

# Henry County Community Health Improvement Plan



2015-2018

# 2015-2018 HENRY COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

September 2015

## **ACKNOWLEDGEMENTS**

This document has been developed by the Henry County Health Partners as part of a community-wide action planning process to improve our community's health.

If you have questions about this Community Health Improvement Plan (CHIP) or would like to be involved in its implementation, please contact Henry County Health Department's Community Health Services staff at (419) 599-5545.

Special thanks are due to Leah Budke, MPH, and Bethany Wachter, MPH, for preparing this report.

Thanks are also extended to...

The following individuals for volunteering to lead CHIP workgroups and facilitate implementation of the Plan:

- Kim Bordenkircher, Nichole Cousino, and Angel Robinson of Henry County Hospital
- Anne Goon of Henry County Health Department
- Tom Mack of United Way of Henry County
- Les McCaslin of the Four County Alcohol, Drug Addiction, and Mental Health Services (ADAMhs) Board

The following community partners for serving on CHIP workgroups and creating the Action Plans found in this Report:

- Community Health Services
- Four County Drug Addiction and Mental Health Services (ADAMhs) Board
- Fulton/Henry County Women, Infants, and Children (WIC)
- Henry County Health Department
- Henry County Help Me Grow
- Henry County Hospital
- Lutheran Social Services
- Together We Can Make a Difference Initiatives
- United Way of Henry County

# Table of Contents

I.	<b>Executive Summary</b> .....	<b>5</b>
II.	<b>INTRODUCTION</b> .....	<b>6</b>
	What is a Community Health Improvement Plan (CHIP)? .....	6
	Overview of Henry County .....	6
	Henry County Health Partners .....	7
III.	<b>COMMUNITY HEALTH ASSESSMENT PROCESS</b> .....	<b>9</b>
	Data Collection Process .....	9
	Dataset Composition .....	9
	Community Health Status Assessment .....	10
	Local Public Health System Assessment .....	14
	Community Themes and Strengths Assessment .....	16
	Forces of Change Assessment .....	19
IV.	<b>COMMUNITY HEALTH IMPROVEMENT PLANNING PROCESS</b> .....	<b>20</b>
	Prioritization Process .....	20
V.	<b>PRIORITY #1: Risk Factors of Obesity</b> .....	<b>24</b>
	Situational Analysis .....	24
	Partners .....	26
	Community Resources .....	26
	Objectives .....	27
	Risk Factors for Obesity Action Plan .....	28
VI.	<b>PRIORITY #2: Healthcare Access and Cost</b> .....	<b>32</b>
	Situational Analysis .....	32
	Partners .....	33
	Community Resources .....	34
	Objectives .....	35
	Healthcare Access and Cost Action Plan .....	37
VII.	<b>PRIORITY #3: Behavioral Health</b> .....	<b>44</b>
	Situational Analysis .....	44
	Partners .....	44
	Community Resources .....	45
	Objectives .....	46
	Behavioral Health Issues Action Plan .....	47
VIII.	<b>Action Plan Linkages Between Workgroups</b> .....	<b>50</b>

IX. **Monitoring and Evaluation** ..... **50**  
X. **GLOSSARY OF TERMS**..... **51**

## Executive Summary

---

The Henry County Health Partners (Health Partners) are pleased to present the Henry County Community Health Improvement Plan for 2015-2018. This Community Health Improvement Plan (more commonly referred to as the "CHIP") is an action-oriented strategic plan for improving the health of Henry County. It is a plan that relies upon many community partners- individuals, organizations, businesses, and agencies- intentionally working together to improve the conditions in Henry County that impact the health of local residents.

This strategic planning process began with a thorough and comprehensive assessment of our county's health – the health of local residents, the status of the healthcare and public health systems in Henry County, and the factors that are changing healthcare across our entire nation (like the Affordable Care Act).

Henry County conducts this community health assessment process every three years to measure how the health of our county has changed and whether strategies put in place to improve health have made a difference. The 2015-2018 Community Health Improvement Plan revises the previous 2012-2015 plan, which focused solely on reducing childhood and adult obesity.

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

- Risk Factors for Obesity
- Healthcare Access and Cost
- Behavioral Health Issues

Workgroups of county residents, local organizations, county agencies, and local businesses created action plans that detail how these issues will be addressed. The plans list specific actions that workgroup members will take to make steady and continuous improvement in the health of Henry County. Additional workgroup members will be recruited throughout the three-year implementation to make the greatest possible impact on Henry County's health.

This CHIP belongs to the Henry County community. The commitment of the entire community will be essential to ensure that the strategies in the CHIP are implemented and monitored. The Health Partners encourage you to review the priorities and goals, reflect on the suggested intervention strategies, and consider how you can join this call to action: individually, within your organizations, and collectively as a community. **To get involved or for questions about the purpose of this document, please contact Henry County Health Department's Community Health Services staff at (419) 599-5545.**

# INTRODUCTION

---

## What is a Community Health Improvement Plan (CHIP)?

The Public Health Accreditation Board defines a Community Health Improvement Plan (CHIP) as "a long-term, systematic effort to address health problems 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."

The community health assessment and improvement planning processes are iterative and involve continuous monitoring and evaluation. Henry County's 2012-2015 CHIP was built upon the 2010-2011 community health assessment and focused on a single health priority for the county. The 2013-2014 comprehensive community health assessment identified the need to expand the scope of the next Community Health Improvement Plan, and the 2015-2018 CHIP reflects this expanded focus.

The next phase will involve broad implementation of the strategies included in this CHIP and monitoring/evaluation of the short-term and long-term outcomes and indicators. Henry County Health Department will be monitoring and evaluating how this implementation process is going. Updates or revisions to the CHIP will be made annually as necessary to address changes that have occurred during implementation. Additionally, the next comprehensive community health assessment will be conducted in 2016. This new data will be used to revise and update this plan.

## Overview of Henry County

### Demographics

According to the US Census, Henry County had an estimated population of 27,937 in 2014. This reflects a 1.0% decline from 2010. Twenty-four percent of the population was under 18 years and seventeen percent was aged 65 or over.

In Henry County, the 2013 population was 97.5% white/Caucasian, compared to 83.2% for the state of Ohio. Other races include black/African American (0.7%), American Indian (0.4%), and Asian (0.4%). The proportion of the population that self-identified as Hispanic or Latino of any race was 7.3% in Henry County and 3.4% statewide.

### County Health Rankings

In the 2015 County Health Rankings, Henry County ranked 24<sup>th</sup> out of Ohio's 88 counties for health outcomes and 15<sup>th</sup> out of 88 for health factors. Health outcomes represent how healthy a county currently is, which includes mortality, or the number of deaths that occur, and morbidity, the overall health-related quality of life of an individual. Health factors, on the

other hand, represent what may influence the health of a county in the future, such as health behaviors, clinical care, social and economic, and physical environment factors. (Source: *University of Wisconsin Population Health Institute. County Health Rankings 2015.*)

### **Mortality**

The six leading causes of death in Henry County are heart disease, cancers, unintentional injuries (accidents), Alzheimer's disease, stroke, and chronic lower respiratory disease. (Source: *Ohio Department of Health, Center for Public Health Statistics and Informatics, 2010.*)

Community Health Status Indicators 2015 (CHSI), an interactive web application by the Centers for Disease Control and Prevention, produces health profiles for all 3,143 counties in the United States. According to CHSI, Henry County compares moderately with peer counties on the following causes of death in a population: Alzheimer's disease, cancer, chronic lower respiratory disease, diabetes, stroke, and unintentional injury. Henry County compares worse than peer counties for motor vehicle deaths. (Source: <http://wwwn.cdc.gov/CommunityHealth/home>, last accessed 9/10/2015.)

### **Morbidity**

According to CHSI, Henry County compares moderately with peer counties on the following causes of morbidity (the presence of disease in a population): Alzheimer's disease, older adult depression, and preterm births. Henry County compares worse than peer counties for adults diabetes, adult obesity, gonorrhea and older adult asthma.

### **Health Behaviors**

According to CHSI, Henry County compares moderately with peer counties on the following health behaviors: adult female routine pap tests, adult smoking, and teen births. Henry County compares worse than peer counties on adult physical inactivity.

## **Henry County Health Partners**

The Henry County Health Partners formed in 1996 to study ways to improve the quality of life and the health status of Henry County citizens. The group agreed that a community needs assessment was necessary to provide the foundation on which to measure and track the community's health. The group's initial assessment or in-depth "community diagnosis" process took over two years to complete. It was conducted through a coordinated community effort, employing the best science available and using community values and opinions. Partners in this initial effort were Henry County Health Department; Henry County Hospital; United Way of Henry County; Henry County Commissioners; Napoleon Area Schools; Henry County Ministerial Association; City of Napoleon; Alcohol, Drug Addiction, and Mental Health Services (ADAMhs) Board; Henry County Human Services; Northwest Signal; Northwest State Community College; and Northwest Ohio Educational Service Center.

Despite leadership changes that occur normally over time, the Henry County Health Partners have continued to work together for nearly two decades to periodically measure, track, and

impact the community's health. Community health re-assessments were completed in 2005, 2010, and 2013 with the support of the Healthy Communities Foundation of the Hospital Council of Northwest Ohio. (These reports can be found online at <http://www.henrycohd.org/>).

As outlined in the 2012-2015 CHIP, the Henry County Health Partners selected a single health priority to focus on: reducing childhood and adult obesity in Henry County. It was identified that poor dietary choice, physical inactivity, and low breastfeeding rates were the root causes of obesity in the county. The Health Partners decided to focus on these three root causes in the CHIP. After completing the 2013-2014 comprehensive Community Health Assessment, the data suggested additional health priorities should be addressed to the next CHIP. The Henry County Health Partners reviewed the data together and identified two additional priority areas to be included in the 2015-2018 CHIP: health care access and cost and behavioral health issues. Members formed three workgroups, each focusing on a specific priority area. Going forward, the Partners plan to meet quarterly to review each workgroup's progress in implementing CHIP action steps and to monitor the impact on the community's health.



# COMMUNITY HEALTH ASSESSMENT PROCESS

## Data Collection Process

### *Dataset Composition*

For the 2010-2011 and 2013-2014 community health assessments, the Henry County Health Partners used the National Association of County and City Health Officials' Mobilizing for Action through Planning and Partnerships (MAPP) strategic planning process for improving community health. The MAPP process includes four assessments and applies strategic thinking to prioritize public health issues and identify resources to address them. The four assessments include:

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

These assessments are described in the order they were completed during the 2013-2014 community health assessment process. The entire 2013-2014 Henry County Comprehensive Community Health Assessment report can be found on the Health Department's website, [www.henrycohd.org](http://www.henrycohd.org) or by contacting the Henry County Health Department's Community Health Services staff at (419) 599-5545.



## ***Community Health Status Assessment***

The findings of the Community Health Status Assessment (CHSA) are based on self-administered surveys using a structured questionnaire. The questions were modeled after survey instruments used by the Centers for Disease Control and Prevention for their national and state Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Surveillance System (YRBSS). Henry County adults (19 years of age and older) and youth (ages 12 through 18) participated in these county-wide health surveys in 2013.

Community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the assessments. The Hospital Council of Northwest Ohio guided the assessment process, administered the surveys, collected and analyzed the data, and integrated sources of primary and secondary data into the final Community Health Status Assessment report. Health education researchers at the University of Toledo used a power analysis to determine the sample sizes necessary to ensure the results could be generalized to the entire county population. Since sample size requirements was met for both adults and youth, the researchers are 95% sure that the "true" population responses would be within a 5% margin of error of the survey findings (i.e., a 95% confidence level with a corresponding confidence interval of 5%).

The following charts show the trends in youth and adult health status data in Henry County over the past 3 community health status assessments completed through this process. The summaries also include related state and national data.

