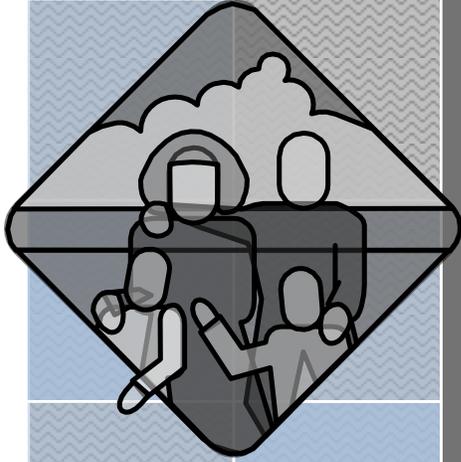


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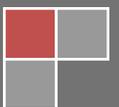


# Henry County Community Health Improvement Plan

Taking Steps Together Today to Improve the  
Health of Henry County Tomorrow

Reducing childhood and adult obesity is the highest community health priority in Henry County. This plan outlines the strategies to be used by Henry County Health Partners to achieve this health outcome.

Henry County Health Partners  
Authored by Anne Goon, MS, RD, LD,  
Henry County General Health District  
8/6/2012



# Henry County Community Health Improvement Plan

## Executive Summary

The Henry County Health Partners are focused on improving the quality of life and the health status of Henry County citizens. The group has conducted three community health assessments, released in 1999, 2005, and 2010. These have been done through a coordinated community effort, employing the best science available and incorporating community values and opinions.

After examining the top five health priorities identified in the 2010 Henry County Community Health Assessment, the Henry County Health Partners chose to focus on childhood and adult obesity in Henry County. The Community Health Assessment revealed that 1 in every 4 Henry County children (28%) and 2 of every 3 Henry County adults (65%) are overweight or obese. Specifically, 13% of children and 33% of adults in Henry County are obese. **The Health Partners set a goal to reduce the percentage of local children and adults who are obese to  $\leq 10\%$  of children and  $\leq 30\%$  of adults by 2018.**

**The Henry County Community Health Improvement Plan is the Health Partners' plan of action for achieving this goal.** It is focused on achieving optimal health by identifying and using local resources wisely, taking into account Henry County's unique circumstances and needs, and forming effective partnerships for strategic action. The plan will be used by Henry County Health Department, Henry County Hospital, and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate efforts. **It identifies evidence-based strategies that address the local conditions that are contributing to or causing childhood and adult obesity in Henry County.** The strategies are broad-based and must be implemented by many different community partners, not just the health department or hospital.

Poor dietary choices, physical inactivity, and low rates of breastfeeding have been identified as root causes of childhood and adult obesity. The Health Partners have also identified local conditions that must be tackled in order to successfully reverse obesity trends in Henry County.

**The Henry County Health Partners' initial efforts will focus in three areas:**

- 1. Fit-Friendly initiative: Increase the number of Henry County employers that have worksite policies and programs to increase physical activity.**
- 2. Summer Nutrition program: Partner with local agencies, organizations, and individuals to provide the Summer Nutrition Program (with physical activity) to lower-income children and families.**
- 3. Baby-Friendly initiative: Adopt and use maternity care practices at Henry County Hospital that empower new mothers to breastfeeding, consistent with Baby-Friendly Hospital standards.**

The Health Partners' efforts will be evaluated using national indicators that will be measured by future community health assessments to be conducted every three years.

# Henry County Community Health Improvement Plan

## **What is a Community Health Improvement Plan?**

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."<sup>1</sup>

Community health improvement planning is focused on achieving optimal health by identifying and using community resources wisely, taking into account a community's unique circumstances and needs, and forming effective partnerships for strategic action. In other words, it is a plan of action for improving the community's health that is based upon data about the local community. A successful community health improvement plan (CHIP) hinges on identifying and implementing evidence-based strategies that address the local conditions that are contributing to or causing the community's health problems. Strategies should be broad-based and implemented by many different community partners, not just the local health department or hospital.

## **Who are the Henry County Health Partners?**

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

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<sup>1</sup> Public Health Accreditation Board. *Acronyms and Glossary of Terms*, Version 1.0, Approved September 2011. <http://www.phaboard.org/wp-content/uploads/PHAB-Acronyms-and-Glossary-of-Terms-Version-1.0.pdf>. Accessed February 20, 2012.

# Henry County Community Health Improvement Plan

community's health. Community health re-assessments were completed in 2005 and 2010 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/publications.htm>). Financial partners in the 2010 assessment were Henry County Health Department; Henry County Hospital; United Way of Henry County; Four County ADAMhs Board; Henry County Family and Children First Council; and the Napoleon/Henry County Chamber of Commerce. In addition, the following individuals served on the planning committee: Katie Baden, Caitlyn Badenhop, Chief Bob Bennett, Kim Bordenkircher, Father Dan Borgelt, Tony Borton, Patty Frank, Rick Fruth, Anne Goon, Heather Kost, Lou Levy, Tom Mack, Dr. Mark DeMichiei, Pam Pflum, Jeff Schlade, and Connie Schuette.

## **What health assessment activities have been completed recently in Henry County?**

A comprehensive community health assessment is made up of four types of assessments: <sup>2</sup>

- 1) Community Themes and Strengths (see pages 3-6),
- 2) Local Public Health System Assessment (see pages 6-7),
- 3) Community Health Status Assessment (see pages 7-8), and
- 4) Forces of Change Assessment (see pages 8-10).

The following sections describe assessment activities undertaken in Henry County during the past two years in each of these areas.

### **1. Community Themes and Strengths Assessment (What Do Local Residents See as Major Health Needs and Assets?)**

#### *Phase 1: Community Survey*

Henry County Health Department invited all Henry County adults to share their health priorities and concerns via a short, structured "Health Priorities and Concerns of Henry County Residents" survey in early Fall 2011. The purpose of the survey was to determine:

- How Henry County residents define a healthy community.
- What they believe are the top health problems affecting the health of Henry County.
- What they think the Health Department should focus on.
- What public health services they would support using local health levy dollars to fund.
- Services that residents felt Henry County Health Department should start addressing.
- Services that residents felt Henry County Health Department should stop addressing.

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<sup>2</sup> National Association of County and City Health Officials. *Mobilizing for Action through Planning and Partnerships: Achieving Healthier Communities through MAPP*. 2001. <http://www.naccho.org/topics/infrastructure/mapp/framework/phase3.cfm> Accessed February 20, 2012.

## Henry County Community Health Improvement Plan

The survey was distributed through a mass mailing to 12,694 Henry County households; an online version of the survey was available via a link on the Health Department website. Only 229 surveys were received (representing roughly 1% of Henry County adults); therefore, the results must be viewed with caution and should not be generalized to the entire adult population of Henry County. The full survey report is located in Appendix A.

Survey respondents described the most important traits of a “healthy community” as 1) good jobs and healthy economy (selected by 49.6% of respondents), and 2) access to healthcare services (selected by 45.6%).

Overweight/obesity was identified by 41.2% of respondents as the factor most hurting the health of Henry County residents.

Survey respondents indicated that for Henry County to become one of the healthiest counties in Ohio, Henry County Health Department should focus most on access to health care services (selected by 39.0% of respondents).

If grant dollars were not available, survey respondents felt that local tax dollars (i.e. health department levy) should be used to provide medical services (selected by 36.8% of respondents) and reduce overweight/obesity (selected by 36.3%).

54 survey respondents (24% of respondents) listed issues that they felt the Health Department should start addressing. The most common responses were 1) Wellness (e.g. exercise programs for all income levels, year-round activity program, nutrition education for parents, increased availability of good food); and 2) Availability of affordable health care services- including medical, dental, family planning services. 31 survey respondents (14% of respondents) listed issues that they felt the Health Department should stop addressing. The most common response was that the Health Department should stop providing free health care services (e.g. free dental care; dental services; adult medical services; free health care to the poor; any support to illegal immigrants).

### *Phase Two: Stakeholder Focus Groups*

Survey results were shared with focus groups of community residents and community organization stakeholders in October 2011. Joanne Pearsol, M.Ed, MCHES, Associate Director of the Center for Public Health Practice at The Ohio State University College of Public Health, facilitated these sessions. The Summary of Henry County Community Engagement Process is located in Appendix B.

The community resident focus group participants were asked to respond to three questions after reviewing the survey results: 1) What surprises you most about these results?, 2) Based on the

## Henry County Community Health Improvement Plan

survey results, what three things should the health department do in the next year?, and 3) Based on the survey results, what three things should the health department do in the next three years?

Community member focus group participants were most surprised by survey responses relating to overweight/obesity and birth control/teen or unwed pregnancies. Focus group members noted that survey respondents ranked overweight/obesity as the #1 health problem hurting the health of Henry County residents but did not rank it as the #1 area where the Health Department should be focusing (it was 2nd to access to health care services). Focus group members also noted that survey results around pregnancy prevention. Survey results showed that teen pregnancy was a concern to focus on, but there were multiple respondents that said the Health Department should stop providing birth control.

These focus group participants suggested that taking the following actions in the next year:

1. Find ways to inform all community members about the services provided by the Health Department so that local residents can better access and utilize these services.
2. Identify what is best done by the Health Department and what may be better done by other community partners. Then, continue those services that the Health Department does best.
3. Focus on prevention and early detection for residents by offering basic non-invasive screenings.
4. Offer wellness and education programs that focus on “whole person health” and help residents adopt healthier lifestyles.
5. Try to find grants or other outside funding sources.

Community member focus group participants suggested that taking the following actions in the next three years:

1. Keep providing strong and needed programs (dental, immunizations, family planning, etc.) and add new needed programs such as chronic disease and medical care-related services.
2. Continue to evaluate the efficacy of programs/services provided, expand the provision of “niche” programs/services best delivered by the Health Department, and allow outsourcing of programs/services they are not good at providing.
3. Strengthen Health Department partnerships with other agencies in the community.

