2017

Community Health Improvement Plan (CHIP)

Belmont County Health Department

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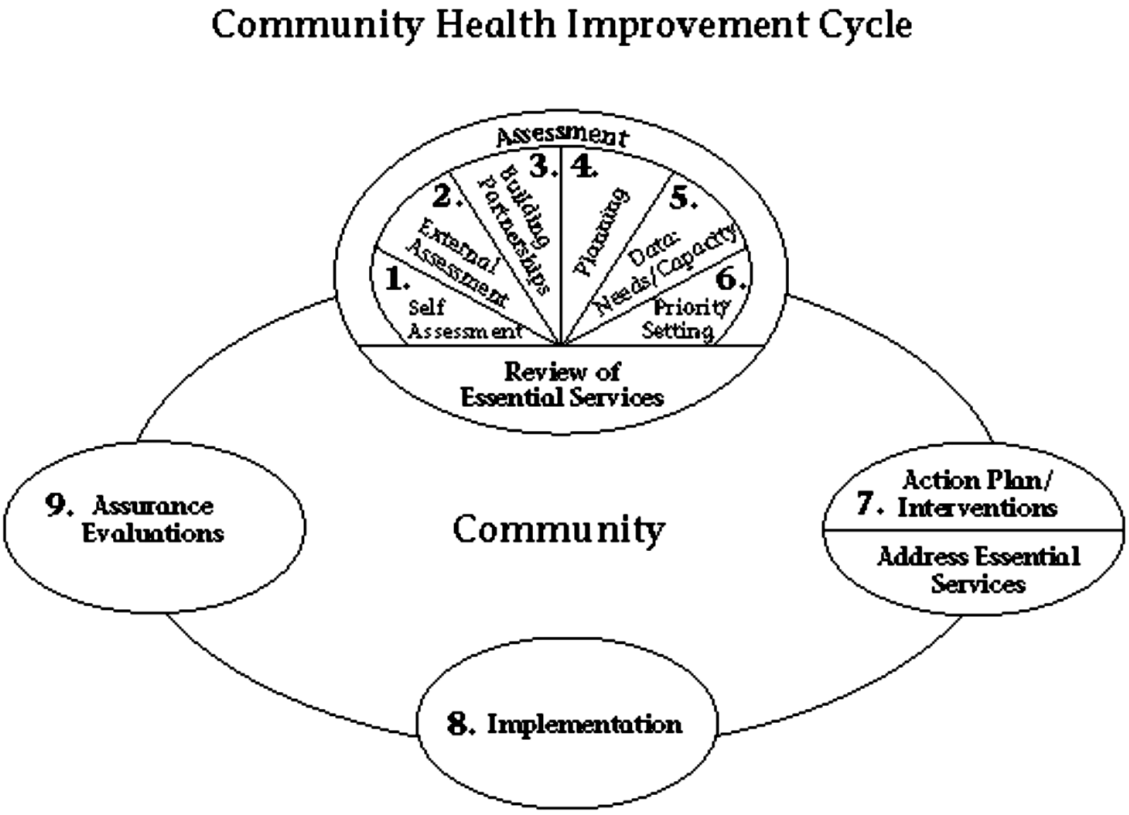
CHIC Process Overview

The Community Health Improvement Cycle is an on-going process of identifying and analyzing a community's health problems, needs and assets, as well as it resources and capacity to address priority needs. The Ohio Department of Health developed the CHIC process which is composed of nine steps:

1. Self-Assessment (Capacity Assessment)
2. External Assessment
3. Partnership Building
4. Planning for Data Collection
5. Data Collection and Analysis
6. Priority Setting
7. Intervention Planning
8. Implementation
9. Evaluation



CHIC Step 1: Self-Assessment (Capacity Assessment)

In 2014 the Belmont County Health Department completed its first internal assessment. However, this assessment did not fulfill all of the specifications regarding a community health assessment and community health improvement plan. A new internal assessment was designed and distributed for staff to complete.

In July of 2015, Belmont County Health Department board members, WIC employees and staff members were provided an opportunity to recognize its need to build capacity, examine strengths and weaknesses, and initiate long term planning to bridge gaps through the new internal assessment. Results are included in the 2014-2015 Community Health Assessment.

CHIC Step 2: External Assessment

External community health surveys were distributed to Belmont County Health Department employees, Interagency meeting attendees, Family and Children First Council attendees, Belmont-Bethesda-Morristown (BBM) Rotary attendees and the Health District Advisory Council attendees. This external assessment asked county stakeholders their opinions regarding factors in a healthy community, most important health problems, and leading risky behaviors in the community.

After the community health assessment was completed, the Belmont County Accreditation Team utilized the information retained from consortium members and surveys to draft a new health department mission and vision, as well as new values. The statements and values were narrowed down by department employees and voted on by the community health assessment consortium members.

The new mission for the Belmont County Health Department is as follows:

> *"To promote public health in Belmont County while preventing disease and protecting healthy communities."*

The new vision for the Belmont County Health Department is as follows:

> *"Health promotion, prevention and intervention."*

The values which best represent the Belmont County Health Department are as follows:

1. Education
2. Information
3. Knowledge
4. Care
5. Dedication

CHIC Step 3: Partnership Building

The community health assessment consortium continued its efforts and dedication to form the community health improvement planning steering committee. Select members from multiple organizations worked together to identify top health priorities in Belmont County. Steering committee members consisted of individuals representing multiple organizations across the county.

