Theory of Change: If Lucas County coalitions work together, sustained health improvement will be created through evidenced-based solutions, outcome measurement, and collaboration.

Healthy Lucas County

Strategic Plan for Health Improvement

July 2012 through June 2015

Report Prepared by the Hospital Council of Northwest Ohio

Forward-Healthy Lucas County Strategic Plan

Since 1999, Lucas County has conducted community health assessments for the purpose of measuring and addressing health status. Historically, the community has come together as one to measure health status. However, this strategic plan represents the first time that Lucas County Stakeholders have come together to prioritize the health issues that will require the commitment of every sector of the community to address these issues effectively. It is hoped that as a result of this plan, which was funded by the Hospital Council of Northwest Ohio's Lucas County Healthy Communities Foundation sponsored by Mercy, ProMedica and the University of Toledo Medical Center, Lucas County will rally around the issues identified and work together to implement best practices that will improve the health of Lucas County.

If you do not proceed any farther than this page, please note that the following issues must be addressed to improve the health status of Lucas County:

Priority Health Issues for All Lucas County Populations
1. Identify and address persistent health disparities by partnering with other agencies to improve employment, housing, and health care access issues for those persons/populations most in need.
2. Promote healthy living, optimum body weight, and a reduction in chronic diseases by increasing access to fresh fruits, vegetables, and physical activity for adults, youth, and children.
3. Improve health by decreasing the rate of cardiovascular diseases and cancers by reducing a leading risk factor, the rate of tobacco use by adults and youth.
4. Increase the safety of Lucas County youth and children by decreasing the incidence of bullying and youth involved in multiple risky behaviors including alcohol and drug use/misuse and being sexually active.
5. Improve quality of life and overall health by increasing access to primary health and dental care resources for adults, youth, and children.

The first step toward addressing these issues is for each individual, family, and organization to determine what they can do to contribute positively to these concerns through their own behavior, such as eating more fruits and vegetables, exercising, refraining from tobacco use, etc. and by influencing the behavior of their spouse, children, friends, employees or co-workers by setting healthy policies.

The second step is for health, business, government and other sectors to work together through coalitions to address the root causes of these health disparities using the best practices outlined in this document as a guide.

In the meantime, Healthy Lucas County plans to harness the energy created through the health assessment and strategic planning process to form a "coalition of coalitions" to identify and address the root causes of the priority health disparities that have persisted for over a decade. By working together, sustained health improvement will be created through evidenced-based solutions, outcome measurement, and collaboration.

Yours in Good Health,
THE MEMBERS OF HEALTHY LUCAS COUNTY

Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has. ~Margaret Mead

Introduction

Healthy Lucas County has completed a collaborative strategic planning process, involving many community partners and sectors. The resulting *Healthy Lucas County Strategic Plan* encourages community agencies, and especially coalitions, to work together for solutions to improve the health of the community. To provide focus, several priority health issues affecting adults, youth, and children have been identified based on a thorough review of data from the 2011 Lucas County health assessment survey project.

Priority Health Issues for All Lucas County Populations
1. Identify and address persistent health disparities by partnering with other agencies to improve employment, housing, and health care access issues for those persons/populations most in need.
2. Promote healthy living, optimum body weight, and a reduction in chronic diseases by increasing access to fresh fruits, vegetables, and physical activity for adults, youth, and children.
3. Improve health by decreasing the rate of cardiovascular diseases and cancers by reducing a leading risk factor, the rate of tobacco use by adults and youth.
4. Increase the safety of Lucas County youth and children by decreasing the incidence of bullying and youth involved in multiple risky behaviors including alcohol and drug use/misuse and being sexually active.
5. Improve quality of life and overall health by increasing access to primary health and dental care resources for adults, youth, and children.

The Healthy Lucas County Strategic Plan encourages the formation of a coalition collaborative to identify and begin to address the root causes of the priority health issues listed above including health disparities which have persisted for over a decade. Each of these priorities is broad in scope and effective solutions will require input from community members and families and resources dedicated and sustained over time. Lucas County can become a healthier community with opportunities for persons to find quality employment, housing, and access to health care. The vision and purpose for establishing a Healthy Lucas County collaborative of coalitions may be summed up in the following *Theory of Change* statement.

If Lucas County coalitions work together, sustained health improvement will be created through evidenced-based solutions, outcome measurement, and collaboration.

Acknowledgements

We would like to recognize these individuals for their participation and contributions to this planning process and resulting planning document.

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Resource Assessment and Gap Analysis Workgroup Participants

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Healthy Lucas County

VISION

Creating a healthy Lucas County.

MISSION

Improving health and quality of life by mobilizing partnerships and taking strategic action in Lucas County.

GOALS

Healthy Lucas County exists to measure health status and to promote health improvement planning in Lucas County.

Strategic Planning Workgroup Participants

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Healthy Lucas County Strategic Plan for Health Improvement

Overview of the Strategic Planning Process

For the first time, Lucas County agencies and organizations, led by Healthy Lucas County, have completed a strategic planning process which encourages working together to effectively secure resources, match needs with assets, respond to ever changing external circumstances, anticipate and manage change, and to establish a long-term direction for the county. This planning process is actually a continuous cycle which includes:

1. **Visioning**-closely examining current community challenges and predicting positive outcomes for future years
2. **Assessment and Priority Setting**-using primary and secondary data sources to identify the most important needs and gaps facing community members
3. **Resource Assessment**- identifying the current programs, strategies, policies, in place to address the needs identified
4. **Planning**-writing a comprehensive plan which addresses specific needs and gaps over time

Healthy Lucas County Vision, Mission, and Goals

Healthy Lucas County was established in 2000 after the first community health assessment. Their **vision** is c*reating a healthy Lucas County* with the **mission** of i*mproving health and quality of life by mobilizing partnerships and taking strategic action in Lucas County.* Healthy Lucas County exists to measure health status and to promote health improvement planning in Lucas County.

Lucas County Health Assessment

Health-related data was collected for Lucas County adults (19 years of age and older), youth (in grades 5-12), and children (ages 0-11) during a county-wide health assessment survey in 2011. The findings are based on the responses from a random sample of persons and/or parents or guardians who received and returned self-administered surveys based on a structured questionnaire. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national and state *Behavioral Risk Factor Surveillance System* (BRFSS) and *Youth Risk Behavior Surveillance System* (YRBSS) and the *National Survey of Children's Health* (NSCH) developed by the Child and Adolescent Health Measurement Initiative. The Hospital Council of Northwest Ohio collected the data, guided the health assessment process and

integrated sources of primary and secondary data into the final report. These data findings for children, youth and adults were presented at a community event in February 2012.

Lucas County Priority Setting

Immediately after this event, Healthy Lucas County began a strategic planning process which was conducted by three community workgroups; Data Surveillance, Resource Assessment, and Gap Analysis and Strategic Planning. The purpose of the Data Surveillance workgroup was to thoroughly review the 2011 health assessment data and other sources of information to determine important priority health issues for Lucas County adults (ages 19 and over), youth (in grades 5-12) and children (ages 0-11). The Data Surveillance Workgroup began meeting in March and completed their work in early April 2012.

In addition, the participants shared information about current gaps and emerging needs concerning the health of Lucas County residents and current and future programs and services to address these needs based on their personal and agency experiences.

Healthy Lucas County Priority Health Issues and Challenges

Overarching Priority Health Issue for All Ages

Promote Healthy Living

- Decrease the rate of adults, youth, and children who are overweight or obese by body Mass Index (BMI)
- Increase rates of regular participation in physical activities
- Increase the percentage of adults who eat five or more servings of fruits and vegetables daily

Adult Priority Health Issues

The 2011 health assessment provides an objective baseline to work from and after careful consideration the work group identified the following priority issues for **Lucas County adults**, in no particular ranked order.

Partnering to Improve Persistent Health Issues and Disparities through Enhanced Economic Stability

- Increase key leadership awareness of the links between economic stability and health status
- Address adult health disparities based on income, race, and ethnicity by improving access to care and collaborating with community partners to improve the economic and environmental conditions in the community.

Adult Substance Abuse

- Decrease the rates of adult tobacco use

Youth (Ages 12-18) Priority Health Issues

The Data Surveillance Workgroup identified the following priority issues, in no particular ranked order, for **Lucas County youth (ages 12-18)**:

Youth Engaging in Multiple Risky Behaviors

- Decrease the rates of youth alcohol, tobacco, other drug use
- Increase the age of onset of sexual intercourse
- Increase the rate of youth practicing safer sexual health practices

Safe Neighborhoods and Schools

- Decrease the rates of bullying incidents reported by youth in grades 6-12
- Decrease the rates of youth dating violence
- Decrease the percentage of youth carrying weapons
- Decrease the rates of group violence

Child (0-11 Years) Priority Health Issues

Finally, the work group identified the following priority health issues, in no particular ranked order, for **Lucas County children (ages 0-11 years)**:

Safety

- Decrease the rates of bullying incidents and increase bullying prevention efforts for children ages 6-11 years

Early Childhood Development

- Increase the percentage of parents/guardians who read to their children every day
- Increase the rate of parents using safe sleep practices for children

Health and Dental Care Utilization

- Increase the rate of children who have a primary care physician
- Increase the proportion of children going to the dentist
- Decrease the rates of asthma for children
- Improve the asthma management for children
- Increase child immunization rates

Lucas County Resource Assessment

The Resource Assessment and Gap Analysis workgroup used the findings from the Data Surveillance work group to closely examine current resources available to Lucas County residents, which address one or more of the adult, youth, and/or child priority health issues. Using an online survey tool, over sixty agencies and organizations reported the program types and service offered, the populations served, and how they are evaluated to measure effectiveness. The information was summarized and examined by the workgroup to determine possible gaps by specific population groups and/or geographic locations. The Resource Assessment workgroup determined that:

1. Information from several Lucas County service providers was not captured by the online survey tool.
2. The responses received indicate that youth substance abuse prevention programs are not offered countywide.
3. There are several coalitions which are currently independently addressing tobacco use, healthy living, bullying, and safety issues.
4. Many programs do serve the whole county.

Lucas County Strategic Planning

The Strategic Planning workgroup concluded this process by reviewing each of the health issues previously identified, to determine specific aspects of each of the priorities based on: 1) the number of persons affected, 2) the resources needed to begin to have a positive impact on the problems, and 3) the overall strategies necessary to work collaboratively. They concluded that the following health issues, if addressed by multiple agencies and organizations over the next three years, could promote healthier lifestyles and safer neighborhoods for all ages, reduce chronic health diseases, and improve several socioeconomic determinants of health for Lucas County residents.

Priority Health Issues for All Lucas County Populations
1. Identify and address persistent health disparities by partnering with other agencies to improve employment, housing, and health care access issues for those persons/populations most in need.
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5. Improve quality of life and overall health by increasing access to primary health and dental care resources for adults, youth, and children.

Lucas County Strategic Plan for Health Improvement

During this strategic planning process, several coalitions were identified which are addressing tobacco use, substance abuse, healthy living, bullying, early childhood development, improving socioeconomic conditions, and access to health and dental care. These coalitions are dedicated to their efforts, but often need additional resources to complete their missions. The resource gaps may be people, funding, standardized outcome measurements and evaluation methods, and knowledge of the most effective programs and strategies to implement.

In the coming months and years, there will be numerous changes in Lucas County key leadership positions, coalitions, individual organizations and agencies, funding sources, goals and objectives, and other resources currently working and/or desiring to address the priority health issues in this planning document. At this time, individual agency/organization programs and services are well-documented and communicated through the United Way of Greater Toledo 2-1-1 Community Resource Database. Individuals and organizations seeking assistance have this resource which is maintained and publicized. No such resource currently exists for Lucas County coalitions and as a result awareness of meeting dates and times, goals and objectives is difficult to manage and communicate.