The community stakeholder focus group participants were asked to respond to two questions after reviewing the survey results and feedback provided by the first focus group: 1) How should Henry County Health Department respond to these results?, and 2) What are your reactions to the community dialogue? Stakeholder participants agreed that the Health Department needs to find ways to more

effectively inform the community of its programs and services. They also felt that it is important for the medical community to provide leadership with response to community perceptions about local health needs and Health Department programs and services. Finally, the stakeholders felt it was important for Health Department to maximize partnerships with community agencies so that all better understand what each offers and to prevent any duplication of services.

## *Summary of Community Themes and Strengths Assessment*

Responses to the “Health Priorities and Concerns of Henry County Residents” survey focused on the issues of overweight/obesity and access to healthcare services. Adding more wellness-related services (e.g. exercise programs accessible by people of all income levels, year-round activity programs, nutrition education, and increasing availability of good food) and improving access to affordable health care services (including medical, dental, and family planning services) were suggested. However, some local residents felt that the free healthcare services should be reduced.

Common themes in both focus groups were 1) strengthening partnerships with community agencies and organizations, 2) focusing on programs and services the Health Department can do better than anyone else, and 3) improving communications to better inform local residents about services provided by the Health Department and community partners.

## **2. Local Public Health System Assessment (What is the Capacity of the Local Public Health System to Conduct Essential Public Health Services?)**

A Local Public Health System Assessment is a broad assessment involving all of the organizations and entities that contribute to the health or well-being of a community. The public health system may include 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.

A Local Public Health System Assessment is conducted using the nationally-recognized National Public Health Performance Standards Program (NPHPSP) Local Public Health System Performance Assessment Instrument.<sup>3</sup> The underlying purpose of the assessment is to strengthen and improve the entire local public health system.

The Essential Public Health Services provide the fundamental framework for the Local Public

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<sup>3</sup> U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. *National Public Health Performance Standards Program, Local Public Health System Performance Assessment Instrument, Version 2.0.* <http://www.cdc.gov/nphpsp/documents/local/local.bookleta.pdf>. Accessed June 23, 2012.

# Henry County Community Health Improvement Plan

Health System Assessment. The Ten Essential Services describe the public health activities that should be undertaken in all communities.<sup>4</sup> These services are:

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

Henry County Health Partners have not used the (NPHPSP) Local Public Health System Performance Assessment Instrument to formally evaluate the capacity of the county's local public health system to conduct the ten essential public health services. This assessment will be completed in late 2012 or early 2013.

### **3. Community Health Status Assessment (What is the Health Status and Quality of Life in the Community? What are Local Health Risk Factors?)**

Henry County Health Partners contracted with the Healthy Communities Foundation of the Hospital Council of Northwest Ohio to conduct the 2010 Henry County Community Health Assessment. This assessment measured health behaviors and health status of Henry County youth and adults using structured, self-administered written surveys. The 2010 Henry County Community Health Assessment Summary Report is located in Appendix C; the full report, including methodology and results, is available online at [www.henrycohd.org](http://www.henrycohd.org) and [www.henrycountyhospital.org](http://www.henrycountyhospital.org).

The results were presented at two community meetings in September, 2010. 34 persons participated, including the local sheriff, county coroner, family court judge, local media, staff of Henry County Hospital and Henry County Health Department, and representatives from Napoleon City Council, Liberty Center Library, Susan G Komen Foundation, United Way, Maumee Valley Guidance Center, Four

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<sup>4</sup> Public Health Functions Steering Committee. *Public Health In America*. July 1994.

# Henry County Community Health Improvement Plan

County Family Center, Henry County Job and Family Services, and First Call for Help. Attendees were asked to indicate health topics or priorities that they personally or professionally would be interested in tackling.

The Health Partners' Health Assessment Steering Committee reviewed the health assessment data extensively and ranked/prioritized health problems using four factors: 1) the number of local people who experience the health need/condition, 2) the severity of the need (i.e. is it life-threatening?), 3) whether meaningful action related to the need is best taken by a community collaboration, and 4) whether feasible actions exist to address the need. The Ranking Tool is located in Appendix D.

## *Summary of Community Health Status Assessment*

Using the process described above, the Health Assessment Steering Committee identified five key priorities for improving the health of Henry County residents:

- Cancer/Cancer Screenings
- Adult & Childhood Obesity
- Adult & Youth Alcohol Use: Impaired Driving and Binge Drinking
- Traffic Safety: Use of Car Seats and Seat Belts
- Heart Disease, including High Blood Pressure, High Cholesterol, Smoking, and Physical Inactivity.

There are interesting differences between the priority areas identified in 2010 and 1999. The 1999 priority areas were: 1) Abuse of Alcohol, Tobacco, and Other Drugs by Youth; 2) Automobile Accidents, Alcohol, and Injuries; 3) Cancer and COPD; 4) Mental Health Care and Substance Abuse; 5) Teenage Pregnancies; and 6) Premature Heart Disease.<sup>5</sup> Consistent with the escalating rates of obesity and declining teen pregnancy rates seen across the nation over the past decade, adult and childhood obesity was added and teenage pregnancy deleted from Henry County's health priority list in 2010. Heart disease, cancer, traffic safety and injury prevention, and substance abuse continued as high-ranking health concerns.

#### **4. Forces of Changes (What are the Current and Anticipated Forces that will Affect the Community or the Local Public Health System?)**

Historic changes in healthcare are currently occurring across the nation. The Patient

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<sup>5</sup> Henry County Health Partners. *Henry County Community Health Assessment*. Issued July 1999. Electronic copy maintained by Henry County Health Department.

## Henry County Community Health Improvement Plan

Coordination and Affordable Care Act (ACA) was enacted in 2010 to address the growing number of Americans without health insurance coverage and to reform the nation's healthcare delivery system. Many ACA provisions, including allowing children up to age 26 (age 28 in Ohio) to remain on their parents' health insurance plans, became effective almost immediately, while many others must be fully implemented by 2014. Among these are requirements for healthcare providers to implement electronic health records, for states to expand public health insurance coverage (i.e. Medicaid) and to create high-risk insurance pools for persons with pre-existing health conditions, and for all individuals to have health insurance. In June 2012, the United States Supreme Court upheld the constitutionality of the ACA and its requirement for virtually all individuals to have health insurance.

Implementing the ACA presents both opportunities and challenges for the entire public health system. Henry County Hospital, local healthcare providers, and Henry County Health Department must adopt electronic health records that have the ability to communicate and share patient information with each other. Some of these entities have already implemented an electronic health record, while others have not yet begun. Many Henry County residents will have increased access to preventive services since many will no longer require deductibles or coinsurance payments. This may change how and where local residents choose to receive services, thus increasing the demand for services for some providers and reducing the demand for others. Henry County Health Department has traditionally provided many preventive services at no (or low) cost, since residents could not access them elsewhere. However, it may be unnecessary for the Health Department to provide these services if residents will be able to get them for no cost from their personal physician or health clinic.

At the same time, there have been significant reductions in state and federal funding to local health department to support public health programs and services. Henry County Health Department experienced a 30% decline in state and federal funding from 2009 to 2011 (source: Annual Financial Reports to Ohio Department of Health). This has resulted in the reduction and/or elimination of services (e.g. case management services for families with children diagnosed with high blood lead levels) that other entities in the local public health system are unable or unprepared to provide.

At beginning of 2011, Ohio ranked #14 in the nation for healthcare spending but #42 in health outcomes. Governor John Kasich created the Office of Health Transformation (OHT) when he took office. OHT is charged with reforming Ohio's fragmented Medicaid program, streamlining how government health and human services programs interact with each other and their customers, and engaging private sector partners to improve overall performance of the healthcare system in Ohio. Governor Kasich's Jobs Budget (HB 153) included comprehensive Medicaid reforms to improve the quality of health care

## Henry County Community Health Improvement Plan

received by low-income children, parents, seniors, and people with disabilities. These reforms will impact both local residents and Medicaid providers, including local nursing facilities, behavioral healthcare agencies, physicians, dentists, home health agencies, Henry County Hospital, and Henry County Health Department. For example, one reform initiative focuses on expanding and streamlining home- and community-based services. More seniors will have the ability to receive Medicaid long-term care services in their own home or community setting, rather than in a skilled nursing facility. This will increase the demand for services provided by local home health agencies, while decreasing the demand for services provided in local nursing facilities.

During the past nine months, Henry County Health Department and Henry County Hospital have conducted forces of change assessments as part of internal strategic planning processes. Both organizations have conducted Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analyses to identify forces that are or will be influencing the local public health system and the health and quality of life for Henry County residents.

### *Summary of Forces of Change Assessments*

The local public health system in Henry County is in a state of flux as implementation of the Patient Coordination and Affordable Care Act coincides with reform of the Ohio Medicaid system and cuts in state and federal support for local public health services. These changes may result in significant shifts in local delivery of healthcare services. Some agencies and providers will see an increased demand for their services, and they will be challenged to quickly expand to meet the growing needs. Others will experience a declining demand for services; these will need to change in order to continue their operations. Still other agencies and providers will need to transform how they provide current services so that they can meet the new federal and state requirements.

### **What health improvement planning activities have been completed in Henry County?**

#### Selection of Childhood and Adult Overweight/Obesity as Primary Focus:

Recognizing that everyone's resources (including time and money) are limited, the Henry County Health Partners' Community Health Improvement Planning (CHIP) group narrowed the "Top 5" priority list down to cancer, heart disease, and overweight/obesity, since these health conditions impact the largest number of Henry County residents, cause or contribute to significant premature death, and place the greatest burden on both community residents and the local health care system. After further

## Henry County Community Health Improvement Plan

discussion, a primary focus on reducing childhood and adult overweight/obesity was selected since it is a contributing factor to heart disease and many cancers (as well as other chronic diseases).