Steering Committee Organizations Represented:

- Government Officials (State Senate and Commissioner representation)
- Health Agencies
- Medical Facilities
- Mental Health Services
- Neighborhood Leaders
- Public Safety Agencies
- School Officials
- Social Service Agencies

The steering committee had quarterly meetings in which data was collected and specific people were recruited to participate. At each quarterly meeting, members are encouraged to recommend other agencies and representatives to include.

CHIC Step 4: Planning for Data Collection

In planning for the Community Health Improvement Plan, the steering committee was educated in the future of the CHIC process. The open discussion formatted meetings allowed members to move into an organized action forum discussion. The purpose of our meetings and goals were reviewed and our community definition finalized.

Critical health issues in our community were established and discussed in depth. Based off of the community health assessment and qualitative data from consortium meetings, specific health indicators were selected and deemed acceptable to move forward with the data collection process.

CHIC Step 5: Data Collection and Analysis

The data collected was reviewed thoroughly by the community health improvement steering committee. All secondary data contributed to the community health assessment is from reliable sources such as the Centers for Disease Control and Prevention, Ohio Mental Health and Addiction Services and the U.S. Census Bureau. However, four types of data were included: primary, secondary, population and program data.

The steering committee recognized trending patterns in data reports and by word of mouth in the community. Top areas of health concerns were identified and the priorities for our community were set.

CHIC Step 6: Priority Setting

This step was by far the most time consuming. After many discussions and interpretations of the community's most pressing problems, and recruiting the most pertinent stakeholders, a voting/open discussion of health priorities took place. The steering committee committed itself to obtaining the most realistic snap shot of the health issues faced by Belmont County. Three major topics became apparent: lack of treatment centers (drug and alcohol), mental health and obesity.

In order to better align with state priorities, the steering committee decided to add an additional need to the county's priorities. After anonymous voting on the top four needs, they ranked as follows:

1. Substance Abuse
2. Mental Health
3. Obesity
4. Infant Mortality

Based off of these priorities of need, the steering committee split into four workgroups; each targeted toward one individual need. Each workgroup meets quarterly to discuss strategies, objectives and data collection.

CHIC Step 7: Intervention Planning

Each workgroup identified preexisting resources and programs contributing to its specific need. Population targets were also identified in order to address which group required the most attention. In order to address many issues, workgroups determined that prevention be a main focus. Local expert opinion and review of Ohio Department of Health literature also reinforces this goal.

Thanks to the collaborative meeting processes, many different agencies were able to communicate and partner together to address barriers and brainstorm. It was determined that agencies would report data, whether it be monthly, quarterly, annually or biannually, to the health department accreditation team, prior to workgroup meetings, to have the most recent intervention results possible.

CHIC Step 8: Implementation

Belmont County Health Department programs that target each priority will continue to be implemented throughout Belmont County. A workgroup was established for each priority identified which, will continue to meet quarterly every year to discuss objectives timelines and targets. The quarterly meetings will also serve as quarterly evaluations of procedures and progress. The aim of each workgroup is to recruit more community partners to improve the health issues identified and to formulate more specific objectives. Workgroup members are required to contribute relevant data to each objective quarterly; or by other timeline specified. The yearly targets are based off of state and federal goals where appropriate.

Each workgroup determined that a prevention and education focus for many of the priorities would be most effective. Agencies will function by its own policies and procedures while collaborating in a master work plan. This allows each organization to contribute its own programs to a pre-established county priority.

CHIC Step 9: Evaluation

Evaluation measures were incorporated into the Community Health Improvement Plan from the very beginning. County stakeholders and health department staff members wanted to make sure objectives were able to be correctly measured and adapted if necessary. Not only did the stakeholders want to make a change, they wanted to make sure said change be incorporated into the community effectively.

This document was created, having been known from the start, that it would be considered a "living" document; meaning that if need be, the consortium could change or alter any strategy or objective in order to benefit the community more justly. This allows the consortium to constantly evaluate ideas and direction with each new strategy or objective.

Setting County Health Priorities

A multitude of community stakeholders took the step of identifying top health priorities extremely seriously. As thoughts and opinions on top health issues flowed throughout meetings, more and more people were requested to attend. The steering committee wanted to deeply grasp the true health issues faced by Belmont County.

Over the course of nine months (November 2015 – August 2016) more than 19 different agencies attended quarterly meetings to discuss the predispositions of and barriers to health problems in Belmont County.

Members were asked to identify Belmont County's top three health priorities while keeping in mind the magnitude of each problem. Questions placed before consortium members included:

- Is there a high incidence or prevalence of the problem?
- What is the community's perception of the problem?
- What resources are available to deal with the problem?
- Are trends with the problem increasing?
- How much media coverage has the problem received?
- How preventable is the problem?
- How does our community compare regarding this problem to other communities/state/nation?

As the top priorities were established, and connected with state health improvement priorities, community health improvement plan members voted on the importance of each. The table below shows how the votes were cast:

	1st Priority	2nd Priority	3rd Priority	4th Priority
Substance Abuse	12	7	1	1
Mental Health	6	10	4	2
Obesity	3	2	8	9
Infant Mortality	1	2	9	10

The data quickly showed that Substance Abuse was the number one health priority that needed the most attention in Belmont County. Mental Health came in second place for the number two most noteworthy health issue. Obesity and Infant Mortality were more difficult to measure. Although Infant Mortality had nine votes toward the third priority, more stakeholders believed (10) that infant mortality should be the fourth priority. The data also shows that more people (3) voted Obesity to be the number one health priority in our county compared to those (1) who voted for Infant Mortality.

Determining Strategies and Objectives

In order to address the health priorities in Belmont County, four priority workgroups were established. They are as follows: Substance Abuse, Mental Health, Obesity and Infant Mortality Workgroups. The main focus for these workgroups was to identify preexisting programs and prevention methods within the county and start recording and tracking measurable data.

