase the number of offenders identified with substance abuse issues and increase the number of offenders receiving treatment prior to and after release by 25% from baseline.		December 31, 2018
Year 3: Continue efforts from Years 1 and 2. Increase the number of offenders receiving treatment prior to and after release by 50% from baseline.		December 31, 2019

Priority #2 □ Decrease Adult and Youth Substance Abuse

Action Step Recommendations & Plan, *continued*

Decrease Adult and Youth Substance Abuse		
Action Step	Responsible Person/Agency	Timeline
Expand Evidence-based Programs and Counseling Services Targeting Youth		
<p>Year 1: Re-Introduce the Too Good for Drugs/Project Alert program(s) to schools, churches, parents and community members.</p> <p>Discuss program/service needs and gaps with school personnel at all schools within the county.</p> <p>Work with school administrators, guidance counselors and other community organizations to raise awareness of the program(s).</p> <p>Implement the program(s) in at least one new location or school.</p>	<p>Rhonda Myers Fairfield County ADAMH Board</p>	December 31, 2017
<p>Year 2: Increase awareness and participation of the Too Good for Drugs/Project Alert program(s).</p> <p>Double the number of locations and or schools providing evidence based programming for youth and/or in school counseling for youth and families.</p>		December 31, 2018
Year 3: Continue efforts of years 1 and 2.		December 31, 2019

Priority #3 □ Decrease Adult, Youth and Child Obesity

Obesity Indicators

The 2016 Health Assessment identified that 69% of Fairfield County adults were overweight or obese based on Body Mass Index (BMI). More than two-fifths (41%) of Fairfield County adults were obese. 17% of Fairfield County youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 31% of Fairfield County youth reported that they were slightly or very overweight. About one-fifth (21%) of children were classified as obese by Body Mass Index (BMI) calculations. 13% of children were classified as overweight.

Adult Obesity

In 2016, the health assessment indicated that more than two-thirds (69%) of Fairfield County adults were either overweight (28%) or obese (41%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of diseases.

Fairfield County adults did the following to lose weight or keep from gaining weight: ate less food, fewer calories, or foods low in fat (43%), exercised (43%), drank more water (40%), ate a low-carb diet (13%), took diet pills, powders or liquids without a doctor's advice (3%), used a weight loss program (3%), health coaching (2%), smoked cigarettes (1%), took laxatives (1%), took prescribed medications (1%), went without eating 24 or more hours (1%), bariatric surgery (<1%), participated in a prescribed dietary or fitness program (<1%), and vomited after eating (<1%).

In Fairfield County, 50% of adults were engaging in some type of physical activity or exercise for at least 30 minutes 3 or more days per week. 27% of adults were exercising 5 or more days per week. More than one-fourth (26%) of adults were not participating in any physical activity in the past week, including 3% who were unable to exercise.

Reasons for not exercising included: time (26%), too tired (21%), laziness (17%), weather (14%), chose not to exercise (10%), pain or discomfort (10%), could not afford a gym membership (6%), no child care (5%), did not know what activities to do (4%), no exercise partner (4%), poorly maintained/no sidewalks (3%), safety (3%), doctor advised them not to exercise (1%), lack of opportunities for those with physical impairments or challenges (1%), no walking, biking trails or parks (1%), lack of access to parks/gyms for those with disabilities (<1%), no gym available (<1%), transportation (<1%), and other reasons (7%).

Fairfield County adults spent an average of 2.6 hours watching TV, 1.6 hours on their cell phone, 1.3 hours on the computer (outside of work), and 0.2 hours playing video games on an average day of the week.

In 2016, 6% of adults were eating 5 or more servings of fruits and vegetables per day. 89% 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.

Fairfield County adults reported the following reasons they chose the types of food they ate: taste (57%), enjoyment (53%), cost (49%), healthiness of food (47%), ease of preparation (46%), time (38%), food they were used to (31%), availability (28%), nutritional content (28%), what their spouse prefers (25%), calorie content (22%), what their child prefers (14%), if it is organic (12%), artificial sweetener content (7%), if it is genetically modified (7%), if it is gluten free (4%), health care provider's advice (3%), other food sensitivities (2%), if it is lactose free (1%), and other reasons (2%).

24% of Fairfield County adults did not have access to any wellness programs.

Priority #3 □ Decrease Adult, Youth and Child Obesity

Obesity Indictors, *continued*

Adult Obesity, *continued*

Fairfield County adults had access to a wellness program through their employer or spouse's employer with the following features: free/discounted gym membership (14%), health risk assessment (14%), gift cards or cash for participation in wellness program (10%), lower insurance premiums for participation in wellness program (10%), on-site fitness facility (10%), on-site health screenings (9%), lower insurance premiums for positive changes in health status (8%), healthier food options in vending machines or cafeteria (6%), free/discounted smoking cessation program (5%), free/discounted weight loss program (5%), gift cards or cash for positive changes in health status (5%), on-site health education classes (4%), and other features (4%).

Youth Obesity

In 2016, 17% of youth were classified as obese by Body Mass Index (BMI) calculations (YRBS reported 13% for Ohio in 2013 and 14% for the U.S. in 2015). 12% of youth were classified as overweight (YRBS reported 16% for Ohio in 2013 and 16% for the U.S. in 2015). 69% were normal weight, and 2% were underweight.

31% of youth described themselves as being either slightly or very overweight (YRBS reported 28% for Ohio in 2013 and 32% for U.S. in 2015).

Over two-fifths (42%) of all youth were trying to lose weight, increasing to 54% of Fairfield County female youth (compared to 31% of males) (YRBS reported 47% for Ohio in 2013 and 46% for the U.S. in 2015).

Fairfield County youth reported doing the following to lose weight or keep from gaining weight in the past 30 days: 52% of youth exercised, 45% of youth drank more water, 35% of youth ate more fruits and vegetables, 33% of youth ate less food, fewer calories, or foods lower in fat, 15% of youth skipped meals, 5% reported going without eating for 24 hours or more (2013 YRBS reported 10% for Ohio). 3% reported taking diet pills, powders, or liquids without a doctor's advice (2013 YRBS reported 5% for Ohio), 3% reported smoking to lose weight, 2% vomited or took laxatives (2013 YRBS reported 5% for Ohio).

8% of Fairfield County youth ate 5 or more servings of fruits and vegetables per day. 85% ate 1 to 4 servings of fruits and vegetables per day.

28% of youth drank soda pop (not diet), punch, Kool-Aid, sports drinks, energy drinks or other fruit flavored drinks at least once per day during the past week.

Fairfield County youth consumed the following sources of calcium daily: milk (79%), other dairy products (56%), yogurt (33%), calcium-fortified juice (8%), other calcium sources (10%), calcium supplements (6%), and none of the above (6%).

40% of youth reported they drank energy drinks for the following reasons: to get pumped up (12%), to stay awake to do homework (12%), before games or practice (9%), to help me perform (8%), to stay awake to play video games (7%), to mix with alcohol (5%), and for some other reason (19%).