This strategic plan outlines how Healthy Lucas County can organize to link existing coalitions working on the priority health issues. The theory is that coalitions working together as a collaborative can tackle greater challenges and barriers to health than individual coalitions and efforts can. Each of the priority health issues identified in the Lucas County Strategic Plan for Health Improvement are wide in scope and require

considerable resources to address. A theory of change statement has been drafted which reads:

If Lucas County coalitions work together, sustained health improvement will be created through evidenced-based solutions, outcome measurement, and collaboration.

If Healthy Lucas County forms a collaborative of coalitions what will improve? What will be different? Individual coalitions participating in a collaborative could realize many benefits including:

- Working with and access to persons from diverse backgrounds and experiences
- An increased awareness of the plans, goals, objectives, programs, services, and infrastructure of the various coalitions and community organizations
- An increased awareness of the needs and assets of persons living within specific communities and/or geographic subdivisions within the county
- The opportunity to share resources and effective practices
- A reduction in duplication of effort and services
- Opportunities to approach key leadership for shared concerns which impact multiple priority health issues
- Wide-spread support for the priority issues and actions
- Improved public policies and health systems
- Ongoing research on policies, strategies, and interventions to address the priority issues
- Use of standardized outcome measurements and evaluation strategies
- An ongoing commitment to conduct regular community health assessments to track progress over time
- Leveraged funding sources/opportunities
- Opportunities to promote community-wide change through multiple approaches proposed by the coalitions and participants from many individual sectors of the county

The Healthy Lucas County Strategic Plan for Health Improvement outlines specific action steps to be implemented over the next three years to assist with the development and implementation of a Healthy Lucas County coalition collaborative. The plan includes a separate section for each of the priority health issues including data to objectively discuss the areas of concern, outcome measurements to measure progress, and current research on best practices and promising strategies of change for consideration.

During the first year, if coalitions are willing, the collaborative will be formed. To begin this process, the membership of Healthy Lucas County would like to work with the

Strategic Planning work group participants and a group of coalitions already addressing one or more of the health priorities to pilot the collaborative. Initial coalitions include but are not limited to:

Priority	**Coalition**
Promote Healthy Living for all Lucas County Residents • Nutrition, weight management, physical activity	-Live Well Toledo -Healthy Youth & Family Coalition -Creating Healthy Communities -Health Mobilization Group
Improve Persistent Health Issues and Disparities through Enhanced Economic Stability • Chronic disease and risk factor management • Stable/adequate jobs and safe/adequate housing • Access to health and dental care	-Toledo-Lucas County Commission on Minority Health -Healthy Lucas County hospital and health care provider members -Lucas County Colorectal Cancer Coalition -Coalition of Organizations Protecting Elders -Financial Stability Collaborative -Toledo/Lucas County CareNet
Adult Tobacco Use • Cigarettes, alternative tobacco products, and chewing tobacco	-Mental Health & Recovery Services Board of Lucas County -Northwest Ohio Tobacco Prevention Coalition
Youth Engaging in Multiple Risky Behaviors: Substance Abuse • Tobacco, alcohol, marijuana use • Prescription drug misuse • Multiple risk factors for teens	-Mental Health & Recovery Services Board of Lucas County -Swanton Area Community Coalition (DFC grant) -Oregon Community and Family Coalition (DFC grant) -Sylvania Community Action Team (DFC grant) -Anthony-Wayne Coalition (DFC grant)
Youth Engaging in Multiple Risky Behaviors: Sexual Health • Age of onset • Multiple partners • Contraception/safe sex	Youth Advocacy Alliance

Youth Safety/Bullying • Date rape • Unsafe neighborhoods	-Anti-Bullying Task Force (UT) -Partners for Successful Youth (PSY) -Safe Kids Coalition
Child Safety/Bullying (6-11 year olds) • Safety in and out of school	-Anti-Bullying Task Force (UT)
Child Health & Dental Care Utilization • Usual source of primary care physician and dentist	-Early Childhood Coordinating (EC3) Committee-Lucas County Family and Children First Council
Early Childhood Development • Parents reading to kids, car seat safety, safe sleeping habits, breastfeeding	-Early Childhood Coordination Committee-Lucas County Family and Children First Council -Safe Kids Coalition

This is just a starting point and the strategic planning work group realizes that many other cohesive groups and efforts are yet to be identified. Throughout the 2012-2015 strategic planning period Healthy Lucas County Coalition Collaborative should make it a priority to continue to be inclusive and to provide a forum for supporting and communicating these works to community members wishing to lend a hand.

Healthy Lucas County Coalition Collaborative: Three Year Action Plan

Year One: September 1, 2012 through August 31, 2013

Objective: Pilot Healthy Lucas County (HLC) as a collaborative hub for coalitions addressing the priority health issues for adults, youth, and children.		
Activity:	**Who is Responsible?**	**By When:**
Convene a pilot group of coalitions currently working to address one or more of the priority health issues to determine interest and begin to design the coalition collaborative	**HLC**	**September 2012**
Establish a regular meeting schedule and format which encourages collaboration	**Collaborative**	**September 2012**
Review full strategic plan and outcome measurements identified for each of the priority health issues.	**Collaborative**	**September 2012**
Conduct a forum to present the priority health issues and strategic plan to the community	**Collaborative**	**October 2012**
Update and approve HLC bylaws to establish the coalition collaborative infrastructure	**Collaborative**	**October 2012**
Gather and share information at the coalition collaborative meetings to begin to identify the root causes of each of the priority health issues	**Collaborative**	**December 2012**
Utilize the collaborative to inform key leadership groups and individuals on one or more of the priority health issues (i.e. link between employment, housing, and health) and potential strategies for improvement	**Collaborative**	**March 2013**
Continue to identify and recruit coalitions currently working to address each of the priority health issues identified for adults, youth, and children for the collaborative.	**Collaborative**	**August 2013**
Continue to research and promote the use of evidence based strategies and formal evaluation methods to improve the priority health concerns	**Collaborative**	**August 2013**
Establish and pilot a communications hub/link for coalitions	**Collaborative**	**August 2013**
Research feasibility and funding for a coordinator staff position for HLC-CC	**Collaborative**	**August 2013**
Conduct a forum which increases awareness of the HLC Coalition Collaborative and the work of the individual coalitions.	**Collaborative**	**August 2013**

Healthy Lucas County Coalition Collaborative: Three Year Action Plan

Year Two: September 1, 2013 through August 31, 2014

Objective: Sustain Healthy Lucas County as a collaborative hub for coalitions addressing the priority health issues for adults, youth, and children.		
Activity:	**Who is Responsible?**	**By When:**
Continue to increase Healthy Lucas County Coalition Collaborative membership to address each of the priority health issues identified for adults, youth, and children.	**Collaborative**	**August 2013**
Conduct a coalition collaborative satisfaction survey based on the year one objective and action steps.	**Collaborative**	**August 2013**
Review the satisfaction survey results and adjust the infrastructure, objectives, and actions steps accordingly.	**Collaborative**	**September 2013**
Collect and review available sources of outcome measurements identified for each of the priority health issues.	**Collaborative**	**October 2013**
Determine specific actions steps to be taken in year two to continue to work collaboratively to address the root cause (s) of at least one priority health issue.	**Collaborative**	**November 2013**
Utilize the collaborative to engage key leadership groups and individuals to prepare to implement strategies to address the root cause identified.	**Collaborative**	**February 2014**
Begin preparations to conduct a community health assessment in the fall of 2014.	**Collaborative**	**February 2014**
Continue to research and promote the use of evidence based strategies and formal evaluation methods to improve the priority health concerns	**Collaborative**	**August 2014**
Maintain and enhance the communications hub/link for coalitions	**Collaborative**	**August 2014**
Conduct a second forum emphasizing collaborative successes and accomplishments	**Collaborative**	**August 2014**

Healthy Lucas County Coalition Collaborative: Three Year Action Plan

Year Three: September 1, 2014 through August 31, 2015

Objective: Sustain Healthy Lucas County as a collaborative hub for coalitions addressing the priority health issues for adults, youth, and children.		
Activity:	**Who is Responsible?**	**By When:**
Maintain HLC Coalition Collaborative membership and update contact lists and information.	**Collaborative**	**August 2014**
Complete preparations for fall community health assessment	**Collaborative**	**August 2014**
Collect and review available sources of outcome measurements identified for each of the priority health issues.	**Collaborative**	**October 2014**
Determine specific actions steps to be taken in year three to implement strategies to address the root causes of one or more priority health issues.	**Collaborative**	**November 2014**
Utilize the collaborative continue to engage key leadership groups and individuals as needed during the implementation of the strategies to address the root cause identified.	**Collaborative**	**February 2015**
Review the results of the community health assessment to: track progress for each of the current priority health issues and to identify others to address	**Collaborative**	**March 2015**
Draft the next three year strategic plan to address the priority areas as a collaborative.	**Collaborative**	**April-August 2015**
Continue to research and promote the use of evidence based strategies and formal evaluation methods to improve the priority health concerns	**Collaborative**	**August 2015**
Maintain and enhance the communications hub/link for coalitions	**Collaborative**	**August 2015**
Conduct a second collaborative participation survey	**Collaborative**	**May-August 2015**

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For additional information for one or more of the adult, youth, or child priority health issues, please see pages 18-61.

Healthy Lucas County
Priority Health Issue #1

Identify and Address Persistent Health Disparities by Partnering with Other Agencies to Improve Employment, Housing, and Health Care Access Issues for those Persons/Populations Most in Need

Why is this an Issue in Lucas County?

As the Data Surveillance work group spent time studying the 2011 Lucas County Health Assessment sections, several patterns emerged.

1. Disparities in some health issues and risk factors have persisted for the many years.
2. Specific health disparities exist by race and/or ethnicity, annual income, and by zip code locations.
3. The populations most affected by several chronic diseases, safety issues, and other daily challenges are Lucas County adults making <$25,000 per year and who are uninsured or underinsured.

Predictors of Access to Health Care

Adults are more likely to have access to medical care if they:

- **Earn a higher income (Lucas median household income in 2010 = $38,773)**
- **Have a regular primary care provider (Lucas = 78% in 2011)**
- **Have health insurance (Lucas = 87% in 2011)**
- **Utilize preventive services in a clinic setting**
- **Have completed a college education (Lucas = 32% in 2010)**

As the higher unemployment rates have persisted in Lucas County over the past several years, persons who are unemployed continue to report mental and physical health issues. Even if they still have health insurance, in the absence of a stable monthly income, deductibles, co-payments, and prescription drug costs are difficult to pay, so medical needs sometimes remain unmet. The 2011 Lucas County Health Assessment identified that only 62% of adults reported they have health insurance supplied by their employer (50%) or someone else's employer (12%) and 6% have purchased it themselves. The top five reasons uninsured adults gave for being without health care coverage were:

1. They could not afford to pay the out-of-pocket expenses (32%)
2. They could not afford to pay the insurance premiums (32%)
3. They lost their job or changed employers (24%)
4. Their employer does not/stopped offering coverage (15%)
5. They became ineligible (age or left school) (13%)

Having a stable job with a living wage is the foundation for not only health care but also safe and reliable transportation and housing. The 2011 health assessment reported that 25% of Lucas County adults looked for assistance to: get food (13%), pay utility bills (12%), pay their mortgage/rent (9%), for transportation (5%), get taxes prepared (4%), get clothing (3%), obtain credit counseling (3%), find legal aid services (2%), and to seek emergency shelter (1%). Transient populations may be less compliant with medical treatment plans and protocols and are often difficult to locate when necessary.

Lucas County by the Numbers

The Data Surveillance work group concluded that key leadership in Lucas County should be made aware of the impact of a person's race/ethnicity and their socioeconomic status as it relates to overall health status. Progress toward decreasing the rates of the leading chronic health conditions and persistent health disparities can be made by addressing the economic status of Lucas County residents.

