



**2018-2020**

# **Putnam County Community Health Improvement Plan**

**PARTNERS FOR A HEALTHY PUTNAM COUNTY**

**MARCH, 2018**

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# INTRODUCTION

During a meeting in February 2016, the Partners for a Healthy Putnam County determined the need for a comprehensive community health assessment to provide updated primary, secondary, qualitative and quantitative data regarding the health of our community. The Putnam County Health Department facilitated the process to conduct the community health assessment, determine the priorities of the community and develop an improvement plan. The graphic below describes the timeline for completing the Mobilizing for Action through Planning and Partnership (MAPP) process, which includes the completion of the *2018-2020 Putnam County Community Health Improvement Plan (CHIP)*.

With data available from the 2016-2017 Community Health Assessment, the Partners for a Healthy Putnam County, along with interested community members, came together to identify the strategic priorities for our community. Workgroups then met over a five-month period to develop the Action Plan to address the strategic priorities.

The MAPP process, data related to the identified strategic priorities and the Action Plan to address those priorities are provided in more detail in this plan.



## THE PARTNERS

The 2018-2020 Putnam County Community Health Improvement Plan was developed by representatives from partnering agencies and community members within the county. The Partners for a Healthy Putnam County were actively involved in the community health assessment, prioritization of health needs in our community and the development of the action plan to address the identified needs. The Partners for a Healthy Putnam County include:

*Alcohol, Drug and Mental Health Services Board* – Jennifer Horstman  
*Blanchard Valley Health System* – Rob Martin, Barbara Pasztor  
*Community Members* – Lisa Langhals, Lita Siefker  
*Crime Victim Services* – Sara Heitmeyer, Rebecca Peckinpaugh, Tammy Baumunk  
*HHWP Community Action* – Erin Rodabaugh-Gallegos  
*Law Enforcement* – Sheriff Brian Siefker, Chief Nick Gilgenbach, Chief Arnie Hardy, Chief Jim Gulker, Chief Rich Knowlton  
*Leipsic Community Center* – Kristen Pickens  
*Lima Memorial Hospital* – Jeff Utz  
*Mercy Health, Klass Family Medicine* – Jennifer Hovest  
*Ohio State University Extension, Putnam County* – Emilee Drerup  
*Ottawa Area Chamber of Commerce* – Amy Sealts  
*Ottawa Senior Citizens Association* – Sue Barnhart  
*Pathways Counseling Center* – Aaron Baumgartner  
*Putnam County Board of Developmental Disabilities* – Beth Hempfling  
*Putnam County Commissioners* – John Love, Vince Schroeder, Michael Lammers, Jackson Betscher (Administrator)  
*Putnam County Council on Aging* – Jodi Warnecke, Judy Kahle  
*Putnam County Educational Service Center* – Dr. Jan Osborn, Marcie Osborn  
*Putnam County EMA* – Mike Klear  
*Putnam County Family and Children First Council* – Beth Tobe  
*Putnam County Health Department* – Kim Rieman, Sherri Recker, Brandi Schrader, Joan Kline, Dunel Fry, Angela Recker  
*Putnam County HomeCare and Hospice* – Gretchen Lammers  
*Putnam County Job and Family Services* – Steven Ford, Suzy Wischmeyer  
*Putnam County Library* – Kelly Ward  
*Putnam County WIC* – Erin Rodabaugh-Gallegos  
*Putnam County YMCA* – Brian Barhorst, Amanda Schroeder  
*Schools* – Don Horstman, Linda Knowlton, Jackie Fields, Greg Williamson  
*St. Rita's Putnam County Ambulatory Care Center* – Karen Vorst  
*St. Rita's Medical Center* – Amy Marcum  
*Trilogy* – Steve Apple, Jim Sherry, Stephanie Clark  
*United Way of Putnam County* – Jeanne Beutler

Many of these partners participated in workgroups to develop the Action Plan for the Community Health Improvement Plan and have committed to continuing work to implement the plan.

# THE PROCESS

## OVERVIEW OF THE MAPP FRAMEWORK

The Partners for a Healthy Putnam County continue to work toward the vision of a healthy community by “promoting healthy and active lifestyles to enhance the quality of life in Putnam County”. In efforts to achieve a healthy community, the Partners once again implemented the Mobilizing for Action through Planning and Partnership (MAPP) model to conduct the assessments, identify resources and complete the Community Health Improvement Plan (CHIP). The Putnam County Health Department led the Partners through the process.

The MAPP Framework is an evidence-based, community-driven tool developed by the Centers for Disease Control and Prevention (CDC) and the National Association for County and City Health Officials (NACCHO) that includes six phases:

- Organize for Success/Partnership Development
- Visioning
- Four MAPP Assessments
- Identify Strategic Issues
- Formulate Goals and Strategies
- Action Cycle

## ORGANIZING AND VISIONING

To begin the MAPP process, the Partners for a Healthy Putnam County met in February 2016 to review the progress of the 2014-2017 Community Health Improvement Plan (CHIP). It was at this meeting that the need to conduct the MAPP process to update the community health assessment and the current CHIP were discussed. The Partners agreed that an update was needed and the Putnam County Health Department (PCHD) would facilitate the process and work collaboratively with partners and the community to update the Community Health Assessment and the CHIP.

The vision statement is the inspiration, or framework, for planning. The vision of “promoting active and healthy lifestyles to enhance the quality of life in Putnam County” provides direction for the Partners while developing and implementing the *2018-2020 Putnam County Community Health Improvement Plan*.

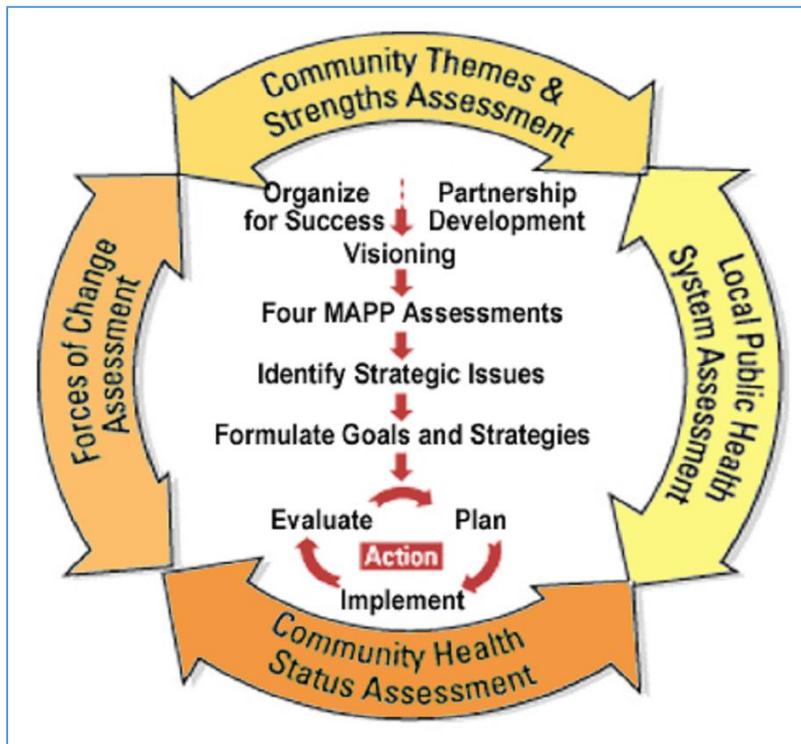
## FOUR MAPP ASSESSMENTS

In June 2016, a committee was formed to begin organizing and planning for the MAPP process, which included the four assessments described below:

- **The Community Health Status Assessment** collects quantitative information on health status, quality of life and risk factors.
- **The Community Themes and Strengths Assessment** identifies what is important to community members, how quality of life is perceived and what assets does the community have that can be used to improve community health.
- **The Local Public Health System Assessment** is completed using the National Public Health Performance Standards Local Instrument. This assessment measures how well the local public health system delivers the *10 Essential Public Health Services*.

- **The Forces of Change Assessment** identifies all the forces associated with the opportunities and threats that can affect the community and local public health system, either now or in the future. Forces can be trends, factors or events.

The MAPP assessments are an integral part of the MAPP process as shown in the diagram:



After conducting the four MAPP assessments, the Partners met in April 2017 for a presentation of the data. The community and other stakeholders were also invited to attend this event to provide input. The four assessments are described below.

### Community Health Status Assessment

How healthy is our community?

What does the health status of the community look like?

The Community Health Status Assessment was conducted in Fall 2016. It was determined that there was a need for updated primary data, therefore, the Partners contracted with an outside organization, the Hospital Council of Northwest Ohio (HCNO), to conduct a community health survey of adults in Putnam County. The CHA Advisory Committee, a small workgroup of partners, met throughout the summer 2016 to determine questions and methodology to be used for the survey. This assessment includes both primary and secondary data.

A final report of the Community Health Status Assessment was presented at a public meeting on April 25, 2017. Members of the Partners for a Healthy Putnam County, stakeholders and

community members were invited to attend. This data was valuable as the Partners determined the strategic priorities, goals, objectives and strategies for the Community Health Improvement Plan. The Community Health Status Assessment report is available on the Putnam County Health Department website at [www.putnamhealth.com](http://www.putnamhealth.com).

A breakdown of health issues of the population, related health disparities among the population, and identified populations with an inequitable share of poorer health outcomes is provided in the assessment. This data allowed for consideration of these issues as the priorities for the next community health improvement plan were determined.

Data was also provided by the 2015 Pride Survey that is conducted with youth in grades 6, 8, 10 and 12. This survey is conducted through the Putnam County Task Force for Youth, a committee of individuals and organizations that focuses on providing healthy alternatives for the youth of the county. The Pride Survey provided information about youth risky behaviors and data in regards to healthy lifestyle behaviors.

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

What is important to the community?

How is quality of life perceived in the community?

What assets does the community have that can be used to improve community health?

A combination of focus group discussions with a variety of groups in the community and key informant surveys was used to conduct the Community Themes and Strengths Assessment. In an effort to obtain a good picture of the health of the community from the viewpoint of our residents, focus group discussions were conducted with a number of different groups including: senior citizens, Head Start parents, food pantry participants, guidance counselors, at-risk youth, P.A.R.T.Y. youth, parents of at-risk youth, elementary teachers, police chiefs, ministers, and Task Force for Youth members.