# Youth | TREND SUMMARY

Youth Variables	Henry County 2005 (6-12 grade)	Henry County 2010 (6-12 grade)	Henry County 2013 (6-12 grade)	Henry County 2013 (9-12 grade)	Ohio 2011 (9-12 grade)	U.S. 2011 (9-12 grade)
<b>Weight Control</b>						
Obese	N/A	13%	12%	14%	15%	13%
Overweight	N/A	15%	14%	14%	15%	15%
Described themselves as slightly or very overweight	55%	30%	25%	26%	30%	29%
Trying to lose weight	49%	47%	46%	44%	N/A	N/A
Exercised to lose weight	45%	34%	43%	47%	61%*	61%*
Ate less food, fewer calories, or foods lower in fat to lose weight	22%	11%	30%	35%	43%*	39%*
Went without eating for 24 hours or more	2%	1%	5%	7%	13%	12%
Took diet pills, powders, or liquids without a doctor's advice	N/A	0%	2%	4%	6%	5%
Vomited or took laxatives	2%	1%	1%	1%	6%	4%
Ate 1 to 4 servings of fruits and vegetables per day	N/A	N/A	77%	80%	85%*	78%*
Physically active at least 60 minutes per day on less than 7 days in past week	N/A	76%	76%	76%	75%	71%
Physically active at least 60 minutes per day on less than 5 days in past week	N/A	50%	54%	51%	55%	51%
Did not participate in at least 60 minutes of physical activity on any day in past week	N/A	11%	15%	10%	16%	14%
Watched TV 3 or more hours per day	37%	39%	36%	33%	31%	32%
<b>Unintentional Injuries and Violence</b>						
Always wore a seatbelt	42%	39%	50%	52%	N/A	N/A
Rarely or never wore a seatbelt	11%	12%	9%	9%	17%	8%
Carried a weapon in past month	10%	13%	9%	7%	16%	17%
Been in a physical fight in past year	31%	30%	24%	20%	31%	33%
Threatened or injured with a weapon on school property in past year	5%	7%	7%	5%	8%*	7%
Did not go to school because felt unsafe	2%	5%	5%	1%	6%	6%
Ever been electronically/cyber bullied in past year	N/A	9%	14%	16%	15%	16%
Bullied on school property in past year	N/A	N/A	33%	27%	23%	20%
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in past year	6%	6%	4%	6%	N/A	9%
Seriously considered suicide in past year	9%	11%	13%	14%	14%	16%
Attempted suicide in past year	4%	5%	7%	8%	9%	8%
Felt sad or hopeless almost every day for 2 or more weeks in a row	16%	21%	21%	23%	27%	29%

N/A - not available

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

Youth Variables	Henry County 2005 (6-12 grade)	Henry County 2010 (6-12 grade)	Henry County 2013 (6-12 grade)	Henry County 2013 (9-12 grade)	Ohio 2011 (9-12 grade)	U.S. 2011 (9-12 grade)
<b>Alcohol Consumption</b>						
Ever had at least one drink of alcohol in lifetime	55%	49%	44%	55%	71%	71%
Used alcohol during past month	29%	19%	19%	25%	38%	39%
Binged during past month (5 or more drinks in a couple of hours on an occasion)	20%	11%	10%	15%	24%	22%
Drank for the first time before age 13 (of all youth)	23%	35%	16%	15%	18%	21%
Rode with someone who was drinking in past month	26%	20%	17%	15%	21%	24%
Drank and drove	8%	5%	2%	4%	7%	8%
Obtained the alcohol they drank by someone giving it to them	N/A	38%	39%	46%	N/A	40%
<b>Tobacco Use</b>						
Lifetime cigarette use (ever tried cigarette smoking, even 1 or 2 puffs)	38%	15%	14%	19%	52%	45%
Used cigarettes on one or more days during the past month	16%	9%	8%	13%	21%	18%
Smoked cigarettes on 20 or more days during the past month (of all youth)	6%	4%	4%	6%	10%	6%
Tried to quit smoking	41%	46%	51%	54%	56%	50%
Used chewing tobacco or snuff in past month	5%	5%	3%	4%	12%	8%
<b>Sexual Behavior</b>						
Ever had sexual intercourse	38%‡	17%	22%	37%	45%*	47%
Used a condom at last intercourse	57%‡	55%	48%	61%	60%*	60%
Used birth control pills at last intercourse	16%‡	21%	32%	39%	23%	18%
<b>Drug Use</b>						
Used marijuana in the past month	12%	6%	6%	9%	24%	23%
Used cocaine in their lifetime	6%	2%	2%	2%	7%	7%
Used heroin in their lifetime	2%	1%	1%	1%	3%	3%
Used methamphetamines in their lifetime	3%	1%	1%	1%	6%*	4%
Used steroids in their lifetime	3%	2%	3%	3%	4%	4%
Used prescription medication in order to get high or feel good in their lifetime	13%	7%	6%	9%	N/A	N/A
Used inhalants in order to get high in their lifetime	12%	10%	6%	6%	12%**	11%
Ever used ecstasy/MDMA	N/A	N/A	2%	3%	N/A	8%
Ever been offered, sold, or given an illegal drug by someone on school property in the past year	22%	7%	5%	5%	24%	26%

N/A- not available

\*2007 YRBS Data

\*\*2005 YRBS Data

‡ Only 9th-12th graders were asked sexual health questions in 2005.

# Adult | TREND SUMMARY

Adult Variables	Henry County 2005	Henry County 2010	Henry County 2013	Ohio 2012	U.S. 2012
<b>Health Status</b>					
Rated health as excellent or very good	50%	54%	53%	50%	52%
Rated general health as fair or poor	11%	10%	10%	18%	17%
Rated their mental health as not good on four or more days	25%	19%	19%	N/A	N/A
Average days that physical health not good in past month	N/A	N/A	3.1	3.9**	3.7**
Average days that mental health not good in past month	N/A	N/A	3.2	3.9**	3.5**
Average days that poor physical or mental health kept them from doing their usual activities in past month	N/A	N/A	2.3	2.3**	2.4**
<b>Health Care Coverage</b>					
Has health care coverage	92%	88%	91%	85%	83%
<b>Arthritis, Asthma &amp; Diabetes</b>					
Has been diagnosed with arthritis	30%	29%	29%	30%	26%
Has ever been diagnosed with asthma	11%	7%	10%	14%	13%
Has been diagnosed with diabetes	8%	6%	9%	13%	11%
<b>Cardiovascular Health</b>					
Had a heart attack	3%	6%	2%	5%	5%
Had a stroke	1%	2%	1%	3%	3%
Has been diagnosed with high blood pressure	34%	33%	30%	33%*	31%*
Has been diagnosed with high blood cholesterol	32%	29%	30%	39%*	38%*
Had blood cholesterol checked within the past 5 years	N/A	N/A	83%	76%*	76%*
<b>Weight Status</b>					
Overweight	39%	32%	34%	35%	36%
Obese	36%	33%	29%	30%	28%
<b>Alcohol Consumption</b>					
Had at least one alcoholic beverage in past month	47%	50%	56%	54%	55%
Binged in past month (5 or more drinks in a couple of hours on an occasion)	22%	19%	19%	18%	17%
<b>Tobacco Use</b>					
Current smoker (currently smoke some or all days)	25%	17%	19%	23%	20%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	26%	26%	23%	25%	25%
<b>Drug Use</b>					
Adults who used marijuana in the past 6 months	3%	4%	4%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	6%	2%	4%	N/A	N/A
<b>Preventive Medicine</b>					
Had a pneumonia vaccine in lifetime (age 65 and older)	N/A	66%	53%	69%	70%
Had a clinical breast exam in the past two years (age 40 and older)	N/A	N/A	78%	75%**	77%**
Had a mammogram in the past two years (age 40 and older)	N/A	N/A	80%	74%	74%

Adult Variables	Henry County 2005	Henry County 2010	Henry County 2013	Ohio 2012	U.S. 2012
Had a pap smear in the past three years	N/A	N/A	76%	78%	78%
Had a PSA test within the past two years (age 40 and older)	N/A	N/A	38%	45%	45%
<b>Quality of Life</b>					
Limited in some way because of physical, mental or emotional problem	N/A	N/A	24%	20%	20%
<b>Mental Health</b>					
Considered attempting suicide in the past year	2%	1%	3%	N/A	N/A
<b>Oral Health</b>					
Adults who have visited the dentist in the past year	67%	69%	72%	68%	67%
Adults who had one or more permanent teeth removed	N/A	N/A	39%	46%	45%
Adults 65 years and older who had all of their permanent teeth removed	N/A	N/A	19%	20%	16%

N/A - not available

\* 2011 BFRSS Data

\*\*2010 BRFSS Data

The results of the Community Health Status Assessment were presented to community partners at a large group meeting in September 2013. Upon review of this assessment, partners reported surprise with several findings:

- Lack of adult helmet use
- Low rates of breastfeeding
- Correlation between smoking and other risky behaviors
- 71% of fatal crashes in Henry County were alcohol related
- 24% of youth went to bed hungry
- Amount of parents supplying alcohol to children
- Amount of screen time for youth

### ***Local Public Health System Assessment***

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

The Local Public Health System Assessment is an assessment involving all of the organizations and entities that contribute to the health or well-being of a local community. The public health system includes the local health department, other governmental agencies, healthcare providers and hospitals, human service organizations, schools and universities, faith institutions,

youth development organizations, economic and philanthropic organizations, environmental agencies, and many others.

This assessment was conducted through electronic surveys sent to community partners and an in-person meeting. The meeting's purpose was to explore each Essential Service in more depth.

Overall, Henry County's local public health system, as assessed by many community partners, scored most highly on:

- Essential Service 1: *Diagnosing and investigating health problems and hazards*
- Essential Service 6: *Enforcing laws and regulations to protect the community*

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

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

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

Strengths:

- Standard process for completing our Community Health Status Assessment and partner agencies frequently utilize the data
- Enhanced communication in case of emergencies with the Wireless Emergency Notification System (WENS)
- Monthly meetings with health partners to discuss goals and objectives related to the Community Health Improvement Plan and other community needs
- Leadership Development Institutes at both Henry County Hospital and Henry County Health Department to increase skills and knowledge related to management and health
- Optimal communication with EMA, comprehensive plan for disease outbreaks, good coordination between EMA, hospital, health department, Red Cross, and other agencies

Areas for Improvement:

- Update the community health data continuously and add additional indicators.
- Share After Action Reports (AAR) with other partners after any emergency preparedness exercise or drill.
- Increase awareness of who is responsible for enforcing and making laws among the public and partners.
- Increase coordination among partners to link citizens of Henry County to the services that they may need.
- Conduct thorough evaluation of both population-based health service and personal health service areas and share results with all organizations.

## ***Community Themes and Strengths Assessment***

Henry County's Community Themes and Strengths Assessment gathered community members' thoughts, opinions, concerns, and solutions to provide insight into the issues of importance to the community. This assessment process was conducted in several phases, starting first with a community engagement activity and then moving on to a community-wide survey, focus groups, and key informant interviews.

### Phase 1: Community Engagement Activity

Henry County Health Department conducted a community engagement activity at the Henry County Fair in August 2013. The purpose was to identify how residents define a healthy community.

Fair attendees were specifically asked, "What Makes a Healthy Community?" They were allowed to select up to three items from the following list:

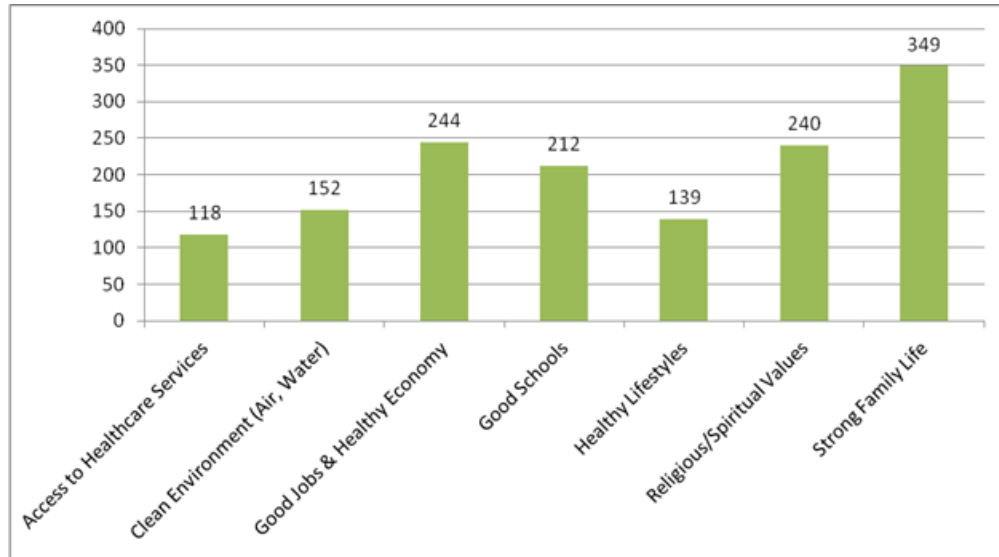
- Access to healthcare
- Clean environment
- Good jobs and a healthy economy
- Good schools
- Healthy lifestyles
- Religious or spiritual values
- Strong family life

(These were the top responses given by residents when asked to identify the 3 most important traits of a "healthy community" in the 2011 *Health Priorities and Concerns of Henry County Residents* community survey.)