**PROBLEM STATEMENT: Too many Henry County children and adults are overweight or obese.**

**INDICATORS OF THE PROBLEM (from the 2010 Henry County Community Assessment):**

- **28% of Henry County children are overweight or obese. (15% overweight, 13% obese)**
- **65% of Henry County adults are overweight or obese. (32% overweight, 33% obese)**

**GOAL: Reduce % of Henry County children and adults who are obese to  $\leq 10\%$  of children and  $\leq 30\%$  of adults by 2018.**

### Root Cause Analysis:

Using current scientific literature, the CHIP group identified three root causes of childhood and/or adult overweight/obesity: 1) Dietary choices, 2) Physical inactivity, and 3) Infant feeding practices (i.e. not breastfeeding).

The group then delved into identifying conditions in Henry County that contribute to residents making poor dietary choices, being inactive, or choosing not to breastfeed. Local conditions identified were:

1. Limited access to fresh and healthy foods (or unlimited/easy access to less healthy foods);
2. Limited knowledge about healthy food choices;
3. Limited opportunities available in Henry County for children and/or adults to be physically active;
4. Limited access to physical activity opportunities due to personal/family finances;
5. Low priority placed on daily physical activity in many settings (home, work, school);
6. Limited knowledge about breastfeeding; and
7. Limited resources to support and promote breastfeeding (e.g. no certified lactation professionals or breastfeeding support groups in Henry County; few designated areas for breastfeeding mothers to pump or breastfeed while outside the home).

### Assessment of Current Nutrition, Physical Activity, and Lactation Resources in Henry County:

Samantha King, dietetics intern from Bowling Green State University, conducted an assessment of current and former Henry County resources addressing some aspect of nutrition, physical activity, and/or breastfeeding. She collected information from community gardens, orchards, and farmers'

# Henry County Community Health Improvement Plan

markets; worksite wellness programs; Henry County Hospital, Henry County Health Department, and local healthcare providers; OSU Extension; food banks and free community meal providers; community support groups; health food stores; government subsidized nutrition programs; park and recreation departments; community fitness classes and events; dance, gymnastics, and fitness facilities; community non-profit agencies; and durable medical equipment providers.

This assessment identified the following limitations or gaps in nutrition, physical activity, and lactation resources in Henry County:

1. There are many local resources that address food crisis situations (e.g. food assistance programs), but few that promote or provide nutrition education or nutritional guidance.
2. There are some physical activity facilities and businesses, but most are concentrated in Napoleon. Persons living outside Napoleon have far fewer facilities.
3. There are a fair number of local and state parks available in and around Henry County that can be accessed at no cost, but there are few other physical activity opportunities available for residents with restricted incomes.
4. Few of the nutrition or physical activity resources are population-focused (i.e. they usually impact small pockets of Henry County residents, not entire communities or the entire county). Some resources are targeted to reach an entire school district.
5. Few or none of the programs work together in a coordinated fashion.
6. Resources dedicated to breastfeeding are especially lacking.

## Identification and Selection of Strategies:

Jennifer Markusic, dietetics intern from Bowling Green State University, culled the literature for evidence-based strategies for addressing the Henry County conditions contributing to the root causes of overweight/obesity. She relied most heavily upon *Healthy People 2020*<sup>6</sup>, *The Guide to Community Preventive Services*<sup>7</sup>, the *National Prevention Strategy*<sup>8</sup>, and *The Ohio Obesity Prevention Plan*<sup>9</sup> to generate a list of potential strategies that the Henry County Health Partners could select from.

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<sup>6</sup>U.S. Department of Health and Human Services. *Healthy People 2020*. Released Dec 2, 2010.

<http://www.healthypeople.gov/2020/about/default.aspx>

<sup>7</sup> Centers for Disease Control and Prevention- Community Preventive Services Task Force. *Guide to Community Preventive Services*. <http://www.thecommunityguide.org/index.html>. Last Updated: May 10, 2012.

<sup>8</sup> National Prevention, Health Promotion and Public Health Council. *National Prevention Strategy- America's Plan for Better Health and Wellness*. Released June 16, 2011. <http://www.healthcare.gov/prevention/nphpphc/strategy/report.pdf>

<sup>9</sup> Ohio Department of Health- Office of Healthy Ohio. *The Ohio Obesity Prevention Plan*. Issued March 2009.

[http://www.healthyohioprogram.org/resources/datareports/~/\\_media/9B42F122F2074DB19E0A931505BE01D4.ashx](http://www.healthyohioprogram.org/resources/datareports/~/_media/9B42F122F2074DB19E0A931505BE01D4.ashx)

## Henry County Community Health Improvement Plan

After reviewing this list of strategies and health outcome indicators suggested by the Centers for Disease Control and Prevention (CDC), the group decided to organize its efforts by focus areas (i.e. primary locations for interventions or topic). The group also determined which Health Partner would take the lead in each initiative:

- Breastfeeding initiative: to be led by Henry County Hospital (Patty Frank)
- Community-based initiatives: to be led by Henry County Health Department
- School-based initiatives: to be led by Henry County Health Department
- Workplace-based initiatives: to be led by Henry County Hospital (Gina Hill and Karlee Badenhop)

The Health Partners then selected strategies that specifically would address the local conditions it had identified as contributing to childhood and adult obesity in Henry County. Recognizing the need to build or capitalize on personal relationships and agency partnerships to widen the impact and success of the Health Partners’ efforts, the group chose to begin its community health improvement efforts by focusing on the following strategies:

<i>National Prevention Strategy Objectives</i>	Henry County Objectives	Local Strategies	Local “Name”
Increase access to healthy and affordable foods in communities.	Increase access to healthy and affordable foods across Henry County.	Partner with local agencies, organizations, and individuals to provide summer nutrition program to lower-income children and families.	Summer Nutrition program
Facilitate access to safe, accessible, and affordable places for physical activity.	Increase access to safe, accessible, and affordable places and program for youth and adults in Henry County for physical activity.	Incorporate opportunities for physical activity into existing or new community programs for youth and/or adults (e.g. adding physical activity session to summer nutrition program).	
Support workplace policies and programs that increase physical activity.	Increase the number of Henry County employers that have worksite policies and programs to increase physical activity.	Model and support adoption of worksite policies and program that promote walking, bicycling, and physical activity (e.g. promote American Heart Association’s Fit-Friendly initiative; create worksite wellness coalition).	Fit-Friendly initiative
Support policies and programs that promote breastfeeding.	Adopt and implement maternity care practices that empower new mothers to breastfeed.	Adopt and use maternity care practices at Henry County Hospital that empower new mothers to breastfeeding, consistent with Baby-Friendly Hospital standards.	Baby-Friendly initiative

The comprehensive logic model, with national and local objectives and local strategies, is located in Appendix E.

# Henry County Community Health Improvement Plan

## Implementation and Evaluation:

While implementing the initial strategies outlined above, member agencies of the Henry County Health Partners will be seeking opportunities to execute additional strategies. Steps will include identifying and applying for state, federal, or foundation grants; recruiting additional community partners; and reorganizing or adding staff to support community health improvement efforts.

The following *National Prevention Strategy* indicators will be monitored to evaluate the impact of the Henry County Health Partners' efforts to reduce childhood and adult obesity:

- Monitor % of overweight and obese children and adults via Henry County Community Health Assessment every 3 years (2010, 2013, 2016 ...).
- 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 (2010, 2013, 2016 ...).
- Monitor total vegetable intake for persons aged 2 years and older via Henry County Community Health Assessment every 3 years (2010, 2013, 2016 ...).

The Health Partners will seek to develop local data sources to compare to state and national breastfeeding data available through the Center for Disease Control and Prevention's National Immunization Survey for the following two indicators:

- Monitor proportion of infants who breastfed ever, breastfed at 6 months, and breastfed at 1 year of age.
- Monitor proportion of infants exclusively breastfed through 3 months and 6 months.

**Appendix A:**

**Report of Health Priorities and Concerns of Henry County Residents**

# HEALTH PRIORITIES AND CONCERNS OF HENRY COUNTY RESIDENTS

## REPORT OF COMMUNITY SURVEY RESULTS

### EXECUTIVE SUMMARY

#### Survey Purpose:

As part of its strategic planning efforts, Henry County Health Department invited all Henry County adults to share their health priorities and concerns via a short, structured survey. The purpose of the survey was to determine:

- How Henry County residents define a healthy community,
- What they believe are the top health problems affecting the health of Henry County,
- What they think the Health Department should focus on,
- What public health services they would support using local health levy dollars to fund,
- Services that residents felt Henry County Health Department should start addressing, and
- Services that residents felt Henry County Health Department should stop addressing.

#### Survey Process:

The “Health Priorities and Concerns of Henry County Residents” survey was modeled after tools used by other local health departments across the national to engage their communities in local health assessment and improvement planning efforts. The survey was pilot-tested with 19 Health Department clients to assess the clarity of instructions, content, and readability.

The survey period was August 9 to September 23, 2011. Surveys were distributed through a mass mailing to 12,694 Henry County households; at a county networking meeting to county offices; and in the Health Department. An online version of the survey was created on surveymonkey.com, and residents were encouraged to use this tool via a link on the Health Department website. Participation was encouraged through a front-page article in the local daily newspaper and a news story on the local radio station.

229 surveys were received (representing roughly 1% of Henry County adults). The majority of responses were received via mail; the responses were entered into the online survey tool for analysis. Respondents were asked to select their top three choices for items one through four; ranking of choices was not requested. Written responses could be provided for items five and six. Respondents were also asked to provide information relating to their gender, marital status, age, education, income, and zip code of residence.