The groups considered the health of the community as areas in which Putnam County is strong, such as good schools, strong faith-based, family-oriented, friendly communities and service-providing agencies. Throughout the focus group process, several themes were also identified by most or all of the groups as concerns for Putnam County. Those themes include:

- increase in addictions (alcohol and drug) and how children/families are affected
- mental health and concerns with access to services
- lack of transportation
- challenges for schools and parents (behaviors, etc.)
- obesity (sedentary lifestyle and unhealthy eating)
- high cancer rates

A key informant survey was also completed as part of the Community Themes and Strengths Assessment. The survey was provided to healthcare providers, mental health providers and representatives of area businesses. These individuals were asked to respond to a series of questions relating to health issues in Putnam County. Some of the questions were more

specific, relating to the results of the community survey that had been completed. This was done to gather a better understanding of the role of the key informants in helping to address particular health issues.

Similar themes as those found in the focus groups were also identified by the county's key informants. Some of the top health issues were:

- mental health (depression, anxiety)
- diseases related to lifestyle choices (obesity, hypertension, type 2 diabetes)
- addictions (drug dependency, excessive alcohol usage, over-eating, tobacco)

The key informants were also asked to provide suggestions for ways to address some of the issues. More education on the various concerns was a common recommendation provided by those surveyed. The key informants also acknowledged barriers, such as transportation, financial restraints and limited number of healthcare specialists in the county, which may hinder efforts to address the health issues.

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

What are the activities, competencies, and capacities of the local public health system?

How are the 10 Essential Public Health Services being provided to the community?

In November 2016, the Putnam County Health Department, along with members from the Partners for a Healthy Putnam County, participated in the Local Public Health System Assessment (LPHSA) to evaluate the current public health system within the community of Putnam County. Twenty-one members of the Partners for a Healthy Putnam County, representing 16 agencies and 2 community members, attended an all-day meeting to assess the public health system's services, based on the *Ten Essential Services of Public Health*. To ensure that health equity and health disparities were considered, portions of the *Health Equity Supplement* to the MAPP process were used.

During the Local Public Health System Assessment, the participants were asked to identify existing community assets and resources that are available in the Putnam County community. This information was helpful when conducting a gap analysis.

The intention of the LPHSA is to provide the following:

- Measure and summarize the performance of the current public health system in Putnam County using nationally established performance standards and a methodology to conduct the assessment.
- Improve and/or establish connections with existing and new community partners to establish and strengthen collaborations that could contribute to improving the public health in Putnam County.
- Provide information for quality improvement of the public health system, identify priorities for the development of the community health improvement plan and provide input that may help with the development and/or implementation of the health department's strategic plan.

Several model standards were identified as possible areas for improvement as determined by the LPHSA performance scores and prioritization. These areas include: Foster Innovation, Evaluate Population Health, Leadership Development, Improve Laws, Health Communication, Health Education/Promotion and Current Technology.

### **Forces of Change Assessment**

What is occurring or might occur that affects the health of the community or the local public health system?

What specific threats or opportunities are generated by these occurrences?

The Forces of Change Assessment was conducted in January and February 2017. The members of the Partners for a Healthy Putnam County were asked to answer the following two questions through Survey Monkey:

- In thinking about forces of change – changes that are outside of your control – what is occurring or might occur that affects the health of community or the local public health system?
- What specific threats or opportunities are generated by these occurrences?

Some of the forces, or changes out of our control, that were identified include:

- Changes or Repeal of the Affordable Care Act
- Aging Population
- Heroin/Opiate/Other Drug/Alcohol Use
- Mental Health Counseling
- Climate Change/Global Warming
- Shortage of Workforce
- Legalization of Marijuana
- Emerging New Diseases
- Civil Unrest
- Funding Changes

After sharing the information and data from all four the MAPP assessments, a prioritization meeting was held in May 2017. Members of the Partners for a Healthy Putnam County and the community were invited to participate in this phase of the process. The data was once again reviewed and a summary of the themes identified through the MAPP assessments was provided to the participants to help with the prioritization process. See Appendix A for the summary document: Putnam County Themes & Priorities from MAPP Assessments 2016-2017. The entire Community Health Assessment report is available at [www.putnamhealth.com](http://www.putnamhealth.com).

### **IDENTIFY STRATEGIC PRIORITIES**

Based on the 2016-2017 Community Health Assessment, which includes data from the four MAPP assessments, those attending the May 2017 prioritization meeting identified several key

issues and themes. A discussion regarding the impact of these issues and the effects on the population, especially those with health disparities and those that experience health inequity, occurred during this meeting. Using the nominal group technique, the group considered and ranked their top three identified issues to determine the priorities for the community. Once the voting was complete and after some discussion, it was decided to address four priorities in the *2018-2020 Community Health Improvement Plan*.

Those four strategic priorities are:

- Mental Health and Addiction
- Preventable/Chronic Disease
- Abuse
- Safety

To help with the identification of gaps and possible opportunities for improvement, the group then conducted an assessment of the existing assets and resources of the new priorities. The Resource Assessment for each priority is provided in Appendix B.

## **FORMULATE GOALS AND STRATEGIES**

Workgroups were then formed to develop an Action Plan with goals, objectives and strategies for each of the strategic priorities. Evidence-based public health practices, policy, environmental and systems change, as well as the state and national priorities, were considered as the workgroups developed the Action Plan. Priorities in the State of Ohio's Health Improvement Plan (SHIP) that are linked to the Putnam County plan are identified with a State of Ohio symbol. National priorities from the National Prevention Strategy were also considered during the development of the Action Plan. As the workgroups met to develop the Action Plan, health inequities and social determinants of health were considered in the planning.

Upon completion of this phase, the health department compiled the Action Plan from all of the priorities into the *2018-2020 Putnam County Community Health Improvement Plan (CHIP)*. This plan is presented to the Partners, stakeholders and community members as a working document to address the needs of our community. Partners, stakeholders and community members are encouraged to take an active role in implementing the goals and strategies identified in this plan.

## **ACTION CYCLE**

Now that the *2018-2020 Putnam County Community Health Improvement Plan (CHIP)* is complete, it is time to put the plan into practice. Transparency and communication is vital in this phase, as different individuals, agencies and organizations are all working together to successfully implement the plan. If there are existing committees or task forces already working to address some of the identified priorities, those groups will help to guide the implementation of this plan. If new committees are needed, they will be developed to address the needs.

Evaluation is a key part of the Action Cycle. It is important to know how well we are meeting the goals and objectives of the CHIP. Therefore, evaluation of the strategies will be completed regularly and reported to the Partners, stakeholders and the community. As needed, revisions to the CHIP will be completed and made available.

## REVIEWING THE DATA AND PRIORITIZING NEEDS

After reviewing the community health assessment data (primary, secondary, qualitative and quantitative), several issues were identified as areas of concern for the health of Putnam County. The data also provided information about certain segments of the population that may be more at risk.

A summary of the four MAPP assessments was provided to help in identifying themes across the four assessments. The summary can be found in Appendix B of this plan.

During the prioritization process, the group also considered the following:

- What is the seriousness of the issue?
- Does the issue affect certain populations in our community?
- Will we be able to make an impact?
- Does the issue align with the state of Ohio's improvement plan (SHIP) and national priorities?

After brainstorming to answer the above questions, the Partners and community members in attendance at the May 2017 prioritization meeting used the nominal group technique to rate the priorities of most concern. The data that was highlighted during the discussion and the votes received by each of the priorities is provided below:

### **Mental Health and Addiction (41 votes)**

- Binge Drinking – 44% of respondents binge drink
- Drank alcohol on 3 or more days in last month- 77% under age 30 and 61% of income > \$25,000
- Use of marijuana in past 6 months – 12% with income < \$25,000
- Medication misuse in past 6 months – 15% with income < \$25,000
- Felt sad or hopeless two or more weeks in a row – 15% with income < \$25,000 and 11% of females
- Depressive disorders are most often mental health diagnosis
- 8 suicide deaths 2014-2016. 63% age 50 and over, 88% were male  
In 2016 there were 24 suicide threats, 13 attempts and 4 suicides

### **Preventable and Chronic Diseases/Conditions (32 votes)**

- 24% of all deaths 2013-2015 were due to heart disease
- 3% of adults experienced a heart attack, increasing to 10% for those over 65
- Percent of adults with cardiovascular disease risk factors – obesity (38%), high blood cholesterol (33%), high blood pressure (30%), sedentary (23%), smoking (11%), diabetes (9%)
- Prevalence of high blood pressure and high blood cholesterol in those with income < \$25,000

- Diabetes – 24% age 65 and over, 13% with income < \$25,000
- Obesity – 58% with income < \$25,000 are obese, 19% are overweight and 40% of obese adults are female
- Nutrition – 1% of adults and 15.7% of youth eat recommended 5 or more servings of fruits and vegetables per day, 25% eat 3-4 servings.
- Exercise – 23% of adults do not participate in any physical activity. 10.5% of youth are active 1 or fewer days per week
- Cancer – 12% of adults are diagnosed with cancer at some point in their lives, 31% of those 65 years of age and older. 19% of deaths in 2013-2015 was due to cancer, 27% from lung or bronchus cancer
- Breast, other skin cancer, and prostate are most commonly diagnosed
- 61% of females over 40 had mammogram in past year. 45% of men over age 50 had PSA and 64% of adults over age 50 had colonoscopy or sigmoidoscopy
- 31% of adults age 65 and over experienced a fall in the past year

### **Abuse (17 votes)**

- 20% of adults were abused at some points in their lives. 31% of these adults report being abused by multiple sources
- All manners of abuse were reported – verbally (63%), emotionally (57%), physically (42%), sexually (29%), financially (26%) and through electronic methods (21%)

### **Safety (13 votes)**

- 15% of adults with income < \$25,000 reported using medications not prescribed for them or took more than prescribed to feel good or high and/or more active or alert
- 22% use Medication Collection program to dispose of unused medication
- Cell phone use while driving – 21.4% of youth, 18% of adults

Additional data is available in the appropriate sections of this document or in the *2016-2017 Community Health Assessment* report at [www.putnamhealth.com](http://www.putnamhealth.com).

## **ALIGNMENT WITH STATE AND NATIONAL PRIORITIES**

### **STATE OF OHIO HEALTH IMPROVEMENT PLAN (SHIP)**

In the guidance from the Ohio Department of Health titled “Improving Population Health Planning Ohio: Guidance for Aligning State and Local Efforts”, local health partners are encouraged to collaborate to develop an improvement plan that aligns with Ohio’s Health Improvement Plan. The use of the MAPP Framework is also encouraged during the assessment and planning phases. The MAPP Framework was implemented in Putnam County as encouraged by the Ohio Department of Health.