Overall, Henry County fairgoers felt that a "Strong Family Life" was the top contributor to a healthy community, followed by good jobs and a healthy economy and religious or spiritual values.





This question was asked again on the 2014 version of the *Health Priorities and Concerns of Henry County Residents* community survey.

### Phase 2: Community Survey

A community-wide *Health Priorities and Concerns of Henry County Residents* survey was conducted in June 2014 to identify residents' health issues and concerns, community assets, and health priority areas for the county. Both an electronic and paper version of the survey were used in order to reach a large number of residents. Surveys were distributed through community partners including Henry County Hospital, Together We Can Make a Difference Initiatives, and Henry County Health Department. 327 Henry County residents responded. Due to the small sample size, it is important to remember the results must be viewed with caution and should not be generalized to the entire adult population of Henry County.

Key findings from the survey were:

- Survey respondents said that 1) Access to healthcare services (58%), 2) Good jobs/healthy economy (56%), and 3) Strong family life (47%) were the most important traits of a healthy community. (Note: These responses differ from the responses provided by 2013 fairgoers that are outlined above.)
- Chronic diseases and overweight/obesity were identified as the greatest health concerns (36% and 33% respectively).
- Survey respondents indicated that for Henry County to become one of the healthiest counties in Ohio, the county's health organizations should focus more on access to health care services (35%).
- Almost half of respondents (48%) believe local police/fire/rescue services are the greatest strength of our community, followed by access to parks and recreation (26%).

The survey also included open-ended questions allowing residents to share additional information on the assets of Henry County and additional concerns. When asked "What makes you most proud to be part of Henry County", the most common responses were *community*,

people, safety, and schools. Survey respondents indicated that jobs, drugs/alcohol abuse, and healthcare were the concerns they thought should be addressed in Henry County.

### *Phase 3: Focus Groups and Key Informant Interviews*

Hiermer Consulting Company (Margaret Hiermer, principal) was contracted by Henry County Health Department to facilitate focus groups and oversee the key stakeholder/informant interview process. Full details are available in the report provided by Hiermer Consulting Company. This report can be found as part of the 2013-2014 Henry County Comprehensive Community Health Assessment. It can be accessed through the Health Department's website, [www.henrycohd.org](http://www.henrycohd.org) or by contacting the Henry County Health Department's Community Health Services staff at (419) 599-5545.

#### Focus Groups:

Five focus groups were conducted. Target populations were identified in two ways:

1. Populations identified in the 2013 Community Health Status Assessment as facing barriers to accessing health care services (data-based knowledge). Examples are lower-income residents and those with chronic conditions.
2. Populations identified by Health Department staff and service coordinators as commonly facing barriers to health care services (practice-based knowledge). Examples include Spanish-speaking residents and families with children with special medical needs.

The five focus group population were:

- Residents with lower incomes
- Residents ages 65 years and older
- Residents with chronic disease(s)
- Spanish-speaking residents
- Families with children with serious medical issues or developmental delays

Henry County Health Department collaborated with Henry County Help Me Grow and other programs provided by Health Department staff, Henry County Senior Center, and Together We Can Make a Difference Initiatives to recruit participants. Focus group sessions were conducted in settings where the participants would feel comfortable (e.g., focus group with lower-income residents was hosted at Together We Can Make a Difference Initiatives, 722 N Perry St., Napoleon).

Focus group participants provided valuable insight into the healthcare challenges they face:

- Lower income participants were quite knowledgeable about and users of a broad range of public health care services in Henry County. However, participants did experience access barriers typically associated with a lower socioeconomic status, such as transportation, lack of expendable income to invest in health care, and lack of adequate health care insurance. Many participants voiced frustration regarding perceived discriminatory treatment from health care providers in the area of pain management.

- Adults over age 65 and those with chronic diseases tended to possess a well-established network of health care providers, health care insurance, reliable transportation, and faced few, if any, challenges accessing and scheduling required services. Overall, these two groups possessed the desired health care access status.
- Spanish-speaking participants overwhelmingly focused on the impact of legal status and language barriers. The participants shared how the cumbersome and expensive immigration process can affect overall quality of life, including obtaining jobs, health care insurance, and accessing health care. There was a strong desire for an outlet in Henry County for English classes.
- Families with children with serious medical issues or developmental delays were delighted that their views and experiences were being sought. This group's focus was on the need for a pediatrician in Henry County and access to a broader range of specialists.

### Key Informant Interviews

After participating in training provided by Margaret Hiermer, several Henry County Health Partners conducted key informant interviews with a variety of influential local residents and service providers representing the following community sectors:

- Faith-based
- Elected Officials
- Businesses
- Media
- Education
- Community Organizations
- Health Care

While the interviews yielded diverse answers, one of the key themes that emerged was pride in the overall community, including values, people, organizations, and schools.

Four primary issues emerged from the interviews as the most important to address to improve health and quality of life in Henry County:

- Obesity
- Alcohol Abuse
- Drug Abuse
- Information and access to available programs and services

### ***Forces of Change Assessment***

The Forces of Change assessment is designed to identify current and future trends, factors, and events that are likely to influence health and quality of life in Henry County, or impact the work of the local public health system. The Forces of Change assessment was completed through an

anonymous electronic survey in September 2014. This survey was sent to a variety of community partners.

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

- Changes in healthcare, including Affordable Care Act, cost of services, and Medicaid Expansion
- Changes in the economy, including job availability, pay scale, and student loans
- Changes in the environment, including water quality, disease, and access to physical activity opportunities

## COMMUNITY HEALTH IMPROVEMENT PLANNING PROCESS

---

### Prioritization Process

The results of the Community Health Status Assessment were presented to community partners at a large group meeting in September 2013. This meeting was attended by 54 community residents or service providers. Through a consensus-building process, this group of Health Partners identified the top health issues in Henry County (based solely on the Community Health Status Assessment results) as:

1. Obesity
2. Alcohol related crashes
3. Youth suicide
4. Youth going to bed hungry
5. Nutrition resources
6. Lack of exercise
7. Youth bullying
8. Youth and adult tobacco use
9. Parents aiding in youth alcohol consumption
10. Divorce/home stress/family dynamics

Upon completion of the other assessments (as described in pages 13-19), Health Department staff presented the results of all four MAPP assessments to a meeting of the Henry County Health Partners in September 2014. The purposes of this meeting were to consider the comprehensive Community Health Assessment data and to select the priorities to be addressed through the 2015-2018 Community Health Improvement Plan. All participants in the September 2013 event were invited, as well as others from various organizations located in or serving Henry County residents. 28 individuals from across the county attended.

Large sheets of paper were placed around the meeting room, each listing one of health issues identified at the 2013 Community Health Status Assessment event. Health Partners in attendance were asked to identify additional themes or health issues that should be added to

the list of proposed priorities based upon the results of the other MAPP assessments..-The final list of health issues were:

1. Obesity
2. Youth suicide
3. Youth going to bed hungry
4. Nutrition resources
5. Lack of exercise
6. Youth bullying
7. Youth and adult tobacco use
8. Parents aiding in youth alcohol consumption
9. Divorce/home stress/family dynamics
10. Economy (jobs)
11. Motor Vehicle injuries
12. Drug abuse
13. Alcohol abuse

After Health Department reviewed the key results and data from each of the four assessments, participants received five adhesive dots and were instructed to place their dots on the most critical health issues that should be addressed over the next three years. Health issues that received the least amount of "dots" or votes were removed from further consideration since they were deemed the least important.

Based on the remaining health priorities, the group discussed whether related health issues should be grouped together. This resulted in nutrition and physical activity being grouped together as "risk factors for obesity". Similarly, bullying and suicide were grouped together under "mental health."

Participants were then given three dots and asked to vote a second time on the remaining health issues. Four priorities were identified:

- Risk factors for chronic disease (obesity, nutrition, and physical activity)
- Healthcare (access and cost)
- Mental Health (bullying, suicide, and other issues)
- Alcohol and drug abuse

For those unable to attend this prioritization meeting, the presentation with all of the data was sent via email. Additionally, an electronic survey was included in this email. The survey included the following criteria to rank the four issues:

- **Size:** How many Henry County residents are affected?
- **Seriousness:** To what degree does the problem lead to death, disability, and/or impairs residents' quality of life?
- **Trends:** Is the problem getting better or worse in our community over time?
- **Equity:** Are specific groups of residents more affected by the issue due to their race, gender, age, or similar factors?

- **Intervention/Availability of Solutions:** Do effective strategies exist to address the problem?
- **Value:** What is the importance of the problem in Henry County?
- **Social Determinant/Root Cause:** Are any of the problems related to the conditions in which people are born, grow up, live, work, and age?
- **Feasibility:** Can Henry County organizations or individuals reasonably address the problem given available resources?
- **Consequences of Inaction/Urgency of the Problem:** What happens if the problem is not addressed now?

Based on the final survey results, the list of health issues chosen as priority areas for the 2015-2018 CHIP was refined to:

- ***Risk Factors of Obesity***
- ***Healthcare Access and Cost***
- ***Behavioral Health Issues***

At a follow-up session in December 2014, 16 Health Partners met to develop a goal statement for each priority area and to establish workgroup leaders to facilitate the development of action plans for each priority. These goals are:

- Risk Factors for Obesity Goal: Promote healthy lifestyles to reduce obesity and its risk factors among Henry County residents.
- Behavioral Health Issues Goal: To protect the health, safety, and quality of life of Henry County residents by ensuring access to behavioral health services.
- Healthcare Access and Cost Goal: To improve Henry County residents' access to comprehensive, quality, and affordable health care services.

After this meeting, an email was sent to all Health Partners, seeking feedback on the goals chosen and asking for volunteers to serve on each workgroup based upon their personal and/or professional interests. Some workgroup leaders also recruited specific agencies or individuals to participate in the work plan development. All workgroups met several times between March and August 2015 to develop an in-depth action plan for their assigned priority area.

Each workgroup leader was given a Community Health Improvement Plan guide to assist their workgroup in developing objectives, outcomes, and interventions. This guide was based on the Kansas Health Institute's CHIP Collaborative Handbook: *Community Health Improvement Planning* Version 2.0. Workgroup leaders were allowed to use other planning models if they wished, as long as the workgroup achieved the same final products (i.e., objectives, outcomes, and interventions).

The Obesity and Behavioral Health workgroups followed Kansas Health Institute's handbook to complete their action plans. These groups utilized the handbook to determine overall outcomes, create SMART objectives, and select interventions. However, both workgroup used a different

method when completing the workbook. The Obesity workgroup met over the course of several meetings to work through each step, whereas the Behavioral Health workgroup met twice and covered everything in two meetings.

The Healthcare Access and Cost workgroup used a Results-Based Accountability (RBA) planning model to create its work plan over the course of five meetings. RBA is a disciplined way of thinking and taking action to improve the quality of life in communities of many sizes. Workgroup members started by creating a common language so that everyone had the same definitions for outcomes, benchmarks (i.e., indicators), and action steps (or strategies). The group then worked through the 7 Population Accountability Questions outlined in *Trying Hard Is Not Good Enough: How to Produce Measurable Improvements for Customers and Communities* by Mark Friedman ©2005 and implementation materials found at <http://raguide.org/>.

Throughout the CHIP development process, all three workgroups considered national and state priorities and objectives, such as those set forth in *Healthy People 2020*, when setting their objectives and outcome measures. This was done to ensure that local, state, and national health improvement efforts are aligned to make a difference in the overall picture of health across every community. Additionally, workgroups used state and federal resources (e.g., *Healthy People 2020*, *the National Prevention Strategy*, *Ohio's 2012-2014 State Health Improvement Plan*, *The Community Guide to Community Preventive Services*, and *The County Health Rankings & Roadmaps: What Works for Health*) to identify evidence-based strategies and promising practices for each health issue. Utilizing evidence-based strategies as much as possible will assist workgroups in using community resources most wisely and effectively. Each group also considered any potential barriers to the identified strategies before determining which would work in Henry County.