#### Survey Results:

##### **Item 1: Survey respondents described the most important traits of a “healthy community” as:**

- 1. Good jobs and healthy economy (selected by 49.6% of respondents)**
- 2. Access to healthcare services (selected by 45.6%)**
3. Good schools (selected by 32.5%)
4. Strong family life (selected by 27.6%)
5. Religious or spiritual values (selected by 24.6%)

##### **Item 2: Survey respondents identified the factors most hurting the health of Henry County residents as:**

- 1. Overweight/obesity (selected by 41.2% of respondents)**
2. Chronic diseases like heart disease, cancer, diabetes (selected by 28.1%)
3. Alcohol/drug abuse (selected by 27.2%)

## HEALTH PRIORITIES AND CONCERNS OF HENRY COUNTY RESIDENTS

### REPORT OF COMMUNITY SURVEY RESULTS

4. Lack of affordable health care (selected by 26.8%)
5. Lack of health insurance (selected by 21.9%)

**Item 3: Survey respondents indicated that for Henry County to become one of the healthiest counties in Ohio, the Health Department should focus on:**

1. **Access to health care services (selected by 39.0% of respondents)**
2. Overweight/obesity (selected by 25.9%)
3. Preventing teen, unwed, or unplanned pregnancies (selected by 22.4%)
4. Risk factors for diseases like heart disease, cancer, diabetes (selected by 21.9%)
5. Helping people be more active (selected by 21.9%)

**Item 4: Survey respondents indicated that, if grant dollars were not available, local tax dollars (health department levy) should be used to:**

1. **Provide medical services (selected by 36.8% of respondents)**
2. **Reduce overweight/obesity (selected by 36.3%)**
3. **Reduce risk factors for cancer, heart disease, diabetes (selected by 32.7%)**
4. **Provide children's shots (selected by 32.7%)**
5. Prepare for and response to public health emergencies (selected by 25.6%)

**Item 5:** 54 survey respondents (24% of respondents) listed issues that they felt the Health Department should start addressing. The most common responses were:

- Wellness (8 comments)- exercise programs for all income levels, year-round activity program, nutrition education for parents, increased availability of good food
- Availability of affordable health care services (8 comments)- including medical, dental, family planning services
- Increased communication and community awareness of health department resources (4 comments)- more information about services provided by health department and how to access these services
- Services for seniors (2 comments)- needs of seniors living in rural areas of county

**Item 6:** 31 survey respondents (14% of respondents) listed issues that they felt the Health Department should stop addressing. The most common responses were:

- Free health care services (7 comments)- free dental care; dental services; adult medical services; free health care to the poor; any support to illegal immigrants
- Traffic safety/car seats (3 comments)
- Smoking issues (3 comments)
- Immunizations (2 comments)
- Birth control (2 comments)

**Next Steps:**

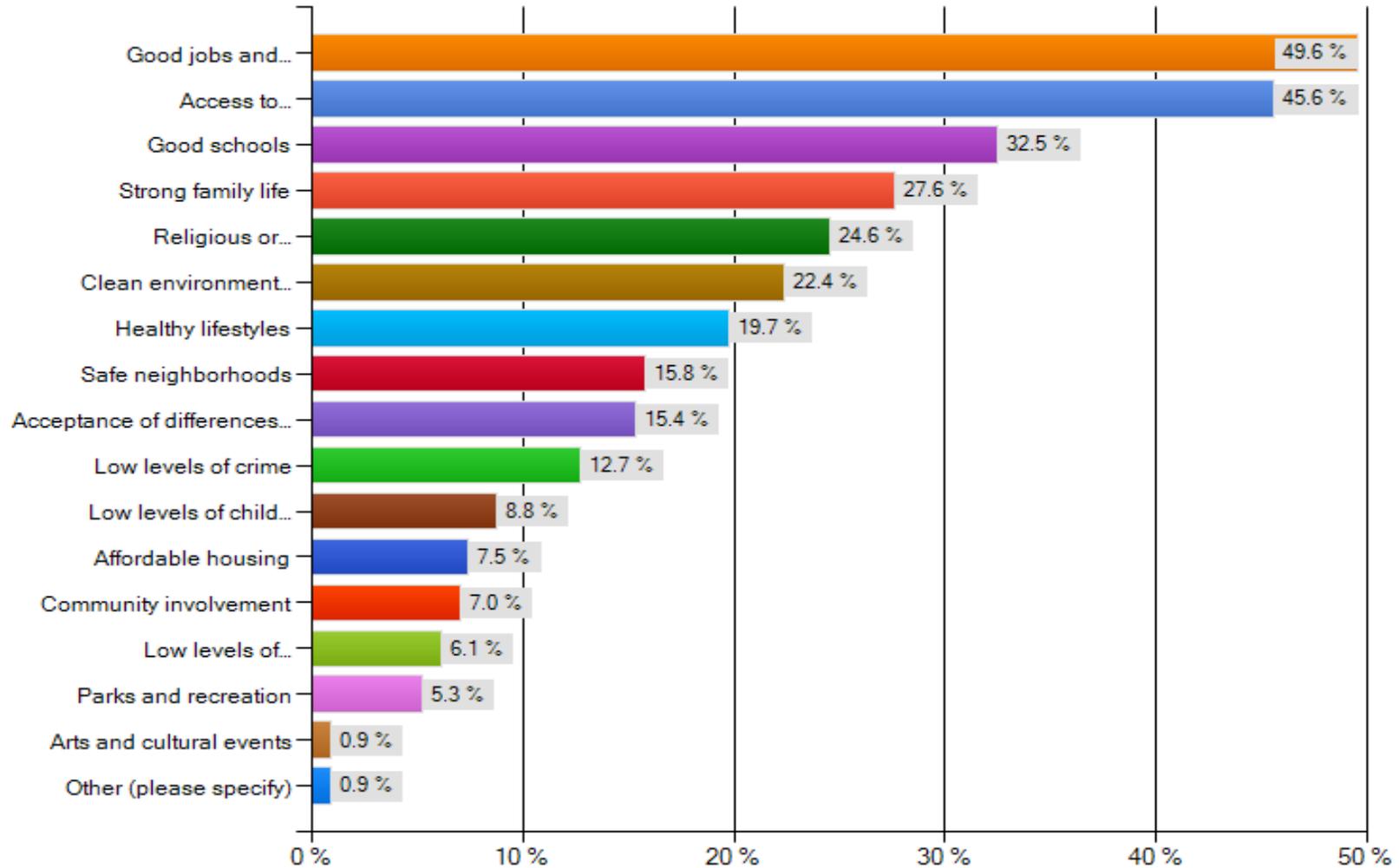
Survey results will be shared with focus groups of community residents and local stakeholders in mid-October 2011 to identify strategic actions that could be taken in the next one to three years. The Henry County Board of Health and Health Department staff will use the survey and focus group results, in combination with other sources of data, to create a strategic plan for implementation in 2012-2014.

# HEALTH PRIORITIES AND CONCERNS OF HENRY COUNTY RESIDENTS

## REPORT OF COMMUNITY SURVEY RESULTS

### APPENDIX B

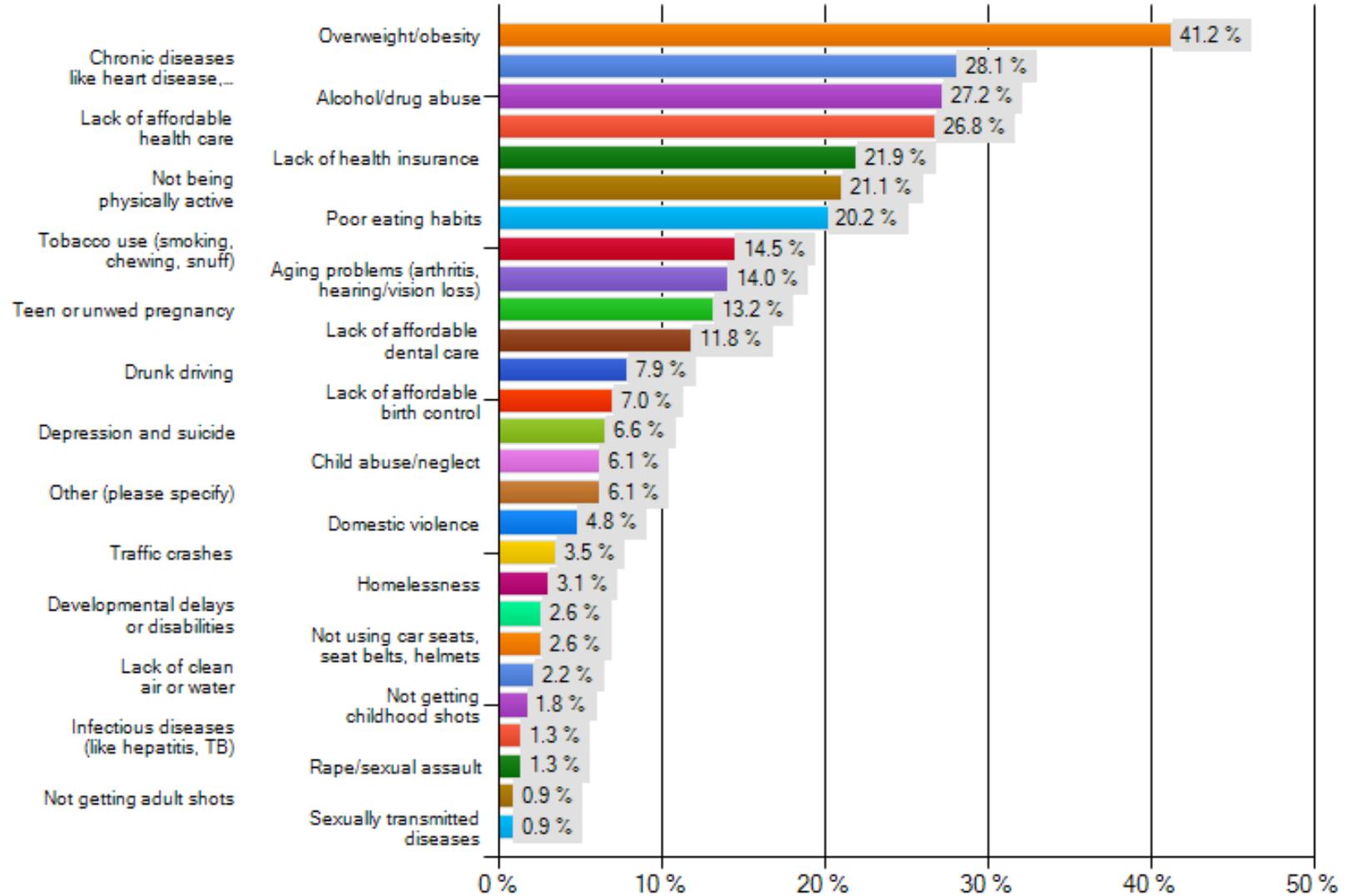
**Item 1: I think the 3 most important traits of a “healthy community” are... (pick only 3):**