*Ohio’s 2017-2019 State Health Improvement Plan (SHIP)* is a strategic menu of priorities, outcome objectives and evidence-based strategies designed to address three priority topics that define Ohio’s greatest health challenges:

- Mental health and addiction
- Chronic disease
- Maternal and infant health

By focusing on these priority topics, the goal of the SHIP is to affect the overall health outcomes of:

- Increase health status (reduce the percent of Ohio adults who report fair or poor health)
- Decrease premature death (reduce the rate of deaths before age 75)

The SHIP takes a comprehensive approach to improving the health of Ohioans by addressing cross-cutting factors such as health equity, social determinants of health, public health and prevention, and healthcare system and access.

To align with the SHIP, local health departments and partners are encouraged to take a leadership role by selecting two priority topics as part of the local CHIP. The selection of these priorities should be guided by the needs that are identified through data collection and analysis and chosen through a collaborative process. The local entity should also address cross-cutting factors to decrease health disparities and achieving health equity.

Through the MAPP framework and process for developing the *2018-2020 Putnam County Community Health Improvement Plan*, the following SHIP priority topics, priority outcomes and cross-cutting factors were selected to allow for alignment with the state plan:

Priority Topic	Ohio Priority Outcomes	Cross-cutting Factors	Putnam County CHIP Strategy
Mental Health and Addiction	Decrease drug dependency and abuse	Public health system, prevention and health behaviors	<ul style="list-style-type: none"> <li>• Implement depression screening in physician offices</li> <li>• School based prevention program</li> <li>• Community awareness campaign</li> </ul>
		Healthcare system & access	<ul style="list-style-type: none"> <li>• Expand and create innovative expansion of services</li> <li>• SBIRT-screening for drug/alcohol abuse</li> </ul>
		Social determinants of health	<ul style="list-style-type: none"> <li>• Increase awareness and support of recovery housing</li> </ul>
	Reduce drug overdose deaths	Public health system, prevention and health behaviors	<ul style="list-style-type: none"> <li>• School based prevention program</li> <li>• Naloxone awareness campaign</li> </ul>
		Healthcare system & access	<ul style="list-style-type: none"> <li>• Ensure access to Naloxone Training for Law Enforcement</li> <li>• Educate prescribers on appropriate prescribing practices</li> </ul>

Priority Topic	Ohio Priority Outcomes	Cross-cutting Factors	Putnam County CHIP Strategy
	Reduce depression & suicide	Social determinants of health	<ul style="list-style-type: none"> <li>• Connect reentry population with treatment and Naloxone</li> </ul>
		Public health system, prevention and health behaviors	<ul style="list-style-type: none"> <li>• School based prevention program</li> <li>• Educate teachers about depression and suicide in youth</li> </ul>
		Healthcare System & access	<ul style="list-style-type: none"> <li>• Support Crisis Text Line</li> <li>• Screening for clinical depression and suicide</li> </ul>
Chronic Disease	Decrease heart disease	Public health system, prevention and health behaviors	<ul style="list-style-type: none"> <li>• Assess quality of food at food banks</li> <li>• Promote healthy vending/competitive pricing</li> <li>• Healthy food in convenience stores</li> <li>• Expand <i>Balance My Day</i> program – school based nutrition education</li> <li>• Promote school gardens</li> <li>• Provide “Ohio Healthy Program” – nutrition and physical activity policies in preschool/childcare</li> <li>• Provide CATCH training – extracurricular activities for physical activity</li> <li>• Promote physically active classrooms (Go Noodle, Take 10, etc.)</li> <li>• Promote physical activity programs – Community fitness programs</li> <li>• Promote Tai Chi for seniors – activity program for older adults</li> <li>• Promote shared use of schools and public facilities</li> </ul>
		Social determinants of health	<ul style="list-style-type: none"> <li>• Promote use of parks for physical activity</li> </ul>
		Healthcare system and access	<ul style="list-style-type: none"> <li>• Promote use of “prescriptions” for physical activity</li> </ul>



The symbol of the State of Ohio will be used throughout this document to signify that the priority aligns with the 2017-2019 SHIP.

## NATIONAL PREVENTION STRATEGY

In order to align with national standards, the Partners also considered information from the National Prevention Strategy. The National Prevention Strategy, released June 16, 2011, aims to guide our nation in the most effective and achievable means for improving health and well-being. The Strategy prioritizes prevention by integrating recommendations and actions across multiple settings to improve health and save lives. The Priorities provide evidenced-based recommendations that are most likely to reduce the burden of the leading causes of preventable death and major illness. The Priorities are designed to improve health and wellness for the entire U.S. population, including those groups disproportionately affected by disease and injury.<sup>1</sup> The following table describes the areas of the CHIP in which standards from the National Prevention Strategy align.

National Prevention Strategy Priority	National Prevention Strategy Recommendation	National Prevention Strategy Action	Putnam County CHIP Strategy
Mental and Emotional Well Being	Provide individuals and families with the support necessary to maintain positive well-being	Ensure those in need are identified and referred for services	<ul style="list-style-type: none"> <li>• Screenings in the community</li> <li>• Outreach and evidence based prevention programs in the schools</li> <li>• Awareness of services campaign</li> <li>• Partner with faith based community for innovative programming and referrals</li> <li>• “Let’s Talk” campaign</li> <li>• Treatment resource guide</li> </ul>
	Promote early identification of mental health needs and access to quality services	School based health prevention program	<ul style="list-style-type: none"> <li>• Conduct school awareness campaign on depression, suicide, and alcohol/drug abuse</li> </ul>
		Improve access to high quality mental health services	<ul style="list-style-type: none"> <li>• Screenings offered for depression in community center and physician offices</li> <li>• Awareness campaign on services available such as Open Access and support groups</li> <li>• Promote evidence based programs such as SBIRT for physicians and Kognito for teachers</li> <li>• Support Crisis Text Line</li> </ul>

<sup>1</sup> National Prevention Council. *National Prevention Strategy*, Washington D.C.: U.S. Department of Health and Human Services, Office of the Surgeon General, June 2011. Accessed January 9, 2018. <https://www.surgeongeneral.gov/priorities/prevention/strategy/index.html>

National Prevention Strategy Priority	National Prevention Strategy Recommendation	National Prevention Strategy Action	Putnam County CHIP Strategy
Prevention Drug Abuse and Excessive Alcohol Use	Create environments that empower young people not to drink or use other drugs	Educate youth and adults about the risks of drug abuse (including prescription misuse) and excessive drinking	<ul style="list-style-type: none"> <li>• Conduct community campaign to increase awareness of services in the community</li> <li>• Conduct school based awareness and prevention campaigns</li> </ul>
	Reduce inappropriate access to and use of prescription drugs	Increase awareness on the proper storage and disposal of prescription medications	<ul style="list-style-type: none"> <li>• Prescription drug drop off locations</li> </ul>
		Educate health care professionals on proper opioid prescribing	<ul style="list-style-type: none"> <li>• Awareness campaign to inform prescribers on prescription pain killers requirements by law</li> <li>• Apply for funding assistance to educate prescribers</li> <li>• Monitor OARRS for per capita pain killer prescriptions</li> <li>• Implementation of safer prescribing program</li> </ul>
Health Eating	Increase access to healthy and affordable foods in communities.	Lead or convene city, county, and regional food policy councils to assess local community needs and expand programs that bring healthy foods, especially locally grown fruits and vegetables, to schools, businesses and communities.	<ul style="list-style-type: none"> <li>• Produce exchange programs</li> <li>• Access to fresh produce at convenience stores</li> </ul>
	Improve nutritional quality of the food supply	Increase the availability of healthy food (schools, businesses and employers)	<ul style="list-style-type: none"> <li>• Healthy vending and cafeteria programs</li> </ul>
		Implement and enforce policies that increase the availability of healthy food	<ul style="list-style-type: none"> <li>• Healthy food policies in preschools through the Ohio Healthy Program</li> </ul>
Help people recognize and make healthy food and beverage choices	Provide nutrition education	<ul style="list-style-type: none"> <li>• Nutrition education</li> </ul>	

National Prevention Strategy Priority	National Prevention Strategy Recommendation	National Prevention Strategy Action	Putnam County CHIP Strategy
Active Living	Facilitate access to safe, accessible, and affordable places for physical activity.	Offer low- or no-cost physical activity programs	<ul style="list-style-type: none"> <li>Promote local running/walking clubs in Putnam County</li> </ul>
		Make physical activity facilities available to the community during non-school hours	<ul style="list-style-type: none"> <li>Use of schools and parks for physical activity</li> </ul>
	Assess physical activity levels and provide education, counseling, and referrals.	Offer opportunities for physical activity across the lifespan	<ul style="list-style-type: none"> <li>Senior exercise programs/Tai Chi</li> </ul>
		Support clinicians in implementing physical activity assessments, counseling and referrals	<ul style="list-style-type: none"> <li>Healthcare providers promote physical activity through “prescription” program</li> </ul>
Injury and Violence Free Living	Promote and strengthen policies and programs to prevent falls, especially among older adults	Build public awareness about preventing falls, promote fall prevention programs in home and community settings, and educate older adults on how to prevent falls	<ul style="list-style-type: none"> <li>Matter of Balance programs</li> <li>Fall prevention awareness during senior-based events</li> </ul>
	Provide individuals and families with the knowledge, skills, and tools to make safe choices that prevent violence and injuries	Educate adults and youth on actions they can take to prevent injury at home, work, and school and in their communities	<ul style="list-style-type: none"> <li>Implement evidence-based programming to decrease abuse in the community</li> <li>Increase opportunities for prescription drug drop-off in the county</li> </ul>
	Implement and strengthen policies and programs to enhance transportation safety	Strengthen and enforce transportation safety policies and programs.	<ul style="list-style-type: none"> <li>Conduct a multi-component community campaign to raise awareness of the dangers of distracted driving</li> </ul>
	Strengthen policies and programs to prevent violence	Develop and test innovative and promising strategies to prevent injuries and violence	<ul style="list-style-type: none"> <li>Conduct a multi-component community campaign to raise awareness of abuse</li> </ul>

The following section describes the four strategic priorities of the *2018-2020 Community Health Improvement Plan* in more detail, including related data and the Action Plan to address the strategic priorities.

## STRATEGIC PRIORITY #1

# MENTAL HEALTH AND ADDICTION

The 2016-17 Community Health Assessment data provided several opportunities for improvement of mental health services and awareness. Data indicated that only 10% of people that looked for a drug abuse program were able to find one, and 44% of adults looking for an alcohol abuse program found one. Both these services are available in Putnam County, but residents seem to be unaware of where to look.