74% of Fairfield County youth participated in at least 60 minutes of physical activity on 3 or more days in the past week. 49% did so on 5 or more days in the past week (YRBS reports 48% for Ohio in 2013 and 49% for the U.S. in 2015), and 28% did so every day in the past week (YRBS reports 26% for Ohio in 2013 and 27% for the U.S. in 2015). 11% of youth did not participate in at least 60 minutes of physical activity on any day in the past week (YRBS reports 13% for Ohio in 2013 and 14% for the U.S. in 2015).

Fairfield County youth spent an average of 3.4 hours on their cell phone, 1.5 hours watching TV, 1.4 hours on their computer/tablet and 1.2 hours playing video games on an average day of the week.

Priority #3 □ Decrease Adult, Youth and Child Obesity

Obesity Indictors, *continued*

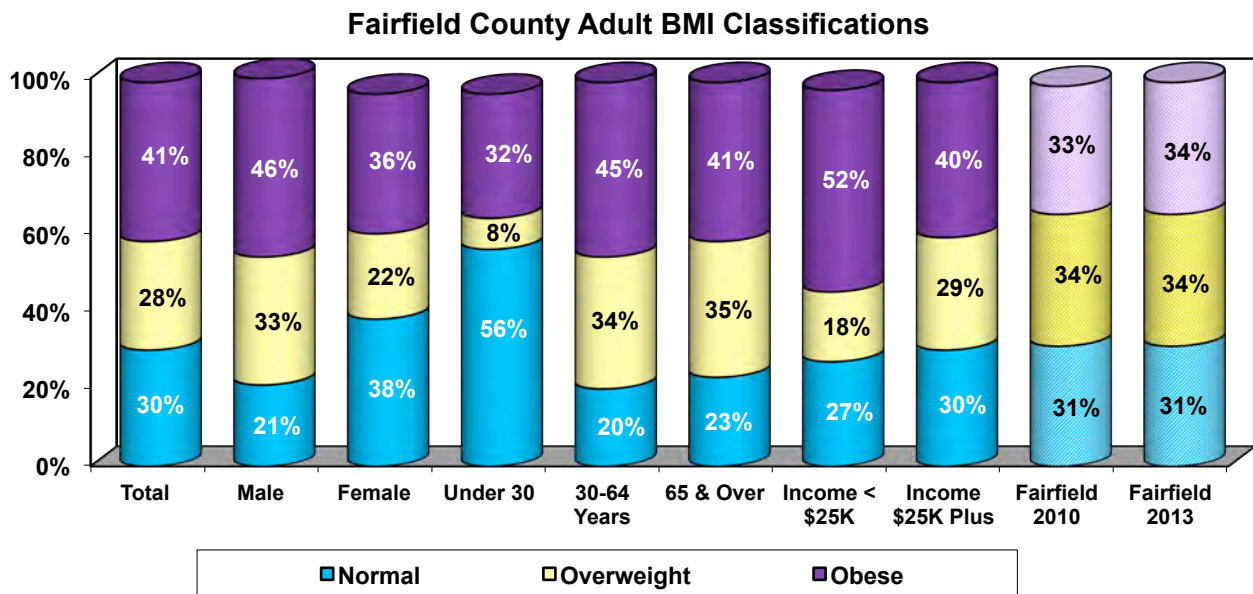
Child Obesity

Fairfield County children spent an average of 1.8 hours watching TV, 1.3 hours reading, 0.9 hours on the computer/tablet/cellphone and 0.8 hours playing video games on an average day of the week.

41% of Fairfield County children drank soda pop, punch, sports drinks, energy drinks or other fruit flavored drinks 1-3 times during the past 7 days. 35% of children did not drink any soda pop, sports drinks, energy drinks or other fruit flavored drinks in the past 7 days.

8% of Fairfield County children ate 5 or more servings of fruits and vegetables per day. 89% ate 1 to 4 servings of fruits and vegetables per day.

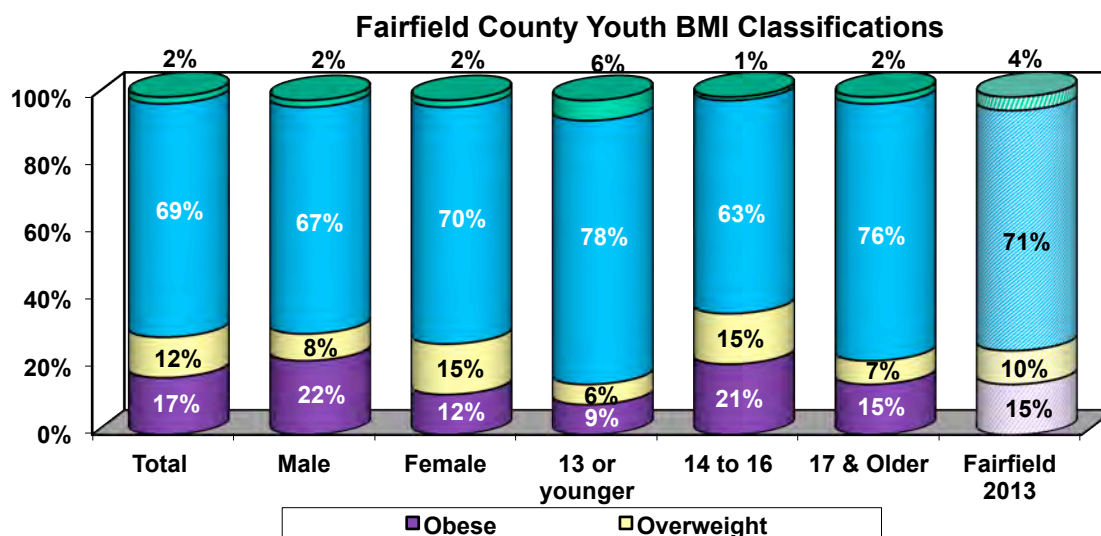
About one-fifth (21%) of children were classified as obese by Body Mass Index (BMI) calculations. 13% of children were classified as overweight, 57% were normal weight, and 10% were underweight.



Adult Comparisons	Fairfield County 2010	Fairfield County 2013	Fairfield County 2016	Ohio 2014	U.S. 2014
Obese	33%	34%	41%	33%	30%
Overweight	34%	34%	28%	34%	35%