Each workgroup also produced general, overarching goals for their priorities in which more specific strategies and objectives could be utilized within the population. Collaborative efforts are a main focus for every workgroup. Having multiple county stakeholders attend quarterly meetings decreases the chances of duplicated health interventions.

Individual workgroup goals are:

- Substance Abuse: Promote public awareness, policy, programs and data that improve community health and wellness.
- Mental Health: Improve mental health of all Belmont County residents through prevention, promotion and intervention.
- Obesity: Prevent and reduce the burden of chronic disease for all Belmont County residents.
- Infant Mortality: Decrease Belmont County's infant mortality rate and reduce disparities in birth outcomes.

For each priority and goal, there are multiple strategies and objectives to address the area in need. There is also a separate area within the strategic plan of each priority that provides a data driven explanation of why the community health improvement consortium wants to address said priorities.

Priority 1: Substance Abuse

Goal: Promote public awareness, policy, programs and data that improve community health and wellness.

Strategy 1: Increase education on substance use and abuse for 9-21-year olds in Belmont County.					
Why: From January through July of 2016, Wheeling Hospital and Belmont Community Hospital treated 83 Belmont County patients for drug poisoning, two of which expired. Note that 41% of drug poisoning claims in Wheeling Hospital are patients from Belmont County, Ohio. • Belmont County Health Department death records show, from the above-mentioned time period, that six residents expired due to mixed drug effects, two of heroin overdose and two more of intentional overdose (suicide).					
Objective	**Measure**	**2015 Baseline**	**2016-2017 Target**	**Available Community Resources**	**Federal, State Alignment**
Objective 1.1 Increase knowledge, attitudes and life skills for 9-13-year olds using evidence-based programs such as Too Good for Drugs in Belmont County School Districts.	• Annually track the number of students (9-13 years old) participating in the Too Good for Drugs program, Medicine Safety Program, and Life Skills Program • Annually report the percentage of students who show an increase in knowledge in consequences of use, increase in skills to refuse/resist using, and increase in attitudes that are negative towards use and more positive towards making healthy decisions.	• 200 students participated	• 800 students participating	• Student Services • Mental Health & Recovery Board • Crossroads Counseling • Family and Children's First Council • Middle and High Schools • Belmont County Health Department	Healthy People 2020 SA-3.1,3.4,3.5,3.6, 4.1,4.2,4.3. 2015-2016 State Health Improvement Plan Addendum-Priority 4.2

Strategy 1: Increase education on substance use and abuse for 9-21-year olds in Belmont County.					
Objective 1.2 Increase knowledge, attitudes and life skills for 14-21-year olds using evidence-based prescription drug use and abuse education programing.	• Annually track the number of students (14-21-year olds) participating in evidence-based prescription drug use and abuse Prescription X Program. • Annually report the percentage of students who show an increase in knowledge in consequences of use, increase in skills to refuse/resist using, and increase in attitudes that are negative towards use and more positive towards making healthy decisions.	• No baseline number	• 450 students participating	• Student Services • Mental Health & Recovery Board • Crossroads Counseling • Family and Children's First Council • Middle and High Schools • Belmont County Health Department	Healthy People 2020 SA-2.4,3.1,3.2,3.3, 3.4,3.5,3.6,4.1,4.2, 4.3. 2015-2016 State Health Improvement Plan Addendum-Priority 4.2

Strategy 2: Prevent the onset of illicit substance abuse by patients whose physicians have prescribed controlled substances.					
Why: Screening, brief intervention, and referral to treatment (SBIRT) is effective for reducing risky alcohol use across a variety of medical settings…The Remote Brief Intervention and Referral to Treatment (R-BIRT) offers a feasible alternative to in-person alcohol SBIRT and should be studied further. The public health impact of having accessible, sustainable, evidence-based SBIRT for substance use across a range of medical settings could be considerable. *(Boudreaux, Haskins, Harralson & Bernstein: Drug and Alcohol Dependency, 2015)* Few emergency physicians screen for alcohol/substance abuse despite evidence that screening and brief intervention is effective. Emergency physicians are receptive to the use of discharge material. *(Broderick, Kaplan, Martini & Caruso: J Emerg Med, 2015)* Screening and brief intervention for substance use in health care systems is recommended to identify and intervene with patients who abuse alcohol and other substances. However, there is limited research on the utility of short, single-item questions to identify illicit substance users… It is important to use validated questions to identify substance misuse so that individuals are not missed in the screening process. It is possible that administration protocols play a role in detection rates. *(Broderick, Richmond, Fagan & Long: J Emerg Med, 2015)*					
Objective	**Measure**	**Baseline**	**Target**	**Available Community Resources**	**Federal, State Alignment**
Objective 2.1 Increase the number of patients who are screened for current alcohol and drug use.	• Annually track the number of patients identified as high risk at specific local medical facilities. • Annually track the number of patients identified as high risk and who get screened at specific local medical facilities.	• No Baseline	• Establish baseline	•Ohio Hills Health Services • Crossroads Counseling • Family Physicians • Doctors Urgent Care • Belmont County Health Department	Healthy People 2020 SA-8.1,8.2,8.3.9.0,10.0 2015-2016 State Health Improvement Plan Addendum-Priority 4.2.5,4.2.6

Objective 2.2 Increase the number of local prescribers who use a screening and/or referral tool for high-risk patients.	• Annually track the number of local prescribers who reported using a screening and/or referral tool for high-risk patients.	• No Baseline	• Establish baseline	• Ohio Hills Health Services • Crossroads Counseling • Family Physicians • Doctors Urgent Care • Belmont County Health Department	Healthy People 2020 SA-8.1,8.2,8.3.9.0,10.0 2015-2016 State Health Improvement Plan Addendum-Priority 4.2.5,4.2.6

Strategy3: Decrease the number of opiate-related deaths in Belmont County.