## HEALTH PRIORITIES AND CONCERNS OF HENRY COUNTY RESIDENTS

### REPORT OF COMMUNITY SURVEY RESULTS

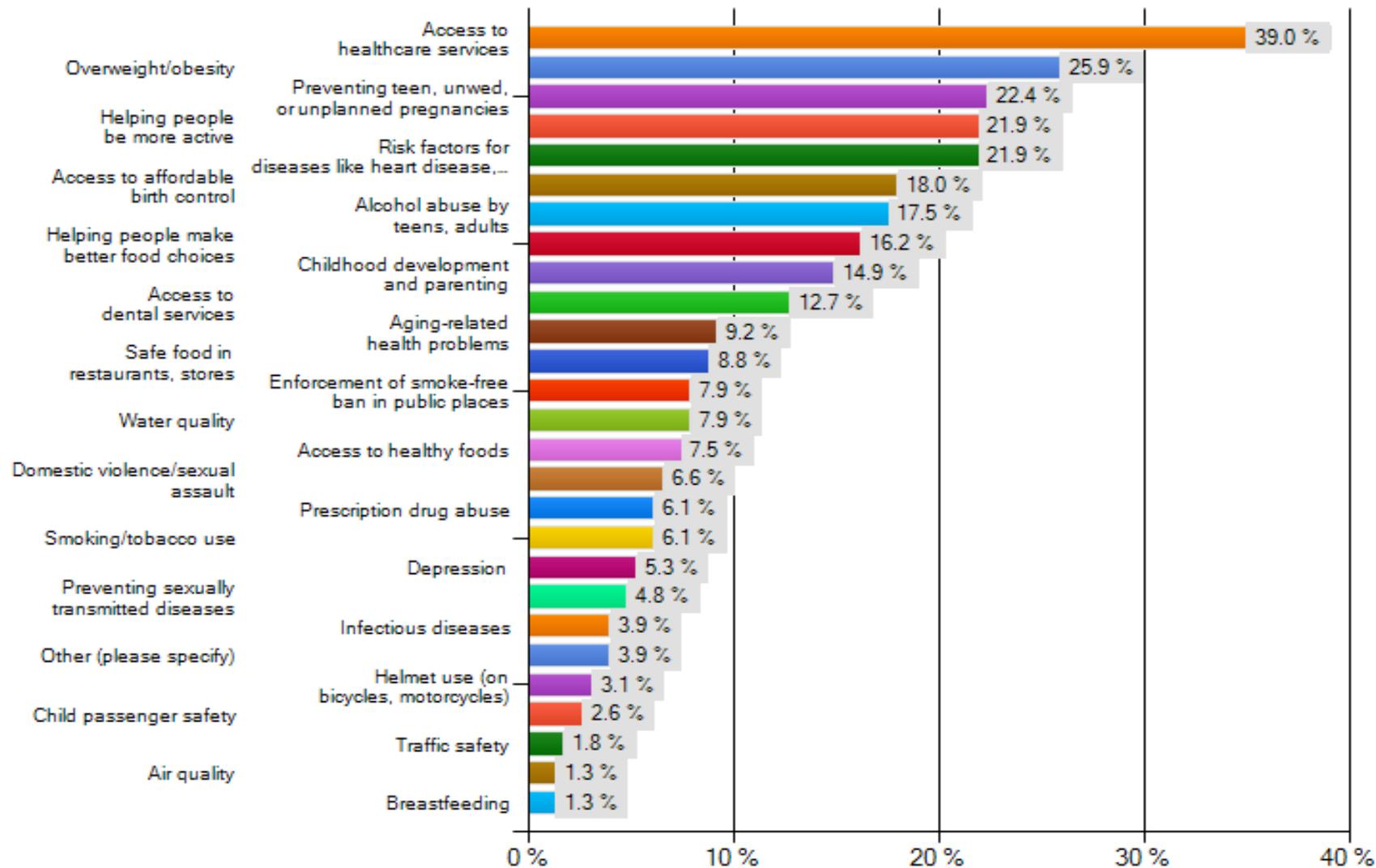
**Item 2: I think the 3 factors most hurting the health of Henry County residents are... (pick only 3):**



## HEALTH PRIORITIES AND CONCERNS OF HENRY COUNTY RESIDENTS

### REPORT OF COMMUNITY SURVEY RESULTS

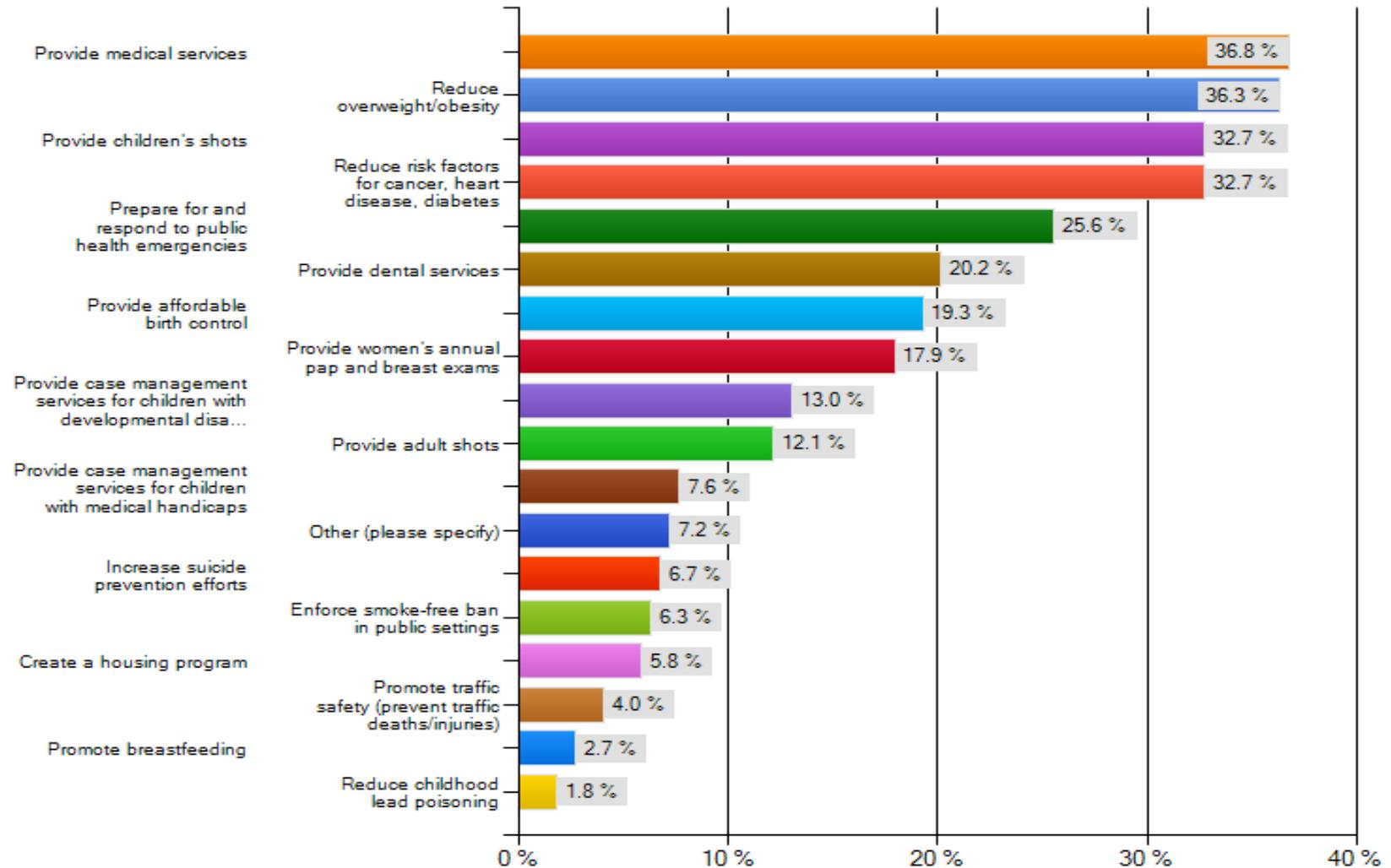
**Item 3: For Henry County to become one of the healthiest counties in Ohio, I think the Health Department should focus most on... (pick only 3):**



## HEALTH PRIORITIES AND CONCERNS OF HENRY COUNTY RESIDENTS

### REPORT OF COMMUNITY SURVEY RESULTS

**Item 4: Grants support some of the public health services listed below. If no grant dollars were available, I think local tax dollars (health department levy) should be used to... (pick up to 3):**



**Appendix B:**

**Summary of Henry County Community Engagement Process**

# Summary of Henry County Community Engagement Process

## September – October 2011

The purpose of this community engagement initiative was to gather input from the residents of Henry County to inform the strategic plan for the Henry County Health Department. HCHD used three methods for collecting community input:

- *Community survey:* In September 2011, a two page survey was mailed to 12,694 residents as part of the agency's annual report to the community. An electronic survey was also conducted as part of the HCHD's website. 229 responses were received from the hard copy and electronic surveys.
- *Resident meeting:* On October 13, 2011, 8 community members attended a two hour meeting to gather additional information about the health priorities of residents. Both individuals who had used HCHD services, and those who had not, participated.
- *Stakeholder meeting:* On October 14, 2011, a group of 8 community organization stakeholders convened for two hours to discuss community survey results and provide additional input regarding health department priorities.