Priority #3 □ Decrease Adult, Youth and Child Obesity

Obesity Indictors, *continued*



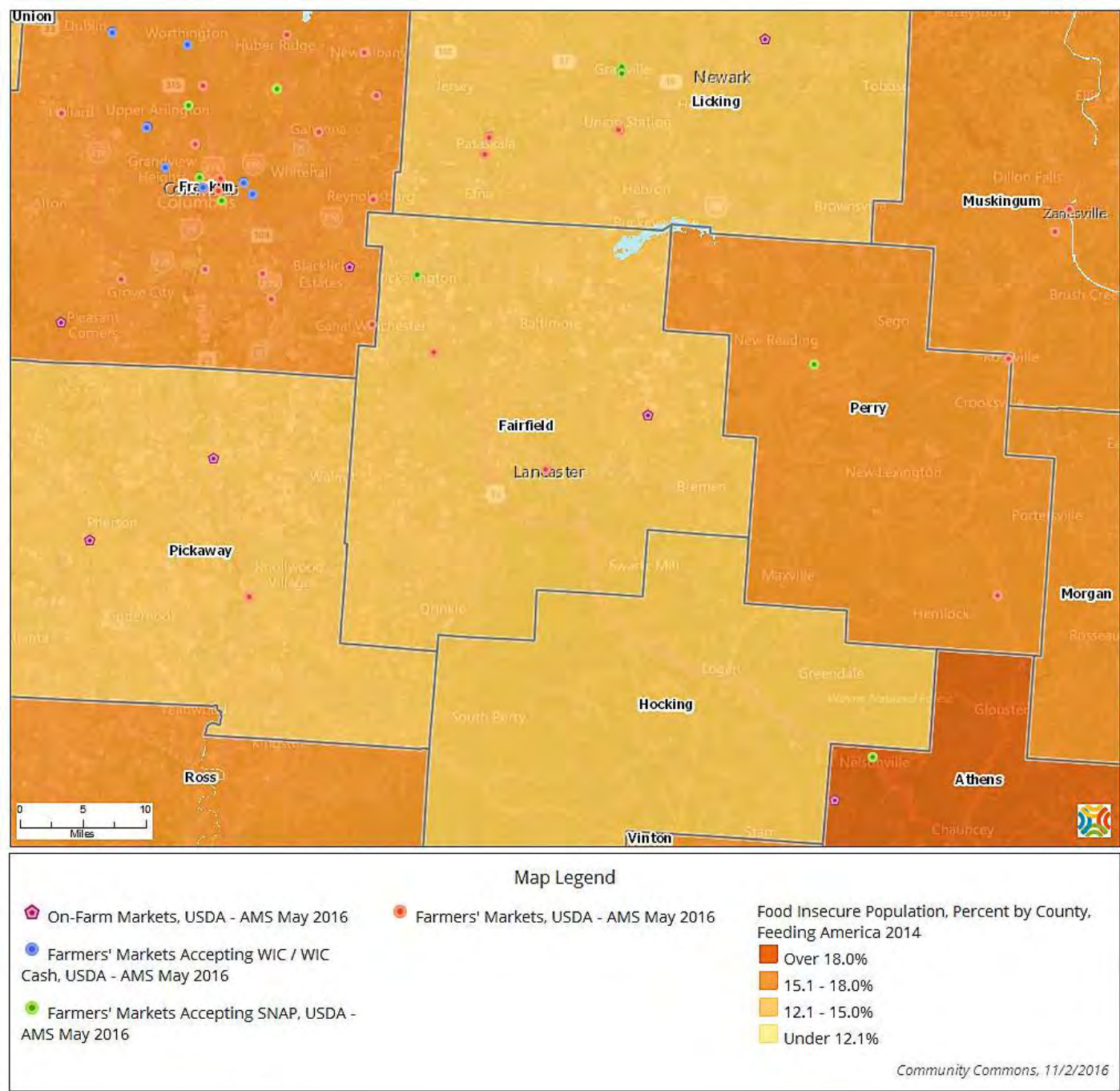
Youth Comparisons	Fairfield County 2010 (6 th -12 th)	Fairfield County 2013 (6 th -12 th)	Fairfield County 2016 (6 th -12 th)	Fairfield County 2016 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Obese	13%	15%	18%	20%	13%	14%
Overweight	13%	10%	16%	17%	16%	16%
Described themselves as slightly or very overweight	27%	28%	31%	34%	28%	32%
Trying to lose weight	45%	46%	42%	43%	47%	46%
Exercised to lose weight	46%	54%	52%	55%	61%‡	61%‡
Ate less food, fewer calories, or foods lower in fat to lose weight	24%	32%	33%	35%	43%‡	39%‡
Went without eating for 24 hours or more	4%	6%	5%	5%	10%	13%*
Took diet pills, powders, or liquids without a doctor's advice	3%	3%	3%	4%	5%	5%*
Vomited or took laxatives	2%	1%	2%	2%	5%	4%*
Ate 1 to 4 servings of fruits and vegetables per day	N/A	80%	85%	86%	85%‡	78%‡
Physically active at least 60 minutes per day on every day in past week	68%	68%	28%	37%	26%	27%
Physically active at least 60 minutes per day on 5 or more days in past week	45%	44%	49%	64%	48%	49%
Did not participate in at least 60 minutes of physical activity on any day in past week	11%	10%	11%	7%	13%	14%

*Comparative YRBS data for U.S. is 2013

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

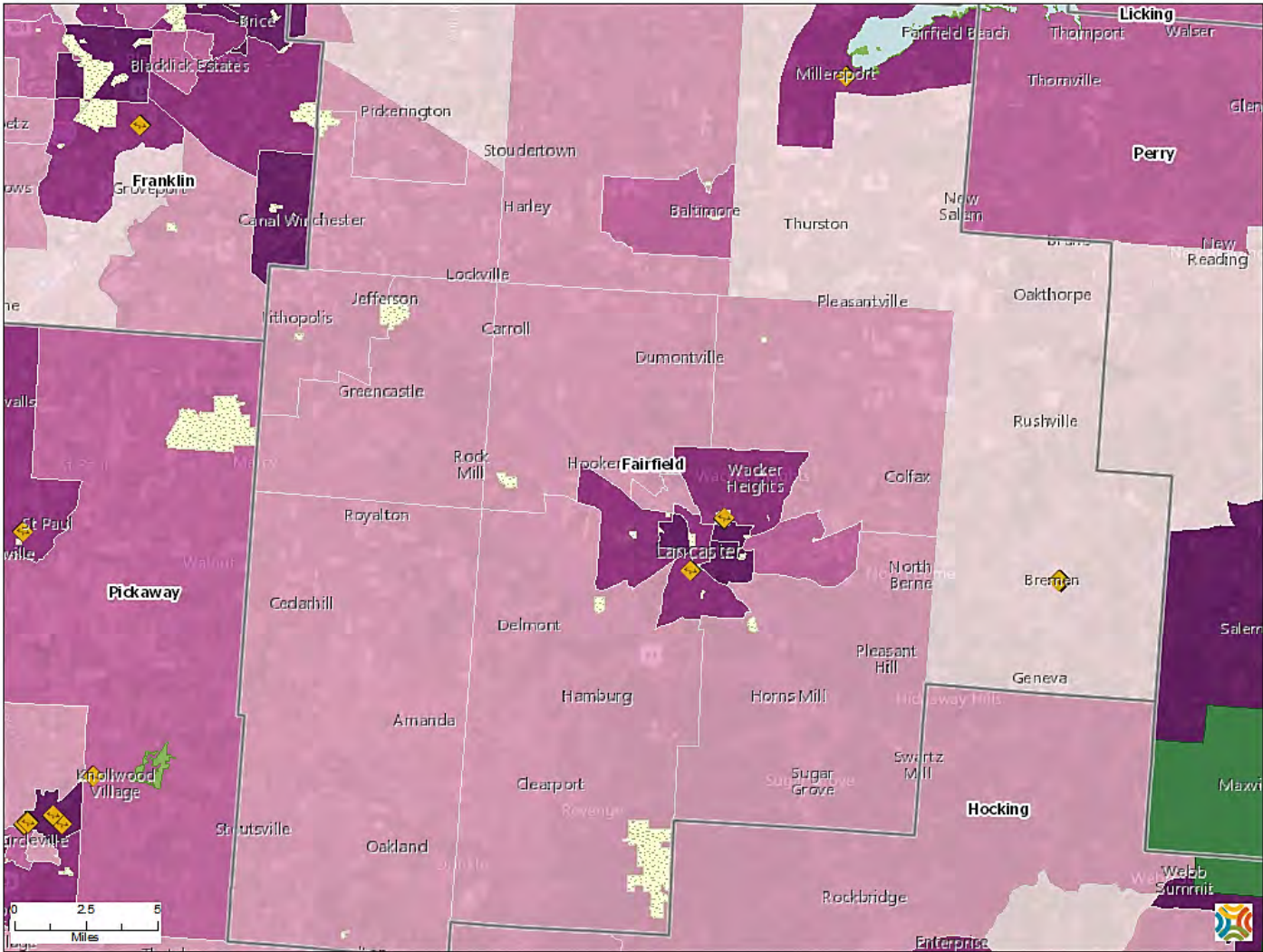
Priority #3 □ Decrease Adult, Youth and Child Obesity