Health Issue	African Americans	Hispanics	Low Income (<$25,000)	Lucas 2011
Rate health as fair/poor	26%	20%	31%	18%
Uninsured	25%	17%	17%	13%
Diagnosed with Depression	--	27%	34%	22%
Current Smoker	25%	25%	41%	24%
Used marijuana in the past 6 months	17%	10%	26%	11%
Overweight by BMI	28%	37%	34%	36%
Obese by BMI	47%	42%	29%	35%
Eating 5+ fruits & vegetables/day	5%	7%	7%	11%
Diagnosed with High Blood Pressure	44%	--	--	34%
Diagnosed with Diabetes	17%	17%	14%	13%

Health Issue	African Americans	Hispanics	Low Income (<$25,000)	Lucas 2011
Neighborhood not at all safe	20%	15%	N/A	9%
Looking for Food/Rent Assistance	48%	--	--	25%
Concerned about having enough food for their family	22%	--	25%	13%
Have 2 or more sexual partners	20%	10%	17%	9%
Diagnosed with Asthma	14%	13%	15%	13%
Diagnosed with Cancer	7%	4%	20%	11%
Visited a dentist in the past year	60%	56%	44%	68%
Adults using a hospital emergency room as their usual place of health care	18%	5%	15%	6%

Additional Outcome Measurements for Social Determinants of Health

Education	**Lucas 2010**	
Poverty rate for persons 25 years and > for whom poverty status is determined by educational attainment level (Source: U.S. Census-2010-1 Year Estimate)	Less than high school graduate	33%
	High school graduate (includes equivalency)	16%
	Some college or associate's degree	13%
	Bachelor's degree or higher	4%
Median Earning in the past 12 months (in 2010 inflation-adjusted dollars) (Source: U.S. Census-2010-1 Year Estimate)	Population 25 years and over with earnings	$30, 430
	Less than high school graduate	$15,675
	High school graduate (includes equivalency)	$24,715
	Some college or associate's degree	$27,806
	Bachelor's degree	$42,089
	Graduate or professional degree	$60,629
Educational attainment (Source: U.S. Census Bureau-2010- 1 Year Estimate	Population 25 years and over	288,269
	Percent high school graduate or higher (includes equivalency)	88.5%
	Percent bachelor's degree or higher	24.3%

Additional Outcome Measurements for Social Determinants of Health Continued

Employment

Housing Status (in housing units unless noted) (Source: 2010 U.S. Census-1 Year Estimates)

Housing Status	Lucas County	Toledo City	Ohio
Total	202,630	138,039	5127,508
Occupied	89%	87%	90%
Owner-Occupied	56%	55%	61%
Population in owner-occupied (number of individuals)	283,155	158,766	7,889,424
Renter-occupied	33%	39%	29%
Population in renter-occupied (number of individuals)	147,945	119,967	3,340,814
Households with individuals under 18	56,061	36,407	1,438,580
Vacant	11%	13%	10%
Vacant for rent	37%	40%	35%
Vacant for sale	14%	12%	15%
Transportation	Data not available at this time for Lucas County		
Access to Resources	Data not available at this time for Lucas County		
Access to grocery stores and other sources of healthy foods	Data not available at this time for Lucas County		
Access to cigarettes and alcohol for teens	Review Lucas County vendor/seller surveillance data		

What can be done to Address Social Determinants of Health?

- Develop the structure and collaborative processes to create a partnership to address social determinants of health
- Define the Lucas County communities currently most affected by less than optimum social determinants of health (i.e. Lucas County zip codes of: 43604, 43605, 43607, 43608, and 43611)
- Identify persons or organizations with experience or knowledge about the political, social, economic, and environmental conditions in various communities within Lucas County
- Recruit community persons and organizations who are currently most affected by the identified priority health issues Recruit partners from the government, health care system, education, business, public services, faith, and funding agency sectors
- Involve the community members in all aspects of the decision-making process to improve the health system
- Assess the community (s) to determine the priority social determinant of health issues to begin addressing (i.e. health care access for seniors, diabetes, unemployment, housing, transportation services to access health care and/or healthy food sources)
- Determine what information is still needed to be collected to better understand the communities identified

Defining a Community

Who does the community include and not include?

Are there defined geographic boundaries?

Do social or cultural ties exist that link the community members?

What are the shared characteristics of the community?

Additional information sources and action steps to help define communities and unique needs include but are not limited to:

1. Review 2011 Lucas County Health Assessment
2. Share and review community focus group information
3. Collect social indicator data including: employment, education, housing, transportation, parks and recreation utilization
4. Conduct interview or focus groups with the community members
5. Use photo voice method to collect images showing the conditions within a specific community
6. Conduct a community observation and audit (streetlights and sidewalks, healthy food merchants, vacant lots, well equipped playgrounds, presence of graffiti and garbage, advertisements for alcohol and tobacco products, sources of transportation, etc.)
7. Conduct a health impact assessment (HIA) to assess the potential impact of a policy, program, or project on the health of a specific population and/or community (identify key health issues and concerns, identify the health relevance of a policy or proposed project, estimate the size of health impact for a proposed policy or project of interest,

review published reviews, gray literature, and the views and opinions of the people and organizations currently affected by the health issue)

8. Conduct and Appreciative inquiry (AL) to identify existing strengths defined community, group, or system and then builds on those strengths to improve a situation. Focus is on the positive aspects of a community instead of the problems
9. Map community assets and resources already available within the defined community or communities including:
    a. Health care environment (hospitals, clinics, insurance companies, pharmacies)
    b. Food environment (produce markets, quick shops, fast food restaurants)
    c. Active living environment (sidewalks, parks, recreation centers, street lights)
    d. Community services (employment assistance, housing, transportation)
    e. Other public institutions (schools, libraries)
    f. Private businesses
    g. Nonprofit organizations
    h. Community or neighborhood organizations

Once all the information concerning the social determinants of health has been collected for one or more communities, the information should be summarized, shared, and prioritized to determine issues to address. The following questions should be considered when discussing the priorities:

- Which determinants affect the largest number of people in the defined community?
- Which determinants are most import to the defined community?
- Why are these determinants important to the defined community?
- Which determinants have the greatest positive or negative impact on the health of the community?
- Which determinants are easiest to change?
- Which determinants are the various partners most willing to work to change?
- What is the expertise of the various partners?
- What are the barriers to addressing these determinants?
- What resources are available to address these determinants?

Once the priority health issues have been identified and the community's capacity to address these issues has been assessed, the final step is to choose an action strategy and get to work. Planning models often include more than one type of action to ensure that community partners remain engaged from many varying backgrounds and interests. Actions allow organizations such as the proposed Healthy Lucas County Coalition Collaborative to learn how to work together and achieve short-term successes while working on the more complex strategies. Four types of actions discussed and outlined by the Centers for Disease Control document entitled Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health , written by Ramierez LK Brennan, EA Baker, and M Metzler, are community development, social action, health promotion, media advocacy, policy and and/or environmental change.

Community Development

Community development is a series of efforts, performed by a coalition or group of individuals with similar interests which result in community change. This type of action is recommended when partnerships are being developed such as the Healthy Lucas County Coalition Collaborative. Specific community development actions include:

- Developing a shared mission and vision to address a priority concern
- Encouraging community partners and citizens to share their concerns
- Increasing awareness of priority issues within the community
- Gathering information from community members and key leadership to specifically define the areas of concern
- Brainstorming and problem-solving to increase the capacity of the community to address the priority concerns

Social Action

Social action occurs when specific activities designed to spotlight a particular issue. Examples of social action include public ceremonies to read the names of persons who have died from a tragic event and/or illness, crosses placed in a public place to mark the number of abortions performed in the past year, candles being lighted for each person who has lost his/her job. Organizations and groups can support social action strategies by providing research and data to support the efforts and increase the public's awareness and attending the event to show support from multiple sectors. Social actions rely on catching the attention of the media which often alerts public officials of the efforts.

Health Promotion

Health promotion includes all the activities designed and implemented to help people improve their health or prevent illness by making changes in the environments, lifestyle, and personal behaviors. These activities take place in a variety of settings including schools, homes, workplaces, in medical provider offices and hospitals, and many others. Lasting change is difficult to achieve because it requires designing health promotion actions which also address underlying social determinants and barriers to change. Eating healthy requires access to affordable, healthy foods options. Walking to increase physical fitness requires transportation to a recreational facility and/or an access to a safe neighborhood.

Media Advocacy

Media advocacy can be used to shift the public focus, influence community norms and policies, gather information from the community, and to reframe health issues. Organizations can use a media advocacy campaign to create high visibility or to stimulate public debate for a priority issue. Using mass media outlets can help to get messages for change out to large numbers of people. Social determinants of health are addressed when

the public understands that health outcomes are influenced by social, economic, and environmental conditions.

Source: Brennan Ramirez LK, Baker EA, Metzler M. Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2008

Healthy Lucas County
Priority Health Issue #2

Promote Healthy Living, Optimum Body Weight, and a Reduction in Chronic Diseases by Increasing Access to Fresh Fruits, Vegetables, and Physical Activity for Adults, Youth, and Children

Lucas County Adults by the Numbers

The 2011 Lucas County Health Assessment project identified that almost three-fourths (71%) of Lucas County adults were either overweight (36%) or obese (35%) by Body Mass Index (BMI) putting them at an elevated risk for developing a variety of diseases. About four out of five (79%) Hispanic adults were obese or overweight compared to 75% of African Americans and 69% of Whites. Males (8%) were more likely than females (60%) to have the higher body mass index measurements which were calculated using self-reported height and weight values. Since the last health assessment in 2007, there was a very slight decrease in the rate of adults considered overweight by BMI, and an increase in persons now considered obese.

Promote Healthy Living Measurable Outcomes

- Decrease the rate of adults, youth, and children who are overweight or obese by body Mass Index (BMI)
- Increase rates of regular participation in physical activities
- Increase the percentage of adults who eat five or more servings of fruits and vegetables daily

2007/2011 Adult Comparisons	Lucas County 2007	Lucas County 2011	Ohio 2010	U.S. 2010
Obese	33%	35%	30%	28%
Overweight	37%	36%	36%	36%

Lucas County Youth by the Numbers

Body Mass Index (BMI) for youth and children is calculated differently from adults. The CDC uses BMI-for-age, which is gender and age specific as children's body fatness changes over the years as they grow. In children and teens, BMI is used to assess underweight, normal weight, overweight, and obesity.

The 2011 health assessment project identify that 14% of youth were classified as obese by Body Mass Index (BMI) calculations (2007 YRBS reported 12% for Ohio, 2009 YRBS reported 12% for the U.S.). Another 11% of youth were classified as overweight, 72% were calculated to be of a normal weight, and 3% were underweight.
24% of youth described themselves as being either slightly or very overweight (2007 YRBS reported 30% for Ohio, 2009 YRBS reported 28% for the U.S.)

Lucas County Children by the Numbers

The 2011 Lucas County assessment project identified that only 15% of Lucas County children ages 0-11 had 5 or more servings per day of fruits and vegetables, decreasing to 10% of children 6-11 years old. These figures increase to 21% of those in households with incomes less than $25,000. The assessment also indicates that 82% of children 0-11 had 1 to 4 servings of fruits and vegetables per day.

Parents of Lucas County children ages 0-11 also reported that their children consumed the following sources of calcium: milk (90%), yogurt (77%), other dairy products (49%), calcium fortified juice (31%), other calcium sources (12%) and calcium supplements (5%).

In addition, parents reported their child had the following for breakfast: cereal (84%), milk (67%), eggs (57%), toast (54%), fruit or fruit juice (46%), oatmeal (38%), bacon, sausage, or ham (38%), yogurt (34%), Pop Tart, donut, or other pastry (28%), nothing (2%), pizza (1%) and pop (1%). 12% of children ate at the school breakfast program.