### **SUMMARY OF RESULTS**

#### **COMMUNITY SURVEY: EXECUTIVE SUMMARY IS ATTACHED AS A SEPARATE REPORT.**

#### **RESIDENT MEETING:**

1. *What surprises you about these survey results?*
  - **Overweight and Obesity** –Community members were surprised that survey respondents ranking overweight/obesity as the #1 health problem hurting the health of Henry County residents, but it was not as the #1 area where the Health Department should be focusing (it was 2<sup>nd</sup> to access to health care services).
  - **Birth Control/Teen or Unwed Pregnancies** – Community members felt that survey results were contradicting. The results showed that teen pregnancy was a concern to focus on, but there were multiple respondents that said the Health Department should stop providing birth control.
2. *Based on the survey results, what three things should the health department do in the next year?*
  - **Market Services** – Community members suggested the Health Department find ways to inform all community members about the services they provide so that they can better access and utilize these services.
    - **Community Members Suggestions:**
      - Media – radio, newspaper, news, etc.
      - Social media – to reach younger community members
      - Website – make it more user friendly
      - Public meetings – going out to the community (senior center, library, etc.) and speak to what the Health Department does
  - **Find niche services** - Community members suggested evaluating current services and programs for effectiveness to identify what is best done by the Health Department and what may be better done by community partners. Services retained by the health department would become “niche” programs based on what HCHD does best.
  - **Funding** – Community members suggested that the Health Department try to find grants or other outside funding sources.
  - **Focus on Prevention** – Community members suggested that the Health Department focus on prevention and early detection for residents by offering basic non-invasive screenings.
  - **Provide Wellness and Education** – Community members suggested that the Health Department offer wellness and education programs that focus on “whole person health” and help residents adopt healthier lifestyles.

## Summary of Henry County Community Engagement Process September – October 2011

3. *Based on the survey results, what three things should the health department do in the next 3 years?*
  - **Provide Services** – Community members suggested that the Health Department keep providing strong and needed programs (dental, immunizations, family planning, etc.) and add new needed programs such as chronic disease and medical care related service.
  - **Evaluation of Programs** – Community members suggested that the Health Department continue to evaluate the efficacy of programs/services provided and to expand the provision of “niche” programs.
  - **Build Partnerships** – Community members suggested that the Health Department work on their partnerships with other agencies in the community.
  - **Other** – Community members stated that the Health Department should grow what they are good at and allow outsourcing for what they are not.
  
4. *What else would you like the health department to know?*
  - **Partnerships** – Community members stated that the Health Department should increase collaboration, networking, and linking with other existing community resources/charitable organizations to “get more bang for your buck.” They also encouraged not being afraid of “thinking outside the box.”
  - **Staffing** – Community members stated that in order for the programs to be successful, the Health Department must have enough employees to run the programs.
  - **Question on Spending** – Community members stated that residents should be informed on where the money is going and how it is being spent. They feel that there are misconceptions about how funds are spent, especially since the public doesn’t understand the restrictions on many funds.
  - **Negative Stigma** - Community members stated that they think there is a stigma related to receiving services at the Health Department- that residents have to be low income to use their services.

### **STAKEHOLDER MEETING:**

1. *How should HCHD respond to these results?*
  - The stakeholders felt that the Health Department should inform community of programs/services. Such as the internet, flyers, other organizations to distribute. \*
    - Help clear up misconceptions
    - Need to find out which media best reaches particular target audiences
    - Link with other facilities/stakeholders websites
    - Make sure the Health department website is user friendly
  - The stakeholders felt that it is important for the medical community to provide leadership with response to these community perceptions. \*
  - The stakeholders felt it is important for the health department to maximize partnerships.\*
    - This will help each other understand what each organizations offer.
    - It will also delete any duplication of services.
  
2. *What are your reactions to the community dialogue?*
  - **Community Answers** – the stakeholders were surprised that community members’ answers were “administrative” in nature. Although the community members came from various backgrounds, the stakeholders felt as though their answers were from individuals who were educated or from higher socioeconomic status. However, some stakeholders felt that they could have been stereotyping because of what they thought should have been said.

## Summary of Henry County Community Engagement Process September – October 2011

- **Other** – the stakeholders also stated that they wonder if wellness and education was mentioned because it is a politically correct response. They were curious to know if the levy was the reason behind the comments on funding. Also they thought maybe there was a bias by those who attended the meeting because they already have an interest in the Health Department, so they were more likely to give an opinion.

### **Other Information**

A common theme at both meetings was for the Health Department to develop more partnerships with other agencies within the community. Also, both groups felt that the Health Department should find their “niche” and “grow what they are good at.” Both groups agreed that duplicative programs should be dropped. Other themes were both groups felt that the Health Department should strive to get messages out into the community in ways that will allow all target groups to be reached.

**Appendix C:**

**2010 Henry County Community Health Assessment Summary Report**

## Highlights of the 2010 Henry County Community Health Assessment

This brief report provides an overview of health-related data for Henry County adults (19 years of age and older) and youth (ages 12 through 18) who participated in a county-wide health assessment survey during 2010. The findings are based on self-administered surveys using a structured questionnaire. 2010 survey results are compared with results from a similar survey administered in 2005. Significant



improvements and continuing areas of concern are noted between the two surveys. Trends will start to appear when the data is collected once again in the future. The full report, including 27 in-depth sections and the methodology, is available on several websites listed at the end of this summary.

### Youth Results: 2005 vs. 2010

- ❖ Youth **tobacco use** decreased in most areas. Youth who have ever tried tobacco dropped from 38% to 15%. Current smokers decreased from 16% to 9% of youth. Smokeless tobacco rates remained the same at 5%.
- ❖ Youth **alcohol use** significantly decreased in all areas. Youth who have tried alcohol decreased from 55% to 49%. Current drinkers fell from 29% to 19%. Youth reporting binge drinking (drinking 5 or more drinks in a couple of hours) declined from 20% to 11%.
- ❖ Youth **mental health** issues increased slightly. Those who seriously contemplated suicide increased from 9% to 11%, and those who attempted suicide increased from 4% to 5%.
- ❖ Youth **drug use** decreased slightly across all drugs.

### Other Youth Key Findings

- ❖ 86% of youth drivers made calls on their cell phone while driving, and 60% texted while driving.
- ❖ 20% of youth drinkers reported a parent gave them alcohol.
- ❖ Youth spent an average of 2.5 hours watching TV, 1.4 hours playing video games, and 2.0 hours on the computer on a typical day.
- ❖ Youth reported participating in the following sexual behaviors: sexual intercourse (17%), oral sex (15%), sexting- sexually suggestive wording or pictures sent via cell phone (14%), and anal sex (4%).
- ❖ 43% of youth ages 12 to 18 had been bullied in the past year. 31% of these youth were verbally bullied, 24% were indirectly bullied (by the spreading of rumors), 15% were physically bullied, and 9% experienced cyber-bullying (where rumors are spread through the Internet).

# Highlights of the 2010 Henry County Community Health Assessment

## Adult Results: 2005 vs. 2010

- ❖ **Tobacco use** dropped from 25% to 17% of adults.
- ❖ **The number of adults without health insurance** rose from 8% to 12%.
- ❖ Although high blood pressure and high blood cholesterol both decreased slightly, **cardiovascular health** can still be improved as those who had had a heart attack and/or stroke doubled.
- ❖ Although **obesity** and overweight rates decreased slightly, the Henry County obesity rate (33%) is still much higher than the state (29%) and national rates (27%).
- ❖ **Men's preventive health screenings** decreased. Men who had a PSA test within the past year decreased from 33% to 19% and men who had a digital rectal exam within the past year decreased from 25% to 16%. Prostate cancer increased slightly from 3% to 5%.

## Other Adult Key Findings

- ❖ 7% of adults reported driving within a couple hours after having 5 or more drinks.
- ❖ Adults ate out in a restaurant or brought home take-out food an average of 2.2 times per week.
- ❖ 77% of adults reported smoking was not allowed anywhere inside their home.
- ❖ 64% of women ages 40 and over had a mammogram in the past year.
- ❖ 4% of adults reported using marijuana in the past 6 months, and 1% reported using other illegal drugs.
- ❖ 44% of adults had the seasonal flu vaccine, and 24% had the H1N1 flu vaccine, in the past year.
- ❖ Three in ten adults (29%) reported they have arthritis, while one in fourteen (7%) have asthma and one in sixteen (6%) have diabetes.