Food Insecure Population, Percent by County, Feeding America, 2014



Priority #3 □ Decrease Adult, Youth and Child Obesity

Population with Park Access (Within 1/2 Miles), Total by Tract, ESRI/OSM, 2013



Priority #3 ☐ Decrease Adult, Youth and Child Obesity

Resource Assessment

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Live Healthy Live Well	Ohio State University Extension	https://livehealthyosu.com/	All populations	Prevention/Education	Best Practice
Supplemental Nutrition Assistance Education Program (SNAP-Ed)	Ohio State University Extension	http://fairfield.osu.edu/program-areas/snap-ed	All populations	Prevention/Education	Best Practice
Obesity Prevention Programs	Ohio State University Extension	http://fairfield.osu.edu/program-areas	All populations	Prevention/Education	Best Practice
Crunch Out Obesity	United Way, FMC, OSUE, YMCA, etc.	http://uwayfairfieldco.org/uway_NEWS.html	Youth	Prevention/Education	Best Practice
WIC Program, Supplemental Nutrition, Nutrition Counseling	Fairfield Department of Health	http://www.myfdh.org/Nursing-WIC/WIC-Fairfield-County.html	Women and Children	Prevention/Education/Intervention/Treatment	Best Practice
BCMH Nutrition Program	Fairfield Department of Health	http://www.myfdh.org/Nursing-WIC/BCMH-Fairfield-County.html	Children	Prevention/Education/Intervention/Treatment	Best Practice
Ohio Healthy Program	Fairfield Department of Health	http://www.myfdh.org/	Youth	Prevention/Education	Best Practice
CFHS Nutritional Education	Fairfield Department of Health	http://www.myfdh.org/	Youth	Prevention/Education	Best Practice

Priority #3 ☐ Decrease Adult, Youth and Child Obesity

Resource Assessment, *continued*

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Various programs and activities	Lancaster city parks	https://www.ci.lancaster.oh.us/245/Parks-Recreation	All populations	Prevention/Education	Best Practice
Various programs and activities	Pickerington parks	http://www.ci.pickerington.oh.us/Pages/Departments/Parks_and_Recreation/	All populations	Prevention/Education	Best Practice
Free Fit Saturdays	Rising Park in Lancaster	http://www.lancasterlegazette.com/story/news/2014/05/30/freefit-saturday-workouts-to-return/9786089/	All populations	Prevention/Education	Best Practice
Little League	Lancaster YBA	http://www.lancasterlyba.org/pages/1152/mission	Youth	Prevention/Education	Best Practice
Various Farmers Markets	Ohio Department of Agriculture	http://ohioproud.org/searchresults.php#searchResults	All populations	Prevention	Best Practice
Various Food pantries	N/A	http://www.fairfieldcounty211.org/food_assistance.html	All populations	Prevention	Best Practice

Priority #3 ☐ Decrease Adult, Youth and Child Obesity

Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Produce Prescription Program	Fairfield Community Health Center and Fairfield County 211	http://www.fairfieldcounty211.org/ and http://www.fairfieldchc.org/	All populations	Prevention	Best Practice
Various YMCA Programs	Robert K. Fox Family Y	http://www.ymcalancaster.org/	All populations	Prevention	Best Practice
Delay the Disease - Exercise Program for Fighting Parkinson's Disease	Ohio Health	http://www.delaythedisease.com/	All populations	Prevention	Best Practice
Various YMCA Programs	Jerry L. Garver YMCA YMCA of Central Ohio	www.ymcacolumbus.org/garver	All populations	Prevention	Best Practice
Exercise Classes	Olivedale Senior Center	https://www.olivedale.com/	Older populations	Prevention	Best Practice
Adaptive Sports Program	Southeastern Ohio Center for Independent Living	https://www.socilfairfieldhocking.org/adaptive-sports.php	Youth	Prevention/Education	Best Practice
Fairfield Growing – Access To Healthy Local Food	Chamber And Regional Planning	http://www.co.fairfield.oh.us/rpc/images/FairfieldGrowing_ExSum.pdf	All populations	Prevention	Best Practice

Priority #3 □ Decrease Adult, Youth and Child Obesity

Resource Assessment, *continued*

Program/Strategy/ Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Pickerington Community Garden	Pickerington Parks and Recreation	http://www.ci.pickerington.oh.us/Pages/Departments/Parks_and_Recreation/Community_Gardens/	All populations	Prevention/Edu cation	Best Practice
YMCA Scholarships	United Way	http://uwayfairfieldco.org/	All populations	Prevention/Edu cation	Best Practice
Healthy Steps Programs	Fairfield Community Health Center	www.fairfieldchc.org/	All populations	Prevention/Edu cation	Best Practice
Meals on Wheels Nutrition Programs	Meals on Wheels	www.mowfc.org	Aging populations	Prevention	Best Practice
Day of Action	United Way	http://uwayfairfieldco.org/	Youth	Prevention/Edu cation	None identified
Various 5Ks	Fairfield County	N/A	All populations	Prevention	Best Practice
Dieticians, Diabetes Counseling and Heart Healthy Counseling	Fairfield Medical Center	http://www.fmchealth.org/	All populations	Prevention/Trea tment	Best Practice
Primary Care Obesity Network	Nationwide Children's Hospital	http://www.nationwidechildrens.org/primary-care-obesity-network	All populations	Prevention/Trea tment	Best Practice