When questions about physical activity were asked, 1% of the parents of children ages 6-11 reported that their child did not exercise for at least 20 minutes for 1-3 days the past week compared to 6% of Ohio and 7% of U.S. children of the same ages.
(Source: National Survey of Children's Health, Data Resource Center)

Lucas County Adult Weight Status and Chronic Diseases

A number of factors including being overweight or obese are associated with an increased risk for heart disease, stroke, arthritis, many cancers, and diabetes. The 2011 Lucas County Health Assessment project identified that a significant portion of the adult population has experienced the following cardiovascular disease risk factors: a diagnosis of high blood pressure (34%), a diagnosis of high cholesterol (27%), obesity (36%), currently smoking (24%), sedentary life style (14%), eating less than the recommended 5 or more servings of fruits and vegetables per day (84%), a diagnosis of arthritis (19%), and already diagnosed with diabetes (13%).

Cancer

The 2011 health assessment indicates that 11% of Lucas County adults were diagnosed with cancer at some point in their lives, increasing to 25% of those ages 65 and over. Of

those with cancer, the average age of diagnosis was 46.8 years increasing to 51.6 years for males with females diagnosed on average at 43.9 years. Of those diagnosed with cancer they reported the following types: melanoma (23%), other skin cancer (28%), cervical (7%), breast (6%), colon (6%), thyroid (5%), lung (4%), prostate (3%), and bladder (3%). Cancers were the second leading cause of death for Lucas County adults from 2000-2008.

In January of 2012, the National Cancer Institute (NCI) website reported that obesity is associated with increased risks of the following cancer types, and possibly others as well:

- Esophagus
- Pancreas
- Colon and rectum
- Breast (after menopause)
- Endometrium (lining of the uterus)
- Kidney
- Thyroid
- Gallbladder

The same NCI website describes several of the body's internal mechanisms which have been suggested to explain the association of obesity with increased risk of certain cancers:

- Fat tissue produces excess amounts of estrogen, high levels of which have been associated with the risk of breast, endometrial, and some other cancers.
- Obese people often have increased levels of insulin and insulin-like growth factor-1 (IGF-1) in their blood (a condition known as hyperinsulinemia or insulin resistance), which may promote the development of certain tumors.
- Fat cells produce hormones, called adipokines that may stimulate or inhibit cell growth. For example, leptin, which is more abundant in obese people, seems to promote cell proliferation, whereas adiponectin, which is less abundant in obese people, may have antiproliferative effects.
- Fat cells may also have direct and indirect effects on other tumor growth regulators, including mammalian target of rapamycin (mTOR) and AMP-activated protein kinase.
- Obese people often have chronic low-level, or "subacute," inflammation, which has been associated with increased cancer risk.

Cancer Screenings and Lucas County Adults

Several risk factors may contribute to cancer and the American Cancer Society reports that smoking alone causes one-third of all cancer deaths. The 2011 health assessment identified that 24% of Lucas County residents are current smokes. An unhealthy diet, physical inactivity, and unprotected exposure to strong sunlight and alcohol use are also

major risk factors for developing cancer. Early detection through preventive screenings such as regular routine checkups with a physician, breast, prostate, and colorectal cancer testing are important for improving the outcomes of those diagnosed. The 2011 assessment identified that 58% of those over the age of 50 having been screened for colorectal cancer at some time in their lives. Nearly 1/5 of Lucas County adults reported having a skin cancer screening at some time in their life increasing to 29% of those ages 65 years and over. Just over one forth (28%) of females were tested for osteoporosis at some time in their life. Additional screening statistics are provided in the tables below.

2007/2011 Adult Comparisons	Lucas County 2007	Lucas County 2011	Ohio 2010	U.S. 2010
Had a mammogram in the past two years (age 40 &	73%	74%	74%	76%
Had a pap smear in the past three years	77%	72%	82%	81%

2007/2011 Adult Comparisons	Lucas County 2007	Lucas County 2011	Ohio 2010	U.S. 2010
Had a PSA test in within the past year	34%	26%	N/A	N/A
Had a digital rectal exam within the past year	30%	26%	N/A	N/A

Physical Activity

The Centers for Disease Control (CDC) recommends that adults participate in moderate exercise for at least 2 hours and 30 minutes every week or vigorous exercise for at least 1 hour and 15 minutes every week. The 2011 Lucas County health assessment reported that almost three-fourths (72%) of adults were engaging in light to moderate physical activity for at least 90 minutes or more per week during the summer time decreasing to 52% during the winter. Adults also indicated they were engaging in vigorous physical activity for at least 1 hour per week during the summer time decreasing to 53% during the winter.

Lucas County adults spent the most time doing the following for exercise: multiple exercises (37%), walking (34%), running/jogging (4%), cycling (3%), exercise machines (3%), strength training (3%), swimming (<1%), and other (7%). 14% of adults did not exercise at all, including 3% that were unable to do so.

Lucas County adults gave the following reasons for not exercising: time (26%), weather (23%), cannot afford a gym membership (8%), do not know what activity to do (6%), safety (5%), doctor advised them not to (3%), and other (13%).

Nutrition

The American Cancer Society recommends that adults eat 5-9 serving of fruits and vegetables each day to reduce the risk of cancer and to maintain good health. The 2009 Behavioral Risk Factor Surveillance System (BRFSS) data reported that only 21% of Ohio and 23% of U.S. adults were eating the recommended number of daily servings of fruits and vegetables. The 2011 health assessment project identified that 11% of Lucas county adults were eating 5 or more servings of fruits and vegetables per day. 84% were eating between 1 and 4 servings per day.

Best Practices and Recommendations for Promoting Health Living

What Can Be Done To Promote and Achieve Healthy Weights for Adults? Source: Centers for Disease Control

Many initiatives are being brought forward from the federal and state levels to encourage adults to adopt and maintain healthy weights and lifestyles. The Centers for Disease Control (CDC) recommends that states can:

- Provide supermarkets and farmers' markets with incentives to establish their businesses in low-income areas and to offer healthy foods.
- Expand programs that bring local fruits and vegetables to schools, businesses, and communities.
- Support hospital programs that encourage breastfeeding.
- Adopt policies that promote bicycling and public transportation.

The CDC encourages collaboration to healthy living options for adults and children and recommends that all communities work to:

- Create and maintain safe neighborhoods for physical activity and improve access to parks and playgrounds.
- Advocate for quality physical education in schools and childcare facilities.
- Encourage breastfeeding through peer-to- peer support programs.
- Support programs that bring local fruits and vegetables to schools, businesses, and communities.

Weight control and healthy living is an individual challenge and responsibility. The CDC encourages all persons to:

- Eat more fruits and vegetables and fewer foods high in fat and sugar. See http://www.mypyramid.gov/
- Drink more water instead of sugary drinks.

- Limit TV watching in kids to less than 2 hours a day and don't put one in their room at all.
- Support breastfeeding.
- Promote policies and programs at school, at work, and in the community that make the healthy choice the easy choice.
- Try going for a 10-minute brisk walk, 3 times a day, and 5 days a week. See http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html.

Recommendations for Creating Healthy Communities

Source: **CDC's Healthy Community Design Initiative is part of the National Center for Environmental Health's** Division of Emergency and Environmental Health Services**.**

Overarching Recommendations

- Link public health surveillance with community design decisions;
- Improve community design decisions through tools such as Health Impact Assessment;
- Educate decision makers on the health impact of community design;
- Build partnerships with community design decision makers and their influencers;
- Conduct research to identify the links between health and community design; and
- Translate research into best practices.

Improve the Food Environment in Lucas County

Sources: Centers for Disease Control and Rudd Center for Food Policy & Obesity, Yale University

Create an improved *food environment* which includes:

- The physical presence of nutritional foods which positively affect a person's diet,
- Improved access to food store locations in all parts of Lucas County and especially in areas where access is currently limited,
- Fresh foods which are affordable,
- Public transportation to supermarkets,
- A connected system of distribution for nutritional foods which includes food stores, food service, and any facility where food may be obtained/accessed by Lucas County residents,
- Urban land use policies and tax incentives that will attract supermarkets to low-income neighborhoods,
- Establish a food policy council to provide a forum for public and private stakeholders to suggest policies, share information, and plan for increased access to supermarkets,
- Enhance accessibility to grocery stores through public safety efforts such as better lighting and police patrols,

- Create incentive programs to retrofit grocery outlets with equipment to store and sell fresher and more healthful produce and whole grains (e.g. grant or loans to purchase refrigeration equipment), and
- Create incentives to establish farmers' markets, and mechanisms for WIC and SNAP recipients to use them.

Recommendations for Healthy Community Designs

Source: Centers for Disease Control

In April 2002, the American Planning Association (APA) adopted a definition of smart growth, with one of the six critical elements being to promote public health and healthy communities. APA defines smart growth as using comprehensive planning to guide, design, develop, revitalize and build communities for all that:

- Have a unique sense of community and place;
- Preserve and enhance valuable natural and cultural resources;
- Equitably distribute the costs and benefits of development;
- Expand the range of transportation, employment, and housing choices in a fiscally responsible manner;
- Value long-range, region-wide sustainability rather than short- term, incremental, or geographically isolated actions; and
- Promote public health and healthy communities.

Communities are encouraged to:

- Work with land developers to design, build, and/or enhance neighborhoods which
- Are friendly and safe for pedestrians, children, bicycles, neighbors, the elderly, and persons with disabilities.
- Promote the creation of mixed-use communities that integrate a range of housing and commercial services and serve a variety of income levels.
- Promote and encourage revitalization and development that best uses existing infrastructure.
- Consider the following health issues related to community design:
    - Accessibility for persons with mobility impairments and other disabilities
    - The promotion of children's health when designing, building, and/or renovating schools and parks.
    - Consideration of older adults' health when building community facilities, housing, parks, and recreational facilities.
    - The interaction between motorized and nonmotorized forms of transportation and the impact on personal injury.
    - The effects community design choices may have on mental health and eliminating environmental health disparities.
    - Physical activity for all ages.
    - Reduction of air pollution to improve respiratory health.

- Water quality reductions from poorly planned community growth and loss of green spaces.

Benefits of Healthy Community Design

Source: Centers for Disease Control

Healthy Community Design:

1. Decreases dependence on cars by building homes, businesses, schools, churches and parks closer to each other so that people can more easily walk or bike between them.
2. Provides opportunities for people to be physically active and socially engaged as part of their daily routine, improving the physical and mental health of its citizens.
3. Allows persons, if they choose, to age in place and remain all their lives in a community that reflects their changing lifestyles and changing physical capabilities.
4. Ensure access to affordable and healthy food, especially fruits and vegetables.

Advantages of Healthy Community Design:

1. Promote physical activity.
2. Improve air quality.
3. Lower risk of injuries.
4. Improve healthy eating habits.
5. Increase social connection and sense of community.
6. Reduce contributions to climate change.

Healthy Community Design Principles

1. Encourage mixed land use and greater land density to shorten distances between homes, workplaces, schools, and recreation so people can walk or bike more easily to them.
2. Provide good mass transit to reduce the dependence upon automobiles.
3. Build good pedestrian and bicycle infrastructure, including sidewalks and bike paths that are safely removed from automobile traffic as well as god right of way laws and clear, easy-to-follow signage.
4. Ensure affordable housing is available for people of all income levels.
5. Create community centers where people can gather and mingle as part of their daily activities.
6. Offer access to green space and parks.
7. Create outlets for fresh fruits and vegetables, such as community gardens and farmers markets.