In addition, adult alcohol consumption was much higher than the state and nation. This was a consistent finding on both the health survey and County Health Rankings in 2016. The County Health Rankings indicated excessive drinking at 23%, compared to Ohio at 19%. Although drug abuse is lower per capita than the state, the rise in recent years is an area of concern for the community.

According to the County Health Rankings in 2017, Putnam County suffers from a lack of mental health providers. The patient to mental health provider ratio for Putnam County was 2,130:1 compared to Ohio at 630:1. Fortunately, Putnam County residents estimated they had 3.4 days in the past 30 days of poor mental health vs. 4.0 days for Ohioans.

Adult Comparisons	Putnam County 2016	Ohio 2015	U.S. 2015
Drank alcohol at least once in past month	74%	53%	54%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	44%	18%	16%

Those with an income over \$25,000 were more likely (61%) to drink 3 or more days in the past month compared to those with an income under \$25,000 (40%). Of those who drank, Putnam County adults drank 4.3 drinks on average, increasing to 5.2 for those with incomes less than \$25,000. 30% of adults reported driving after drinking any alcoholic beverages, increasing to 41% of males and 43% of those age 30-64.

- 3% of Putnam County adults had used marijuana in the past 6 months
  - Increasing to 12% of those with incomes less than \$25,000
- <1% of adults reported using other recreational drugs in the past 6 months such as cocaine, synthetic marijuana/K2, heroin, LSD, inhalants, Ecstasy, bath salts and methamphetamines
- 5% of adults had used medication not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past 6 months
  - Increasing to 15% of those with incomes less than \$25,000

In 2016, 9% of Putnam County adults reported feeling sad or hopeless for two or more weeks in a row, increasing to 15% for individuals with incomes less than \$25,000. 3% of Putnam County adults considered attempting suicide. 7% of adults used a program or service to help with depression, anxiety or emotional problems. Putnam County adults received the social and emotional support they needed from the following: family, friends, God/prayer, church, neighbors, community, a professional, the internet, online support group, self-help group, and other.

Adjustment reactions and depressive disorders are the two most commonly diagnosed mental health issues as reported by Pathways Counseling Center. While suicides are relatively low for Putnam County, there have been multiple calls to the Putnam County Sheriff’s Office for suicide threats and attempts in the last three years as shown in the table below:

	2014	2015	2016
Suicide Threats	30	46	24
Suicide Attempts	15	12	13
Suicides	1	3	4

The Mental Health and Addiction Action Plan includes many strategies which coordinate efforts to focus on alcohol and drug use in our community. Mental health services will also be addressed in an effort to ensure that those who need services are able to find them. Because of a concern regarding suicide and depression, evidence-based referral programs will be explored and implemented. Strategies, such as those that provide mental health screening in low-income areas and increasing the availability of Naloxone, addressing social determinants of health and health disparities in our community.

More details regarding strategies to address mental health and addiction can be found in the Action Plan on the following pages.



<p><b>Increase Awareness of Support Groups such as AA, Alanon, &amp; Celebrate Recovery</b></p> <ol style="list-style-type: none"> <li>Partner with faith based community to promote support groups through news bulletins several times per year</li> <li>Partner with community agencies to promote support groups on social media</li> <li>Provide information to the court system for distribution</li> <li>Investigate additional referral sources such as community control participants with Pathways</li> </ol>			
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**GOAL 2: Reduce the percentage of adults and youth who engage in excessive drinking**

**Objective 1: By December 2020, the percentage of adults who binge drank in the last month will decrease to 40% and youth reporting binge drinking in their lifetime to 23%.**

*In the 2016 community health survey of Putnam County, 44% of adults reported binge drinking in the last month compared to 18% in Ohio and 16% in the U.S. 74% of Putnam County adults had at least one drink of alcohol in the past month and of these “current drinkers” 60% reported binge drinking in the past month. According to the PRIDE survey in 2015, 41% of 12<sup>th</sup> grade students in high school reported binge drinking in their lifetime.*

Strategies	Timeline	Lead Person or Agency	Status
<p><b>Increase awareness of binge drinking</b></p> <ol style="list-style-type: none"> <li>Partner with faith based community and schools to: <ul style="list-style-type: none"> <li>Support PARTY group in campaign targeting youth such as Puking Isn't Pretty or Hangovers Aren't Handsome</li> <li>Investigate negative social impacts of alcohol abuse in Putnam County i.e. domestic violence, child abuse/neglect, family breakdown</li> <li>Partner with Task Force for Youth to develop media messages for school newsletters and announcements</li> <li>Support faith based community in planning educational opportunity for residents/community leaders/pastors to gain knowledge about alcohol dependency and how then help address the problem</li> <li>Arrange guest speakers in every high school to talk about the link between alcohol abuse and drug usage</li> <li>Host parent informational sessions on the link between alcohol abuse and drug abuse</li> </ul> </li> </ol>	<p>January 2018 – December 2020</p>	<p>PARTY group Task force for Youth Pathways PCHD Opiate Task Force</p>	

<ul style="list-style-type: none"> <li>• Conduct a presentation for school guidance counselors on alcohol and drug abuse resources</li> </ul>			
<ol style="list-style-type: none"> <li>2. Partner with safety agencies to promote campaign on Parents Who Host Lose the Most or similar campaign to raise awareness of underage drinking</li> <li>3. Provide training to health care professionals on the use of Screening, Brief Intervention, and Referral to Treatment (SBIRT)</li> </ol>			

**GOAL 2: Reduce the percentage of adults and youth who engage in excessive drinking**

**Objective 2: By December 2020, deliver at least two prevention programs targeting youth and families to decrease usage of gateway drugs such as alcohol, tobacco and marijuana.**  
*In the 2016 Governor Kasich supported the Start Talking campaign to encourage parents to talk to their children regarding the dangers of drugs and alcohol. The Let’s Talk campaign incorporates mental health, suicide, strengths of the child, and substance abuse. In 2017-2018, the ADAMHS Board of Putnam County endorsed the program and began steps to start implementation in Putnam County.*

<b>Strategies</b>	<b>Timeline</b>	<b>Lead Person or Agency</b>	<b>Status</b>
<p><b><i>Develop “Let’s Talk” campaign for Putnam County</i></b></p> <ol style="list-style-type: none"> <li>1. Analyze surveys of agencies in support of a campaign</li> <li>2. Develop committee to develop the campaign which may include presentations, print materials, social media, billboards, etc.</li> <li>3. Contact parent groups to arrange speaking engagements</li> <li>4. Incorporate “Let’s Talk” messages into other presentations given in the community such as drug addiction, community health, etc.</li> <li>5. Evaluate effectiveness of program and adjust as needed</li> </ol>	January 2018 – December 2020	ADAMHS Board Pathways	
<p><b><i>Implement a youth prevention evidence based program in the schools targeted to elementary and middle school students</i></b></p> <ol style="list-style-type: none"> <li>1. Evaluate and apply for grants that will help fund evidence based initiatives (i.e. Keep A Clear Mind for 4-6<sup>th</sup> graders)</li> <li>2. Implement evidence based initiatives</li> <li>3. Evaluate program and make recommendations for improvement</li> </ol>	March 2018 - December 2010	Health Dept.	





<ol style="list-style-type: none"> <li>1. Drug treatment and rehabilitation resource guide available on Crime Victim Services website</li> <li>2. Link area agency's social media sites to resource guide</li> <li>3. Promote resource guide in community presentations</li> </ol>			
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**Priority Outcome #2: Reduce unintentional drug overdose deaths** 

**GOAL 1: Decrease opioid prescriptions per resident of Putnam County**

**Objective 1: By December 2019, all physicians in Putnam County will be aware of and following opioid prescription policies as endorsed by the Ohio Department of Health and physician professional organizations.**  
*Guidelines are updated and endorsed by professional organizations regarding prescribing controlled substances, particularly opioids. As these guidelines are updated, it is important for all physicians to be aware. The Opiate Task Force has a subcommittee dedicated to medical services and this along with other professional channels can be used as awareness tools. In 2014, the average per capita dosage rate of prescription pain killers was 41.9 per person vs. 61.0 per person in Ohio.*

Strategies	Timeline	Lead Person or Agency	Status
<p><b><i>Increase awareness of providers of opioid recommendations for prescriptions.</i></b></p> <ol style="list-style-type: none"> <li>1. Assess existing or develop a new social marketing campaign to engage and educate prescribers on appropriate prescribing practices</li> <li>2. Research grants available to assist with education of providers and apply as applicable</li> <li>3. Research State Board of Pharmacy information being given to pharmacists about prescribing guidelines and link to physician awareness</li> </ol> <p><b><i>Work with county and regional workgroups to implement programs regarding safer prescribing of pain medications</i></b></p>	<p>March 2018-December 2019</p>	<p>Opiate Task Force Putnam County Medical Association</p>	

<ol style="list-style-type: none"> <li>1. Identify and apply for funding for program(s)</li> <li>2. Implement and evaluate funded program(s)</li> <li>3. Expand successful program(s) or implement new best practice</li> </ol> <p><b>Assess per capita dosage rate of prescription pain killers as available by OARRS and ODH.</b></p> <ol style="list-style-type: none"> <li>1. Review reports from OARRS and ODH to assess if prescription pain killers prescribed per capita is decreasing as a tool to assess effectiveness of physician awareness of prescribing guidelines</li> </ol>	<p>January 2018- December 2020</p>	<p>Health Dept.  Local physicians  Safety subcommittee</p>	
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**GOAL 2: Increase access to Naloxone for first responders and community members**

**Objective 1: By December 2020, all law enforcement officers will have access and knowledge of Naloxone administration.**  
*In 2016, legislation was signed by Governor Kasich that supported law enforcement officers carrying and administering Naloxone as a first responder. Funding was made available to each county to purchase doses for first responders. Putnam County law enforcement requested the health department to purchase the allowable doses for the county and conduct a training to educate the officers.*

Strategies	Timeline	Lead Person or Agency	Status
<p><b><i>Increase knowledge and skill in administration of Naloxone by new and existing law enforcement officials</i></b></p> <ol style="list-style-type: none"> <li>1. Partner with EMS to educate law enforcement officers at least once a year on Naloxone administration</li> <li>2. Evaluate methods of administration of Naloxone to ensure the most effective and easiest methods are being used</li> <li>3. Complete and submit reporting forms to Ohio Mental Health and Addiction Services Agency.</li> </ol>	<p>January 2018- December 2020</p>	<p>Putnam County EMS  Putnam County Health Dept.</p>	

### GOAL 3: Increase access to Naloxone for first responders and community members

**Objective 2: By December 2020, all community members seeking Naloxone for home use will have access and knowledge of Naloxone administration through a Project DAWN site.**