Priority #3 □ Decrease Adult, Youth and Child Obesity

Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Center For Healthy Weight And Nutrition	Nationwide Children's Hospital	http://www.nationwidechildrens.org/center-for-healthy-weight-nutrition	All populations	Prevention/Treatment	Best Practice
SNAP-Ed In Grades Schools – 2 Day Piece About Nutrition	Ohio State University Extension	http://fairfield.osu.edu/program-areas/snap-ed	Youth	Prevention/Education	Best Practice
Kids Night Out	Robert K. Fox Family Y	http://www.ymcalancaster.org/	Youth	Prevention	Best Practice
Health Kids Day	Robert K. Fox Family Y	http://www.ymcalancaster.org/	Youth	Prevention	Best Practice
Health Fairs /Free Screenings	Fairfield Community Health Center	www.fairfieldchc.org/	All populations	Prevention	Best Practice
Health Fair and Community Health Fest	Fairfield Medical Center	http://www.fmchealth.org/	All populations	Prevention/Treatment	Best Practice
Health Education	Olivedale Senior Center	https://www.olivedale.com/	Older populations	Prevention	Best Practice

Priority #3 □ Decrease Adult, Youth and Child Obesity

Gaps and Potential Strategies

Gaps	Potential Strategies
1. Access to healthy food	<ul style="list-style-type: none"> Community gardens/gardening classes Farmers markets Increase awareness of produce prescription program Home deliveries to senior citizens
2. Education (portion control, home cooking vs. fast food)	<ul style="list-style-type: none"> Day care education School programs OSU Extension programs Ohio Healthy Programs
3. Bikeability/Walkability	<ul style="list-style-type: none"> Explore grants and funding Expand/connect existing trails
4. Affordability (food, exercise)	<ul style="list-style-type: none"> Create specialized programs and initiatives Create free or low cost community activities Specialize some free or low cost community activities for seniors
5. Unhealthy school lunches	<ul style="list-style-type: none"> Work with schools to offer healthier options
6. Lack of teaching/demonstrating healthy eating habits in schools	<ul style="list-style-type: none"> Add healthy eating lessons to school curriculum
7. Healthy eating is not a social norm	<ul style="list-style-type: none"> Advertise healthy eating practices Social media campaigns
8. Safety concerns	<ul style="list-style-type: none"> Offer monitored group activities
9. Awareness of available activities and programs	<ul style="list-style-type: none"> Create a community wellness guide/website highlighting available activities and programs

Priority #3 □ Decrease Adult, Youth and Child Obesity

Best Practices

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

1. **School-Based Obesity Prevention Interventions:** School-based obesity prevention programs seek to increase physical activity and improve nutrition before, during, and after school. Programs combine educational, behavioral, environmental, and other components such as health and nutrition education classes, enhanced physical education and activities, promotion of healthy food options, and family education and involvement. Specific components vary by program.

Expected Beneficial Outcomes

- Increased physical activity
- Increased physical fitness
- Improved weight status
- Increased consumption of fruit & vegetables

For more information go to: <http://www.countyhealthrankings.org/policies/school-based-obesity-prevention-interventions>

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

3. **CATCH** (Coordinated Approach to Child Health): This program is designed for after-school youth groups and community recreation programs and has a large base of scientific evidence to support its effectiveness in teaching healthy activity to adolescents and younger kids. CATCH consists of classroom curricula for third through fifth grades, parental involvement programs, CATCH PE, the Eat Smart foodservice program and CATCH Kids Club (K-8th grade after-school participants). The emphasis in the curricula is on making healthy food choices through skills training.

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

4. **Healthy Kids Challenge: Balance My Day:** Healthy Kids Challenge (HKC) is a nationally recognized program created by an exemplary team of registered, licensed dietitians with many years of school, program, and community wellness experience. The Balance My Day program provides thirty 20-minute Grades K-2, 3-5 or 6-8 lessons integrate core subjects like math, language arts and science. Nutrition education lessons meet Centers for Disease Control HECAT identified outcomes. Every classroom lesson includes a Move and Learn activity to enhance learning and add more minutes of movement to the day. Kids learn skills to build healthy habits for better health and academic success! Healthy breakfast, snack, beverage, portion size, fruit and veggie, active play, energy balance, and food skills lessons are hands-on.

For more information go to: <http://www.sparkpe.org/safe-and-healthy-students/nutrition-services/curriculum/>

Priority #3 □ Decrease Adult, Youth and Child Obesity

Best Practices, continued

5. **Cooking Matters** (No Kid Hungry Center for Best Practices): Cooking Matters hands-on courses empower families with the skills to be self-sufficient in the kitchen. In communities across America, participants and volunteer instructors come together each week to share lessons and meals with each other.

Courses meet for two hours, once a week for six weeks and are team-taught by a volunteer chef and nutrition educator. Lessons cover meal preparation, grocery shopping, food budgeting and nutrition. Participants practice fundamental food skills, including proper knife techniques, reading ingredient labels, cutting up a whole chicken, and making a healthy meal for a family of four on a \$10 budget. Adults and teens take home a bag of groceries after each class so they can practice the recipes taught that day.

Community partners that serve low-income families offer six-week Cooking Matters courses to adults, kids and families. Share Our Strength provides seven specialized curricula that cover nutrition and healthy eating, food preparation, budgeting and shopping. Cooking Matters' culinary and nutrition volunteers teach these high-quality, cooking-based courses at a variety of community-based agencies—including Head Start centers, housing centers and after-school programs—with neighborhood locations that make it easy for families to attend.

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

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

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

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

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

7. **Walk With A Doc:** Walk With a Doc is a program designed to encourage healthy physical activity in people of all ages and reverse the consequences of a sedentary lifestyle in order to improve the health and wellbeing of the county. Walk with a Doc was created by Dr. David Sabgir, a board-certified cardiologist who practices with Mount Carmel Clinical Cardiovascular Specialists—at Mount Carmel St. Ann's. Walking is low impact; easier on the joints than running. It is safe – with a doctor's okay – for people with orthopedic ailments, heart conditions, and those who are more than 20% overweight. In addition, research has shown that you could gain two hours of life for each hour of regular exercise!

For more information go to: <http://walkwithadoc.org/who-we-are/>

Priority #3 □ Decrease Adult, Youth and Child Obesity

Best Practices, continued

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

Expected Beneficial Outcomes:

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

Evidence of Effectiveness:

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

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

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

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

9. **We Can! (W**ays to **E**nhance **C**hildren's **A**ctivity & **N**utrition) is a national movement designed to give parents, caregivers, and entire communities a way to help children 8 to 13 years old stay at a healthy weight. Research shows that parents and caregivers are the *primary influence* on this age group. The **We Can!** national education program provides parents and caregivers with tools, fun activities, and more to help them encourage healthy eating, increased physical activity, and reduced time sitting in front of the screen (TV or computer) in their entire family. **We Can!** also offers organizations, community groups, and health professionals a centralized resource to promote a healthy weight in youth through community outreach, partnership development, and media activities that can be adapted to meet the needs of diverse populations. Science-based educational programs, support materials, training opportunities, and other resources are available to support programming for youth, parents, and families in the community.

For more information go to:

<http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/index.htm>

Priority #3 □ Decrease Adult, Youth and Child Obesity

Best Practices, continued

10. **FUEL UP TO PLAY 60-** (National Dairy Council & National Football League) Fuel Up to Play 60 encourages youth to eat healthy and move more — and studies suggest that well-nourished, physically active kids can be better students. Better nutrition, including eating a healthy breakfast each day, helps students get the nutrients they need and may help improve their academic performance. What's more, being physically active may help students improve self-esteem, cognitive function and test scores. And with Fuel Up to Play 60, healthy students can have more fun! By participating in the program, youth have the opportunity to earn rewards and prizes. Those students who help build the program may benefit even more. In fact, researchers say peer group interaction may help to influence healthy choices, and student involvement can lead to motivation and engagement in learning. Schools have the chance to receive \$4,000 through a competitive, nationwide funding program to help implement the program successfully. The next application deadline is November 2, 2016.