Healthy Living Goals:

Healthy People 2020 recommends that communities strive to effect a 10% change from baseline outcome measurements when compared to the HP2020 to target. The Healthy Lucas County Strategic Plan for Health Improvement is recommending that Lucas County work to achieve a 3-5% positive change in outcome measurements for each of the priority health issues.

Objective	Lucas Baseline-2011	HP 2020 Target	Lucas Target 2015
Weight Status			
Reduce the proportion of adults who are obese	35%	31.5%	32%
Reduce the proportion of children & adolescents who are considered obese (grades 7-12)	14%	12.6%	11%
Physical Activity			
Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination	76%	83.6%	79%
Increase the proportion of youth (grades 7-12) who engage in physical activity of at least moderate intensity for at least 60 minutes a day on 3 or more days a week	71%	78.1%	74%
Nutrition			
Increase the percentage of adults consuming five or more servings of fruits and vegetables per day	11%	12.1%	14%
Increase the percentage of youth consuming five or more servings of fruits and vegetables per day (grades 7-12)	12%	13.2%	15%
Increase the proportion of schools that do not sell or offer calorically sweetened beverages to students	N/A	21.3% (HP2020)	Obtain baseline
Increase the proportion of school districts that require schools to make fruits or vegetables available whenever other food is offered or sold	N/A	18.6% (HP2020)	Obtain baseline

Healthy Lucas County
Priority Health Issue #3

Improve Health by Decreasing the Rate of Cardiovascular Diseases and Cancers by Reducing a Leading Risk Factor, the Rate of Tobacco Use by Adults and Youth

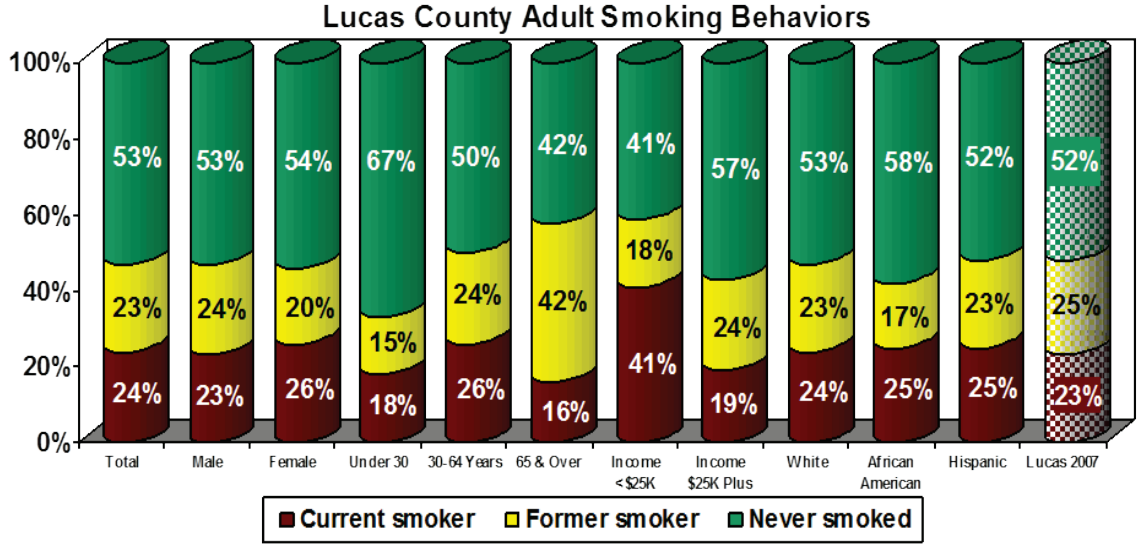
How Do We Know this is a Problem in Lucas County?

Adult Tobacco Use

The 2011 health assessment identified that more than one-fifth (24%) of Lucas County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoke some or all days). The 2010 BRFSS reported current smoker prevalence rates of 23% for Ohio and 17% for the U.S. One-quarter (25%) of Lucas County adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke). Lucas County adult smokers were more likely to:

- Have been married (37%)
- Have incomes less than $25,000 (41%)
- Have been female (26%)

Lucas County adults used the a variety of other tobacco products such as: flavored cigarettes (9%), cigars (5%), black and milds (4%), chewing tobacco (4%), e-cigarettes (3%), little cigars (2%), cigarillos (2%), snus (1%), swishers (1%), hookah (1%)



Respondents were asked:
"Have you smoked at least 100 cigarettes in your entire life?
If yes, do you now smoke cigarettes every day, some days or not at all?"

What Can Be Done To Decrease Adult Tobacco Use?

Since smoking remains a major risk factor for several chronic diseases it is important to continue education, prevention, and cessation efforts for adults as well as youth. The *CDC Vital Signs* stresses the importance of more fully implementing the following proven strategies to reduce cigarette smoking and encourage cessation.

- Implement 100% smoke-free laws in workplaces and public places;
- Increase the price of tobacco products;
- Use graphic warning labels and hard-hitting mass media campaigns to warn about the dangers of tobacco use;
- Enforce restrictions on tobacco advertising, promotion, and sponsorships; and
- Expand access to affordable, effective cessation treatment.

Objective	Lucas Baseline-2011	HP 2020 Target	Lucas Target 2015
Tobacco Use			
Reduce the proportion of adults who are current smokers	24%	12%	21%
Reduce the proportion of adults who use chewing tobacco or snuff	4%	2.3%	1%

Healthy Lucas County
Priority Health Issue #4

Increase the Safety of Lucas County Youth and Children by Decreasing the Incidence of Bullying and Youth Involved in Multiple Risky Behaviors Including Alcohol and Drug Use/Misuse and Being Sexually Active

How Do We Know These Are Problems in Our Community?

Youth Risky Behaviors: Alcohol Use

- In 2011, the community health assessment results indicate that 54% of Lucas County youth in grades 7-12 had drank at least one drink of alcohol in their life, increasing to 76% of youth seventeen and older.
- Of those 7th-12th graders who drank, 37% took their first drink at 12 years old or younger.
- Almost one-third (29%) of Lucas County 7th-12th grade youth had at least one drink in the past 30 days, increasing to 37% of Hispanic youth.
- Over half (57%) of all youth grades 7-12 who reported drinking in the past 30 days had at least one episode of binge drinking.

(Source: 2011 Lucas County Health Assessment)

2011 Youth Comparisons	Lucas County 2011 (5th – 6th)	Lucas County 2011 (7th – 8th)	Lucas County 2011 (9th – 12th)	Ohio 2007 (9th – 12th)	U.S. 2009 (9th – 12th)
Ever tried alcohol	13%	29%	67%	76%	73%
Current drinker	5%	11%	39%	46%	42%
Binge drinker	1%	4%	23%	29%	24%
Rode with someone who was drinking	15%	18%	25%	23%	28%
Drank and drove	N/A	2%	9%	10%	10%

Behaviors of Lucas Adolescent Youth (Grades 7-12)

Current Drinkers vs. Non-Current Drinkers

Youth Behaviors	Current Drinker	Non-Current Drinker
Have been in a physical fight in the past 12 months	45%	21%
Attempted suicide in the past 12 months	8%	3%
Have smoked in the past 30 days	33%	5%
Have used marijuana in the past 30 days	50%	6%
Participated in extracurricular activities	74%	81%

Current drinkers are those youth surveyed who have self-reported drinking at any time during the past 30 days.
(Source: 2011 Lucas County Health Assessment)

Youth Risky Behaviors: Tobacco Use

- The 2011 health assessment identified that 13% of Lucas County youth in grades 7-12 were smokers, increasing to 24% of those who were over the age of 17.
- 11% of Lucas County 7th-12th grade youth who have smoked a whole cigarette did so at 10 years of age or younger and over one-quarter (26%)) had done so by age 12. The average age of onset for smoking was 14.0 years.
- In the 30 days prior to the survey, 8% of Lucas County youth used chewing tobacco or snuff (YRBS reports 10% for Ohio, 9% for U.S) increasing to 18% of those ages 17 and older.

2011 Youth Comparisons	Lucas County 2011 (5th – 6th)	Lucas County 2011 (7th – 8th)	Lucas County 2011 (9th – 12th)	Ohio 2007 (9th – 12th)	U.S. 2009 (9th – 12th)
Ever tried cigarettes	5%	12%	38%	51%	46%
Current smokers	2%	4%	18%	22%	20%
Used chewing tobacco or snuff	<1%	2%	11%	10%	9%
Tried to quit smoking	81%	68%	46%	49%	51%

(Source: 2011 Lucas County Health Assessment)

Behaviors of Lucas Adolescent Youth (Grades 7-12)

Current Smokers vs. Non-Current Smokers

Youth Behaviors	Current Smoker	Non-Current Smoker
Have been in a physical fight in the past 12 months	52%	25%
Attempted suicide in the past 12 months	12%	3%
Have had at least one drink of alcohol in the past 30 days	75%	22%
Have used marijuana in the past 30 days	64%	12%
Participated in extracurricular activities	70%	81%

Current smokers are those youth surveyed who have self-reported smoking at any time during the past 30 days.
(Source: 2011 Lucas County Health Assessment)

Youth Risky Behaviors: Marijuana & Prescription Drug Use

- In 2011, 19% of Lucas County youth grades 7-12 had used marijuana at least once in the 30 days prior to the survey increasing to 31% of those ages 17 and older (YRBS reports 18% for Ohio and 21% for U.S).
- One-fifth (20%) of youth who tried marijuana did so by the age of 12. The average age of onset was 13.9 years.
- 11% of Lucas County youth used medications that were not prescribed for them or took more than prescribed to feel good or get high at some time in their lives, increasing to 17% of those ages 17 and older.
- During the past year, 15% of youth misused over-the-counter medications, increasing to 20% of Hispanic youth.
- Youth who misused prescription medications got them in the following ways:
    - A friend gave it to them (33%)
    - They took it from a friend or family member (32%)
    - A parent gave it to them (13%)
    - Bought it from someone else (9%)
    - Bought it from a friend (6%)

2011 Youth Comparisons	Lucas County 2011 (5th- 6th)	Lucas County 2011 (7th- 8th)	Lucas County 2011 (9th- 12th)	Ohio 2007 (9th- 12th)	U.S. 2009 (9th- 12th)
Youth who used marijuana in the past 30 days	<1%	4%	26%	18%	21%
Ever misused medications	2%	3%	15%	N/A	N/A

(Source: 2011 Lucas County Health Assessment)

Behaviors of Lucas Adolescent Youth (Grades 7-12)

Current Marijuana Users vs. Non-Current Users

Youth Behavior	Marijuana Users	Never Used Marijuana
Carried a weapon	26%	9%
Got into a physical fight in the past 12 months	47%	24%
Purposely injured themselves in lifetime	35%	20%
Contemplated suicide in past 12 months	25%	11%

(Source: 2011 Lucas County Health Assessment)

What Can Be Done to Prevent Youth Substance Abuse?

The Substance Abuse and Mental Health Services Administration (SAMHSA) has developed and funded the implementation of The Strategic Prevention Framework (SPF). SPF uses a five-step process known to promote youth development, reduce risk-taking behaviors, build assets and resilience, and prevent problem behaviors across the lifespan. The SPF is built on a series of guiding principles that can be utilized at the federal, state and community levels. SAMHSA hopes that the implementation of evidenced-based prevention programs will promote resilience and decrease risk factors in individuals, families, and communities. The five steps of The Strategic Prevention Framework encourage communities to:

- Assess their prevention needs based on epidemiological data
- Build their prevention capacity
- Develop a strategic plan
- Implement effective community prevention programs, policies and practices
- Evaluate their efforts for outcomes.