*Project DAWN sites are encouraged to distribute 200-300 doses of Naloxone in their community. Data does not support enough demand from Putnam County residents to distribute that many doses, so at this time residents are encouraged to travel to adjacent counties for free doses in a Project DAWN site.*

Strategies	Timeline	Lead Person or Agency	Status
<p><b>Improve access of residents to free doses of Naloxone for friends and family of addicted individuals</b></p> <ol style="list-style-type: none"> <li>Educate agencies on existing Project DAWN sites</li> <li>Monitor number of Putnam County residents receiving Naloxone at adjacent county Project DAWN sites</li> </ol>	<p>May 2018-December 2020</p>	<p>Pathways Putnam County Health Dept.</p>	

### Priority Outcome #3: Reduce Depression & Suicide

#### Goal 1: Reduce suicide deaths

**Objective 1: By December 2020, the number of attempted suicides will decrease to less than 10 and the number of deaths will decrease to less than 3 per year.**

*According to the PRIDE survey in 2015, 9% of youth seriously thought about attempting suicide in the past 12 month. 3% of adults thought about committing suicide according to the 2016 Community Health Survey.*

Strategies	Timeline	Lead Person or Agency	Status
<p><b>Explore different evidence based programs to educate professionals such as physicians and teachers to identify and refer youth</b></p> <ol style="list-style-type: none"> <li>Investigate programs such as Kognito online which is a program for educators about depression and suicide in youth</li> </ol>			

<p>2. Explore possibility of hosting “Zero Suicide Academies” that train primary care and behavior health providers on risk assessment, care management and evidence-based care Support Crisis Text Line</p> <p><b><i>Increase awareness of support services available to youth</i></b></p> <ol style="list-style-type: none"> <li>1. Implement awareness campaign including billboard, presentation, social media posts for Crisis Text Line</li> <li>2. Increase enrollment in Girls Circle by increasing awareness of program in the schools and on social media</li> </ol> <p><b><i>Explore the possibility of implementing an evidence-based universal school based suicide awareness and education program such as SOS Signs of Suicide for Middle and High School students</i></b></p>	<p>January 2018 – December 2020</p>	<p>Pathways Family &amp; Children First Council</p> <p>Task Force for Youth</p>	
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## STRATEGIC PRIORITY #2

# PREVENTABLE AND CHRONIC DISEASES/CONDITIONS

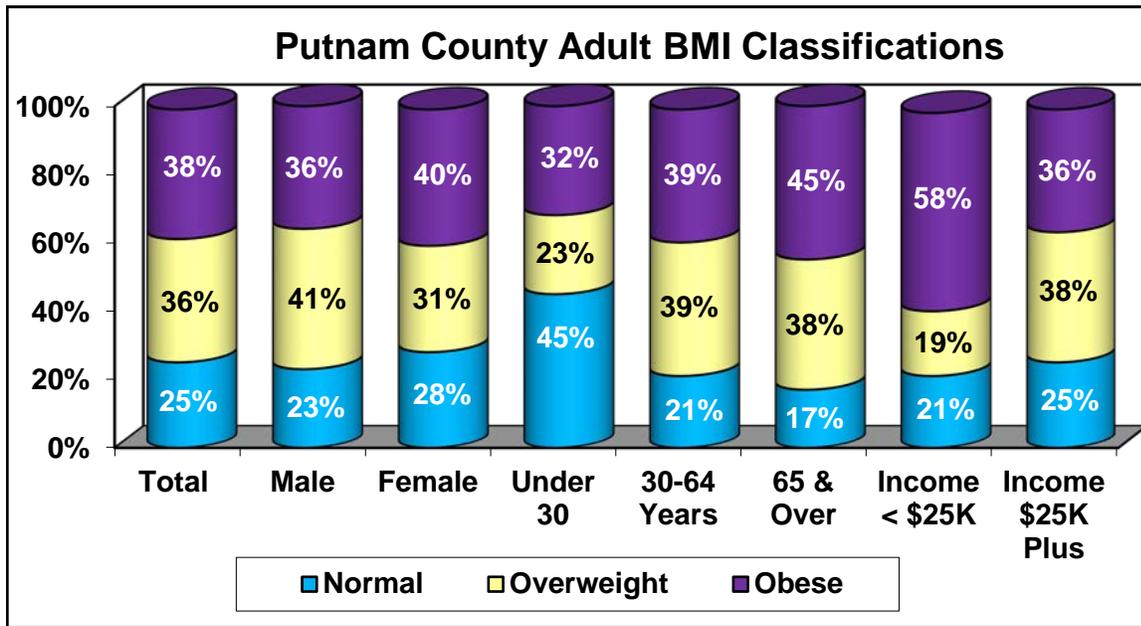


The 2016-2017 Putnam County Community Health Assessment provided data to indicate the need to improve the status of Putnam County in several areas related to preventable and chronic disease and conditions.

### Nutrition, Physical Activity and Obesity

Diet and exercise are widely known as indicators for many preventable and chronic diseases and obesity. Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer. The focus for this strategic priority is mainly on improving the nutrition and physical activity of the community which will then impact the level of preventable and chronic diseases/conditions, including obesity, in Putnam County.

Of the 4% of adults who looked for a program for weight problems, 39% were not able to find a specific program.



Adult Comparisons	Putnam County 2016	Ohio 2015	U.S. 2015
Obese	38%	30%	30%
Overweight	36%	37%	36%

In Putnam County, only 1% of those surveyed indicated eating the recommended 5 or more serving of fruits and vegetables per day. Only 25% ate 3 to 4 servings per day.

The following were reported as barriers to consuming fruits and vegetables: too expensive (16%), did not like the taste (5%), did not know how to prepare (2%), no variety (2%), no access (1%), transportation (<1%) and other (3%).

The Pride Survey, conducted with students in 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grades in 2015, indicated that 80.3% of students ate 1-4 servings of fruits and vegetables each day and only 15.7 % ate 5 or more servings per day.

Table 4.129: On the average, in the past 7 days, how many servings of fruits and vegetables do you have per day? (Do not include French fries, Kool-aid or fruit-flavored drinks)

RESPONSE	6th	8th	10th	12th	6-8th	9-12th	TOTAL
1 to 4 servings per day	76.5	79.7	83.0	82.1	78.0	82.6	80.3
5 or more servings per day	19.1	15.7	14.1	13.5	17.5	13.9	15.7
0 servings - I do not like fruits or vegetables	3.4	2.2	2.6	3.2	2.8	2.9	2.8
0 servings - I cannot afford fruits and vegetables	0.5	0.8	0.2	0.0	0.7	0.1	0.4
0 servings - I do not have access to fruits or vegetables	0.5	1.6	0.0	1.2	1.1	0.5	0.8
N of Valid	387	369	417	347	756	764	1520
N of Miss	48	45	27	23	93	50	143

The Pride Survey also indicated that 83.3% of students are physical active for at least 60 minutes three or more days per week as shown in the table below.

Table 4.126: During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)

RESPONSE	6th	8th	10th	12th	6-8th	9-12th	TOTAL
0 days	5.7	4.5	4.6	7.2	5.1	5.8	5.5
1 day	5.2	4.2	4.6	6.1	4.7	5.3	5.0
2 days	9.2	3.6	5.9	6.9	6.5	6.3	6.4
3 days	12.2	6.4	8.1	10.1	9.4	9.0	9.2
4 days	12.8	12.3	6.1	11.2	12.5	8.5	10.5
5 days	12.8	16.4	15.6	15.0	14.6	15.3	15.0
6 days	9.0	11.4	21.8	17.0	10.2	19.6	15.0
All 7 days	33.2	41.2	33.3	26.5	37.1	30.2	33.6
N of Valid	368	359	409	347	727	756	1483
N of Miss	67	55	35	23	122	58	180

Table 4.127: On the average school day, how many hours do you watch TV?

RESPONSE	6th	8th	10th	12th	6-8th	9-12th	TOTAL
I do not watch TV on an average school day	7.3	8.8	14.4	19.0	8.1	16.5	12.3
Less than 1 hour per day	29.1	21.4	35.1	28.4	25.4	32.1	28.8
1 hour per day	26.5	28.3	19.7	21.8	27.4	20.7	24.0
2 hours per day	19.7	20.9	17.8	20.7	20.3	19.1	19.7
3 hours per day	10.5	12.4	8.9	7.2	11.4	8.1	9.7
4 hours per day	3.4	4.1	2.4	2.0	3.8	2.2	3.0
5 or more hours per day	3.4	4.1	1.7	0.9	3.8	1.3	2.5
N of Valid	381	364	416	348	745	764	1509
N of Miss	54	50	28	22	104	50	154

Additional data was obtained through the Nutrition Assessment that was conducted through PCHD’s Maternal and Child Health Grant. The assessment was completed by following the evidence-based Moving to the Future model. Surveys were given to a variety of stakeholders including parents of children, village administrators, and program coordinators at local agencies in Putnam County. The parents provided suggestions for activities, programs and strategies that may help to improve the nutrition status of Putnam County children, while the village administrators and agencies gave information on what was already in the built environment. These ideas were taken into consideration when developing the strategies in the Action Plan.

In Putnam County, 50% of adults engaged in some type of physical activity or exercised for at least 30 minutes, 3 or more days per week. However, nearly one-fourth (23%) of adults did not participate in any physical activity in the week prior to completing the survey. Two percent of those individuals were unable to exercise.

Within the cross-cutting factors, there are several strategies and outcome indicators that were chosen that are likely to decrease disparities.

### Adult Cardiovascular Health

Heart disease (24%) and stroke (4%) accounted for 28% of all Putnam County adult deaths from 2013-2015. In the 2016 Community Health Assessment found that 3% of adults had survived a heart attack, 33% had high blood cholesterol and 30% had high blood pressure.

Putnam County adults diagnosed with high blood pressure were more likely to:

- Have rated their overall health as fair or poor (63%)
- Have been ages 65 years or older (62%)
- Have been classified as obese by Body Mass Index (41%)
- Have incomes less than \$25,000 (38%)

Putnam County adults with high blood cholesterol were more likely to:

- Have rated their overall health as fair or poor (57%)
- Have been ages 65 years of older (54%)
- Have been classified as overweight or obese by Body Mass Index (42%)
- Have incomes less than \$25,000 (38%)

Adult Comparisons	Putnam County 2016	Ohio 2015	U.S. 2015
Had Angina	4%	4%	4%
Had a heart attack	3%	5%	4%
Had a stroke	1%	4%	3%
Had high blood pressure	30%	34%	31%
Had high blood cholesterol	33%	37%	36%
Had blood cholesterol checked within the past 5 years	88%	78%	78%

When age differences are accounted for, the statistics indicate that from 2013-2015, Putnam County heart disease mortality rate was greater than the figure for the state, the U.S., and the Healthy People 2020 target. For stroke, the Putnam County rate is less than the state, U.S. and the Healthy People 2020 target. The rate is per 100,000 population.