Why: In 2010 there were 11.8 drug-induced deaths in Ohio (age adjusted, per 100,000 population) compared to 2014 when the drug-induced death toll increased to 25.4. The national drug-induced death rate in 2010 was 12.9 and increased to 15.5 in 2014. *[(NVSS-M) (CDC/NCHS) Bridged-Race Population Estimates (CDC/NCHS and Census)]*

With deaths from opioid overdoses up sharply, a number of organizations are calling for systematic changes to curb the prescription of opioids while also making it easier for patients with addiction problems to access evidence- based treatment. New data from the National Center for Health Statistics underscore the scope of the problem: Deaths related to prescription overdoses reached an all-time high in 2014, nearing the 19,000 mark. Deaths linked to heroin reached 10,574, a three-fold increase from 2010. *(ED Manag: 2016)*

Objective	Measure	2016 Baseline	2017 Target	Available Community Resources	Federal, State Alignment
Objective 3.1: Increase the number of organizations that have staff trained in Project DAWN.	• Annually track the number of organizations that go through a Project DAWN training. • Annually track the number of organization staff that have received their certificate from a Project DAWN training.	• 5 organizations • 35 staff members trained	• 8 organizations • 45 staff members trained	• Belmont County Health Department • Southeast, Inc. • Crossroads Counseling • Law Enforcement Agencies	Healthy People 2020 SA-12.0,19.1,19.2.19.3, 19.4,19.5 Health Improvement Plan Addendum-Priority 4.2.3
Objective 3.2 Increase the number of county Emergency Medical Service agencies that have Project DAWN Naloxone kits on hand.	• Annually track the number of first-responder agencies that have Project DAWN Naloxone kits on hand. •Annually track the number of Project DAWN Naloxone kits	• 22 agencies • 45 kits	• Increase by 5% while keeping the same funding source from the state of Ohio	• Belmont County Health Department • Barnesville Emergency Medical Service •Beallsville Emergency Medical Service	Healthy People 2020 SA-12.0 Health Improvement Plan Addendum-Priority 4.2.4

	distributed to first-responder agencies.			•Cumberland Trail Emergency Medical Service	
Objective 3.3 Decrease the number of drug-addicted individuals (those who have been charged with a Felony of the Fourth or Fifth Degree and non-violent) through participation of the 1-3 year Belmont County Drug Court program.	• Annually track the number of individuals who have participated in the Belmont County Drug Court program. • Annually track the number of individuals who have successfully completed the Belmont County Drug Court program. • Annually track the number of individuals who were unsuccessful in the Belmont County Drug Court program.	• 103 • 19 • 26	• decrease by 5% per year • decrease by 5% per year • decrease by 5% per year	• Belmont County Drug Court	

Objective 3.4 Increase awareness, and funding, for Belmont County High, Middle and Elementary Schools to develop prevention attitudes in youth regarding substance use and abuse.	• Annually track the number of awareness events that benefit the Belmont County "Schools Staying Clean" program. • Track the amount of funding raised in order to benefit the Belmont County "Schools Staying Clean" program.	• 0 events, private donations only • $17,000.00	• 1 large event on 9/16/17 with 264 staying clean students • $22,243. 71	• The Classy Chassis Car Club • The Ohio Valley Street Survivors • The Chancellor Car Club • The Ohio Valley Mall • Belmont County High Schools	

Priority 2: Mental Health

Goal: Improve mental health of Belmont County residents through prevention, promotion and intervention.

Strategy 1: Increase awareness of mental health issues in Belmont County youth.					
Why: "In 2013, 10.7% of adolescents aged 12-17 years had a major depressive episode (MDE) in the past 12 months. A higher proportion of adolescent females (16.2%) than males (5.3%) had an MDE in the past 12 months. The rate of females was more than three times that of males (*National Survey on Drug Use and Health (NSDUH), SAMHSA)*. "In 2014, the age adjusted suicide rate for Ohio youth aged 12-17 years was 6.1 compared to a rate of 3.2 in 2013." The rate has almost doubled in only one year (*National Survey on Drug Use and Health (NSDUH), SAMHSA).* Males, youths and young adults, and certain racial/ethnic groups have historically had higher rates of suicide. In 2014, suicide rates were approximately four times higher among males (24.3 per 100,000) than females (6.8 per 100,000), and suicide was the second leading cause of death among youths and young adults aged 10-34 years *(David-Ferdon, Crosby, Caine, Hindman & Iskander, 2016).*					
Strategy	**Measure**	**2015/16 Baseline**	**Target**	**Available Community Resources**	**Federal, State Alignment**
Objective 1.1 Increase awareness of depression in 6th grade youth (11-12 years old) by participating in the evidence based Red Flags program.	• Annually track the number of 6th grade students participating in the evidence-based program Red Flags. • Annually track the percentage of students who show a gain in knowledge and/or seek further assistance as a result of participation from the evidence-based program Red Flags.	• 295 • 0 (not tracked)	• 217 (2017) • Establish baseline tracking	• Student Services • Bellaire Middle School • Bridgeport Middle School • Barnesville Middle School • Martins Ferry Middle School • Shadyside Middle School	•
Objective 1.2	• Annually track the number of high school aged youth	• 254	• 541 (2017)	• Student Services	Healthy People 2020 MHMD-1, 2