## PRIORITY #1: Risk Factors of Obesity

### Situational Analysis

More than one-third (34.9% or 78.6 million) of U.S. adults are obese. The estimated annual medical cost of obesity in the U.S. was \$147 billion in 2008 U.S. dollars; the medical costs for people who are obese were \$1,429 higher than those of normal weight. (Source: CDC)

For Henry County adults, the 2013 Community Health Status Assessment identified:

- 63% are overweight or obese based on Body Mass Index (BMI)
- Nearly one-third (29%) were obese
- Almost half (46%) were trying to lose weight

For youth, the 2013 Community Health Status Assessment identified:

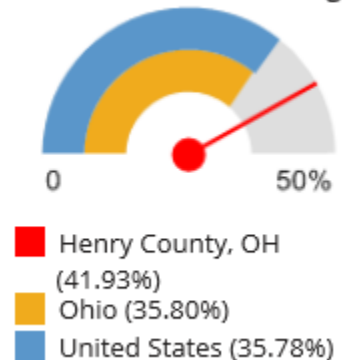
- 12% are obese, according to Body Mass Index (BMI) by age
- 25% self-reported that they were slightly or very overweight
- 68% exercise for 60 minutes on 3 or more days per week
- 23% went to bed hungry on at least one day per week because they did not have enough food

Community Commons, an online community health database, reports Henry County's rate of overweight adults is higher than the state and national averages. Below are the results from the data base for Henry County.

Report Area	Survey Population(Adults Age 18+)	Total Adults Overweight	Percent Adults Overweight
Henry County, OH	20,738	8,696	41.93%
Ohio	8,300,105	2,971,608	35.80%
United States	224,991,207	80,499,532	35.78%

Data Source: Centers for Disease Control and Prevention, [National Center for Chronic Disease Prevention and Health Promotion](#), 2012. Source geography: County

Percent Adults Overweight



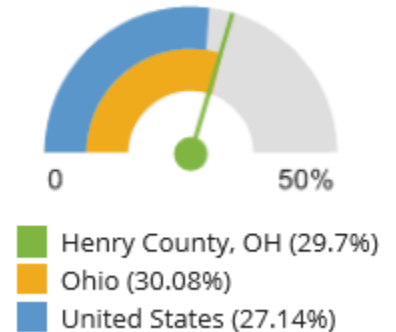


Also according to Community Commons, Henry County's adult obesity rate is close to state and national average.

Report Area	Total Population Age 20+	Adults with BMI > 30.0 (Obese)	Percent Adults with BMI > 30.0 (Obese)
Henry County, OH	20,603	6,222	29.70%
Ohio	8,561,233	2,609,274	30.08%
United States	231,417,834	63,336,403	27.14%

Data Source: Centers for Disease Control and Prevention, [National Center for Chronic Disease Prevention and Health Promotion](#). 2012. Source geography: County

Percent Adults with BMI > 30.0 (Obese)

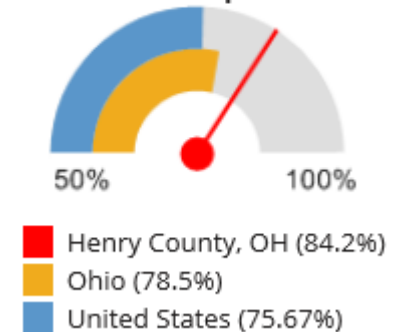


The overweight and obesity information is not surprising after reviewing the percent of Henry County adults with inadequate fruit/vegetable consumption and physical inactivity.

Report Area	Total Population(Age 18+)	Total Adults with Inadequate Fruit / Vegetable Consumption	Percent Adults with Inadequate Fruit / Vegetable Consumption
Henry County, OH	21,699	18,271	84.20%
Ohio	8,750,969	6,869,511	78.50%
United States	227,279,010	171,972,118	75.67%

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#). US Department of Health & Human Services, [Health Indicators Warehouse](#). 2005-09. Source geography: County

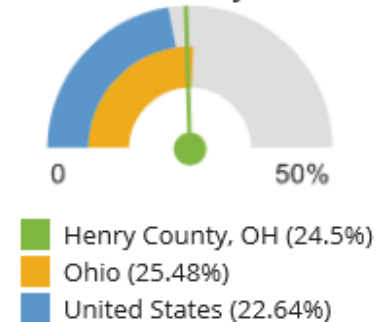
Percent Adults with Inadequate Fruit / Vegetable Consumption



Report Area	Total Population Age 20+	Population with no Leisure Time Physical Activity	Percent Population with no Leisure Time Physical Activity
Henry County, OH	20,614	5,339	24.50%
Ohio	8,563,244	2,254,246	25.48%
United States	231,341,061	53,415,737	22.64%

Data Source: Centers for Disease Control and Prevention, [National Center for Chronic Disease Prevention and Health Promotion](#). 2012. Source geography: County

Percent Population with no Leisure Time Physical Activity



## Partners

The following community partners committed during the CHIP planning phase to addressing Risk Factors for Obesity in Henry County:

- Henry County Hospital\*
- Henry County United Way\*
- Fulton/Henry County Women, Infants, and Children (WIC)
- Henry County Health Department

\*Designates lead agency(ies) for workgroup

Another key partner in these efforts is *Creating Healthy Communities Henry County*, a collaboration between the Campbell Soup Company and multiple community partners. Its goal is to measurably improving the health of young people by reducing childhood hunger and obesity. Modeled after Campbell's Camden Healthy Communities program begun in 2011, this initiative uses a collective impact model to:

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

Several of *Creating Healthy Communities Henry County's* strategies for addressing youth obesity are linked directly to action steps in the Risk Factors for Obesity workgroup's action plan. Additional collaboration and strategies may be added throughout the implementation process of the 2015-2018 CHIP.

Additional community partners may be recruited throughout the implementation process.

## Community Resources

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

<b>Program/Strategy/Service</b>	<b>Responsible Agency</b>	<b>Population(s) Served</b>
Jump Into Foods and Fitness (JIFF)	NOCAC (Northwest Ohio Community Action Commission)/Ohio State University Extension Henry County	Birth-18
Dietitians	Henry County Hospital	All ages
Park Programs	Napoleon Parks and Recreation	All ages
Races (Relay for Life, 5ks)	Various Community Organizations	All ages
Fit-Friendly Worksite	American Heart Association	Local worksites (Henry County Health Department, Henry County Hospital)

<b>Program/Strategy/Service</b>	<b>Responsible Agency</b>	<b>Population(s) Served</b>
Community Gardens	Filling Homes	All ages
Master Gardeners	OSU Extension	All ages
Community Meals	Emanuel Lutheran Church, St. John Episcopal Church, St. Jon United Methodist Church, St. Stephen Lutheran Church, Together We Can Make a Difference	All ages
SNAP-ed Nutrition Education Classes	OSU Extension	Adults receiving SNAP (food stamp) benefits
Child & Family Health Services' MyPlate Nutrition Program	Henry County Health Department	School-aged children
Food Pantries	Various Locations Across the County	All ages
Walking Trails	Napoleon Parks and Rec	All ages
Private Classes (Gymnastics, Swimming, Zumba, Karate, etc.)	Various businesses and organizations	All ages

**Objectives**

The obesity workgroup has set four objectives addressing obesity for the CHIP:

- Increase the number of adults who eat 5 or more servings of fruits and vegetables a day from 5% to 10% by 2018.
- Increase the number of youth who eat 5 or more servings of fruits and vegetables a day from 13% to 20% by 2018.
- Decrease the number of adults who are not physically active any day from 28% to 15% by 2018.
- Decrease the number of youth who are not physically active any day from 15% to 10% by 2018.

## Risk Factors for Obesity Action Plan

<p><b>PROBLEM: TOO MANY HENRY COUNTY CHILDREN AND ADULTS ARE OVERWEIGHT OR OBESE.</b></p> <p><b>GOAL:</b> Promote healthy lifestyles to reduce obesity and its risk factors among Henry County residents</p> <p><b>OBJECTIVE:</b></p> <ul style="list-style-type: none"> <li>➤ Increase the number of adults who eat 5 or more servings of fruits and vegetables a day from 5% to 10% by 2018.</li> </ul> <p><b>MEASURE:</b></p> <ul style="list-style-type: none"> <li>➤ Monitor total vegetable intake for persons aged 2 years and older via Henry County Community Health Assessment every 3 years. (Healthy People 2020 Leading Health Indicator)</li> </ul>					
National Strategies to Reduce Risk Factors for Obesity	State Strategies/Action Steps to Reduce Risk Factors for Obesity	Henry County Improvement Strategies (What We Want to Do)	Henry County Action Steps and Performance Measures (How We're Going to Do It)	Local Partners (Who Needs to Work Together on This)	Timeline
<p><b><u>Healthy People 2020 Food and Nutrient Consumption</u></b></p> <ul style="list-style-type: none"> <li>• Increase the contribution of fruits to the diets of the population aged 2 years and older (NWS-14)</li> <li>• Increase the contribution of vegetables to the diets of the population aged 2 years and older (NWS-15.1)</li> </ul> <p><b><u>National Prevention Strategies</u></b></p> <ul style="list-style-type: none"> <li>• Increase access to healthy and affordable foods in communities.</li> <li>• Help people recognize and make healthy food and beverage choices.</li> </ul>	<p><b>Ohio 2012-2014 State Health Improvement Plan:</b></p> <ul style="list-style-type: none"> <li>• Implement priority strategies to increase physical activity and improve nutrition in Ohio following the Institute of Medicine (IOM) Accelerating Progress in Obesity Prevention report.</li> </ul>	<ul style="list-style-type: none"> <li>A. Obtain more information on actual fruit and vegetable intake (i.e. how many individual servings are consumed)</li> <li>B. Educate on fruits and vegetables preparation methods and access</li> </ul>	<ul style="list-style-type: none"> <li>A1. Develop supplemental question during 2016 Community Health Status Assessment to obtain more information about actual fruit and vegetable intake for adults.</li> <li>B1. Contact local grocers and markets to host quarterly nutrition events.</li> <li>B2. Gain more information on Cooking Matters program and implementation process.</li> <li>B3. Work with local farmer's markets to promote nutrition and the importance of local foods.</li> </ul>	<ul style="list-style-type: none"> <li>A1. Henry County Health Dept. (HCDH), Henry County Hospital (HCH), Hospital Council of NW Ohio</li> <li>B1. CHIP Obesity Workgroup, local grocers</li> <li>B2. HCH, HCHD, Bowling Green State University</li> <li>B3. Local Farmers, Henry County Hospital, Henry County Health Department, WIC, Henry County United Way</li> </ul>	<ul style="list-style-type: none"> <li>A1. November 2015 – January 2016</li> <li>B1. November 2015 – February 2016</li> <li>B2. January 2016 – February 2016</li> <li>B3. March 2016 – October 2016</li> </ul>

**PROBLEM: TOO MANY HENRY COUNTY CHILDREN AND ADULTS ARE OVERWEIGHT OR OBESE.**

**GOAL:** Promote healthy lifestyles to reduce obesity and its risk factors among Henry County residents

**OBJECTIVE:**

- Increase the number of youth who eat 5 or more servings of fruits and vegetables a day from 13% to 20% by 2018.

**MEASURE:**

- Monitor total vegetable intake for persons aged 2 years and older via Henry County Community Health Assessment every 3 years. (Healthy People 2020 Leading Health Indicator)

National Strategies to Reduce Risk Factors for Obesity	State Strategies/Action Steps to Reduce Risk Factors for Obesity	Henry County Improvement Strategies (What We Want to Do)	Henry County Action Steps and Performance Measures (How We're Going to Do It)	Local Partners (Who Needs to Work Together on This)	Timeline
<p><b>Healthy People 2020 Food and Nutrient Consumption</b></p> <ul style="list-style-type: none"> <li>• Increase the contribution of fruits to the diets of the population aged 2 years and older (NWS-14)</li> <li>• Increase the contribution of vegetables to the diets of the population aged 2 years and older (NWS-15.1)</li> </ul> <p><b>National Prevention Strategies</b></p> <ul style="list-style-type: none"> <li>• Increase access to healthy and affordable foods in communities.</li> <li>• Help people recognize and make healthy food and beverage choices.</li> </ul>	<p><b>Ohio 2012-2014 State Health Improvement Plan:</b></p> <ul style="list-style-type: none"> <li>• Implement priority strategies to increase physical activity and improve nutrition in Ohio following the Institute of Medicine (IOM) Accelerating Progress in Obesity Prevention report.</li> </ul>	<p>A. Obtain more information on actual fruit and vegetable intake (i.e. how many individual servings are consumed)</p> <p>B. Coordinate school-based interventions to target each grade with a variety of curriculum.</p> <p>C. Monitor current programs for results and successes.</p>	<p>A1. Develop supplemental question during 2016 Community Health Status Assessment to obtain more information about actual fruit and vegetable intake for adults.</p> <p>B1. Identify current school-based interventions offered, areas of education, and grade level served.</p> <p>B2. Research additional programs and funding sources to support all grade levels at each school.</p> <p>C1. Continue current nutrition education programs through Health Department, OSU Extension, and United Way. <i>Evidence: What Works for Health School-based nutrition education (some evidence)</i></p> <p>C2. Evaluate success and outcomes of home gardens started through United Way.</p>	<p>A1. HCHD, HCH, Hospital Council of NW Ohio</p> <p>B1. Henry County Health Partners</p> <p>B2. CHIP Obesity Workgroup</p> <p>C1. HCHD, HCH, OSU Extension, and United Way</p> <p>C2. United Way and CHIP Obesity Workgroup</p>	<p>A1. November 2015 – February 2016</p> <p>B1. November 2015 – February 2016</p> <p>B2. January 2016 – July 2016</p> <p>C1. Ongoing</p> <p>C2. May 2016 – September 2016</p>

**PROBLEM: TOO MANY HENRY COUNTY CHILDREN AND ADULTS ARE OVERWEIGHT OR OBESE.**

**GOAL:** Promote healthy lifestyles to reduce obesity and its risk factors among Henry County residents

**OBJECTIVE:**

- Decrease the number of adults who are not physically active any day from 28% to 15% by 2018.