	Putnam County 2013-2015	Ohio 2013-2015	U.S. 2013-2015	Healthy People 2020 Target
Heart Disease	211	189	194	101
Stroke	26	40	42	34

## Cancer Concerns

Cancer remains a concern for the Putnam County community as indicated during focus groups and key stakeholder meetings. In a small community such as Putnam County, many are aware of individuals who have battled cancer or who have died from the disease. This increases the concern and the desire to increase awareness of the different types of cancer and screenings to help identify the disease at an early stage.

12% of Putnam County adults were diagnosed with cancer at some point in their lives. This increases to 31% of those over the age of 65. Of those diagnosed with cancer, the following types were reported:

Type of Cancer	Percent Reported
Breast	34%
Other skin cancers	27%
Prostate	20%
Melanoma	8%
Colon	6%
Bladder	5%
Cervical	3%
Ovarian	3%
Non-Hodgkin's Lymphoma	2%
Oral	2%
Other types of cancer	6%

\*15% reported being diagnosed with multiple types of cancer

Early diagnosis of cancer is important in the fight against the disease. Screenings are used to determine if additional testing is needed. The following table provides the types of screening and the percentage of the identified population that received a screening:

Type of Screening	Population	Percent Screened
Mammogram in last year	Females age 40 and over	61%
Prostate-Specific Antigen (PSA) in last year	Males age 50 and over	29%
Colonoscopy/Sigmoidoscopy in past 5 years	All adults age 50 and over	64%

The following Action Plan describes the goals, objectives and strategies of the Partners for a Healthy Putnam County to address the cancer concerns in the community.

### **Falls Among Seniors**

Falls are a risk to older adults and can reduce their ability to remain independent. It is important for seniors to talk with their doctor about their fall risk, maintain strength and balance and remove fall hazards in the home. This will help to reduce falls and therefore allow our residents to remain independent, healthy and active.

In Putnam County, 31% of adults age 65 and over reported to have fallen in the past year.

Falls are not a normal part of aging and there are simple steps to take to prevent falls. Programs that help to improve awareness and encourage exercise can help to reduce risk of falls.

The Preventable and Chronic Diseases/Conditions section of the Action Plan focuses a great deal on addressing risk factors related to health conditions such as cardiovascular disease, cancer and falls among seniors. Healthy nutrition and physical activity plays a role in reducing cardiovascular and cancer risks. Physical activity is also an important part of reducing the risk of falls among the senior population. The Action Plan offers many strategies to improve the nutrition, physical activity and therefore, obesity status of our community. Cancer concerns remain and will be a focus of campaigns to improve cancer screening. Falls among seniors will be addressed through evidence-based prevention programs and other awareness campaigns.

Several strategies were identified to help decrease disparities and health inequity in Putnam County. To ensure access to healthy foods, the CHIP includes efforts to assess the quality of food provided at food banks and work to provide healthy food options in convenience stores. To increase physical activity among all populations, policies promoting the shared of school and public facilities for exercise is also focusing on increasing opportunities for all populations, including those who experiences health inequality.

The subcommittee will meet regularly to plan the implementation of the strategies and to monitor progress.

The entire Preventable and Chronic Diseases/Conditions Action Plan can be found on the following pages of this plan.

# Strategic Priority #2: Preventable and Chronic Diseases/Conditions Action Plan

## Priority Outcome #1: Decrease Heart Disease

<b>GOAL 1: Increase consumption of fruits and vegetables</b>			
<p><b>Objective 1: By December 2020, the percentage of adults who report that they eat 3 or more servings of fruits and vegetables per day will increase to 30% and the percentage of youth who report that they eat at least 5 fruits and vegetables each day will increase to 18%.</b></p> <p><i>In 2016, 69% of adults ate between 1 to 2 servings of fruits and vegetables per day. 25% ate between 3 to 4 servings, and 1% ate 5 or more servings per day. The American Cancer Society recommends that adults eat at least 2 ½ cups (5 servings) of fruits and vegetables per day to reduce the risk of cancer and to maintain good health.</i></p> <p><i>In 2015, 15.7% Putnam County students in grades 6, 8, 10 and 12 reported eating at least 5 fruits and vegetables each day (2015 Pride Survey).</i></p>			
<b>Strategies</b>	<b>Timeline</b>	<b>Lead Person or Agency</b>	<b>Status</b>
<p><b>Improve Access</b></p> <ol style="list-style-type: none"> <li>Partner with at least two food pantries in Putnam County to:                             <ul style="list-style-type: none"> <li>Assess quality of food offered at food pantries</li> <li>Encourage food drives of fruits and vegetables to have distributed through food pantries</li> <li>Determine alternative access for those with no transportation and unable to go to the food pantries (church volunteers deliver food, Council on Aging deliver to seniors)</li> </ul> </li> <li>Work with partner organizations to develop and/or promote produce exchange programs at two locations</li> <li>Promote healthy vending programs/policies at one worksite</li> <li>At least one new convenience store will offer fresh fruit and vegetable options</li> <li>Promote competitive pricing for healthy food in school cafeterias</li> </ol> <p><b>Increase Knowledge</b></p> <ol style="list-style-type: none"> <li>Partner with school districts to provide:</li> </ol>	<p>March 2018 – December 2020</p> <p>January 2018 – December 2020</p> <p>January 2019 – December 2020</p>	<p>Putnam County Health Department</p> <p>OSU Extension</p> <p>Putnam County Health Department</p> <p>Putnam County YMCA</p>	





### GOAL 3: Promote importance of screening and family history

**Objective 1: By December 2020, Putnam County adults who understand the importance of health screening improves as evidenced by the increase of 2% of adults who are screened for blood cholesterol.**

*Of the adults surveyed in the 2016 Community Health Status Assessment, 88% reported having their blood cholesterol checked in the last 5 years,*

Strategies	Timeline	Lead Person or Agency	Status
<p><b><i>Increase Awareness</i></b></p> <p>1. Mass Communication Campaign (“Be in charge of your health” – with a focus on taking care of self and personal responsibility)</p> <ul style="list-style-type: none"> <li>• Work with partners to develop and implement campaign</li> <li>• Use variety of outlets for consistent messaging</li> </ul>	<p>June 2018- December 2020</p>	<p>Putnam County Health Department</p>	

### GOAL 4: Decrease risks associated with diabetes

**Objective 1: By December 2020, the percentage of adults with diabetes who rank their health as fair or poor will decrease to 17%**

*Of the adults surveyed in the 2016 Community Health Status Assessment, 9% indicated that they had been diagnosed with diabetes (Ohio – 11%, US – 10%). 20% of adults that indicated they had diabetes ranked their health as fair or poor. Those diagnosed with diabetes also indicated the following: 95% were obese or overweight; 81% had been diagnosed with high blood pressure; 60% had been diagnosed with high blood cholesterol.*

Strategies	Timeline	Lead Person or Agency	Status
<p><b><i>Increase educational opportunities</i></b></p> <p>1. Explore Healthy U Diabetes Program by training two additional leaders and offer at least one class per year</p> <p>2. Cooking classes offered that focus on “cooking with diabetes”</p> <ul style="list-style-type: none"> <li>• Work with healthcare providers to target newly diagnosed individuals for Healthy U Diabetes Program and “cooking with diabetes” classes</li> </ul>	<p>September 2018- December 2020</p>	<p>Putnam County Council on Aging and Putnam County Health Department</p>	

3. Provide diabetes prevention information to partners to share with patients, clients, social media and websites			
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## Priority Outcome #2: Improve Cancer Screening

<b>GOAL 1: Promote screening for cancers</b>			
<p><b>Objective 1: By December 2020, there will be an increase of 3% of adults who are screened for breast/prostate (as gender appropriate) and colorectal cancer.</b>  <i>12% of adults had been diagnosed with cancer at some time in their life. Of those diagnosed, they reported the following: breast (34%), other skin cancer (27%), prostate (20%), melanoma (8%), and colon (6%). According to ODH Data Warehouse, from 2013 – 2015, 170 PC residents died from cancer, the second leading cause of death (19%). The largest percent – 27% - were from lung and bronchus cancers. From 2009 – 2013 there were 848 cases of cancer incidences (15% breast, 14% prostate, 11% lung, 10% colon and rectum. 61% of females over age 40 had a mammogram in the past year, 72% of males over age 50 had a PSA test at some time in their life and 64% of adults age 50 and over had a colonoscopy or sigmoidoscopy in the past 5 years.</i></p>			
Strategies	Timeline	Lead Person or Agency	Status
<p><b>Promote cancer screening</b></p> <ol style="list-style-type: none"> <li>1. Work with healthcare providers to promote screening for cancers with patients <ul style="list-style-type: none"> <li>• FIT testing for colorectal cancer</li> <li>• Colonoscopy or sigmoidoscopy for colorectal cancer</li> <li>• PSA for prostate cancer</li> <li>• Mammogram for breast cancer</li> <li>• Skin Cancer screening</li> <li>• Others as determined</li> </ul> </li> <li>2. Conduct awareness campaign during specific cancer awareness months to promote screening <ul style="list-style-type: none"> <li>• Letter to the Editor during each identified awareness month</li> </ul> </li> </ol>	January 2018-December 2020	Putnam County Health Department	

<ul style="list-style-type: none"> <li>• Information sent to partners for social media and websites</li> <li>• Information in local news media</li> <li>• Other awareness efforts as determined</li> </ul>			
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**Priority Outcome #3: Decrease the risk of falls among seniors**

**GOAL 1: Promote fall prevention among those age 65 and over**

**Objective 1: By December 2020, the percentage of adults age 65 and over who have fallen will decrease by 5%**  
*Of the adults surveyed in the 2016 Community Health Assessment, 20% have indicated that they have fallen. That percentage increases to 31% of those age 65 years and older*

Strategies	Timeline	Lead Person or Agency	Status
<p><b>Partner with organizations</b></p> <p>1. Provide Matter of Balance classes</p> <ul style="list-style-type: none"> <li>• Train 3-5 lay leaders to teach the Matter of Balance class</li> <li>• Continue to offer 3-4 Matter of Balance classes each year, especially in outlying areas of the county</li> <li>• Promote classes through the medical community by “writing prescriptions” for fall prevention classes</li> </ul> <p><b>Awareness efforts</b></p> <ul style="list-style-type: none"> <li>• Fall Prevention Awareness Day</li> <li>• Senior Expo</li> <li>• Promote Ohio Department of Aging’s Steady U website</li> <li>• Senior Executive Clubs at local nursing homes</li> <li>• Senior Center newsletters</li> </ul>	<p>January 2018 – December 2020</p>	<p>Putnam County Council on Aging</p> <p>Putnam County Health Department</p> <p>Other partners as determined</p>	

<ul style="list-style-type: none"> <li>• Media campaign – newspapers, social media</li> <li>• Caregiver education - “Is your older parent a fall risk?” and planning before a crisis happens</li> </ul> <p><b><i>Promote activity for older adults</i></b></p> <ul style="list-style-type: none"> <li>• Work with fitness facility to offer Tai Chi classes for older adults</li> </ul>			
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## STRATEGIC PRIORITY #3

### ABUSE

There is little data available to provide information regarding the demographics of those most likely to be abused and what type of abuse those populations experience. Therefore, additional data will be gathered as part of the CHIP to help inform efforts to address abuse in Putnam County.