Increase awareness of suicide prevention techniques in high school youth (12-18 years old) by participating in the Promise for Tomorrow program.	participating in the Promise for Tomorrow program. • Annually track the percentage of high school aged youth showing a gain of knowledge and/or who seek further assistance as a result of participation in the Promise for Tomorrow program.	• 0 (not tracked)	• Establish baseline tracking	• Bellaire High School • Bridgeport High School • Barnesville High School • Martins Ferry High School • Shadyside High School	
Objective 1.3 Expand youth programs such as Second Step, Captain McFinn and Friends, and Positive Action in Belmont County schools that help youth learn about pro-social behaviors.	• Annually track the number of youth who participated in Second Step. • Annually track the number of youth who participated in Captain McFinn and Friends program. • Annually track the number of youth who participated in the Positive Action program. • Annually track the number of youth who report an increase of emotional/self-regulation as a result of participation from either of these programs. • Annually track the number of youth who report a decrease	• 165 • 619 • 0 (not tracked) • 0 (not tracked) • 0 (not tracked)	•309 (2017) •500 (2017) •166 (2017) • Establish tracking • Establish tracking	• Bellaire Elementary School • Bridgeport Elementary School • Martins Ferry Elementary School • Shadyside Elementary School	Healthy People 202 IVP- 32, 34, 35 MHMD- 6

	in aggressive behaviors as a result of participation from either of these programs. •Annually track the number of youth who report an increase in self-respect and/or kindness toward others as a result of the participation in the Captain McFinn and Friends program.	• 0 (not tracked)	• Establish tracking		
Objective 1.4 Promote Head Start children's (3-5 years old) mental wellness by providing group and individual staff and parent education on mental health issues.	• Annually track the number of joint trainings with staff and parents offering mental wellness topics. • Annually track the number of referrals for mental health services provided for parents and children.	2015-2016 • 1 training (parents only) • 3 children were referred	2016-2017 • 6 trainings (parents only) • 2 children were referred	• Belmont County Head Start • Local Mental Health Agencies for Referrals • Belmont County Health Department • Mental Health and Recovery Board • Belmont County Community Action Commission	Child Mental Health Performance Standard: 1304.24(a)3(ii)

Strategy 2: Increase awareness of mental health support systems for law enforcement officers working in Belmont County.					
Why: "A Crisis Intervention Team (CIT) program is a model for community policing that brings together law enforcement, mental health providers, hospital emergency departments and individuals with mental illness and their families to improve responses to people in crisis. CIT programs enhance communication, identify mental health resources for assisting people in crisis and ensure that officers get the training and support that they need" *(National Alliance on Mental Illness)*. Study results of an Akron, Ohio CIT Program suggest that, "a CIT partnership between the police department, the mental health system, consumers of services, and their family members, can help in efforts to assist persons who are experiencing a mental illness crisis to gain access to the treatment system, where such individuals most often are best served" *(Teller, Munetz, Gil & Ritter, 2006).*					
Objective	**Measure**	**Baseline**	**Target**	**Available Community Resources**	**Federal, State Alignment**
Objective 2.2 Increase participation in the evidence based Crisis Intervention Training (CIT) program by offering more flexible scheduling options for all first responders.	• Annually track the number of participants who completed the Crisis Intervention Training (CIT) program. • Annually track the number of participants in the Crisis Intervention Training (CIT) program who reported saying the program was beneficial for them. • Annually track the number of participants who report using the skills learned in the Crisis Intervention Training (CIT) program.	• 12 • 100% • Not tracked	• Increase by 5% • Maintain • Establish tracking	• Mental Health and Recovery Board • Belmont County Sheriff's Office • Southeast, Inc.	None

Strategy 3: Increase awareness of mental health issues in identified health care provider settings.					
Why: "Generalized anxiety disorder (GAD) is one of the most common mental disorders; however, there is no brief clinical measure for assessing GAD. A 7-item anxiety scale (GAD-7) had good reliability, as well as criterion, construct, factorial, and procedural validity in a criterion-standard study performed in 15 primary care clinics in the United States. Although general anxiety disorder and depression symptoms frequently co-occurred, factor analysis confirmed them as distinct dimensions" *(Spitzer, Kroenke, Williams, & Lowe, 2006).* "Well-validated as a diagnostic measure, the PHQ-9 has now proven to be a responsive and reliable measure of depression treatment outcomes. Its responsiveness to treatment coupled with its brevity makes the PHQ-9 an attractive tool for gauging response to treatment in individual patient care as well as in clinical research" *(Lowe, Unutzer, Callahan, Perkins & Kroenke, 2004).*					
Objective	**Measure**	**Baseline**	**Target**	**Available Community Resources**	**Federal, State Alignment**
Objective 3.1 Increase the use of standardized screening tools for anxiety and depression; such as the Generalized Anxiety Disorder Scale (GAD-7) or the Patient Health Questionnaire (PHQ-9).	• Annually track the percentage of providers using evidence-based standardized screening tools for anxiety and depression.	• No Baseline	• Establish baseline	• Mental Health and Recovery Board • Southeast, Inc. • Ohio Hills Health Services • Belmont Community Hospital • Belmont County Health Department • Barnesville Hospital	Healthy People 2020 MHMD- 11.1, 11.2

Strategy 4: Increase awareness of mental health issues in the general population.					
Why: Peer-reviewed studies from Australia and across the globe show that the program (Mental Health First Aid training) saves lives, improves the mental health of the individual administering care and the one receiving it, expands knowledge of mental illnesses and their treatments, increases the services provided, and reduces overall social distance toward individuals with mental illnesses by improving mental health literacy." *(Substance Abuse and Mental Health Services Administration.)*					
Objective	**Measure**	**Baseline**	**Target**	**Available Community Resources**	**Federal, State Alignment**
Objective 4.1 Increase the number of mental health awareness activities offered to the general population.	• Annually track the number of Mental Health First Aid trainings offered to the general public.	• No Baseline	• 3	• OSU extension office	None