**MEASURE:**

- Monitor % of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity via Henry County Community Health Assessment every 3 years. (Healthy People 2020 Leading Health Indicator)

National Strategies to Reduce Risk Factors for Obesity	State Strategies/Action Steps to Reduce Risk Factors for Obesity	Henry County Improvement Strategies (What We Want to Do)	Henry County Action Steps and Performance Measures (How We're Going to Do It)	Local Partners (Who Needs to Work Together on This)	Timeline
<p><b>Healthy People 2020 Food and Nutrient Consumption</b></p> <ul style="list-style-type: none"> <li>• Reduce the proportion of adults who engage in no leisure-time physical activity</li> <li>• Increase the proportion of adults who meet current Federal physical activity guidelines</li> <li>• Increase legislative policies for the built environment that enhance access to and availability of physical activity opportunities</li> </ul> <p><b>National Prevention Strategies</b></p> <ul style="list-style-type: none"> <li>• Encourage community design and development that supports physical activity.</li> <li>• Facilitate access to safe, accessible, and affordable places for physical activity.</li> <li>• Support workplace policies and programs that increase physical activity.</li> <li>• Assess physical activity levels and provide education, counseling, and referrals.</li> </ul>	<p><b>Ohio 2012-2014 State Health Improvement Plan:</b></p> <ul style="list-style-type: none"> <li>• Implement priority strategies to increase physical activity and improve nutrition in Ohio following the Institute of Medicine (IOM) Accelerating Progress in Obesity Prevention report.</li> </ul>	<p>A. Better understand physical activity options currently available to residents.</p> <p>B. Communication campaign to raise awareness of physical activity opportunities and their benefits.</p> <p>C. Increase physical activity signage throughout Henry County.</p>	<p>A1. Contact Napoleon Park and Rec to see what paths and information are currently available to community. (<i>Evidence: What Works for Health Access to Places for Physical Activity (strong evidence)</i>)</p> <p>A2. Contact schools to see if their facilities are available for public use.</p> <p>B1. Communicate information learned in "Strategy A" with community through Facebook, press releases, flyers, radio, etc.</p> <p>B2. Work with Parks and Rec to maintain local activity "database"</p> <p>B3. Explore additional collaboration opportunities with Napoleon Parks and Rec Outdoor Education.</p> <p>C1. Add HCHP signage to trails, tracks, schools, etc. to promote physical activity</p>	<p>A1. Napoleon Parks and Rec</p> <p>A2. Henry County Schools</p> <p>B1. CHIP Obesity Workgroup, Northwest Signal, WNDH Radio</p> <p>B2. Napoleon Parks and Rec</p> <p>B3. Napoleon Parks and Rec</p> <p>C1. Napoleon Parks and Rec, HCH, HCHD</p>	<p>A1. April 2015 – May 2015</p> <p>A2. March 2016 – April 2016</p> <p>B1. April 2016 – May 2016</p> <p>B2. April 2016 – July 2016</p> <p>B3. Ongoing</p> <p>C1. December 2016- April 2017</p>

**PROBLEM: TOO MANY HENRY COUNTY CHILDREN AND ADULTS ARE OVERWEIGHT OR OBESE.**

**GOAL:** Promote healthy lifestyles to reduce obesity and its risk factors among Henry County residents

**OBJECTIVE:**

- Decrease the number of youth who are not physically active any day from 15% to 10% by 2018.

**MEASURE:**

- Monitor % of overweight and obese children via Henry County Community Health Assessment every 3 years (Healthy People 2020 Leading Health Indicator)

National Strategies to Reduce Risk Factors for Obesity	State Strategies/Action Steps to Reduce Risk Factors for Obesity	Henry County Improvement Strategies (What We Want to Do)	Henry County Action Steps and Performance Measures (How We're Going to Do It)	Local Partners (Who Needs to Work Together on This)	Timeline
<p><b><u>Healthy People 2020 Food and Nutrient Consumption</u></b></p> <ul style="list-style-type: none"> <li>• Increase the proportion of the Nation’s public and private schools that require daily physical education for all students</li> <li>• Increase the proportion of children and adolescents who do not exceed recommended limits for screen time</li> </ul> <p><b><u>National Prevention Strategies</u></b></p> <ul style="list-style-type: none"> <li>• Encourage community design and development that supports physical activity.</li> <li>• Promote and strengthen school and early learning policies and programs that increase physical activity.</li> <li>• Facilitate access to safe, accessible, and affordable places for physical activity.</li> <li>• Assess physical activity levels and provide education, counseling, and referrals.</li> </ul>	<p><b>Ohio 2012-2014 State Health Improvement Plan:</b></p> <ul style="list-style-type: none"> <li>• Implement priority strategies to increase physical activity and improve nutrition in Ohio following the Institute of Medicine (IOM) Accelerating Progress in Obesity Prevention report.</li> </ul>	<ul style="list-style-type: none"> <li>A. Evaluate physical activity programs recently implemented in local schools.</li> <li>B. Gather additional information on current physical activity standards in school.</li> <li>C. Encourage rewriting of school policies to facilitate more physical activity.</li> <li>D. Promote safe walking/biking to and from school.</li> </ul>	<ul style="list-style-type: none"> <li>A1. Monitor success/results of GoNoodle and Play 60 programs in local schools (<i>Evidence: What Works for Health Multi-component school-based obesity prevention interventions (strong evidence)</i>)</li> <li>A2. . Monitor success/results of CATCH programs in local schools (<i>Evidence: What Works for Health Multi-component school-based obesity prevention interventions (strong evidence)</i>)</li> <li>B1. Contact schools about current physical activity policies (<i>Evidence: What Works for Health Joint Use Agreements (some evidence)</i>)</li> <li>C1. Draft policy/provide sample policies for potential adoption by school district.</li> <li>D1. Participate in National Walk/Bike to School Day.</li> <li>D2. Support the Safe Route to School program.</li> </ul>	<ul style="list-style-type: none"> <li>A1. United Way, Henry County Schools</li> <li>A2. HCHD, Henry County Schools</li> <li>B1. CHIP Obesity Workgroup, Henry County Schools</li> <li>C1. CHIP Obesity Workgroup</li> <li>D1. HCHD, Henry County Schools, Local Police</li> <li>D2. HCHD, Henry County Schools, Local Police</li> </ul>	<ul style="list-style-type: none"> <li>A1. September 2015- June 2016</li> <li>A2. September 2015- June 2016</li> <li>B1. January 2016 – March 2016</li> <li>C1. March 2016 – April 2016</li> <li>D1. October 2015 – October 2016</li> <li>D2. Ongoing</li> </ul>

## PRIORITY #2: Healthcare Access and Cost

### Situational Analysis

Access to comprehensive, quality health care services is important for the achievement of health equity. It impacts overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

The 2013 Community Health Status Assessment revealed that 9% of Henry County adults were without healthcare coverage and 6% of adults with children did not have healthcare coverage. Those most likely to be uninsured were adults under age 30 (12%) and those with an income level under \$25,000 (22%). In Henry County, 14.5% of residents live below the poverty level, according to the 2013 Annual Social and Economic (ASEC) Supplement from the U.S. Census Bureau.

The 2013 Community Health Status Assessment further identified:

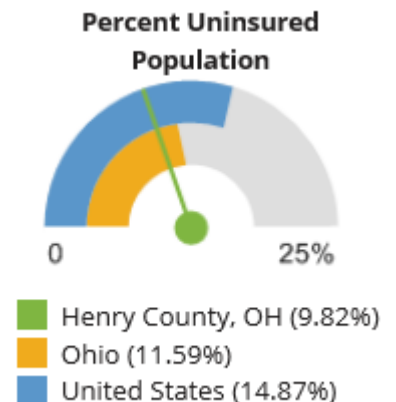
- 61% of Henry County adults have a usual primary care provider.
- 4% of local adults report using a hospital emergency room as their usual place of healthcare, increasing to 7% of local adults with incomes less than \$25,000.
- 59% of local adults had visited a doctor for a routine checkup in the past year.
- 72% of local adults had visited a dentist in the past year.

Community Commons reports the population without health insurance coverage was 9.82% in 2013.

Report Area	Total Population	Total Uninsured Population	Percent Uninsured Population
Henry County, OH	27,805	2,731	9.82%
Ohio	11,374,029	1,317,967	11.59%
United States	306,448,480	45,569,668	14.87%

Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [American Community Survey](#), 2009-13. Source geography: Tract



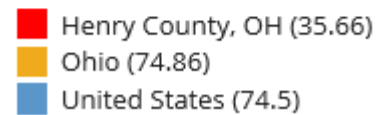
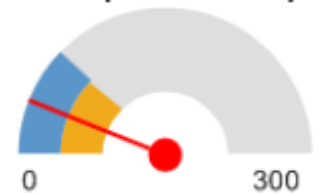


Community Commons also reports the primary care physician rate (the number of primary care physicians per resident) in Henry County falls below state and national rates.

Report Area	Total Population, 2012	Primary Care Physicians, 2012	Primary Care Physicians, Rate per 100,000 Pop.
Henry County, OH	28,045	10	35.66
Ohio	11,544,225	8,642	74.86
United States	313,914,040	233,862	74.5

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, [Area Health Resource File](#). 2012. Source geography: County

**Primary Care Physicians, Rate per 100,000 Pop.**

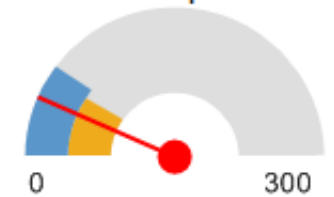


Additionally, Henry County's number of dentists per residents also falls below the state and national rates.

Report Area	Total Population, 2013	Dentists, 2013	Dentists, Rate per 100,000 Pop.
Henry County, OH	28,092	11	39.16
Ohio	11,570,808	6,626	57.26
United States	316,128,839	199,743	63.18

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, [Area Health Resource File](#). 2012. Source geography: County

**Dentists, Rate per 100,000 Pop.**



## Partners

The following community partners committed during the CHIP planning phase to addressing healthcare access and cost in Henry County:

- Henry County Health Department\*
- Henry County Hospital\*
- Community Health Services
- Comprehensive Crisis Care/2-1-1
- Henry County Help Me Grow
- Northwest Ohio Help Me Grow Central Coordination
- Henry County Job and Family Services
- Henry County Senior Center
- Together We Can Make A Difference Initiatives

\*Designates lead agency(ies) for workgroup

Additional community partners will be recruited throughout the implementation process.

## Community Resources

Below is a list of community resources for healthcare access. The workgroup will continue to research and add new resources to this list throughout the implementation process.

<b>Program/Strategy/Service</b>	<b>Responsible Agency</b>	<b>Population(s) Served</b>
Henry County Hospital	Henry County Hospital	All ages
Help Me Grow	Henry County Health Department	Children 0-3 and parents
Together We Can Make A Difference (Assists with providing basic needs and resources)	Together We Can Make a Difference	All ages
Federally Qualified Health Center	Community Health Services	All ages
Primary Care Doctors	Henry County Hospital, area physicians	All ages
Immunizations	Henry County Health Department, Henry County Hospital, area physicians, WalMart and Rite Aid pharmacies	All ages (dependent on location and services provided)
Reproductive Health and Wellness	Henry County Health Department, Henry County Hospital, area physicians	Women of reproductive age
Dental Services	Henry County Health Department, area dentists	All ages (dependent on location and services provided)
Healthcare Navigator	Community Health Services, Henry County Senior Center, Frost Insurance, Toledo Foodbank	Adults
Pain Management Center	Henry County Hospital	Adults

## Objectives

The Healthcare Access workgroup has set these objectives for improving Henry County residents' access to affordable comprehensive health care services:

- Increase percentage of Henry County adults who have health insurance from 91% to 100% by 2018.
- Decrease the number of Henry County adults who use a hospital emergency department as their primary source of health care to less than 2% by 2018.
- Decrease the ratio of residents to primary care providers in Henry County by 2018.