#### Adverse Childhood Experiences (ACEs)

According to the Substance Abuse and Mental Health Services Administration, Adverse Childhood Experiences (ACEs) are stressful or traumatic events, including abuse and neglect. ACEs are strongly related to the development of a wide range of health problems throughout a person's lifespan. Verbal, physical or sexual abuse and witnessing domestic violence are among the most common ACEs reported.

The 2016 Community Health Status Assessment showed that 11% of Putnam County adults experienced 3 or more ACEs in their lifetime, increasing to 14% of those with incomes less than \$25,000.

Information from the Community Health Assessment did provide general information in regards to abuse in our community. 20% of Putnam County adults were abused at some point in their lives. Of those abused, 31% had been abused by multiple people. They were abused by the following: a spouse or partner (58%), someone outside their home (28%), a parent (26%), another family member (13%), a child (4%), a paid caregiver (2%), or someone else (8%).

Adults who were abused were abused in the following ways:

Type of Abuse	Percent Reported
Verbally	63%
Emotionally	57%
Physically	42%
Sexually	29%
Financially	26%
Through electronic methods	21%

Because little is known about abuse in Putnam County, a primary activity for the first year is obtaining additional data about abuse in our community. The subcommittee will then work to identify and obtain funding for programming to best address our needs. In addition, the subcommittee will conduct a multi-component community campaign to raise the awareness of abuse.

The Action Plan for the abuse strategic priority is as follows:

# Strategic Priority #3: Prevention of Abuse Action Plan

## Priority Outcome #1: Reduce the prevalence of abuse

GOAL 1: Increase the Awareness of Abuse			
<p><b>Objective 1: Obtain additional data about abuse in Putnam County and report results to the community.</b>  <i>In 2016, 20% of Putnam County adults reported that they were abused at some point in their lives. Of those, 31% were abused by multiple people. No additional data was obtained about the demographics of those most likely to be abused, the type of abuse, etc. These strategies will allow the group to get more information about abuse in Putnam County while educating the community.</i></p>			
Strategies	Timeline	Lead Person or Agency	Status
<p><b>Obtain additional data about abuse in Putnam County</b></p> <ol style="list-style-type: none"> <li>Determine abuse data to be collected.</li> <li>Determine best method of obtaining data.</li> <li>Collect data.</li> <li>Share data with community agencies/service clubs</li> </ol> <p><b>Conduct a multi-component community campaign to raise awareness of abuse.</b></p> <ol style="list-style-type: none"> <li>Determine target audiences and messages to be disseminated.</li> <li>Determine method and timing of messages.</li> <li>Implement community campaign.</li> <li>Evaluated reach and success of campaign.</li> <li>Develop campaign highlighting data obtained year one.</li> <li>Implement campaign.</li> </ol>	<p>June 2018            June 2018            July – Dec 2018            April – Dec 2019</p> <p>April 2018            April 2018            May – Nov 2018            Nov – Dec 2018</p> <p>Jan – Mar 2019            Apr 2019- Dec 2020</p>	<p>Crime Victim Services/Sheriff's Dept            CVS/PCHD</p> <p>PCHD Staff            Abuse Subcommittee            Subcommittee PCHD</p>	

**GOAL 2: Decrease incidence of abuse**

**Objective 1: Decrease to 15% the percentage of Putnam County adults who said that they were abused at some point in their lives.**

*In 2016, 20% of Putnam County adults reported that they were abused at some point in their lives. Of those, 31% were abused by multiple people.*

Strategies	Timeline	Lead Person or Agency	Status
<p><b><i>Implement evidence-based programming to decrease abuse in the community.</i></b></p> <ol style="list-style-type: none"> <li>1. Gather data about abuse in Putnam County (above).</li> <li>2. Research evidence-based programs to implement to address county needs.</li> <li>3. Obtain/secure funding to begin or continue program.</li> <li>4. Implement/continue and evaluate program.</li> </ol>	<p>Jan–Dec 2018            Jan-June 2019            June-Dec 2019              Jan-Dec 2019</p>	<p>Crime Victim Services/Abuse Subcommittee</p>	

## STRATEGIC PRIORITY #4

### SAFETY

The top safety concerns revealed in the 2016-2017 Putnam County Community Health Assessment included the unsafe handling and disposal of prescription medications, distracted driving and child passenger safety.

#### Unused Prescription Medication

Putnam County adults indicated that they did the following with their unused prescription medication:

Use or Destruction Method	Percent Reported
Took as prescribed	21%
Threw in trash	16%
Kept it	13%
Flushed down the toilet	13%
Took to Medication Collection program	12%
Took to Drug Take Back Day	5%
Took to Sheriff's Office	5%
Kept in locked cabinet	3%
Gave it away	<1%
Mailer back to pharmacy	<1%
Other method	1%

#### Distracted Driving

Distracted driving is any kind of activity that takes attention away from the task of driving. Cell phone use, especially texting-and-driving, is a major distraction that can put the life of the driver, passengers and other users of the roadway in great danger.

2015 Pride data (survey of youth in grades 6, 8, 10, and 12) revealed that 21.4% of youth used their cell phone while driving. In 2016, the Community Health Assessment showed that 18% of adults reported texting while driving and 5% reported using the internet on their cell phone while driving.

#### Child Passenger Safety

Children not being properly restrained in a certified child passenger safety seat is a hazard that puts children at increased risk of injury during a crash. Many parents think their child is properly restrained only find out from a certified car seat technician that the seat is installed improperly. The health department has two certified technicians that distribute car seats to parents and caregivers who financially qualify. This helps to address the health disparity of economically disadvantaged families.

The 2016 Community Health Survey found that 40% of parents do not always have their children ride in a car seat when a passenger in a car. Approximately 65% of parents reported their child did not always use a booster seat when indicated according to height and weight.

The Safety component of the 2018-2020 CHIP will focus on safe prescription medications and child passenger safety. Strategies include conducting a community awareness campaign, working with a regional group to implement safe prescribing practices and increasing prescription drug drop-offs. The Safety subcommittee will also conduct a community campaign to educate the community of the dangers of distracted driving. Finally, to address child passenger safety, strategies include investigating and implementing a partnership with law enforcement and the court system to increase the number of children riding safely in vehicles

The Action Plan for the safety strategic priority is as follows:

# Strategic Priority #4: Safety Action Plan

## Priority Outcome #1: Reduce Premature Deaths

GOAL 1: Decrease access to un-prescribed prescription medications			
<p><b>Objective 1: By December 2020, the percentage of adults who say that they took unused medication to a Medication Collection program, took it to a Drug Take Back Day, or took it to the Sheriff's Office will increase to 50%.</b></p> <p><i>In 2016, 22% of Putnam County adults reported that they took unused medication to a Medication Collection program, took it to a Drug Take Back Day, or took it to the Sheriff's Office.</i></p>			
Strategies	Timeline	Lead Person or Agency	Status
<p><b><i>Increase opportunities for prescription drug drop-offs in the county</i></b></p> <ol style="list-style-type: none"> <li>Attend Police Chiefs Meetings to determine villages interested in participating.</li> <li>Coordinate events with Police Chiefs and Putnam County Sheriff's Office.</li> <li>Advertise Events with traditional and social media.</li> <li>Evaluate Events, Continuation Planning for 2019/2020 Events</li> <li>Continue drop off events to include more villages/opportunities</li> </ol>	<p>By March 2018</p> <p>April – Nov 2018</p> <p>April – Nov 2018</p> <p>Nov – Dec 2018</p> <p>Jan 2019 – Dec 2020</p>	<p>PCHD/Chief Gulker, Sheriff Siefker</p> <p>PCHD</p> <p>PCHD/Communities</p> <p>PCHD</p> <p>PCHD/Police Chiefs</p>	
GOAL 2: Distracted Driving			
<p><b>Objective 1: Decrease the percentage of youth who report using their cell phone while driving to 15%. Decrease the percentage of adults who text and drive to 15%.</b></p> <p><i>2015 Pride data revealed that 21.4% of youth used their cell phone while driving. In 2016, 18% of adults reported texting while driving, 5% reported using the internet on their cell phone while driving.</i></p>			
Strategies	Timeline	Lead Person or Agency	Status
<p><b><i>Conduct a multi-component community campaign to raise awareness of the dangers of distracted driving.</i></b></p> <ol style="list-style-type: none"> <li>Determine target audiences and messages to be disseminated.</li> </ol>	<p>By April 2018</p>	<p>CHIP Safety sub-committee</p>	

2. Determine method and timing of messages.	By April 2018	CHIP Safety sub-committee	
3. Implement community campaign.	April – Nov 2018	Subcommittee	
4. Evaluate reach and success of campaign.	Nov – Dec 2018	PCHD	

**GOAL 3: Child Passenger Safety**

**Objective 1: Increase the percentage of children who are restrained in properly installed car seats.**  
*In the 2016 community health survey, only 60% of parents reported always putting their child in a car seat when a passenger in a car. This decreased to 35% of children always being in a booster seat.*

Strategies	Timeline	Lead Person or Agency	Status
<p><b>Investigate the possibility of a partnership between the court system, law enforcement, and the health department to proper use of child safety seats.</b></p> <ol style="list-style-type: none"> <li>1. Organize a discussion meeting with interested stakeholders to discuss the current state of passenger safety in the county</li> <li>2. Brainstorm methods to improve properly restrained children in vehicles</li> <li>3. Develop a system-wide policy to be implemented between multiple agencies to address child passenger safety</li> </ol>	<p>By December 2018</p> <p>By June 2019</p> <p>By December 2020</p>	<p>PCHD</p> <p>Law enforcement</p> <p>Court officials</p>	

## MONITOR AND REVISE THE PLAN

The Community Health Improvement Plan process allowed for the Partners for a Healthy Putnam County to work together to conduct a Community Health Assessment, review the data and identify strategic priorities of the more pressing health issues in our community. The next step is to begin implementation the Action Plan to make an impact on the strategic priorities. This plan defines the goals, objectives, strategies, timelines and responsible parties to lead the implementation.