Strategy 5: Decrease suicide rates in Belmont County.					
Why: "In 2015, suicide was the tenth leading cause of death overall in the United States, claiming the lives of more than 44,000 people. Suicide was the third leading cause of death among individuals between the ages of 10 and 14, and the second leading cause of death among individuals between the ages of 15 and 34. There were more than twice as many suicides in the United States as there were homicides." *(Centers for Disease Control and Prevention.)*					
Objective	**Measure**	**Baseline**	**Target**	**Available Community Resources**	**Federal, State Alignment**
Objective 5.1 Increase the number of suicide events offered to the community	• Annually track the suicide rate in Belmont County. • Track the number of suicide awareness events in the community.	• No Baseline • Not tracked	• Establish baseline • Establish baseline	• Belmont County Student Services- Lifelines training • Belmont County Suicide Prevention Coalition	Healthy People 2020 MHMD-1

Priority 3: Obesity

Goal: Prevent and reduce the burden of chronic disease for all Belmont County residents.

Strategy 1: Decrease the likelihood of obesity in Belmont County children and adults.

Why: Students from schools participating in a coordinated program that incorporated recommendations for school-based healthy eating programs exhibited significantly lower rates of overweight and obesity, had healthier diets, and reported more physical activities than students from schools without nutrition programs (*Veugelers & Fitzgerald, 2005).*

There has been 6,500 Veggie U Classroom Gardens and more than 160,000 students graduate from Veggie U across the United States since 2003. More than 90% of teachers incorporating the Veggie U program say they want to teach it again (VeggieU.org, 2017).

Over the past three decades, rates of childhood obesity have tripled. Given the gravity of this health concern, it is important that physicians intervene early. Building stronger connections between physicians and dieticians, as well as between physicians and the local community, may allow physicians to feel more empowered when it comes to managing childhood obesity *(Traun, Flood, Meinen, Daniels, & Remington, 2016).*

12.4% of 2-4-year-old children from low-income families were obese *(State of Ohio, 2011).*

Objective	Measure	Baseline	Target	Available Community Resources	Federal, State Alignment
Objective 1.1 Increase the contribution of vegetables to the diets of the population aged 2-10 years old; in order to prevent obesity and other health related problems.	• Annually track the number of schools participating in the Veggie U Program. • Annually track the number of classrooms participating in the Veggie U Program. • Annually track the number of students participating in the Veggie U Program. • Annually track the number of classrooms that show a positive change (over 20%) in behavior	• 2 • 10 • 170	• 5 • 15 • 250	• Belmont County Health Department • Local Grocery Stores (Riesbeck's) • Farmer's Markets • Women, Infants and Children Dietician • School Nurses • Local School Systems	Healthy People 2020 NWS- 10, 11.1, 15.1

	toward incorporating vegetables into their diet.	• 6	• 10		
Objective 1.2 Ensure high-risk Belmont County children (birth-5 years old) receive optimum preventive services from the Women, Infants and Children Program to prevent and reduce obesity.	• Annually collect provider documentation of obesity risk for each child visit, including: - Number of (1-2 year old) children with a high weight for length (WIC Risk Factor 115). - Number of (3-5 year old) children with a high weight for height (WIC Risk Factor 113).	• 43 • 30	• Decreased by 5% (41) • Decreased by 5% (28)	• Belmont County Health Department • Women, Infants and Children Program • County Hospitals and Pediatricians	Healthy People 2020 NWS- 6.3,10.1,10.4,11.1 PA- 11 Ohio 2012-2014 State Health Improvement Plan- 2.4, 3.4
Objective 1.3 Conduct a nutritional assessment on each child enrolled in the Belmont County Head Start program; reviewed by a licensed nutritionist.	• Annually track the number of children who have completed a nutritional assessment. • Annually track the number of children who report having an overweight or obese entry BMI. •Annually track the number of children who report an overweight or obese BMI which drops to a normal BMI during the Head Start school year.	• 69 • 34 obese, 35 overweight •5 overweight, 1 obese dropped to normal weight	• 55 • 28 obese, 27 overweight • 7 overweight, 5 obese dropped to normal weight	• Belmont County Head Start Family Service Workers • Belmont County Head Start Nutritionist and Health Manager	Child Nutrition Performance Standard 1304.23a

Objective 1.4 Increase nutrition education to post-partum patients, those coded as high weight gain during pregnancy, participating in the Women, Infants and Children program using Steps to a Healthier You (or another Women, Infants and Children approved resource).	• Annually track the number of post-partum patients participating in the Women, Infants and Children program. • Annually track the number of post-partum patients participating in the Women, Infants and Children program's nutrition education resource.	• 81 • 1	• Increased by 5% (85) • Goal: to increase by 50% (43)	• Belmont County Health Department • Women, Infants and Children	

Strategy 2: Decrease food insecurity among elementary students (5-12 years old) in Belmont County.