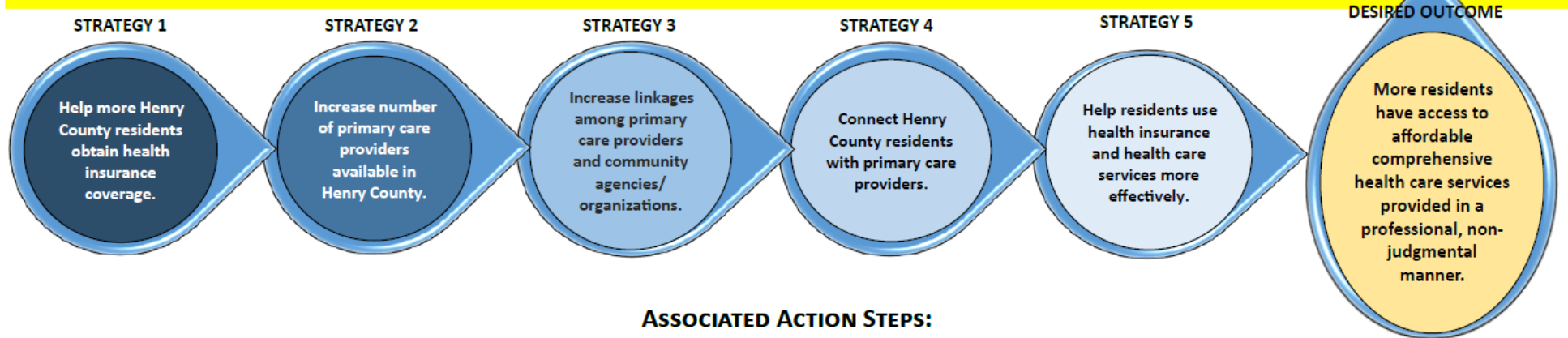
The healthcare access workgroup has identified additional benchmarks or measures which indicate if the desired outcome (of all residents having access to affordable comprehensive health provided in a professional, non-judgmental manner) is achieved. These benchmarks are:

<b>HEADLINE BENCHMARKS for measuring progress and performance:</b>	<b>TARGETS:</b>	<b>BASELINE:</b>
➤ % of Henry County adults who have health insurance (Healthy People 2020 Leading Health Indicator)	100%	91% (78% of adults with income >\$25,000) <i>(2013 Community Health Status Assessment)</i>
➤ % of Henry County adults who use an hospital emergency department as their primary source of health care	≤2%	4% (7% of adults with income <\$25,000) <i>(2013 Community Health Status Assessment)</i>
➤ Ratio of residents to primary care providers in Henry County	>36 per 100,000 population	35.66 per 100,000 population
➤ # and % of providers that offer childhood immunization services	>2 providers	2 facilities currently provide childhood immunization (Health Dept, Mercy Napoleon Clinic)
# and % of providers that offer adult immunization services	>4 providers	4 facilities currently provide adult immunization (Health Dept, Mercy Napoleon Clinic, WalMart pharmacy, Rite Aid pharmacy; some physicians provide select immunizations)
# and % of providers that offer a sliding fee scale	>2 providers	2 providers (Health Dept, Community Health Services) provide sliding fee scales
# and % of providers that offer walk-in services	>1 provider	1 practice Henry Co Family Physicians offer walk-in hrs to established pts.
# and % of providers accept Medicaid	100%	100% of MDs accept Medicaid; only 36% (4 of 11) currently accept new patients with Medicaid 100% of CNPs accept Medicaid; only 36% (5 of 14) currently accept new patients with Medicaid <i>(May 2015 Henry County Health Department Telephone Assessment of Primary Care Providers)</i>

<b>HEADLINE BENCHMARKS for measuring progress and performance:</b>	<b>TARGETS:</b>	<b>BASELINE:</b>
<b>SECONDARY BENCHMARKS:</b>		
% of Henry County children and adults on Medicaid who have accessed preventive health services		
% of Henry County adults who have a primary care provider (Healthy People 2020 Leading Health Indicator)		
<b>FUTURE BENCHMARKS:</b>		
% of Henry County residents who are unable to obtain or delay obtaining necessary health care services		
% of Henry County providers with bilingual staff		
% of Henry County providers that provide translation services		
% of Henry County providers with policies addressing culturally or linguistically appropriate services		

# Healthcare Access and Cost Action Plan

## HENRY COUNTY STRATEGIES TO INCREASE ACCESS TO HEALTH CARE SERVICES:



### ASSOCIATED ACTION STEPS:

<ul style="list-style-type: none"> <li>Identify existing community resources for signing residents up for health insurance coverage (e.g. consumer assisters).</li> <li>Determine if existing resources are adequate to meet current needs.</li> <li>If adequate, identify and implement methods to better link residents with resources.</li> <li>If inadequate, identify and implement methods to expand resources and to link residents with these resources.</li> </ul>	<ul style="list-style-type: none"> <li>Identify all primary care providers currently available.</li> <li>Use Hospital Physician Needs Assessment to identify optimal number and types of providers needed.</li> <li>Identify and implement strategies to increase FQHC services in Henry and neighboring counties, including:             <ul style="list-style-type: none"> <li>Collaboration among hospital, health department, FQHCs to train, recruit, and/or share employment of primary care providers.</li> <li>Joint promotion of FQHC services to residents and community partners.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Re-establish local Compass or No Wrong Door trainings for community agencies/organizations.</li> <li>Expand these trainings to include primary care providers and their staff.</li> <li>Create printed and/or online resource guide for use by community agencies/organizations and primary care providers.</li> <li>Explore creation of jointly-funded community patient navigators to work with residents, primary care providers, and community organizations/agencies.</li> </ul>	<ul style="list-style-type: none"> <li>Identify primary care providers accepting new patients in Henry County.</li> <li>Explore creation of jointly-funded community patient navigators to:             <ul style="list-style-type: none"> <li>Assist residents with identifying providers covered by their insurance.</li> <li>Link residents with these providers.</li> <li>Link residents to resources needed to overcome other barriers to accessing health care services (e.g. need for language, transportation, or income assistance).</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Explore creation of jointly-funded community patient navigators to:             <ul style="list-style-type: none"> <li>Link residents with nurse lines and case managers provided by their insurance companies.</li> <li>Enroll residents in medication assistance programs.</li> <li>Provide case management and service coordination for residents without health insurance.</li> <li>Assist primary care providers with linking patients with needed resources.</li> </ul> </li> </ul>	<p><b>MEASURES OF SUCCESS:</b></p> <ul style="list-style-type: none"> <li>↑ % of residents with health insurance</li> <li>↓ % of residents who use the emergency room as their primary source of health care</li> <li>↓ ratio of residents to primary care providers</li> <li>↑ # and % of providers offering childhood immunizations</li> <li>↑ # and % of providers offering adult immunizations</li> <li>↑ # and % of providers offering sliding fee scale</li> <li>↑ # and % of providers offering walk-in services</li> <li>↑ # and % of providers accepting Medicaid</li> </ul>
---	---	--	--	--	---

### PRIMARY COMMUNITY PARTNERS:

Community Health Services	Comprehensive Crisis Care/2-1-1	Four County ADAMhs Board	Health Partners of Western Ohio	Henry County Department of Job & Family Services
Henry County Family Physicians	Henry County Health Department	Henry County Help Me Grow	Henry County Hospital	Henry County Senior Center
Ohio Medicaid Managed Care Companies: Buckeye, CareSource, Molina, Paramount, United HealthCare			Together We Can Make A Difference Initiatives	OSU Extension– Henry County
				United Way of Henry County

National Strategies to Improve Health Care Access and Utilization	State Strategies/Action Steps to Improve Health Care Access	Henry County Improvement Strategies (What We Want to Do)	Henry County Action Steps and Performance Measures (How We're Going to Do It)	Local Partners (Who Needs to Work Together on This)	Timeline
<p><b>Healthy People 2020</b> Provide health insurance coverage as a means to ensure access to health care.</p> <p><b>National Prevention Strategy (2011):</b> <b>Clinical &amp; Community Preventive Services</b> <u>Recommendation #4:</u> Support implementation of community-based preventive services and enhance linkages to clinical care. <u>Recommendation #5:</u> Reduce barriers to accessing clinical and community preventive services, especially among populations at greatest risk.</p> <p><b>Elimination of Health Disparities</b> <u>Recommendation #1:</u> Ensure a strategic focus on communities at greatest risk. <u>Recommendation #2:</u> Reduce disparities in access to quality health care.</p>	None	<p><b>STRATEGY #1:</b> <b>Increase the percentage of Henry County adults and children who have health insurance coverage.</b></p>	<ol style="list-style-type: none"> <li>1. Identify existing community resources (i.e., consumer assisters) for assisting Henry County residents enroll in health insurance coverage (<i>What Works For Health: Offer health insurance enrollment outreach (some evidence)</i>)</li> <li>2. Determine if existing number of community assisters (and hours available) is adequate to meet current needs.</li> <li>3. If there is an adequate quantity of community assisters and hours of availability, identify and implement methods to better link residents with resources.</li> <li>4. If there is an inadequate quantity of community assisters and hours of availability, identify and implement method(s) to expand resources (number or hours of availability).</li> </ol>	<p><i>LEAD:</i> Henry County DJFS- Shannon Jones and Anita Badenhop</p> <p>Henry County Hospital- to be appointed</p> <p>Henry County Health Dept.- to be appointed</p> <p>Community Health Services- Jennifer Leonard</p> <p>Frost Insurance- Chris Junge</p> <p>Together We Can Make a Difference- Jerri Holder</p>	<p>5/1/15-7/30/15</p> <p>7/1/15-8/31/15</p> <p>8/1/15 through 2018 (with periodic evaluation of effectiveness and revision of methods as necessary)</p> <p>8/1/15 through 2018 (with periodic evaluation of effectiveness and revision of methods as necessary)</p>

National Strategies to Improve Health Care Access and Utilization	State Strategies/Action Steps to Improve Health Care Access	Henry County Improvement Strategies (What We Want to Do)	Henry County Action Steps and Performance Measures (How We're Going to Do It)	Local Partners (Who Needs to Work Together on This)	Timeline
<p><b>Healthy People 2020</b> Increase the number of practicing primary care providers (within the communities they serve).</p> <p><b>National Prevention Strategy (2011): Clinical &amp; Community Preventive Services</b> <u>Recommendation #6:</u> Enhance coordination and integration of clinical, behavioral, and complementary health strategies.</p> <p><b>Empowered People</b> <u>Recommendation #3:</u> Engage and empower people and communities to plan and implement prevention policies and programs.</p>	<p><b>Ohio 2012-2014 State Health Improvement Plan:</b></p> <p>C. Increase the numbers, diversity, distribution, and cultural competency of the health care work force.</p> <p>D. Strengthen the safety net system.</p>	<p><b>STRATEGY #2:</b> <b>Increase number of primary care providers available in Henry County.</b></p>	<ol style="list-style-type: none"> <li>1. Identify all primary care providers currently available in Henry County.</li> <li>2. Use Henry County Hospital Physician Needs Assessment to identify numbers and types of primary care providers needed.</li> <li>3. Use CHA Focus Groups to identify types of primary care providers desired by community members.</li> <li>4. Support and/or assist Henry County Hospital affiliation efforts to expand number/type of practicing primary care providers in Henry County.</li> <li>5. Explore joint ventures between FQHCs, Rural Health Clinics, Henry County Hospital, Henry County Health Department, Mercy Health, and other providers to expand number/types of primary care providers practicing in Henry County.</li> <li>6. Identify and implement strategies to increase FQHC services in Henry and neighboring counties. (<i>What Works for Health: Federally qualified health centers (FQHCs) (scientifically supported)</i>) <ol style="list-style-type: none"> <li>6.1 Explore joint ventures with Community Health Services, Health Partners of Western Ohio, Wood County Community Health and Wellness Center, Henry County Hospital, and Henry County Health Department to train, recruit, and/or share employment of primary care providers.</li> </ol> </li> </ol>	<p><b>CO-LEADS:</b> Community Health Services- Linda Thiel and Henry County Hospital-Kim Bordenkircher</p> <p>Henry County Health Dept.- Anne Goon</p> <p>Potentially other health systems in the future</p>	<p>7/1/15-7/31/15</p> <p>7/1/15-7/30/15</p> <p>7/1/15-7/31/15</p> <p>7/1/15 through 2018</p> <p>7/1/15 through 2018</p> <p>7/1/15 through 2018 (with periodic evaluation of effectiveness and revision of methods as necessary)</p>