Objective	Lucas Baseline-2011	Lucas Target 2015
Youth Alcohol Consumption (9th-12th Grades)		
Reduce the proportion of youth who are current drinkers	39%	36%
Reduce the proportion of youth who are current binge drinkers	23%	20%
Reduce the proportion of youth who drove a vehicle after drinking alcohol	9%	6%
Youth Tobacco Use (9th-12th Grades)		
Reduce the proportion of youth who have ever tried cigarettes	38%	35%
Reduce the proportion of youth who are current smokers	18%	15%
Reduce the proportion of youth who have used chewing tobacco or snuff	11%	8%
Youth Drug Use (9th-12th Grades)		
Reduce the proportion of youth who are current marijuana users	26%	23%
Reduce the proportion of youth who have misused medications	15%	12%

(Source: 2011 Lucas County Health Assessment)

Youth Risky Behaviors: Sexual Activity

The 2011 Lucas County Health Assessment surveyed students in grades 7-12 in three school districts throughout Lucas County about their sexual health.

- Of those surveyed, the data showed that more than two-fifths (41%) of Lucas County youth have had sexual intercourse, increasing to 76% of those ages 17 and over.
- 11% of youth had participated in anal sex, increasing to 22% of those ages 17 and over.
- 15% of youth used the withdrawal method as their primary form of birth control, and 11% reported engaging in intercourse without any method of protection.
- Of those who are sexually active, the average age of first sexual intercourse was 13.8 years.
- 68% of those who are sexually active had multiple partners (2-3)
- 27% of sexually active youth have had 4 or more partners (2007 YRBS reports 14% for Ohio, 2009 YRBS reports 6% for the U.S), increasing to 34% of Hispanic youth.
- In 2009, the teen birth rate for Lucas County was 24.8 per 1,000 teenage girls in the population, compared to 18.7 per 1,000 for the state of Ohio.
- 7% of youth were physically forced to participate in sexual activity when they did not want to, increasing to 9% of all high school youth. 17% of all Hispanic youth reported being forced to participate in sexual activity.

2011 Youth Comparisons	Lucas County 2011 (7^{th} – 8^{th})	Lucas County 2011 (9^{th} – 12^{th})	Ohio 2007 (9^{th} – 12^{th})	U.S. 2009 (9^{th} – 12^{th})
Ever had sexual intercourse	9%	63%	45%	46%
Used a condom at last intercourse	62%	75%	60%	61%
Used birth control pills at last intercourse	18%	20%	17%	20%
Had four or more sexual partners	2%	27%	14%	14%
Had sexual intercourse by age 13	15%	22%	6%	6%

What Can Be Done to Decrease the Risks Associated with Youth Sexual Activity?

Research shows that a comprehensive sex education program is the most effective tool in educating students on reducing their risks of pregnancy, contraction of HIV and other sexually transmitted infections. Additionally, comprehensive sex education empowers students to make healthy decisions regarding their sexual health.

The Sexuality Information and Education Council of the United States (SIECUS) has produced *Guidelines for Comprehensive Sexuality Education*, a tool aimed to assist parents, teachers, and community members on how to institute safer sex education practices in schools for grades Kindergarten through twelve. The program is composed of six key concepts, including:

- Human Development
- Relationships
- Personal Skills
- Sexual Behavior
- Sexual Health
- Society and Culture

These concepts were designed as a framework for comprehensive sexuality education. SIECUS believes these concepts are an excellent starting point for educators, both new and experienced. After reviewing the concepts, next steps for educators include:

- **Prioritize Topics:** Use the concepts and topics as a "jumping off point" and then work with staff, parents or young people to narrow down and prioritize the list.
- **Fill the Gaps**: The concepts contain key topics and messages for a comprehensive curriculum; however specific information is still left out. The gaps can be filled through information found in resource manuals, websites, books, or other community information such as health assessment results and school policies.
- **Evaluate Existing Curricula and Lessons**: Make sure that a current curriculum covers all of the topics being addressed in this plan, and that information being covered is accurate and up to date. This includes reviewing current topics and messages, ensuring needed skills are being addressed, checking accuracy and appropriateness of current content, working to weed out messages based on fear or shame, and using data to see if the program really works.
- **Create Goals and Learning Objectives:** Goals provide a framework for the topic and the general direction for the lesson. They describe what the lesson will teach about, explain, discuss, or demonstrate. Once goals are created, specific objectives need to be created that focus on what the students will learn from the lesson.

(Source: Sexuality Information and Education Council of the United States (SIECUS). *Guidelines for Comprehensive Sexuality Education.* 2004. http://www.siecus.org/_data/global/images/guidelines.pdf).

Objective	Lucas Baseline-2011	Lucas Target 2015
Youth Sexual Health (7th-12th Grades)		
Increase the proportion of youth using a condom at last sexual intercourse	73%	76%
Reduce the proportion of youth who have had 4 or more sexual partners	27%	24%
Reduce the proportion of youth who are participating in sexting	30%	27%
Increase age of onset of first sexual intercourse	13.8 years	14.2 years

(Source: 2011 Lucas County Health Assessment)

Youth & Child Safety Issues & Bullying

- In 2011, 12% of Lucas County youth had carried a weapon (such as a gun, knife, or club) in the past 30 days, increasing to 17% of males.
- 23% of youth purposefully hurt themselves by cutting, scratching, burning, hitting or biting, increasing to 31% of females.
- In the past year, 28% of youth had been involved in a physical fight
- 6% of youth did not go to school on one or more days because they did not feel safe at school or on their way to or from school (YRBS reports 4% for Ohio, 5% for U.S).

- 43% of youth (grades 7-12) and 53% of parents ages 0-11 report that their child had been bullied in the past year. The following types of bullying were reported:

Child Behaviors	Youth (7th-12th Grade)	6-11 Years
Physically Bullied	14%	15%
Verbally Bullied	31%	61%
Indirectly Bullied	16%	15%
Cyber Bullied	6%	1%

2011 Youth Comparisons	Lucas County 2011 (5th -6th)	Lucas County 2011 (7th -8th)	Lucas County 2011 (9th -12th)	Ohio 2007 (9th -12th)	U.S. 2009 (9th -12th)
Carried a weapon in past month	9%	10%	13%	17%	18%
Been in a physical fight in past year	27%	28%	28%	30%	32%
Did not go to school because felt unsafe	7%	6%	6%	4%	5%

(Source: 2011 Lucas County Health Assessment)

Types of Bullying Lucas County 7th-12th Grade Youth Experienced in Past Year

Youth Behaviors	Total	Male	Female	13 or younger	14-16 Years old	17 and older
Physically Bullied	13%	14%	11%	15%	14%	8%
Verbally Bullied	36%	31%	41%	40%	37%	29%
Indirectly Bullied	26%	20%	35%	28%	27%	24%
Cyber Bullied	14%	10%	20%	13%	15%	14%

(Source: 2011 Lucas County Health Assessment)

What is Bullying?

Bullying is defined by the Centers for Disease Control (CDC) as:

- An attack or intimidation with the intention to cause fear, distress, or harm that is either physical (hitting, punching) verbal (name calling, teasing), or psychological/relational (rumors, social exclusion);
- A real or perceived imbalance of power between the bully and the victim; and
- Repeated attacks or intimidation between the same children over time.

Today youth are being bullied in person or through technology which is referred to as cyber bullying or electronic aggression. Kids who are bullied can suffer physical injury, social and emotional distress, and even death. Some young persons can be both a bully and a victim.

Who is at risk for bullying?

Factors associated with a higher likelihood of engaging in bullying behavior include:

- Poor self-control
- Harsh parenting by caregivers
- Attitudes accepting of violence

Factors associated with a higher likely of victimization include:

- Friendship difficulties
- Poor self-esteem
- Quiet, passive manner with lack of assertiveness

(Source: CDC Understanding Bullying, Fact Sheet, 2011)

What Can Be Done To Prevent Bullying?

The CDC recommends a 4-step approach to address a wide variety of public health problems like bullying.

Step 1: Define and monitor the problem. The 2011 Lucas County Health Assessment collected data and identified that bullying is an issue impacting Lucas County middle and high school youth.

Step 2: Identify risk and protective factors: Now that the problem has been defined for Lucas County, this step will help the community understand why kids are being bullied.

Step 3: Develop and test prevention strategies: The research on the most effective strategies and programs to prevent bullying is ongoing. Some school-based programs

have been implemented, but most have not been adequately evaluated. Based on what is known right now, the most promising program elements include:

- Methods and strategies to improve the supervision of students
- Adapting a school-wide program and culture which uses school rules and behavior management techniques in the classroom and throughout the building to detect and address bullying which identifies and provides consequences for bullying.
- School-wide anti-bullying programs are sustained and enforced consistently.
- Cooperation between school professionals, staff, and parents are promoted,
- Widespread interventions are evaluated to measure effectiveness.

Step 4: Assure widespread adoption: Communities are being encouraged to adapt the best prevention strategies. Resources would be needed to train the school staff, parents, and community members.

What Can Be Done to Increase Youth Safety?

There are several programs currently out there that work to increase youth safety and decrease youth violence. These programs are comprehensive approaches, targeting multiple risk factors that have been proven to increase violence among youth. Below are a few examples of programs proven effective throughout the country.

LifeSkills Training (LST) – LST is a school-based program that aims to prevent alcohol, tobacco, and marijuana use and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors.

LST is based on both the social influence and competence enhancement models of prevention. Consistent with this theoretical framework, LST addresses multiple risk and protective factors and teaches personal and social skills that build resilience and help youth navigate developmental tasks, including the skills necessary to understand and resist pro-drug influences. LST is designed to provide information relevant to the important life transitions that adolescents and young teens face, using culturally sensitive and developmentally and age-appropriate language and content. Facilitated discussion, structured small group activities, and role-playing scenarios are used to stimulate participation and promote the acquisition of skills. Separate LST programs are offered for elementary school (grades 3-6), middle school (grades 6-9), and high school (grades 9-12). For more information, go to http://www.lifeskillstraining.com.

Aggression Replacement Training® (ART®): Aggression Replacement Training® (ART®) is a cognitive behavioral intervention program to help children and adolescents improve social skill competence and moral reasoning, better manage anger, and reduce aggressive behavior. The program specifically targets chronically aggressive children and adolescents. Developed by Arnold P. Goldstein and Barry Glick, ART® has been implemented in schools and juvenile delinquency programs across the United States and throughout the world. The program consists of 10 weeks (30 sessions) of intervention training, and is divided into three components—social skills training, anger-control training, and training in moral reasoning. Clients attend a one-hour session in each of these components each week. Incremental learning, reinforcement techniques, and guided group discussions enhance skill acquisition and reinforce the lessons in the curriculum.

For more information go to: http://www.promoteprevent.org/publications/ebi-factsheets/aggression-replacement-training%C2%AE-art%C2%AE

Objective	Lucas Baseline-2011	Lucas Target 2015
Youth Bullying (7th-12th Grades)		
Reduce the proportion of youth who have been bullied (any type)	46%	43%
Reduce proportion of youth being physically bullied	13%	10%
Reduce the proportion of youth being verbally bullied	36%	33%
Reduce the proportion of youth being indirectly bullied	26%	23%
Reduce the proportion of youth being cyber bullied	14%	11%
Youth Safety/Violence (7th-12th Grades)		
Reduce the proportion of youth who carried a weapon in the past month	12%	9%
Reduce the proportion of youth who have been in a physical fight in the past year	28%	25%
Reduce the proportion of youth who did not go to school because they did not feel safe on one or more days	6%	3%
Reduce the proportion of youth who have purposefully hurt themselves in their lifetime	23%	20%

Objective	Lucas Baseline-2011	Lucas Target 2015
Child Bullying (Ages 6-11)		
Reduce the proportion of children who have been bullied (any type)	53%	50%
Reduce proportion of children being physically bullied	15%	12%
Reduce the proportion of children being verbally bullied	61%	58%
Reduce the proportion of children being indirectly bullied	15%	12%
Reduce the proportion of children being cyber bullied	1%	<1%

Healthy Lucas County
Priority Health Issue #5

Improve Quality of Life and Overall Health by Increasing Access to Primary Health and Dental Care Resources for Adults, Youth, and Children

Risk Factors for Developing Asthma

Exposure to tobacco smoke

Previous allergic reactions including: skin reactions, food allergies or allergic rhinitis (hay fever)

Family history of asthma, allergic rhinitis, hives, or eczema

Increased exposure to air pollution such as living in an urban area

Low birth weight

Obesity

Chronic runny or stuffy nose (rhinitis)

Heartburn (gastroesophageal reflux disease, or GERD)

Child Health Issue: Asthma

The Lucas County Health assessment has identified that 17% of all children ages 0-11, 11% of children 0-5 years of age and 23% of kids 6-11 years have been diagnosed with asthma. Just under one-third (30%) of children diagnosed with asthma lived with a smoker and exposure to second hand smoke is a risk factor for developing asthma. Parents reported their child had allergies to:

Pollen (7%)	Ragweed (5%)	Grasses (6%)
Mold (3%)	Cats (4%)	Dogs (4%)
Cars (4%)	House Dust Mites (3%)	
Milk (3%)		

What Can Be Done To Address Prevent Asthma?