Why: During the years 2011-2013, 16% of Ohio households reported having food insecurity and/or hunger issues compared to only 14% nationally. *(Current Population Survey-Food Security Supplement (CPS-FSS), U.S. Census Bureau and Department of Agriculture, Economic Research Service (Census and USDA/ERS).*

"Household food insecurity is defined as a condition of limited or uncertain access to adequate food. This food insecurity has been associated with obesity rates among Hispanic adults in the US" *(Smith, Colon-Ramos, Pinard & Yaroch, 2016).*

According to a study on the relationships between adult obesity, childhood overweight, and food insecurity done by Martin and Ferris, children with family incomes below 100% of poverty were half as likely to be overweight as those with higher incomes. Although food insecurity did not increase odds of childhood overweight, food insecure adults were significantly more likely to be obese as those who were food secure. Also, being a female and having an obese parent doubled the likelihood of being overweight" *(Martin & Ferris, 2007).*

One in five American children face food insecurity - more than the populations of New York City, Los Angeles and Chicago combined. During the school week, most of these children depend on the federal free and reduced meal program their school offers. Sometimes, the meals at school are the only ones they get. When the school closes its doors on Friday afternoon, many of these children go home to empty cupboards and empty bellies for 65 hours until they return to school on Monday morning *(Blessings in a Backpack).*

Objective	Measure	2016 Baseline	Target	Available Community Resources	Federal, State Alignment
Objective 2.1 Increase the number of school-aged children in Belmont County who have nourishment needed to learn and grow during the weekends (Saturday and Sunday).	• Annually track the number of schools participating in the Blessings in a Backpack program. • Annually track the number of students participating in the Blessings in the Backpack program. • Annually track the number of students served by the East Richland Friends Church	• 0 • 0	• 1 • 300	• Belmont County Health Department • Belmont County School Systems: National Honor's Society • East Richland Friend's Church • Rock Hill Presbyterian Church	Healthy People 2020 NWS- 12, 13

	"Bountiful Backpacks" from: St. Clairsville Schools B-Cap Students Union Local	 • 115 • 20 • 15	 • 109 • 26 • 15		

Priority 4: Infant Mortality

Goal: Decrease Belmont County's infant mortality rate and reduce disparities in birth outcomes.

Strategy 1: Decrease the teen birth rate (14-19-year olds) residing in foster care and the juvenile justice systems.

Why: Youth residing in foster care and/or involved with juvenile justice agencies have unique circumstances that contribute to their increased vulnerability for unplanned teen pregnancies. Youth in these systems are highly mobile. One consequence of this mobility is the interruption of school attendance affecting the opportunity to obtain health information *(Ohio Department of Health, 2014)*.

Only 43.5% of females aged 15-19 years who are at risk of unintended pregnancy adopted or continued use of the most effective or moderately effective methods of contraception *[(NSFG), CDC/NCHS, 2015].*

Belmont County was last designated a Health Professional (Primary Care) Shortage Area in 2015 (HRSA, 2015).

The teen (ages 15-17) birth rate in Belmont County is 18, while the state rate is 12.8 *(CFHS & RHWP, 2015).*

Objective	Measure	2016 Baseline	2017 Target	Available Community Resources	Federal, State Alignment
Objective 1.1 Reduce the number of youth involved in the foster care and juvenile justice system completing the Personal Responsibility Education Program.	• Quarterly track the number of facilities that have front-line staff trained in the Personal Responsibility Education Program-2016 updated curriculum. • Quarterly track the number of youth, in out-of-home placement, educated in the Personal Responsibility Education Program.	• 0 of 5 • 0 of 11	• 4 of 5 • 6 of 11	• Belmont County Health Department • Children's Services • Department of Youth Services • Reproductive Health & Wellness Programs/Family Planning Clinics • Judges and Probate Court	Healthy People 2020 FP-8.1,8.2,9.1,9.2, 10.1,10.2,10.3,10.4, 12.1,12.2,12.3,12.4, 12.5,12.6,12.7,12.8 Ohio Department of Health State Improvement Plan-2012-2014, Infant Mortality/Preterm Births 2.4.1

Objective 1.2 Decrease, by 5%, the number of unintended teen pregnancies by providing reproductive health and wellness information to teens (14-19 years old) in Belmont County school systems.	• Annually track the number of new teen (14-19 years old) clients served by the Belmont County Reproductive Health and Wellness Clinic. • Bi-annually track the number of each new contraception method provided to teen (14-19 years old) clients by the Belmont County Reproductive Health and Wellness Clinic. • Bi-annually track the number of new teen (14-19 years old) pregnancies recorded at the Belmont County Reproductive Health and Wellness Clinic. • Using the Ahler's system, annually track the number of teen pregnancies averted.	• 43 • 34 • 6 • 9	• Increase by 5% (45) • Increase by 5% (36) • Decrease by 5% (5) • Increase by 5% (10)	• Belmont County Health Department • Schools/School Nurses • Reproductive Health & Wellness Programs/Family Planning Clinics • Hospitals	Healthy People 2020 FP-6.0,7.1,.7.2,8.1,8.2, 10.1,10.2,10.3,10.4, 11.1,11.2,11.3,11.4, 12.2,12.3,16.2 Ohio Department of Health State Improvement Plan-2012-2014, Infant Mortality/Preterm Births 2.4.3,2.4.5

Strategy 2: Decrease the teen birth rate (12-19-year olds) of students enrolled in Belmont County public schools.					
Why: "U.S. teens are two and a half times as likely to give birth as compared to teens in Canada, around four times as likely as teens in Germany or Norway, and almost ten times as likely as teens in Switzerland. A teenage girl in Mississippi is four times more likely to give birth than a teenage girl in New Hampshire—and 15 times more likely to give birth as a teen compared to a teenage girl in Switzerland" (Kearney & Levine, 2012).					
Objective	**Measure**	**2015/2016 Baseline**	**Target**	**Available Community Resources**	**Federal, State Alignment**
Objective 2.1 Increase the number of students participating in the Responsible Social Values Program (RSVP) in Belmont County public schools.	• Annually track the number of students participating in the Responsible Social Values Program (RSVP).	• 691 students	•898	• Belmont County Student Services	Healthy People 2020 FP- 8.1, 8.2, 12.1, 12.2, 12.3, 12.4, 12.5, 12.6, 12.7, 12.8