## Key Priorities for the Next Three Years

The Henry County Health Assessment Steering Committee reviewed the health assessment data extensively and identified 5 key priorities for improving the health of Henry County residents:

- ❖ **Cancer/Cancer Screenings**
- ❖ **Adult & Childhood Obesity**
- ❖ **Adult & Youth Alcohol Use: Impaired Driving and Binge Drinking**
- ❖ **Traffic Safety: Use of Car Seats and Seat Belts**
- ❖ **Heart Disease, including High Blood Pressure, High Cholesterol, Smoking, and Physical Inactivity**

# Highlights of the 2010 Henry County Community Health Assessment

## Youth Data Summary

Youth Variables	Henry County 2005 (6-12 grade)	Henry County 2010 (6-12 grade)	Henry County 2010 (9-12 grade)	Ohio 2007 (9-12 grade)	U.S. 2009 (9-12 grade)
<b>Injury-Related Behavior</b>					
Rode with a driver who had been drinking in past 30 days	26%	20%	21%	23%	28%
Carried a weapon in past 30 days	10%	13%	17%	17%	18%
Involved in a physical fight in past 12 months	31%	30%	22%	30%	32%
Threatened or injured with a weapon on school property in past 12 months	5%	7%	9%	8%	8%
Seriously considered suicide in past 12 months	9%	11%	12%	13%	14%
Attempted suicide in past 12 months	4%	5%	6%	7%	6%
<b>Alcohol Use</b>					
Ever had at least one drink of alcohol in lifetime	55%	49%	57%	76%	73%
Used alcohol during past 30 days	29%	19%	29%	46%	42%
Binged during past 30 days (5 or more drinks in a couple of hours on an occasion)	20%	11%	18%	29%	24%
<b>Tobacco Use</b>					
Lifetime cigarette use (ever tried cigarette smoking, even 1 or 2 puffs)	38%	15%	22%	51%	46%
Used cigarettes on one or more of the past 30 days	16%	9%	14%	22%	20%
Used smokeless tobacco in past 30 days	5%	5%	8%	10%	9%
<b>Sexual Behavior*</b>					
Ever had sexual intercourse	38%	17%	32%	45%	46%
Had four or more sexual partners	N/A	4%	8%	14%	14%
Used a condom at last sexual intercourse	57%	55%	56%	60%	61%
Used birth control pills at last sexual intercourse	16%	21%	19%	17%	20%
<b>Drug Use</b>					
Used marijuana in the past 30 days	12%	6%	9%	18%	21%
Used cocaine in their lifetime	6%	2%	2%	8%	6%
Used heroin in their lifetime	2%	1%	1%	4%	3%
Used methamphetamines in their lifetime	3%	1%	1%	6%	4%
Used steroids in their lifetime	3%	2%	3%	5%	3%
Used prescription medication in order to get high or feel good	13%	7%	12%	N/A	N/A
Used inhalants in order to get high in their lifetime	12%	10%	10%	12%**	12%
Offered, sold or given an illegal drug on school property during the past 12 months	22%	7%	10%	27%	23%

N/A= not available

\*Data for 9<sup>th</sup> – 12<sup>th</sup> grade youth

\*\*2005 YRBS Data

# Highlights of the 2010 Henry County Community Health Assessment

## Adult Data Summary

Adult Variables	Henry County 2005	Henry County 2010	Ohio 2009	U.S. 2009
<b>Alcohol Consumption</b>				
Had at least one alcoholic beverage in past month	47%	50%	54%	54%
Binged in past month (5 or more drinks in a couple of hours on an occasion)	22%	19%	16%	16%
<b>Tobacco Use</b>				
Current smoker (currently smoke some or all days)	25%	17%	20%	18%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	26%	26%	26%	26%
<b>Arthritis, Asthma, &amp; Diabetes</b>				
Has been diagnosed with arthritis	30%	29%	31%	26%
Has been diagnosed with asthma	11%	7%	15%	13%
Has been diagnosed with diabetes	8%	6%	11%	9%
<b>Hypertension &amp; Cholesterol Awareness</b>				
Has been diagnosed with high blood pressure	34%	33%	32%	29%
Has been diagnosed with high blood cholesterol	32%	29%	40%	38%
<b>Health Care Access/Coverage</b>				
Has health care coverage	92%	88%	88%	86%
<b>Health Status</b>				
Rated general health as fair or poor	11%	10%	16%	14%
<b>Preventive Health</b>				
Has had a flu shot in past 12 months	N/A	44%	N/A	N/A
Age 65 & over had a pneumonia vaccine in lifetime	N/A	66%	67%	69%
Dental visit within past year	67%	69%	72%*	71%*
Had mammogram in past year	33%	43%	N/A	N/A
Had clinical breast exam in past year	59%	62%	N/A	N/A
<b>Weight Status</b>				
Obese	36%	33%	30%	27%
Overweight	39%	32%	37%	36%

N/A= not available  
\*2008 BRFSS Data

### Additional Information

- ❖ The full Henry County Health Assessment report is available at the following websites:  
Henry County Health Department website: [www.henrycohd.org](http://www.henrycohd.org)  
Henry County Hospital website: [www.henrycountyhospital.org](http://www.henrycountyhospital.org)
- ❖ Reports for the NW region or other NW Ohio counties are available at the following site:  
Hospital Council of NW Ohio website: [www.hcno.org](http://www.hcno.org).
- ❖ For more information, please contact:  
Anne Goon, Henry County Health Commissioner, 419-599-5545  
Kim Bordenkircher, Henry County Hospital Chief Executive Officer, 419-592-4015

**Appendix D:**

**Health Priorities Ranking Tool**

Health Behaviors/Needs	Trend from 2005 to 2010	# of people who experience this need	Severity (life threatening) of the need	Meaningful action related to this need best taken by a community collaboration	Feasible actions exist to address this need	Total Score
	+ Better = Stable - Worse	Low = 1, Moderate = 2, High = 3				
<b>Health Status Perception</b>						
Rated physical health as fair or poor						
Rated mental health as not good						
<b>Health Care Coverage</b>						
Uninsured						
Couldn't access care due to cost						
Has a primary care provider						
<b>Cardiovascular Health</b>						
Had a heart attack						
Had a stroke						
Had high blood pressure						
Had high cholesterol						
<b>Cancer</b>						
<b>Diabetes: Diagnosed with Diabetes</b>						
<b>Arthritis: Diagnosed with Arthritis</b>						
<b>Asthma: Diagnosed with Asthma</b>						
<b>Adult Weight Status</b>						
Obese						
Overweight						
No physical activity						
<b>Youth Weight Status</b>						
Obese						
Went without eating for $\geq 24$ hours						
Trying to lose weight						

Health Behaviors/Needs	Trend from 2005 to 2010	# of people who experience this need	Severity (life threatening) of the need	Meaningful action related to this need best taken by a community collaboration	Feasible actions exist to address this need	Total Score
	<b>+ Better = Stable - Worse</b>	<b>Low = 1, Moderate = 2, High = 3</b>				
<b>Adult Tobacco Use</b>						
<b>Youth Tobacco Use</b>						
<b>Adult Alcohol Use</b>						
<b>Youth Alcohol Use</b>						
<b>Adult Marijuana and Other Drug Use</b>						

Health Behaviors/Needs	Trend from 2005 to 2010	# of people who experience this need	Severity (life threatening) of the need	Meaningful action related to this need best taken by a community collaboration	Feasible actions exist to address this need	Total Score
	<b>+ Better = Stable - Worse</b>	<b>Low = 1, Moderate = 2, High = 3</b>				
<b>Youth Marijuana and Other Drug Use</b>						
Used recreational drugs in lifetime						
Used marijuana in past 6 months						
Misused prescription drugs in past 6 months						
<b>Women's Health</b>						
Had mammogram in past yr						
Age 40+ and had mammogram in past yr						
Had clinical breast exam in past yr						
Had pap smear in past yr						
<b>Men's Health</b>						
Had PSAs test in past yr						
Had digital rectal exam in past yr						
Diagnosed with prostate cancer						
<b>Preventive Medicine and Health Screenings</b>						
Had flu shot in past yr						
Screened for colorectal cancer in past 2 yrs						
<b>Environmental Health</b>						
City, county, or town water as primary water supply						
<b>Adult Sexual Behavior and Pregnancy Outcomes</b>						
More than 1 sexual partner in past yr						
<b>Youth Sexual Behavior and Teen Pregnancy Outcomes</b>						
Ever had sexual intercourse						
Used condom at last intercourse						
Used birth control pills at last intercourse						
Had multiple sexual partners						

Health Behaviors/Needs	Trend from 2005 to 2010	# of people who experience this need	Severity (life threatening) of the need	Meaningful action related to this need best taken by a community collaboration	Feasible actions exist to address this need	Total Score
	+ Better = Stable - Worse	<b>Low = 1, Moderate = 2, High = 3</b>				
<b>Quality of Life</b>						
Limited in some way due to physical problems						
Limited in some way due to emotional problems						
Limited in some way due to mental problems						
Firearm kept in or around home						
Tested smoke alarms in past yr						
Have a CO detector						
<b>Adult Mental Health and Suicide</b>						
2+ weeks in a row when felt depressed						
Considered attempting suicide						
<b>Youth Mental Health and Suicide</b>						
Had seriously considered suicide						
Attempted suicide						
<b>Youth Safety</b>						
Always wore seatbelt						
Always wore helmet on ATV						
Always wore helmet on bicycle						
Always wore helmet on skateboard						

Health Behaviors/Needs	Trend from 2005 to 2010	# of people who experience this need	Severity (life threatening) of the need	Meaningful action related to this need best taken by a community collaboration	Feasible actions exist to address this need	Total Score
	+ Better = Stable - Worse	<b>Low = 1, Moderate = 2, High = 3</b>				
<b>Youth Violence</b>						
Carried weapon in past month						
In physical fight in past yr						
Avoided school because felt unsafe						
Felt threatened or unsafe in home						
Purposefully hurt self						
Physically hurt by boyfriend/girlfriend						
Forced to have sexual intercourse						
<b>Oral Health</b>						
Adults who had dental visit in past yr						
Youth who had dental visit in past yr						
<b>Parenting</b>						
Parent who always or nearly always used a child safety seat						
Children with regular check-up in past yr						
Children to dr for ear infection in past yr						
Never breastfed child/children						

**Appendix E:**

**Henry County Community Health Improvement Plan Logic Model**

# Henry County Community Health Improvement Plan

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

**INDICATORS:**

- 28% of Henry County children are overweight or obese. (15% overweight, 13% obese) (2010 Henry County Community Assessment)
- 65% of Henry County adults are overweight or obese. (32% overweight, 33% obese) (2010 Henry County Community Assessment)

**GOAL:** Reduce % of Henry County children and adults who are obese to  $\leq$ 10% of children and  $\leq$ 30% of adults by 2018.