For more information go to: <http://school.fueluptoplay60.com/home.php>

11. **Prescription for Health-** The Prescription for Health program aims to increase fruit and vegetable consumption and improve health among patients with lower incomes. How does the program work?

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

For more information go to:

http://www.ewashtenaw.org/government/departments/public_health/health-promotion/prescription-for-health/prescription-for-health

Priority #3 □ Decrease Adult, Youth and Child Obesity

Alignment with National Standards

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

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

Priority #3 □ Decrease Adult, Youth and Child Obesity

Action Step Recommendations & Action Plan

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

1. Increase education of healthy eating for youth
2. Implement the Produce Prescription Program
3. Implement a healthier choices campaign in schools
4. Implement Safe Routes To School
5. Implement Ohio Healthy Program in Child Care Centers
6. Increase healthy eating habits through fostering self-efficacy

Action Plan

Decrease Adult, Youth and Child Obesity		
Action Step	Responsible Person/Agency	Timeline
Increase Education of Healthy Eating for Youth		
<p>Year 1: Conduct an assessment of Fairfield County schools to determine which schools are currently utilizing the <i>Balance My Day</i> program.</p> <p>Work with at least one school to conduct a "healthy habit" parent survey (pre-test) in order to collect baseline data of nutrition and physical activity habits. By utilizing the <i>Balance My Day</i> framework, implement various educational activities and programming.</p> <p>"Healthy habit" post-tests will be given to parents at the end of each school year to measure knowledge gained. 50% of students will have improved healthy habits.</p>	<p>Shannon Carter Ohio State Extension</p>	December 31, 2017
<p>Year 2: Continue efforts from Year 1 in at least 2-3 school districts.</p> <p>Work with schools to offer "Try it Tuesday" fruit and vegetable taste testing for children <i>and/or</i> work with at least 1-2 schools to host a taste-testing event or family education night.</p> <p>75% of students will have improved healthy habits.</p>		December 31, 2018
<p>Year 3: Continue efforts from Years 1 and 2 in at least 4-5 school districts.</p> <p>90% of students will have improved healthy habits.</p>		December 31, 2019

Priority #3 □ Decrease Adult, Youth and Child Obesity

Action Step Recommendations & Plan, *continued*

Decrease Adult, Youth and Child Obesity		
Action Step	Responsible Person/Agency	Timeline
Implement the Produce Prescription Program		
Year 1: Continue to implement the Produce Prescription Program. Explore the possibility of expanding from food pantries to farmer's markets as well. Decide if any additional program materials are needed. Develop and disseminate program materials.	Lisa Evangelista Fairfield Community Health Center	December 31, 2017
Year 2: Continue efforts from Year 1. Begin to schedule follow-up appointments with Produce Prescription patients to evaluate health improvement outcomes.		December 31, 2018
Year 3: Continue efforts from Years 1 and 2. Explore the feasibility of expanding the program to at least one other health care provider.		December 31, 2019
Implement a Healthier Choices Campaign in Schools		
Year 1: Choose at least 1 school district to implement a healthier choices campaign. Work with school wellness committees to introduce at least 1 priority area to focus on and implement: <ul style="list-style-type: none"> • Healthier snack "extra choices" offered during school lunches • Healthier fundraising foods • Healthier choices in vending machines • Healthier choices at sporting events and concession stands • Reducing unhealthy foods as rewards 	Shannon Carter Ohio State Extension Gwen Shafer Fairfield Department of Health	December 31, 2017
Year 2: Continue efforts from Year 1. Choose 2-4 school districts to implement a healthier choices campaign. Each of the selected school districts will choose at least 3 priority area to focus on and implement.		December 31, 2018
Year 3: Continue efforts from Years 1 and 2. Each school district in Fairfield County will implement at least 4 of the 5 priority areas.		December 31, 2019

Priority #3 □ Decrease Adult, Youth and Child Obesity

Action Step Recommendations & Plan, *continued*

Decrease Adult, Youth and Child Obesity		
Action Step	Responsible Person/Agency	Timeline
Implement Safe Routes to School		
<p>Year 1: Collect baseline data on current Safe Routes programs in Fairfield County. Gather information on what types of activities are offered, how many people attend the activities, how often activities take place, and location.</p> <p>Identify key stakeholders to collaborate and develop a plan to start or expand Safe Routes Programs. Develop program goals and an evaluation process for tracking outcomes.</p> <p>Look for funding sources to incentivize participation in the Safe Routes program.</p>	<p>Ann Probasco Family Adult and Children Council/Safe Kids Fairfield County</p>	December 31, 2017
<p>Year 2: Recruit individuals to serve as walking/biking leaders.</p> <p>Decide on the locations, walking routes and number of walking/biking groups.</p> <p>Link the walking/biking groups with existing organizations to increase participation. Consider faith-based organizations, schools, community-based organizations, and health care providers.</p> <p>Begin implementing the program with 1 new school district.</p>		December 31, 2018
<p>Year 3: Raise awareness and promote the Safe Routes programs.</p> <p>Evaluate program goals.</p> <p>Increase the number of Safe Routes programs by 25%.</p>		December 31, 2019
Implement Ohio Healthy Program in Child Care Centers		
<p>Year 1: Meet with local Fairfield County child care centers and introduce the Ohio Healthy Program. Enlist at least 1 child care center to participate in the program.</p>	<p>Gwen Shafer Fairfield Department of Health</p>	December 31, 2017
<p>Year 2: Continue efforts from Year 1.</p> <p>Implement the Ohio Healthy Program in at least 2-3 child care centers in Fairfield County.</p>		December 31, 2018
<p>Year 3: Continue efforts from Years 1 and 2.</p> <p>Implement the Ohio Healthy Program in at least 4-5 child care centers in Fairfield County.</p> <p>Create a sustainability plan for future programming.</p>		December 31, 2019

Priority #3 □ Decrease Adult, Youth and Child Obesity

Action Step Recommendations & Plan, *continued*

Decrease Adult, Youth and Child Obesity		
Action Step	Responsible Person/Agency	Timeline
Increase Healthy Eating Habits Through Fostering Self-Efficacy		
<p>Year 1: Research Share Our Strength's <i>Cooking Matters</i> program and explore the feasibility of implementing the program in Fairfield County. Collect baseline data of existing cooking classes taking place in Fairfield County and who they serve.</p> <p>Identify volunteers to lead the <i>Cooking Matters</i> demonstration. Secure tools and resources to conduct the cooking classes. Research and obtain funding for the program.</p>	<p>Shannon Carter Ohio State Extension</p>	December 31, 2017
<p>Year 2: Work with at least one organization to pilot a 6-week course of the <i>Cooking Matters</i> program. Measure knowledge gained through evaluations.</p> <p>Utilizing the <i>Cooking Matters at the Store</i> framework, conduct quarterly grocery store tours by a Registered Dietitian or Health Educator in grocery stores throughout Fairfield County. Invite seniors and disabled populations to attend, along with the general public. Measure knowledge gained through evaluations.</p>		December 31, 2018
<p>Year 3: Continue efforts from Years 1 and 2. Implement at least one <i>Cooking Matters</i> course per quarter, and implement one grocery store tour per month. Measure knowledge gained through evaluations.</p>		December 31, 2019

Trans-Strategies

Best Practices

- 1. Building the Fully Coordinated Transportation System:** Leaders in communities and states across the country have greatly improved mobility for millions of people over the last several decades. The shift away from providing rides to managing mobility is driving the success of fully coordinated transportation systems.