Right now the research indicates that education is the first step to asthma prevention, diagnosis, and management. Parents should be familiar with the symptoms and triggers for asthma. They should be given information about how to delay or possibly prevent allergies or asthma from developing in the first place. An emphasis should be placed on taking steps to prevent the development of food allergies and strengthen the immune system of infants (exclusively breast-feeding s for the first 4-6 months) and reducing contact with environmental triggers (dust mites, tobacco smoke).

Also, parents/guardians should be encouraged to seek the help of an allergist/immunologist who specializes in the diagnosis and treatment of allergies, asthma and other diseases of the immune system if they believe their child may have asthma. Parents should know that their child may need specialized testing to determine exactly what the allergies may be and to determine a treatment plan to manage or even get rid of the child's symptoms. (Source: American Academy of Allergy Asthma & Immunology)

Child Health Issue: Unmet Dental Needs for Ages 0-11

During the 2011 Lucas County health Assessment, 68% of parents reported their child had been to the dentist in the past year. Additionally, 29% of parents of children 0-1 years reported problems with their child's teeth increasing to 46% of parents of 6-11 year olds. The top five problem were: cavities (16%), crooked teeth, or teeth that need braces (8%), teeth problems such as grinding, soft, falling out, etc. (4%), knowing how to brush their teeth (4%), and hygiene such as plaque, does not brush regularly, etc. (3%). Parents gave several reasons for not getting dental care for their child including: dentist will not see child because of age (14%), costs too much (3%), no insurance (3%), no referral (2%), and other reasons (6%).

Resources available in Lucas County for those children with unmet dental needs include:

The Dental Center of Northwest Ohio: For those uninsured that have unmet dental needs or who are unable to get into a dentist when having significant problems, the Dental Center of Northwest Ohio is Northwest Ohio's only stand-alone non-profit dental clinic.

A subset of the Dental Center of Northwest Ohio is the Dental Resource Center, an innovative dental health program for families with children from birth to 5 years of age.

Toledo-Lucas County Health Department Dental Clinics: serve uninsured patients ages birth through 24. However, funding is currently limited and dentists are in need.

Child Health Issue: Immunization/Screening Rates

The goal of the Toledo-Lucas County Health Department Shots for Tots program is that 90% of all Lucas County children have completed their immunization series by age two. The most recent statistics available, the 2008 rate, indicates that 82% of children had been vaccinated by age two.

Lead poisoning is still a big problem in our community. "Lead Poisoning" is defined as a confirmed level of lead in human blood of ten micrograms per deciliter (10 µg/dL) or greater. The 2011 Lucas County Health Assessment showed that only 42% of parents reported their child had been tested for lead poisoning. State law mandates blood lead screening for all "high risk" children below 72 months of age. A "High risk" child is defined as any child enrolled in Medicaid, any sibling of a child with an elevated blood lead level, or any child residing in one of the zip codes where lead levels are historically high.

Resources available in Lucas County for vaccinations/screenings:

Shots for Tots: A program that was developed in 1993 after an Immunization Action Community Coalition was formed to increase immunization rates. The program is run out of the Toledo-Lucas County Health Department. Shots for Tots are available for children 0 - 18 years of age. There is an administration charge of $5.00 per injection.

Office of Lead Poisoning Prevention: Housed out of the Toledo-Lucas County Health Department, the Office of Lead Poisoning Prevention works to test all children for possible lead poisoning and educate caregivers on the dangers of lead. Free lead screenings are available at the Health Department.

What Can Be Done to Address Child Immunization Rates?

Increasing child immunization rates is a community effort. Physicians, parents and community organizations all need to be on board in order to ensure vaccinations are happening at appropriate life stages. The Centers for Disease Control and Prevention (CDC) recommends methods that ensure all parties are aware in order to increase the likelihood that children are being vaccinated.

Recommendations to Parents & Reinforcing the Need to Return:

- The recommendation of a healthcare provider to a parent is a powerful motivator for a parent to comply with vaccination recommendations. Regardless of a child's true immunization status, many parents believe that their child is fully vaccinated.
- Reinforce the need to return by stressing the importance of the vaccine for the child. It is helpful for patients to have the next appointment date in hand at the time they leave the provider's office. Additionally, linking the timing of the return visit to an important calendar event, such as a birthday, may help the parent better remember the appointment.
- A verbal encouragement and reminder by the doctor or nurse can serve as an incentive for a patient completing the immunization series, resulting in higher coverage levels.

Reminder and Recall Messages to Patients:

- Patient reminders (to let them know the vaccinations are due soon) and recall messages (letting them know the vaccination is past due) to parents have been found to be effective in increasing attendance at clinics and improving vaccination rates in various settings.
- Both the Standards for Child and Adolescent Immunization Practices (ACIP) and the Standards for Adult Immunization Practices call upon providers to develop and implement aggressive tracking systems that will both remind parents of upcoming

immunizations and recall children who are overdue. ACIP supports the use of reminder/recall systems by all providers. The National Center for Immunization and Respiratory Diseases provides state and local health departments with ongoing technical support to assist them in implementing reminder and recall systems in public and private provider sites.

Reminder and Recall Messages to Providers:

- Providers can create reminder and recall systems for themselves as aids for remembering for which patient's routine immunizations are due soon or past due.
- Reminder systems will vary according to the need of the provider. In addition to raising immunization rates in the practice, they serve to heighten the awareness of staff members of the continual need to check the immunization status of their patients.

Reduction of Missed Opportunities to Vaccinate:

- A missed opportunity is a healthcare encounter in which a person is eligible to receive a vaccination but is not vaccinated completely.

- Reasons for Missed Opportunities:
  - Lack of simultaneous administration
  - Unaware child needs additional vaccines
  - Clinic policies stating immunizations can only occur at well-child visits.
  - State insurance laws denying reimbursement if vaccination is given during an acute-care visit

- How to Prevent Missed Opportunities:
  - **Standing Orders**: Protocols where nonphysician immunization personnel may vaccinate clients without direct physician involvement at the time of the immunization.
  - **Provider Education**: Anyone responsible for administering immunizations should be knowledgeable about principles of vaccination and vaccination scheduling. Providers are largely responsible for educating their patients, so an investment in provider education will result in a higher level of understanding about immunizations among the public in general.
  - **Provider Reminder & Recall Systems**: While effective in increasing immunization levels recall & reminder systems can also help avoid missed opportunities if they are a component of other practices directed toward this goal.

Reduction of Barriers to Immunization within the Practice

- Providers should determine the needs of their specific patient population and take steps, such as extending clinic hours or providing some immunization clinics, to address obstacles to immunizations.
- Providers should evaluate their fee schedule, due to a common barrier of cost, and should be knowledgeable about programs specific to their state or region.

(Source: http://www.cdc.gov/vaccines/pubs/pinkbook/strat.html)

Child Health Issue: Rate of Children Who Have a Primary Care Physician

Just over ½ (58%) of parents of children 0-5 years and 57% of parents of children 6-11 years reported their child has a personal doctor or nurse. Comparable statistics for Ohio and the U.S. are: 0-5 year olds (95%, 94%) and 6-11 years (95%, 92%)

What Can Be Done to Increase Rates of Children who have a Primary Care Physician?

A Child Health Insurance Research Initiative (CHIRI) study on the impact of implementing primary care case management (PCCM) systems was performed in Alabama and Georgia. PCCM systems aim to increase patients' use of well-child and primary care in physician offices while decreasing use of specialty care and emergency departments.

This study suggests strategies that policymakers may want to consider when designing or modifying Medicaid and State Children's Health Insurance Program delivery systems. These strategies include:

- Ensuring that a sufficient number of providers are available to serve Medicaid and State Children's Health Program enrollees. Consider the factors that influence provider participation decisions, including fee structures.
- Educating families about the benefits of having a primary care provider and how Primary Care Case Management systems work.
- Exploring new outreach strategies to families who have not selected a primary care provider, and match families who have not made a choice to appropriate nearby providers.
- Monitoring use of services, especially among minority children, so that interventions can be launched to address disparities, particularly if historic use patterns, such as use of hospital based providers, will need to change.

- Training primary care providers on strategies to encourage families to use well-child and primary care.

Source: Impact of Primary Care Case Management (PCCM) Implementation on Medicaid and SCHIP from the Child: (http://www.ahrq.gov/chiri/chiribrf8/chiribrf8.pdf)

Objective	Lucas Baseline-2011	Lucas Target 2015
Health & Dental Care Utilization (Ages 0-11)		
Increase the proportion of children going to the dentist	68%	71%
Increase the proportion of children fully immunized by age 2	82%	85%
Increase the proportion of children screened for lead poisoning	42%	45%
Increase the proportion of children who have a primary care physician	58%	55%
Decrease the proportion of children utilizing the emergency room for primary care	3%	<1%

Early Childhood Development Challenge: Increase the Number of Parents Who Read to Their Children Daily

The Lucas County health assessment indicates that one-third of parents (33%) said they read to their 0-5 year old daily compared to 50% of Ohio parents and 48% of U.S parents (2007 statistics).

A book entitled *Meaningful Differences*, written by Hart & Risley in 1995 found that the more that mothers read to their children the greater the gains for children's vocabulary and cognitive ability such that, by age 3 (when children begin to be interested in pre-reading activities), mothers who had been reading daily during the preceding two years had children with significantly elevated language and cognitive scores. Most importantly, maternal reading and child language had a mutual "snowball" effect in which early exposure to reading promoted vocabulary gains that, in turn, led to more reading and vocabulary growth. These findings suggest that reading to very young children even before children have begun to identify letters can form an important foundation for vocabulary development and language skills later in life. Therefore, programs that improve the awareness and ability of low-income parents and caregivers to read frequently to infants and toddlers may lead to important literacy gains in school years.
(Sources: http://www.policyarchive.org/handle/10207/bitstreams/20637.pdf,
Hart, B., Risley, T. R. (1994). Meaningful Differences, York, PA: Paul H. Brooks Publishing Co.)

What Can Be Done To Address This Issue?

Reach Out & Read

Reach Out & Read is an evidence based intervention in early childhood that has been shown to increase literacy rates in children. The program was developed by pediatricians and early childhood educators to make literacy promotion a part of regular pediatric checkups so that children enter school prepared. Lucas County has a Reach Out & Read program that operates out of the University of Toledo Medical Center.

The Solution: Of all parent-child activities, reading aloud provides the richest exposure to language. Giving parents the information and the tools- age appropriate children's books- to make reading aloud a daily activity enables parents to better prepare their children to succeed in school.