Strategy 3: Provide a safe sleep environment for new babies (0-12 months) through the Ohio Department of Health's Infant Vitality Cribs for Kids Program					
Why: Since the American Academy of Pediatrics recommended all babies be placed on their backs to sleep in 1992, deaths from Sudden Infant Death Syndrome have declined dramatically. But, sleep-related deaths from other causes, including suffocation, entrapment and asphyxia have increased *(American Academy of Pediatrics)*.					
Objective	**Measure**	**Baseline**	**Target**	**Available Community Resources**	**Federal, State Alignment**
Objective 3.1 Decrease the risk of sleep related infant deaths by following the American Academy of Pediatricians Safe Sleep Guidelines.	• Annually track the number of cribs given out for each child. • Annually track both the county and state level of infant deaths. HP2020 Baseline Target: Belmont County- 6.0	• 24 cribs • County Rate- 6.2 • State Rate- 7.8 • National Rate- 6.8	• 30 cribs • County Rate of 5.9 (1.05% decrease)	• Help Me Grow • Hospitals • Family and Children's First Council •Women, Infants and Children Program	Healthy People 2020 MICH-1.8,1.9 2015-2016 State Health Improvement Plan Addendum: 1.2

Objective 3.2 Provide a safe sleep environment for new babies (0-12months) through the Cribs for Kids Program.	• Increase, by 20% the likelihood of mothers to place their babies to sleep on their backs. • Annually track the number of mothers/fathers who participated in the Cribs for Kids Program or were educated in the Safe to Sleep Public Education Campaign.	• 24 mothers/fathers educated in Cribs for Kids	• 30 mothers/fathers	• Help Me Grow • Hospitals • Women, Infants and Children Program	

Commitment to Change

As mentioned earlier in this document, the Belmont County Health Department plans to continuously update and monitor the process of this living health improvement plan. The priority workgroup meetings will continue to meet quarterly until the Community Health Assessment is reevaluated for a new Community Health Improvement Plan. We not only invite, but encourage both public and professional entities to join us in making Belmont County healthier.

All workgroup meetings are held at the Belmont County Emergency Management Agency, unless otherwise specified. Below is a schedule of open quarterly workgroup meetings:

Substance Abuse Workgroup Meetings (third Friday of every third month)

2017 Dates:
Friday, April 21 from 9:00-10:00 a.m.
Friday, July 21 from 9:00-10:00 a.m.
Friday, October 20 from 9:00-10:00 a.m.

2018 Dates:
Friday, January 18 from 9:00-10:00 a.m.
Friday, April 20 from 9:00-10:00 a.m.
Friday, July 20 from 9:000-10:00 a.m.
Friday, October 26 from 9:00-10:00 a.m.

2019 Dates:
Friday, January 18 from 9:00-10:00 a.m.
Friday, April 19 from 9:00-10:00 a.m.
Friday, July 19 from 9:00-10:00 a.m.
Friday, October 18 from 9:00-10:00 a.m.

Mental Health Workgroup Meetings (third Friday of every third month)

2017 Dates:
Friday, April 21 from 10:00-11:00 a.m.
Friday, July 21 from 10:00-11:00 a.m.
Friday, October 20 from 10:00-11:00 a.m.

2018 Dates:
Friday, January 18 from 10:00-11:00 a.m.
Friday, April 20 from 10:00-11:00 a.m.
Friday, July 20 from10:00-11:00 a.m.
Friday, October 26 from 10:00-11:00 a.m.

2019 Dates:
Friday, January 18 from 10:00-11:00 a.m.
Friday, April 19 from 10:00-11:00 a.m.

Friday, July 19 from 10:00-11:00 a.m.
Friday, October 18 from 10:00-11:00 a.m.

Obesity Workgroup Meetings (third Tuesday of every third month)
2017 Dates:
Tuesday, April 18 from 10:00-11:00 a.m.
Tuesday, July 18 from 10:00-11:00 a.m.
Tuesday, October 17 from 10:00-11:00 a.m.
2018 Dates:
Tuesday, January 16 from 10:00-11:00 a.m.
Tuesday, April 17 from 10:00-11:00 a.m.
Tuesday, July 17 from 10:00-11:00 a.m.
Tuesday, October 23 from 10:00-11:00 a.m.
2019 Dates:
Tuesday, January 15 from 10:00-11:00 a.m.
Tuesday, April 16 from 10:00-11:00 a.m.
Tuesday, July 16 from 10:00-11:00 a.m.
Tuesday, October 15 from 10:00-11:00 a.m.

Infant Mortality Workgroup Meetings (third Tuesday of every third month)
2017 Dates:
Tuesday, April 18 from 9:00-10:00 a.m.
Tuesday, July 18 from 9:00-10:00 a.m.
Tuesday, October 17 from 9:00-10:00 a.m.
2018 Dates:
Tuesday, January 16 from 9:00-10:00 a.m.
Tuesday, April 17 from 9:00-10:00 a.m.
Tuesday, July 17 from 9:00-10:00 a.m.
Tuesday, October 23 from 9:00-10:00 a.m.
2019 Dates:
Tuesday, January 15 from 9:00-10:00 a.m.
Tuesday, April 16 from 9:00-10:00 a.m.
Tuesday, July 16 from 9:00-10:00 a.m.
Tuesday, October 15 from 9:00-10:00 a.m.

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