The strategy coordinates human service agencies that support transportation with public and private transit providers. Such systems have gone far in meeting the needs of consumers who must have access to healthcare, jobs or job training, education and social networks. Coordinated transportation systems also increase the ability of government officials, at all levels, to make the most efficient and effective use of limited resources.

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

For more information go to:

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

Action Step Recommendations & Action Plan

To work toward addressing all three priority areas, the following actions steps are recommended:

1. Increase Public Transportation

Trans-Strategies		
Action Step	Responsible Person/Agency	Timeline
Increase Public Transportation		
Year 1: Collaborate with community organizations, local government, churches and schools to create a transportation coalition. Invite the Transportation Director to sit on the committee. Complete the Building the Fully Coordinated Transportation System Self -Assessment Tool for Communities with Fairfield County stakeholders. Create a survey to gather public input on identifying gaps in transportation services. Increase outreach efforts of the survey to include input from older adults, those with disabilities, low-income, and veterans. Analyze the results from the survey and the self-assessment tool. Release the data to the public.	Carrie Woody Lancaster Public Transit	December 31, 2017
Year 2: Invite community stakeholders to attend a meeting to discuss transportation issues in Fairfield County. Create strategies to address gaps and increase efficiency in transportation. Address strategies to increase the use of public transportation and reduce stigma. Begin implementing strategies identified.		December 31, 2018
Year 3: Increase efforts of Years 1 and 2. Fully implement the Fairfield County Coordinated Transportation System. Facilitate follow-up surveys to gauge the public's response to strategies that have been addressed and collect outcome measures.		December 31, 2019

PROGRESS AND MEASURING OUTCOMES

The progress of meeting the local priorities will be monitored with measurable indicators identified by Live Well Fairfield County. 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.

Fairfield 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 Fairfield 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 improving adult, youth, and child mental health, the indicators found on pages 22-45 will be collected every 3 years.
- To evaluate decreasing adult and youth substance abuse, the indicators found on pages 46-64 will be collected every 3 years.
- To evaluate decreasing adult, youth and child obesity, the indicators found on pages 65-85 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 Live Well Fairfield County 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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Fairfield Department of Health

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2016 Community Health Needs Assessment Fairfield Medical Center Top Areas of Health Concern

In 2016, the community agencies and members participating gave a ranking score to each issue identified in the CHNA. The scores were then averaged, and the rankings were combined to give an average score for each issue.

The top ten ranked issues were as follows:

1. Access to mental health, alcohol and drug addiction services
2. Adult drug abuse
3. Youth substance abuse
4. Adult obesity
5. Child mental health
6. Youth mental health
7. Child obesity
8. Youth obesity
9. Family functioning
10. Youth sexual behavior

Of the top ten Priority Health issues identified for Fairfield County, FMC chose to focus improving adult, youth and child mental health, decreasing adult and youth substance abuse and decreasing adult, youth and child obesity.



2016 Community Health Needs Assessment Priorities Not Addressed by Fairfield Medical Center

1. Access to Mental Health, Alcohol and Drug Addiction Services

Lancaster Public Transportation is allocating the resources to address this need.

2. Family Functioning

In 2016, Family Functioning was listed in the top priorities by voting. Pg 14

Community members believed this was a concern that surrounded learning, healthy communication, support from family and abuse or violence.

Discussion included that this area held experts outside of Fairfield Medical Center. While Fairfield Medical Center focuses on the physical health and anatomy, there are area experts on behavior health.

Fairfield Medical Center does not have the resources available to appropriately address this concern. Therefore, this was not selected in 2016 as an initiative to pursue.

3. Youth Sexual Behavior

In 2016, Youth Sexual Behavior was listed in the top priorities by voting. Pg 14

Community members believe this was a consideration of concern in light of sexting media stories. Survey collected information reported that 30% of those surveyed were involved in sexting. 26% were sexually active with 15% of those having no reliable form of birth control.

While Fairfield Medical Center focuses on the physical health and anatomy, there are area experts on behavior health.

Fairfield Medical Center does not have the resources available to appropriately address this concern. Therefore, this was not selected in 2016 as an initiative to pursue.

2016 Community Health Needs Assessment Resources Available to the Community

- Resource Assessment for Mental Health is available in the 2016 Community Health Improvement Plan, pages 29-41.
- Resource Assessment for Decrease Adult and Youth Substance Abuse is available in the 2016 Community Health Improvement Plan, pages 56-60.
- Resource Assessment for Decrease Adult, Youth and Child Obesity is available in the 2016 Community Health Improvement Plan, pages 74-78.

Resources available to FMC

Mental Health:

- Case Managers and mental health providers
- Crisis Intervention Services located at FMC 24/7
- 24/7 Emergency co-response with Child Protective Services
- Behavioral Health providers on staff
- Behavioral Health Unit in the facility

Substance Abuse:

- FMC's existing medical stabilization unit
- FMC's participation in Project DAWN
- Weekly meeting room/facilities for AA meetings
- Emergency Department distraction cart

Obesity:

- FMC Health Fair and Community Healthfest
- Dietitians, Diabetes Counseling and Heart Health Counseling
- Healthy Cooking Classes
- Healthy eating community education

Fairfield Medical Center established the following goals for each identified concern:

Identified Health Need	Goals	Planned Actions and Expectations
Adult, youth and child mental health FMC Ranking (#1)	Raise awareness of mental health issues within our community, the impact it has on our society and provide resources to those in need.	<p>We will become an active supporter in community events that raise awareness of mental health issues in our community. This should draw attention to those needs, and when people need assistance, will know where to turn and what help is available.</p> <p>We will continue to provide and advertise staffing and resources to the community to address those in need of mental help care. By providing this resource, community members will know where to turn when a situation arises.</p>
Adult and youth substance abuse FMC Ranking (#2)	Raise awareness of substance abuse issues within our community, the impact it has on our society and provide resources to those in need.	<p>We will continue to provide and advertise staffing and resources to the community to address patients in need of substance abuse care. By providing this level of care, patients will know where to turn when they are ready to seek help.</p> <p>We will look for ways to invest in community events that draw attention to the drug issues in our community. By doing this, we hope to raise awareness and educate the community about the resources available.</p> <p>We will look for ways to provide additional levels of care to patients in need. When a person is overdosing, they are rarely at a medical facility. Our goal is that by providing education and resources, if a community member sees somebody in need of assistance, they are trained and have the tools to help.</p>
Adult, youth and child obesity FMC Ranking (#3)	Raise awareness of obesity issues within our community, the impact it has on our society and provide resources to those in need.	<p>We will continue to be an active support in physical fitness and healthy lifestyle community activities. By providing these resources, our goal is that the community will have numerous ways to stay active.</p> <p>We will look for ways to educate the community on healthy eating habits. Reading labels and following diets can be tricky. By providing this education, the community will have the knowledge to lead a healthy lifestyle without medical intervention.</p>