**MEASURES (these are all Healthy People 2020 Leading Health Indicators):**

- Monitor % of overweight and obese children and adults via Henry County Community Health Assessment every 3 years (2010, 2013, 2016, etc.)
- 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 (2010, 2013, 2016, etc.)
- Monitor total vegetable intake for persons aged 2 years and older via Henry County Community Health Assessment every 3 years (2010, 2013, 2016, etc.)

**(State and national breastfeeding data is available through CDC's annual Nat'l Immunization Survey; unsure if we can easily collect this data for Henry County residents.):**

- Monitor proportion of infants who breastfed ever, breastfed at 6 months, and breastfed at 1 year
- Monitor proportion of infants exclusively breastfed through 3 months and 6 months.

Root Causes (From Scientific Literature)	Local Conditions (From Henry County Health Partners' Root Cause Analysis)	National Objectives (National Prevention Strategy, issued 6/16/2011)	Henry County Objectives:	Local Strategies	Timeline	WORKGROUP(S) TO ADDRESS: Worksite; School; Community; Breastfeeding
<b>POOR DIETARY CHOICES</b>	<p><u>Limited Access to Fresh and Healthy Foods (or Easy Access to Less Healthy Foods):</u></p> <ul style="list-style-type: none"> <li>• There is limited access to fresh &amp; healthy foods across the entire county.</li> <li>• Local residents believe that healthy foods cost more than less healthy foods. Or Local residents believe they can't afford to eat more healthy foods.</li> <li>• Vending machines are available in school settings.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase access to healthy and affordable foods in communities.</li> <li>• Implement organizational and programmatic nutrition standards and policies.</li> <li>• Improve nutritional quality of the food supply.</li> <li>• Help people recognize and make healthy food and beverage choices.</li> </ul>	<p>A. Increase access to healthy and affordable foods across Henry County.</p> <p>B. Help Henry County residents to recognize and make healthier food choices.</p> <p>C. Implement standards and policies that improve the nutrition status of Henry County residents.</p>	<p>A1. Partner with local agencies, organizations, and individuals to provide summer nutrition program to lower-income children and families.</p> <p>A2. Increase the availability of healthy foods in local worksites (e.g., through procurement policies, healthy meeting policies, farm-to-work programs, farmers markets).</p> <p>A3. Use grants, zoning regulations, and other incentives to attract farmers markets to Henry County.</p> <p>A4. Update cafeteria equipment (e.g., remove deep fryers, add salad bars) to support provision of healthier foods in schools and businesses with cafeteria facilities.</p> <p>A5. Eliminate high-calorie, low-nutrition drinks from school vending machines, cafeterias, and school stores, and provide greater access to water.</p> <p>A6. Lead or convene city, county, and regional food policy councils to assess local community needs and expand programs (e.g., community gardens, farmers markets) that bring healthy foods, especially locally grown fruits and vegetables, to schools, businesses, and communities.</p> <p>A7. Work with local food pantries to optimize nutritional quality of foods supplied to local residents.</p>	April 2012; on-going	Summer Nutrition workgroup: Northwest Ohio Community Action Commission, OSU Extension, Henry County Hospital, Campbell's Soup Company, United Way, Napoleon Parks & Recreation Dept.)

## Henry County Community Health Improvement Plan

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	<p><b><u>Limited knowledge about healthy food choices</u></b></p> <ul style="list-style-type: none"> <li>• Local residents have limited knowledge about healthy food choices.</li> <li>• Local residents have limited knowledge about healthy food preparation.</li> <li>• Making healthy food choices is a low priority for Henry County residents.</li> <li>• Local residents, especially parents, have limited time for food preparation.</li> <li>• Many residents (families and individuals) have “clean plate” expectations.</li> <li>• Local residents do not plan their meals in advance, and therefore tend to pick quick-to-prepare foods or fast foods that are less healthy.</li> <li>• Many local families lack regular family meal times.</li> </ul>			<p>B1. Implement community nutrition education campaign focused on 1) avoiding oversized portions, 2) making half of the plate fruits and vegetables, 3) making at least half of the grains whole grains, 4) switching to fat-free or low-fat (1%) milk, 5) choosing foods with less sodium, and 6) drinking water instead of sugary drinks.</p> <p>B2. Provide nutrition information to customers (e.g., on menus), make healthy options and appropriate portion sizes the default, and limit marketing of unhealthy food to children and youth.</p> <p>B3. Provide nutrition education in early learning centers, schools, colleges, and universities.</p> <p>C1. Assist early learning centers, schools, and government-funded programs and institutions (e.g., schools, juvenile correctional facilities) in developing and implementing nutrition policies for foods and beverages served (i.e. meet nutrition standards consistent with the Dietary Guidelines for Americans).</p> <p>C2. Implement and enforce policies that increase the availability of healthy foods in early learning center, schools, colleges, and universities, including in a la carte lines, school stores, vending machines, and fundraisers.</p> <p>C3. Screen for obesity in all healthcare settings by measuring body mass index, delivering appropriate care according to clinical practice guidelines for obesity, providing or referring clients for nutrition education and counseling, and referring people to community resources (e.g., Women, Infants, and Children (WIC); Head Start; County Extension Services; and nutrition programs for older Americans).</p>		



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				<p>schools.</p> <p>D1. Design safe neighborhoods and communities that encourage physical activity (e.g., include sidewalks, bike lanes, adequate lighting, multi-use trails, walkways, and parks).</p> <p>D2. Convene partners (e.g., urban planners, architects, engineers, developers, transportation, law enforcement, public health) to consider health impacts when making transportation or land use decisions.</p> <p>E1. Implement community physical activity education campaign focused on 1) engaging in at least 150 minutes of moderate-intensity activity each week (adults) or at least one hour of activity each day (children), 2) supplementing aerobic activities with muscle strengthening activities involving all major muscle groups on two or more days a week, 3) limiting TV time among children (per American Academy of Pediatrics (AAP) recommendations) and adults, and 4) increasing residents' awareness of local physical activity opportunities.</p> <p>E2. Screen for physical inactivity in all healthcare settings by conducting physical activity assessments, providing physical activity counseling, and referring clients to allied health care or health and fitness professionals in the community.</p> <p>E3. Support clinicians in implementing physical activity assessments, counseling, and referrals (e.g., provide training to clinicians, implement clinical reminder systems).</p> <p>E4. Collaborate with community agencies and organizations, retirement communities, and housing programs to offer opportunities for physical activity across the lifespan (e.g., aerobic and muscle strengthening exercise classes for seniors).</p>		

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<p><b>LOW BREAST-FEEDING RATES</b></p>	<ul style="list-style-type: none"> <li>• Social acceptability/cultural norms</li> <li>• Hospital practices</li> <li>• Lack of certified lactation consultants or counselors in Henry County</li> <li>• Lack of other professionals trained in breastfeeding</li> <li>• Lack of knowledge</li> <li>• Lack of adequate facilities in workplaces /public settings</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Support policies and programs that promote breastfeeding.</b></li> </ul>	<p>A. Adopt and implement maternity care practices that empower new mothers to breastfeed.</p> <p>B. Increase the number of Henry County employers that have worksite policies that support breastfeeding.</p> <p>C. Increase community resources to support breastfeeding mothers.</p> <p>D. Increase awareness and support for breastfeeding in Henry County.</p>	<p>A1. Adopt and use maternity care practices at Henry County Hospital that empower new mothers to breastfeed, consistent with Baby-Friendly Hospital standards.</p> <p>A1a. Adopt a written breastfeeding policy that is routinely communicated to all healthcare staff.</p> <p>A1b. Train all healthcare staff in skills necessary to implement the breastfeeding policy.</p> <p>A1c. Inform all pregnant women about the benefits and management of breastfeeding.</p> <p>A1d. Help mothers initiate breastfeeding within one hour of birth.</p> <p>A1e. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.</p> <p>A1f. Give breastfeeding newborn infants no food or drink other than breast milk unless medically indicated.</p> <p>A1g. Practice rooming-in (i.e. allow mothers and infants to remain together 24 hours per day).</p> <p>A1h. Encourage breastfeeding on demand.</p> <p>A1i. Give no artificial teats or pacifiers to breastfeeding infants.</p> <p>A1j. Foster establishment of breastfeeding support groups and refer mothers to them on discharge (e.g. WIC peer breastfeeding helpers).</p> <p>B1. Assist local employers with developing and adopting lactation policies that provide space and break time for breastfeeding employees (in accordance with the Affordable Care Act).</p> <p>C1. Lead or convene local healthcare providers and breastfeeding advocates to assess local community needs and establish or expand lactation management services and support (e.g., breastfeeding peer support program, breastfeeding resources).</p> <p>D1. Implement culturally and linguistically appropriate social supports for breastfeeding, such as marketing campaigns and breastfeeding peer support programs.</p>	<p>Hospital Breast-feeding Team Charter 11/29/10-4/19/11; New team charter currently being developed</p> <p>Assessment - May/June 2012</p>	<p>Breastfeeding workgroup (Internal team at Henry County Hospital, Henry County WIC program, Henry County Health Department, OSU Extension- Henry County)</p>