			<p>6.2 Explore joint ventures with Community Health Services, Health Partners of Western Ohio, Wood County Community Health and Wellness Center, Henry County Hospital, and Henry County Health Department to expand primary care services available to Henry County residents.</p> <p>6.3 Promote FQHC providers and services to local medical community.</p> <p>6.4 Jointly promote FQHC providers and services to Henry County residents and community partners (including churches, schools, etc.).</p>		
--	--	--	---	--	--



National Strategies to Improve Health Care Access and Utilization	State Strategies/Action Steps to Improve Health Care Access	Henry County Improvement Strategies (What We Want to Do)	Henry County Action Steps and Performance Measures (How We're Going to Do It)	Local Partners (Who Needs to Work Together on This)	Timeline
<p><b>National Prevention Strategy (2011): Clinical &amp; Community Preventive Services</b></p> <p><u>Recommendation #4:</u> Support implementation of community-based preventive services and enhance linkages to clinical care.</p> <p><u>Recommendation #6:</u> Enhance coordination and integration of clinical, behavioral, and complementary health strategies.</p> <p><b>Empowered People</b></p> <p><u>Recommendation #3:</u> Engage and empower people and communities to plan and implement prevention policies and programs.</p> <p><b>Elimination of Health Disparities</b></p> <p><u>Recommendation #1:</u> Ensure a strategic focus on communities at greatest risk.</p> <p><u>Recommendation #2:</u> Reduce disparities in access to quality health care.</p> <p><u>Recommendation #3:</u> Increase the capacity of the prevention workforce to identify and address disparities.</p>	<p><b>Ohio 2012-2014 State Health Improvement Plan:</b></p> <p>A. Ensure all Ohioans have a patient-centered medical home that assist them in navigating the health care system and is integrated with all providers to provide continuity of care.</p>	<p><b>STRATEGY #3:</b></p> <p><b>Increase linkages among primary care providers and community agencies/organizations.</b></p>	<ol style="list-style-type: none"> <li>1. Re-establish local Compass or No Wrong Door trainings for community agencies/organizations.</li> <li>2. Expand local Compass or No Wrong Door trainings to include primary care providers, their staff, and other private sector entities.</li> <li>3. Create printed and/or online resource guide for use by community agencies/organizations and primary care providers.</li> <li>4. Explore creation of jointly-funded community patient navigators to work with and link residents, primary care providers, and community organizations/agencies.               <ol style="list-style-type: none"> <li>4.1 Pursue promotores de salud training opportunities to support development of culturally-competent navigators</li> </ol> </li> </ol>	<p><b>CO-LEADS:</b></p> <p>NW Ohio Help Me Grow Central Coordination- Chris Seiler and Henry County Health Dept./Help Me Grow- Jennifer Wagner</p> <p>Comprehensive Crisis Care/2-1-1- Pheobie Hanover</p> <p>Henry County DJFS- Anita Badenhop</p> <p>Henry County Family &amp; Children First Council- Connie Parker</p> <p>Fulton/Henry Network Community Health Services</p> <p>Community agencies/ organizations (e.g. WIC, FISH, Together We Can Make a Difference, private sector, etc.)</p> <p>United Way of Henry County</p> <p>Henry County Chamber of Commerce</p>	<p>1/1/16 through 2018</p> <p>7/1/16 through 2018</p> <p>7/1/15-6/30/16</p> <p>1/1/16 through 2018</p>

National Strategies to Improve Health Care Access and Utilization	State Strategies/Action Steps to Improve Health Care Access	Henry County Improvement Strategies (What We Want to Do)	Henry County Action Steps and Performance Measures (How We're Going to Do It)	Local Partners (Who Needs to Work Together on This)	Timeline
<p><b>Healthy People 2020</b> Ensure people have a primary care provider as their usual and ongoing source of care.</p> <p><b>National Prevention Strategy (2011): Clinical &amp; Community Preventive Services</b> <u>Recommendation #4:</u> Support implementation of community-based preventive services and enhance linkages to clinical care. <u>Recommendation #5:</u> Reduce barriers to accessing clinical and community preventive services, especially among populations at greatest risk. <u>Recommendation #6:</u> Enhance coordination and integration of clinical, behavioral, and complementary health strategies.</p> <p><b>Empowered People</b> <u>Recommendation #3:</u> Engage and empower people and communities to plan and implement prevention policies and programs.</p> <p><b>Elimination of Health Disparities</b> <u>Recommendation #1:</u> Ensure a strategic focus on communities at greatest risk. <u>Recommendation #2:</u> Reduce disparities in access to quality health care. <u>Recommendation #3:</u> Increase the capacity of the prevention workforce to identify and address disparities.</p>	<p><b>Ohio 2012-2014 State Health Improvement Plan:</b> A. Ensure all Ohioans have a patient-centered medical home that assist them in navigating the health care system and is integrated with all providers to provide continuity of care.</p>	<p><b>STRATEGY #4:</b> <b>Ensure people have a primary care provider as their usual and ongoing source of care.</b></p>	<ol style="list-style-type: none"> <li>1. Identify primary care providers accepting new patients in Henry County (especially those with Medicaid or no health insurance).</li> <li>2. Explore creation of jointly-funded community patient navigators to: <ol style="list-style-type: none"> <li>2.1 Assist residents with identifying providers covered by their insurance.</li> <li>2.2 Link residents with these providers.</li> <li>2.3 Link residents without health insurance to a primary care provider.</li> <li>2.4 Link residents to resources needed to overcome other barriers to accessing health care services (e.g. need for language, transportation, or income assistance).</li> </ol> </li> </ol>	<p><i>LEAD-</i> Henry County Health Dept.- Janet Meyer and Joy Ermie; Gaby Vizuet also representing Health Dept</p> <p>Community Health Services Henry County Hospital Primary Care Providers in Henry County United Way Henry Co DJFS Frost Insurance NOCAC Head Start Together We Can Make a Difference Henry County Senior Center Teaching/Mentoring Communities (Former Texas Migrant Center) Media Social Media</p>	<p>7/1/15 through 2018</p> <p>1/1/16 through 2018 (some can be initiated in 2015)</p>

National Strategies to Improve Health Care Access and Utilization	State Strategies/Action Steps to Improve Health Care Access	Henry County Improvement Strategies (What We Want to Do)	Henry County Action Steps and Performance Measures (How We're Going to Do It)	Local Partners (Who Needs to Work Together on This)	Timeline
<p><b>Healthy People 2020</b> Improve health care system's ability to provide health care more quickly after a need is recognized (e.g., reducing time spent waiting in dr. offices, emergency departments; between identifying need for specific tests/treatments and actually receiving those services).</p> <p><b>National Prevention Strategy (2011): Clinical &amp; Community Preventive Services</b> <u>Recommendation #4:</u> Support implementation of community-based preventive services and enhance linkages to clinical care. <u>Recommendation #5:</u> Reduce barriers to accessing clinical and community preventive services, especially among populations at greatest risk.</p> <p><b>Empowered People</b> <u>Recommendation #1:</u> Provide people with tools and information to make healthy choices. <u>Recommendation #3:</u> Engage and empower people and communities to plan and implement prevention policies and programs.</p> <p><b>Elimination of Health Disparities</b> <u>Recommendation #1:</u> Ensure a strategic focus on communities at greatest risk. <u>Recommendation #2:</u> Reduce disparities in access to quality health care.</p>	<p><b>Ohio 2012-2014 State Health Improvement Plan:</b></p> <p>A. Ensure all Ohioans have a patient-centered medical home that assist them in navigating the health care system and is integrated with all providers to provide continuity of care.</p> <p>B. Equip consumers to be full partners in their health care.</p>	<p><b>STRATEGY #5:</b> <b>Improve residents' effective use of health insurance and local health care services.</b></p>	<ol style="list-style-type: none"> <li>1. Explore creation of jointly-funded community patient navigators to:               <ol style="list-style-type: none"> <li>1.1 Educate residents enrolled in Medicaid or private insurance about existing health care resources (e.g. nurse lines, chronic disease management programs, case managers) available through their insurance companies.</li> <li>1.2 Enroll residents in medication assistance programs (<i>What Works For Health: Offer health insurance enrollment outreach (some evidence)</i>)</li> <li>1.3 Provide case management and service coordination for residents without health insurance.</li> <li>1.4 Assist primary care providers with linking patients with needed resources.</li> </ol> </li> <li>2. Explore viability of establishing urgent care facility in Henry County.</li> <li>3. Explore joint venture opportunities to establish an urgent care facility.</li> </ol>	<p>Same Partners as for Strategy #4</p> <p><i>LEAD-</i> Henry County Health Dept.- Janet Meyer and Joy Ermie; Gaby Vizuet also representing Health Dept</p> <p>Community Health Services Henry County Hospital- to be appointed Primary Care Providers in Henry County United Way Henry Co DJFS- to be appointed Frost Insurance NOCAC Head Start Together We Can Make a Difference Henry County Senior Center Teaching/Mentoring Communities (Former Texas Migrant Center) Media Social Media</p>	<p>1/1/16 through 2018 (some can be initiated in 2015)</p> <p>2016 or later</p> <p>2016 or later</p>

## PRIORITY #3: Behavioral Health

### Situational Analysis

In 2013, an estimated 20.2% of Ohio adults reported ever being told by a doctor, nurse or other health professional that they had a depressive disorder and 12.1 percent of Ohio adults reported fair or poor mental health (*2013 Ohio BRFSS Annual Report*). Additionally, suicide is a significant public health problem in Ohio. In 2010, 1,420 Ohioans died by suicide. (*Falb M., Beeghly, B.C. (2013). The Burden of Injury in Ohio 2000-2010. Violence and Injury Prevention Program, The Ohio Department of Health: Columbus, OH.*)

Based on the 2013 Henry County Community Health Status Assessment:

- 3% of local adults considered attempting suicide.
- 8% of local adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities.

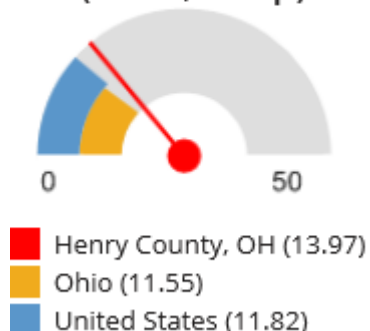
For youth in grades 6-12, the 2013 Community Health Status Assessment revealed:

- 13% had seriously considered attempting suicide in the past year.
- 7% admitted actually attempting suicide in the past year.
- 23% felt sad or hopeless almost every day for 2 or more weeks in a row.

According to the Community Commons site, Henry County's age-adjusted suicide death rate is higher than state and national averages.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Henry County, OH	28,359	4	12.69	13.97
Ohio	11,525,242	1,357	11.78	11.55
United States	306,486,831	37,085	12.1	11.82

**Suicide, Age-Adjusted Death Rate (Per 100,000 Pop.)**



*Note: This indicator is compared with the state average.*

*Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#).*

*Accessed via [CDC WONDER](#). 2009-13. Source geography: County*

### Partners

The following community partners committed during the CHIP planning phase to addressing behavioral health issues in Henry County:

- Four County ADAMhs Board\*
- Henry County Health Department
- Henry County Hospital

- Lutheran Social Services

\*Designates lead agency(ies)

Additional partners to address this issue may be recruited throughout the implementation process.

## Community Resources

Below is a list of community resources for behavioral health. The workgroup will continue to research and add new resources to this list throughout the implementation process.