Fairfield Medical Center Community Health Needs Assessment Implementation Strategies Actions and Progress

Identified Health Need	Goals	2016 Actions/Progress	2017 Actions/Progress	2018 Actions/Progress	2019 Actions/Progress
Adult, youth and child mental health FMC Ranking (#1)	Raise awareness of mental health issues within our community and the impact it has on our society, and provide resources to those in need.	<ul style="list-style-type: none"> Emergency Department Symposium “Bridges out of Poverty.” - Provided education to 300+ community members on human trafficking and what resources are available to those who are in need. Fairfield Medical Center Autism Camp. - Provide assistance to autistic youth/children in our community as they transition into the upcoming school year. FMC <i>Monitor</i> magazine featured articles on mental health topics. This publication is mailed out to 70,000 households every three months. 	<ul style="list-style-type: none"> Fairfield Medical Center Autism Camp. - Provide assistance to autistic youth/children in our community as they transition into the upcoming school year. FMC <i>Monitor</i> magazine featured articles on mental health topics. This publication is mailed out to 70,000 households every three months. 	<ul style="list-style-type: none"> Fairfield Medical Center Autism Camp. - Provide assistance to autistic youth/children in our community as they transition into the upcoming school year. FMC <i>Monitor</i> magazine featured articles on mental health topics. This publication is mailed out to 70,000 households every three months. 	<ul style="list-style-type: none"> Fairfield Medical Center Autism Camp. - Provide assistance to autistic youth/children in our community as they transition into the upcoming school year. FMC <i>Monitor</i> magazine featured articles on mental health topics. This publication is mailed out to approximately 70,000 households every three months. Conducted Symposium “Untangled” through the Emergency Department. - Provided education to 150+ community members on identification of mental health concerns, appropriate assessment and what resources are available to those who are in need.
Adult and youth substance abuse FMC Ranking (#2)	Raise awareness of substance abuse issues within our community and the impact it has on our society and provide resources to those in need.	<ul style="list-style-type: none"> FMC <i>Monitor</i> magazine featured articles on substance abuse topics. This publication is mailed out to approximately 70,000 households every three months. Transitioned the Medical Stabilization Unit into an in-house Substance Abuse Stabilization Unit (SASU). - The SASU received 1,486 inquiries for assistance from community members and admitted 129 patients. 	<ul style="list-style-type: none"> FMC <i>Monitor</i> magazine featured articles on substance abuse topics. This publication is mailed out to approximately 70,000 households every three months. Continued to provide substance abuse stabilization care to patients in need through the SASU. - The SASU received 1,503 inquiries for assistance from community members and admitted 133 patients. 	<ul style="list-style-type: none"> FMC <i>Monitor</i> magazine featured articles on substance abuse topics. This publication is mailed out to approximately 70,000 households every three months. Continued to provide substance abuse stabilization care to patients in need through the SASU. - The SASU received 1,503 inquiries for assistance from community members and admitted 133 patients. 	<ul style="list-style-type: none"> Provided 24x7 Emergency Service Counselors in the E.D. Transfer/Ref patients to our preferred partner, Acadia Health/Mt.Carmel to provide Inpatient Behavioral Care to patients in need. Project DAWN was continued to assist those who are battling addiction issues. - Distributed 524 kits to community members

			<ul style="list-style-type: none">• Conducted an Opioid Addiction Symposium. - Provided education to community members on the opioid epidemic in our community and discussed assistance options for those in need.• Distributed Narcan kits and provided educational sessions. - Trained 301 community members on overdose warning signs and proper Narcan usage.• Project DAWN was started to assist those who are battling addiction issues. - FMC was the first hospital to be a part of the Project DAWN initiative. - Distributed 499 kits between 5/17 and 5/18 to community members and conducted 73 training sessions. - Since launching this program, our kits have been responsible for five overdose reversals.	<ul style="list-style-type: none">• Conducted All Soles Matter, which raised awareness in our community of drug overdoses and provided education for those looking for help.• Project DAWN was continued to assist those who are battling addiction issues. -Distributed 385 kits with associated training to community members.	<ul style="list-style-type: none">• Provided 32 educational sessions training community members on overdose warning signs and proper Narcan usage.
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Adult, youth and child obesity FMC Ranking (#3)	Raise awareness of obesity issues within our community, the impact it has on our society and provide resources to those in need.	<ul style="list-style-type: none"> FMC <i>Monitor</i> magazine featured articles on obesity assistance topics. This publication is mailed out to approximately 70,000 households every three months. Provided diabetes support group classes to those impacted by the disease. Between the classes offered in 2016 and 2017, we have assisted 327 people. Provided bariatric nutrition classes to members of the community who are interested in bariatric services. 	<ul style="list-style-type: none"> FMC <i>Monitor</i> magazine featured articles on obesity assistance topics. This publication is mailed out to approximately 70,000 households every three months. Created “Healthy Eating Sessions,” a series of classes for members of the community looking for assistance with healthy ways to manage their diet/weight. Started the FMC Color Run, which takes place during the annual Healthfest. Nearly 200 people participated in the run. Provided diabetes support group classes to those impacted by the disease. Provided bariatric nutrition classes to members of the community who are interested in bariatric services. 	<ul style="list-style-type: none"> FMC <i>Monitor</i> magazine featured articles on obesity assistance topics. This publication is mailed out to approximately 70,000 households every three months. Provided diabetes support group classes to those impacted by the disease. Conducted the FMC Color Run, which takes place during the annual Healthfest. More than 500 people participated in the run. Provided bariatric nutrition classes to members of the community who are interested in bariatric services. 	<ul style="list-style-type: none"> Build and provide a large state of the art facility space with exercise equipment for more convenient and improved quality, increasing activity levels for community members. FMC <i>Monitor</i> magazine featured articles on obesity assistance topics to include diabetes. This publication is mailed out to approximately 70,000 households. Provided monthly diabetes support group classes to those impacted by the disease. Provided bariatric nutrition classes to members of the community who are interested in bariatric services. Conducted the FMC Color Run, which takes place during the annual Healthfest >150 participated Organize and provide a Turkey Run, which takes place on Thanksgiving Day, more than 600 participated
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**Fairfield Medical Center
Board of Directors**

BOARD APPROVAL

2016 Community Health Improvement Plan Update

The undersigned, being the duly elected Secretary of the Fairfield Medical Center Board of Directors, does hereby certify that the aforementioned *2016 Community Health Improvement Plan Update* was properly reviewed, approved and adopted by the Board of Directors at its meeting in Lancaster, Ohio, on the 5th day of December, 2018.



Bradley Hedges, PhD, Secretary