Through the program, doctors and nurses provide parents with information on how to read to children at each developmental stage. Along with this advice, doctors give each young patient an age- and culturally- appropriate book to take home. This encourages parents to make reading aloud a routine activity.

What Makes Reach Out & Read So Effective?

A Trusted Messenger: Parents trust and value the advice of their child's physician.

Broad Scope & Reach: Participating medical providers offer the Reach Out and Read program to all children 6 months through 5 years of age at each regular checkup.

Hope for Educational Success: The program specifically ties reading allowed to future success in school, matching the aspiration that parents have for their children.

Positive Reinforcement: By age 1, if there are books at home, children will "demand" to hear them read aloud. The positive, loving attention children receive during story time motivates them to initiate the interaction again and again.

Stretching Every Dollar: Deep discounts from publishers and a bulk-purchasing program enable the program to buy more than twice as many nooks as it could at standard retail pricing.
(Source: www.reachoutandread.org)

Early Childhood Development Challenge: Decrease the Number of Parents Who Co-Sleep with their Children

During the 2011 Lucas County Health Assessment 37% of parents of children 0-5 years of age said they put their child in bed with a parent or other adult.

Co-sleeping means that babies and parents sleep together in the same bed. It's sometimes called bed-sharing. While parents like being able to be close to their baby as much as possible, co-sleeping may put the baby at risk for sudden infant death syndrome (SIDS) and other dangers, like suffocation. SIDS is the unexplained death of a baby while sleeping. The American Academy of Pediatrics (AAP) warns that babies should not co-sleep with anyone.

Why is co-sleeping dangerous?

During co-sleeping, a baby can be hurt by:

- Getting trapped by the bed frame, headboard or footboard
- Getting stuck between the bed and the wall, furniture or another object
- Falling off the bed
- Being smothered by pillows, blankets or quilts or from lying face down on the bed
- Having another person roll on top of him

How is SIDS related to co-sleeping?

About half of all SIDS deaths happen when a baby shares a bed, sofa or sofa chair with another person. To lower a baby's chances of SIDS, parents should not co-sleep if:

- The baby is younger than 3 months of age.
- A mother's partner or other children sleep in the bed.
- A mother smokes, even if they don't smoke in bed.
- A mother very tired.
- A mother has had alcohol, used street drugs or taken certain medicines, like antidepressants. These things can make it hard for the mother to wake up or respond to the baby.

(Source: March of Dimes, March 2012. http://www.marchofdimes.com/baby/care_sleeping.html)

What Can Be Done to Address the Issue of Co-Sleeping?

While there are not specific recommendations to reduce the risk of co-sleeping, the American Academy of Pediatrics has several recommendations for a safe sleeping infant environment:

1) To reduce the risk of SIDS, infants should be placed for sleep in a supine position (wholly on the back) for every sleep by every caregiver until 1 year of life.
2) Use a firm sleep surface: A firm crib mattress, covered by a fitted sheet, is the recommended sleeping surface to reduce the risk of SIDS and suffocation.

3) Room-sharing without bed-sharing is recommended: there is evidence that this arrangement decreases the risk of SIDS by as much as 50%.
4) Keep soft objects and loose bedding out of the crib
5) Media and manufacturers should follow safe-sleep guidelines in their messaging and advertising
6) Expand the national campaign to reduce the risk of SIDS to include a major focus on the safe sleep environment and ways to reduce the risks of all sleeping-related infant deaths.
   (Source: American Academy of Pediatrics. *SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment.* 2011).

Early Childhood Development Challenge: Increase the Number Of Children Who Always Ride In A Car Seat/Booster Seat

In Lucas County, 91% of parents reported their child always rode in a car seat or booster seat when a passenger in a car. 3% of parents reported that their child never rode in a car seat or booster seat.

Motor vehicle crashes are the leading cause of death for children 4 years of age older. The American Academy of Pediatrics provides five evidence based recommendations for best practices to optimize safety in passenger vehicles for all children, from birth through adolescence.

7) All infants and toddlers should ride in a rear-facing car safety seat until they are 2 years of age or until the reach the highest weight or height allowed by the manufacturer of their car safety seat
8) All children 2 years or older, or those younger than 2 years who have outgrown their rear-facing weight or height limit for their care safety seat, should use a forward facing seat with a harness for as long as possible, up to the highest weight or height allowed by the manufacturer of their car safety seat.
9) All children whose weight or height is above the forward facing limit for their car seat should use a belt-positioning booster seat until the vehicle lap-and-shoulder seat belt fits properly, typically when they have reached 4 feet 9 inches in height and are between 8 and 12 years of age.
10) When children are old enough and large enough to use the vehicle seat belt alone, they should always use lap-and-shoulder seat belts for optimal protection.
11) All children younger than 13 years should be restrained in the rear seats of vehicles for optimal protection.

What Can Be Done to Address this Issue?

Pediatricians & health professionals play a critical role in promoting child passenger safety. Because pediatricians are a trusted source of information to parents, every pediatrician must maintain a basic level of knowledge of these best-practice recommendations and promote and document them at every health-supervision visit.

Pediatricians & health professionals can also use this information to promote child passenger safety public education, legislation, and regulation at local, state, and national levels through a variety of advocacy activities, including ensuring that their state's child passenger safety law is in better alignment with the best-practice recommendations.

Pediatricians & health professionals should also familiarize themselves with additional resources to address unique situations for their patients that are not discussed in the above best practices, specifically utilizing certified child passenger safety technicians in the community. In Lucas County, parents can go to fire stations and select hospitals to have their car seats inspected.

Source: Pediatrics, Official Journal of the American Academy of Pediatrics.
http://pediatrics.aappublications.org/content/early/2011/03/21/peds.2011-0213.full.pdf+html

Early Childhood Development Challenge: Increase the Number of Mothers who Breastfeed

In Lucas County, 27% of mothers have never breastfed their child. A Healthy People 2020 objective is to increase the proportion of infants who are ever breastfed to 81.9%. The World Health Organization recommends exclusive breastfeeding for the first six months of life, with continued breastfeeding along with appropriate complementary foods up to two years of age.

What Can Be Done To Increase Breastfeeding Rates?

The CDC has created *The CDC Guide to Breastfeeding Interventions.* This guide contains six evidence based interventions for increasing the proportion of women breastfeeding their children. These interventions include:

Maternity Care Practices: Maternity care practices related to breastfeeding take place during the intrapartum hospital stay. These practices are developing a written policy on breastfeeding, providing all staff with education and training, encouraging early breastfeeding initiation, supporting cue-based feeding, restricting supplements and pacifiers for breastfed infants, and providing for post-discharge follow up.

The use of medications during labor and cesarean birth have been shown to have a negative impact on breastfeeding, however providing continuous support during labor and maintaining skin-to-skin contact

The Maternity Care Practices Model emphasizes the *Ten Steps to Successful Breastfeeding*, which are:

1) Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.
2) Have a written breastfeeding policy that is routinely communicated to all health care staff.
3) Train all health care staff in skills necessary to implement this policy
4) Inform all pregnant women about the benefits and management of breastfeeding.
5) Help mothers initiate breastfeeding within a half-hour of birth.
6) Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.
7) Give newborn infants no food or drink other than breast milk, unless medically indicated.
8) Practice rooming in- allow mothers and infants to remain together 24 hours a day.
9) Encourage breastfeeding on demand.
10) Give no artificial teats or pacifiers to breastfeeding infants.

between mother and baby after birth have been demonstrated to have a positive effect on breastfeeding.

Support for Breastfeeding in the Workplace: Working outside the home is related to a shorter duration of breastfeeding, and intentions to work full time are significantly associated with lower rates of breastfeeding initiation and shorter duration. Several essential elements of a successful workplace program are space, time, support and gatekeepers.

Potential Action Steps for Creating Breastfeeding Support in the Workplace include:

- Provide educational materials to employers about how supporting their employees who breastfeed benefits employers.
- Establish a model lactation support program for all state employees.
- Promote legislation to support work site lactation programs through mandates or incentives.
- Create work site recognition programs to honor employers who support their breastfeeding employees.

Peer Support: the goal of peer support is to encourage and support pregnant women and those who currently breastfeed. Support is provided by mothers who are currently breastfeeding or have done so in the past, and includes individual counseling and mother-to-mother support groups.

Potential Action Steps for Creating Peer Support Groups include:

- Funding one full-time position at the state level to coordinate peer counseling services for women not eligible for WIC in addition to services offered to WIC participants.
- Create or expand the coverage of a peer counseling program within WIC.
- Improve the quality of existing peer counseling services through increased contact hours, enhanced training, and earlier prenatal visits.
- Ensure and pay for the support and clinical supervision of peer counselors by an International Board Certified Lactation Consultant.

Educating Mothers: the goal of educating mothers is not only to increase their breastfeeding knowledge and skills, but also to influence their attitudes toward breastfeeding. While the education primarily targets pregnant or breastfeeding women, it may include fathers and others who support the breastfeeding mother.

Potential Action Steps for Creating an Educating Mothers Program include:

- Funding training programs for health educators who work with women of childbearing age to educate mothers about breastfeeding.
- Encourage health professional organizations to provide training for their members who provide services to women of childbearing age
- Incorporate maternal breastfeeding education into Early Intervention and women's programs, including Early Head Start, Home Visitation programs, family planning, teen pregnancy, and women's health clinic programs.

- Encourage childbirth educators to routinely incorporate evidence-based education on breastfeeding as an integrated component of their curricula.
- Encourage health plans to routinely offer prenatal classes on breastfeeding to all members.

Professional Support: this is provided by health professionals to mothers during both pregnancy and after they return home from the hospital. Support includes any counseling or behavioral interventions to improve breastfeeding outcomes, such as helping with a lactation crisis or working with other health providers.

Potential Action Steps for Creating Profession Support Systems include:

- Collaboration with state Medicaid and insurance commissioners to ensure lactation support is included in standard, reimbursable perinatal care services.
- Fund the establishment of sustainable, financially supported, walk-in breastfeeding clinics available to all new mothers in the community staffed by International Board Certified Lactation Consultants (IBCLC) who are reimbursed for services provided.
- Fund a program where IBCLCs provide breastfeeding support to pregnant adolescents as part of their parenting education at local schools.
- Develop and disseminate a resource directory of lactation support services locally and available to new mothers.
- Integrate lactation support services with home visitation programs to ensure that lactation problems are identified early and that mothers are referred for appropriate help and services.

Media and Social Marketing: initiatives include promotions and advertising that support or encourage breastfeeding as well as imagery in the media that strengthen the perception of breastfeeding as a normal, accepted activity. Marketing can take place through broad venues traditionally considered part of advertising or can be more targeted and use methods such as professional endorsements, providing items to targeted audiences, and sponsoring events focused on a specific demographic group. Social marketing campaigns are comprehensive, multifaceted approaches providing targeted, coordinated interventions to a variety of audiences including consumers, their support systems, health care providers, the community, and the general public.

Potential Action Steps for Implementing Media and Social Marketing Campaigns:

- Identify local experts who can pitch stories to the media that highlight breastfeeding
- Provide *Loving Support* materials to interested local physicians, schools, clinics, hospitals and childcare centers.
- Approach local media outlets and request them to air or feature the public service announcements they have available as part of the *Babies Were Born to Be Breastfed* campaign.

For more information on these programs, visit the *CDC Guide to Breastfeeding Interventions* at http://www.cdc.gov/breastfeeding/pdf/breastfeeding_interventions.pdf

Objective	Lucas Baseline-2011	Lucas Target 2015
Early Childhood Development (0-5)		
Increase the proportion of parents who read to their children daily	33%	36%
Decrease the proportion of parents who are co-sleeping	37%	34%
Increase the proportion of children who always ride in a car seat/booster seat	91%	94%
Decrease the proportion of mothers who have never breastfed	27%	24%