<b>Program/Strategy/Service</b>	<b>Responsible Agency</b>	<b>Population(s) Served</b>
Four County Suicide Prevention Coalition	Four County Family Center	Youth and adults residing in Defiance, Fulton, Henry, and Williams counties
Outpatient Counseling Services	Four County Family Center/ Recovery Services of Northwest Ohio & Maumee Valley Guidance Center	Serves clients in Four County area
Community Psychiatric Supportive Treatment Services	Four County Family Center/Recovery Services of Northwest Ohio/Maumee Valley Guidance Center	Serves clients in Four County area
Psychiatric Services	Four County Family Center/Recovery Services of Northwest Ohio/Maumee Valley Guidance Center	Serves clients in Four County area
Intensive Home Based Treatment and Family Systems Therapy home-based model	Four County Family Center	Children and their families
General Outpatient Mental Health	Recovery Services of Northwest Ohio/ Maumee Valley Guidance Center/ Four County Family Center	Adults
Emergency Mental Health Services	Comprehensive Crisis Care	All age groups
Teen Line	Comprehensive Crisis Care	Youth
Domestic violence and sexual assault	Center for Child & Family Advocacy	Adults
Counseling (family, stress)	Lutheran Social Services	Adults
Counseling	School Guidance Counselors	Youth
Counseling	Churches	Youth and Adults

Caregiver Support	Hospice of Henry County/Area Office of Aging	Caregivers
LOSS Team	Four County Suicide Prevention Coalition	Suicide Survivors
Patient Health Questionnaire (PHQ9) Screening at PCP offices	Four County Suicide Prevention Coalition	Older adolescents and adults

**Objectives**

The behavioral health workgroup have determined the following to be the objectives addressing behavioral health for the CHIP:

- Increase the number of Henry County suicide survivors who get into treatment to 51% by 2018.
- Primary care providers in Henry County will perform a depression screening on 51% of their patients by 2018.
- Decrease youth who “felt sad or hopeless” almost every day for 2 or more weeks in a row to less than 15% by 2018.

## Behavioral Health Issues Action Plan

**PROBLEM: TOO MANY HENRY COUNTY ADULTS AND CHILDREN ARE NOT RECEIVING APPROPRIATE BEHAVIORAL HEALTH SERVICES.**

**GOAL:** To protect the health, safety, and quality of life of Henry County residents by ensuring access to behavioral health services.

**OBJECTIVE:**

- Increase the number of Henry County suicide survivors who get into treatment to 51% by 2018.

**MEASURES:**

- Monitor the number of days between suicide and contact by law enforcement.
- Monitor the number of days or weeks between the suicide and the survivors seeking treatment

National Strategies for Behavioral Health Services	State Strategies/Action Steps to Improve Mental Health	Henry County Improvement Strategies (What We Want to Do)	Henry County Action Steps and Performance Measures (How We're Going to Do It)	Local Partners (Who Needs to Work Together on This)	Timeline
<p><b><u>Healthy People 2020 Mental Health and Mental Health Disorders Objectives</u></b></p> <ul style="list-style-type: none"> <li>• Reduce the suicide rate to 10.2 suicides per 100,000 population.</li> </ul> <p><b><u>National Prevention Strategies</u></b></p> <ul style="list-style-type: none"> <li>• Provide individuals and families with the support necessary to maintain positive mental well-being.</li> </ul>	<p><b><u>Ohio Suicide Prevention Foundation Strategic Actions</u></b></p> <ul style="list-style-type: none"> <li>• Strengthen Local Coalitions</li> <li>• Foster the Use of Public Health Approaches for Suicide Prevention</li> </ul>	<p>A. Provide timely treatment to survivors of suicide – defined as loved ones who loose someone to suicide – through the Local Outreach to Suicide Survivors (LOSS) Team.</p> <p>B. Increase awareness of LOSS Team.</p> <p>C. Explore support programs for first responders.</p>	<p>A1. Reach out to survivors of suicide within one month of loss.</p> <p>A2. Continue to support survivors of suicide for at least 12 months following loss.</p> <p>B1. Promote LOSS Team to local law enforcement, schools, and community groups.</p> <p>B2. Ensure LOSS Team is contacted by law enforcement at the time of incident.</p> <p>C1. Evaluate the need for first responder support.</p> <p>C2. Research first responder support options.</p>	<p>A1. Four County ADAMhs Board</p> <p>A2. Four County ADAMhs Board</p> <p>B1. Henry County Health Dept (HCHD), Henry County Hospital (HCH), Four County ADAMhs Board, Lutheran Social Services</p> <p>B2. HCHD, Four County ADAMhs Board</p> <p>C1. HCHD, HCH, Four County ADAMhs Board, Lutheran Social Services</p> <p>C2. HCHD, HCH, Four County ADAMhs Board, Lutheran Social Services</p>	<p>A1. July 2016 - Ongoing</p> <p>A2. July 2017- Ongoing</p> <p>B1. Oct 2016- February 2016</p> <p>B2. March 2017- Ongoing</p> <p>C1. March 2016- June 2016</p> <p>C2. Sept 2016- December 2016</p>

**PROBLEM: TOO MANY HENRY COUNTY ADULTS AND CHILDREN ARE NOT RECEIVING APPROPRIATE BEHAVIORAL HEALTH SERVICES.**

**GOAL:** To protect the health, safety, and quality of life of Henry County residents by ensuring access to behavioral health services.

**OBJECTIVE:**

- Primary care providers in Henry County will perform a depression screening on 51% of their patients by 2018.

**MEASURES:**

- Monitor the number of primary care provided utilizing depression screening tools through survey each year.
- Monitor the number of follow up sessions with each provider at least yearly.
- Monitor the suicide rate for adults via Henry County Community Health Assessment every 3 years. (Healthy People 2020 Leading Health Indicator)

<b>National Strategies for Behavioral Health Services</b>	<b>State Strategies/Action Steps to Improve Behavioral Health Services</b>	<b>Henry County Improvement Strategies (What We Want to Do)</b>	<b>Henry County Action Steps and Performance Measures (How We're Going to Do It)</b>	<b>Local Partners (Who Needs to Work Together on This)</b>	<b>Timeline</b>
<p><b><u>Healthy People 2020 Mental Health and Mental Health Disorders Objectives</u></b></p> <ul style="list-style-type: none"> <li>• Increase depression screening by primary care providers to 2.4%.</li> <li>• Increase the proportion of adults with mental health disorders who receive treatment.</li> </ul> <p><b><u>National Prevention Strategies</u></b></p> <ul style="list-style-type: none"> <li>• Promote early identification of mental health needs and access to quality services.</li> </ul>	<p><b>Ohio Suicide Prevention Foundation Strategic Actions</b></p> <ul style="list-style-type: none"> <li>• Enhance Professional Education and Development</li> </ul>	<p>A. Ensure primary care providers are educated about the importance of depression screening tool.</p>	<p>A1. Educate primary care providers throughout Henry County on depression screening tools available, including billing information.</p> <p>A2. Follow up with providers on a regular basis to measure compliance at least yearly.</p> <p>A3. Present on depression screening tools to Ohio Hospital Association.</p>	<p>A1. Four County ADAMhs Board</p> <p>A2. Four County ADAMhs Board, Lutheran Social Services, HCHD</p> <p>A3. Four County ADAMhs Board</p>	<p>A1. Ongoing</p> <p>A2. Ongoing</p> <p>A3. October 2015-December 2015</p>



**PROBLEM: TOO MANY HENRY COUNTY ADULTS AND CHILDREN ARE NOT RECEIVING APPROPRIATE BEHAVIORAL HEALTH SERVICES. .**

**GOAL:** To protect the health, safety, and quality of life of Henry County residents by ensuring access to behavioral health services.

**OBJECTIVE:**

- By 2018, decrease youth who “felt sad or hopeless” to less than 15%.

**MEASURES:**

- Monitor the number of primary care provided utilizing depression screening tools through survey each year.
- Monitor the suicide rate for youth via Henry County Community Health Assessment every 3 years. (Healthy People 2020 Leading Health Indicator)

National Strategies for Behavioral Health Services	State Strategies/Action Steps to Improve Behavioral Health Services	Henry County Improvement Strategies (What We Want to Do)	Henry County Action Steps and Performance Measures (How We’re Going to Do It)	Local Partners (Who Needs to Work Together on This)	Timeline
<p><b><u>Healthy People 2020 Mental Health and Mental Health Disorders Objectives</u></b></p> <ul style="list-style-type: none"> <li>• Reduce attempts by adolescents to 1.7 suicide attempts per 100 population.</li> </ul> <p><b><u>National Prevention Strategies</u></b></p> <ul style="list-style-type: none"> <li>• Facilitate social connectedness and community engagement across the lifespan.</li> </ul>	<p><b>Ohio Suicide Prevention Foundation Strategic Actions</b></p> <ul style="list-style-type: none"> <li>• “Push” Suicide Prevention Upstream Through the Life Cycle</li> <li>• Foster the Use of Public Health approaches for Suicide Prevention</li> </ul>	<p>A. Better understand current mental health status of Henry County youth.</p> <p>B. Promote depression screening tool use with youth.</p> <p>C. Implement Signs of Suicide program.</p>	<p>A1. Evaluate behavioral health questions on the Community Health Assessment. Update questions as needed to ensure clear, appropriate data is gathered on youth.</p> <p>B1. Educate primary care providers throughout Henry County on depression screening tools for youth, including billing information.</p> <p>B2. Follow up with providers on a regular basis to measure compliance.</p> <p>B3. Explore additional opportunities for screening tool use: schools, community groups, etc.</p> <p>B4. Ensure schools have a policy to provide resources and support for students at risk of depression and/or suicide</p> <p>C1. Contact Henry County schools to discuss Signs of Suicide implementation.</p> <p>C2. Deliver Signs of Suicide program and evaluate feedback.</p>	<p>A1. Four County ADAMhs Board, Lutheran Social Services, HCHD, HCH</p> <p>B1. Four County ADAMhs Board</p> <p>B2. Four County ADAMhs Board</p> <p>B3. HCHD, HCH</p> <p>B4. Four County ADAMhs Board, HCHD, Henry County Guidance Counselors</p> <p>C1. Four County ADAMhs Board, HCHD, Henry County Schools</p> <p>C2. Four County ADAMhs Board, HCHD, Henry County Schools</p>	<p>A1. Dec 2015-April 2016</p> <p>B1. April 2016-Ongoing</p> <p>B2. Sep 2016-February 2017</p> <p>B3. April 2017-September 2017</p> <p>B4. January 2017-March 2017</p> <p>C1. Sep 2016-December 2016</p> <p>C2. May 2017-Ongoing</p>

## Action Plan Linkages Between Workgroups

---

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

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

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

## Monitoring and Evaluation

---

Henry County Health Department will distribute the Community Health Improvement Plan (CHIP) widely to all Health Partners and other interested parties (e.g., residents, elected officials, healthcare providers) in printed and electronic formats. It will also be made publicly available on Henry County Health Department's website ([www.henrycohd.org](http://www.henrycohd.org)) and Henry County Hospital's website ([www.henrycountyhospital.org](http://www.henrycountyhospital.org)).

The Health Department will work with a wide range of community partners to report and monitor the implementation of the CHIP. The Plan will be modified by workgroup members and the Health Partners as necessary in the months and years ahead. Additionally, the CHIP may inform local agency strategic plans across the county where appropriate.

The progress of meeting the local priorities will be monitored with measurable indicators identified by the Henry County Health Partners. Individuals that are working on action steps within each workgroup will meet on an as needed basis. The full Henry County Health Partners Coalition will meet quarterly to report on overall progress of action plans, including implementation selected strategies, barriers, and overall outcomes. An excel worksheet will be utilized to track progress and evaluate each of the workgroup's action plans. Additionally, Community Health Assessments will be utilized to monitor overall progress on each priority area. This will occur no less than every three years. Additional methods may be used to track progress in-between assessments, which may be determined based on each priority area and/or measurable objective. Each workgroup will also be responsible for evaluating completion of each selected strategy and any associated outcomes. This evaluation will be tracked through workgroup meetings, quarterly Health Partner meetings, and other electronic mechanisms to

share information. All evaluation methods will be reported no less than annually during the Henry County Health Partners Coalition meetings. The action steps, responsible person/agency and timelines will be reviewed at least annually by the priority area workgroups. Edits and revisions to the entire plan will be made accordingly.

## GLOSSARY OF TERMS

---

<b>Strategy</b>	Also known as interventions or approaches that will address priority health issues.
<b>Goal</b>	The impact of the work you anticipate for a specific strategy
<b>Objectives</b>	Description of what is to be achieved or the specific change expected to occur within a specific time frame. Objectives should be SMART (Specific, Measurable, Achievable, Realistic, & Time Specific). Can have more than one objective for each strategy and related goal.
<b>Indicators</b>	Measurements used to determine whether the objectives were met. They answer the question: how will I know if the objective was accomplished?
<b>Activities</b>	Key components of the strategy needed to achieve the objective for the strategy.
<b>Resources Needed</b>	Description of what your community will need (staff time, materials, resources, etc.) to implement the specific activity.
<b>Results</b>	Also 'impacts, outputs, and outcomes'. It's what happens as a result of the completion of specific activities.
<b>Target Date</b>	The date results will be verified.
<b>Lead</b>	An organization in this role commits to seeing that the issue is addressed. It would take responsibility for developing the resources needed to advance the issue such as a detailed plan. It would focus on the day-to-day and long-range tasks of moving the goal forward. Organizations in a lead role would ask others to assist with specific tasks.

---