To ensure that implementation of the Action Plan is taking place, the Putnam County Health Department will facilitate the monitoring of the plan. Each quarter CHIP updates will be prepared and distributed to the Partners for a Healthy Putnam County and the community. The responsible parties for each strategy will be asked to contribute updated data, progress in implementing the strategies, and timelines for completion to be included in the updates. A CHIP Annual Report will be developed and distributed at an annual meeting held in the first quarter of each year of the plan. The annual report will include information regarding the feasibility and effectiveness of the strategies, the addition of new resources to address the strategic priorities and consideration of revisions or changes in priorities. The updates and CHIP Annual Report will be distributed to partners and stakeholders through email and will be available on the Putnam County Health Department website

It is understood that the Community Health Improvement Plan and the associated Action Plans are working documents. As additional or new data becomes available through secondary data and other assessments or surveys, it may be necessary to revise the CHIP and Action Plan. This may include changing or removing strategies that are not effective or unable to be implemented, or developing new strategies to address developing health issues that were not previously identified.

The Putnam County Health Department will facilitate the revision process at the annual Partners for a Healthy Putnam County meeting in the first quarter of each year of the plan. Community members will also be invited to attend this meeting. The attendees will review the data and information from the quarterly updates and CHIP Annual Report. The group will then review successes, determine if barriers exist and brainstorm possible solutions. The Partners and community members in attendance will determine the necessary revisions of the CHIP. A smaller workgroup will then develop strategies and provide the changes to the entire Partners group and other community stakeholders through email. The revised CHIP will also be made available on the PCHD website.

It is anticipated that the Community Health Assessment, using the MAPP process, will be conducted again, beginning in 2019, with an updated Community Health Improvement Plan to be developed for implementation in 2021.

**Putnam County: Themes & Priorities from MAPP Assessments 2016-2017\***

Health Status Assessment	Community Themes and Strengths		PH System Assessment	Forces of Change
<ul style="list-style-type: none"> <li>• obesity/overweight</li> <li>• alcohol use</li> <li>• access of some healthcare services</li> <li>• mental health</li> <li>• arthritis</li>   <li>Youth -Data</li> <li>• alcohol use</li> <li>• distracted driving</li> <li>• nutrition</li> </ul>	<p style="text-align: center;"><i>Community Focus Groups</i></p> <ul style="list-style-type: none"> <li>• increase in addictions (alcohol and drug/how it affects children and families)</li> <li>• mental health and access</li> <li>• transportation</li> <li>• challenges for schools and parents (behavior, etc.)</li> <li>• obesity (sedentary lifestyle and unhealthy eating)</li> <li>• high cancer rates</li> </ul>	<p style="text-align: center;"><i>Physician/MH Provider Surveys</i></p> <ul style="list-style-type: none"> <li>• mental health (depression, anxiety, etc.)</li> <li>• diseases related to lifestyle choices (obesity, Type 2 diabetes, hypertension)</li> <li>• addictions (drug dependency, excessive alcohol use, overeating, tobacco)</li> </ul>	<ul style="list-style-type: none"> <li>• Foster Innovation</li> <li>• Evaluation of Population Health</li> <li>• Leadership Development</li> <li>• Improve Laws</li> <li>• Health Communication</li> <li>• Health Education/Promotion</li> <li>• Current Technology</li> </ul>	<ul style="list-style-type: none"> <li>• Changes or repeal of ACA</li> <li>• Opiate/heroin/other drug/alcohol use</li> <li>• Mental health/counseling</li> <li>• Shortage of workforce</li> <li>• Civil unrest</li> <li>• Emerging new diseases</li> <li>• Legalization of marijuana</li> <li>• Aging population</li> <li>• Climate change</li> <li>• Funding changes (Health Dept.)</li> </ul>

Community Assets, Resources, & Opportunities*	
<i>Assets &amp; Resources</i>	<i>Opportunities</i>
<ul style="list-style-type: none"> <li>• friendly communities</li> <li>• family oriented</li> <li>• good, safe schools</li> <li>• urgent care</li> <li>• strong community leadership</li> <li>• churches</li> <li>• food pantries</li> <li>• recovery efforts</li> <li>• mental health services</li> <li>• agencies providing services</li> </ul>	<ul style="list-style-type: none"> <li>• education, promotion and empowering healthy lifestyle choices</li> <li>• mental health counselors in schools</li> <li>• transportation services</li> <li>• recreational facilities</li> <li>• addiction resource services</li> </ul>

\*Information presented in no particular order.

## COMMUNITY RESOURCES

## PRIORITY #1: MENTAL HEALTH AND ADDICTION

Program/Strategy/ Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Type of Program (prevention, early intervention, treatment)
Mental Health Counseling	Pathways Counseling Center	Aaron Baumgartner 419-523-4300	All ages	Treatment
	Psychosocial Associates	Dr. Barry Beckman	All ages	Treatment
	Counseling Matters	Norma Vorst 419-538-6000 or 419-410-3465 (cell)	All ages	Treatment
Opiate Task Force	Mental Health, Alcohol and Drug Addiction Recovery Board of Putnam County	Jennifer Horstman 419-523-0027	All ages	Prevention/Early Intervention/ Treatment
Open Access (Same day walk-in assessments)	Pathways Counseling Center	Aaron Baumgartner 419-523-4300	All ages	Early intervention/ Treatment
Recovery Housing	Pathways Counseling Center	Aaron Baumgartner 419-523-4300	Adults	Treatment
Task Force for Youth	Pathways Counseling Center	Beth Tobe 419-523-4300	Youth	Prevention
P.A.R.T.Y.	Pathways Counseling Center	Beth Tobe 419-523-4300	Youth	Prevention
Wraparound	Family and Children First Council	Beth Tobe 419-523-5951	Youth	Prevention/ Treatment
Mental Health School Counseling	Pathways Counseling Center	Aaron Baumgartner 419-523-4300	Youth	Treatment
Alcoholics Anonymous (3 locations)  Call 419-523-4300 for more information	Trinity United Methodist Church	Tuesdays 8:00 p.m.	All ages	Treatment
	Fogle Center	Wednesdays 8:00 p.m.		
	Breakthrough Fellowship Harvest Church	Mondays 7:30 p.m.		
Al-Anon (Ottawa)		1-888-425-2666 <a href="http://www.al-anon.alateen.org">www.al-anon.alateen.org</a>	All ages	
Celebrate Recovery	New Creation Lutheran Church	8127 East Main St., Ottawa 419-523-6250	*	*
Drug Drop Off	Putnam County Sheriff's Office	Brian Siefker 419-523-3208	All ages	Prevention
Mental Health First Aid	Pathways Counseling Center	Aaron Baumgartner 419-523-4300	All ages	Early Intervention
PAX	Putnam County Educational Service Center	419-523-5951	*	*
Project KIND	Putnam County Health Department	Sherri Recker 419-523-5608	Kindergarten/ Preschool	Prevention
Drug Free Workplace	Mental Health, Alcohol and Drug Addiction Recovery Board of Putnam County	Ruth Gerding 419-523-4300	Adult	Early Intervention
Crisis Text Line			All ages	Early Intervention
Suicide Hotline		1-800-468-HELP (4357)	All ages	Prevention/Early intervention

Ohio HelpLine for Sexual Violence		1-844-Ohio-Help	All ages	Prevention/Early Intervention
Drug/Alcohol Use		KeepAPromise.org	All ages	Prevention
Law Enforcement and Behavioral Health Linkage	Pathways Counseling Center	Aaron Baumgartner 419-523-4300	Adults	Treatment

\*Some information not available at time of printing. Call the Putnam County Health Department at 419-523-5608 for additional information.

## PRIORITY #2: PREVENTABLE AND CHRONIC DISEASES/CONDITIONS

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Type of Program (prevention, early intervention, treatment)
Preventable/Chronic Diseases/Conditions Workgroup	Putnam County Health Dept.	Joan Kline 419-523-5608, ext. 239 joan.kline@putnamhealth.com	All ages	Prevention
Healthy U Diabetes	Putnam County Council on Aging	Jodi Warnecke 419-523-4121	Age 60 and better	Prevention
Cooking Matters	OSU Extension, Putnam County	Emilee Drerup 419-523-6294	Persons who income qualify	Early Intervention
Balance My Day	OSU Extension, Putnam County	Emilee Drerup 419-523-6294	School age children	Prevention
Media Smart Youth	Putnam County Health Dept.	Sherri Recker 419-523-5608, ext. 224 Sherri.recker@putnamhealth.com	After school program participants	Prevention
Blessings in a Backpack	Putnam County Health Dept.	Sherri Recker 419-523-5608, ext. 224 Sherri.recker@putnamhealth.com	Leipsic School	Early Intervention
Fitness Facilities/Classes	Putnam County YMCA	419-523-5233	All ages	Prevention
	Peak 24 Fitness	419-523-7325	All ages	Prevention
	PT Services	419-523-9337	All ages	Prevention
	Leipsic Community Center	Erin Schroeder 419-943-7400	All ages	Prevention
	Anytime Fitness	614-558-0061	All ages	Prevention
OG Running/Walking Club		More details at Ottawa-Glandorf Run Club on Facebook	All ages	Prevention
Kiwanis Health Fair/Health Screenings	Ottawa Kiwanis		Adult	Early Intervention
Senior Expo/Health Screenings and Info	Senior Expo Committee	Jodi Warnecke 419-523-4121	Adult	Early Intervention
Matter of Balance Fall Prevention Program	Putnam County Council on Aging	Jodi Warnecke 419-523-4121	Age 60 and better	Prevention
Breastfeeding Education	Putnam County WIC HHWP CAC	419-523-5080	Parents of young children	Early Intervention
Nutrition Education	Putnam County WIC HHWP CAC	419-523-5080	Parents of young children	Early Intervention
Silver Sneakers	Putnam County YMCA	419-523-5233	Older adults	Prevention
	Peak 24 Fitness	419-523-7325	Older adults	Prevention
Delay the Disease – Parkinson’s/Exercise	St. Rita’s PT at YMCA	Beth Hartoon 419-523-5391	Older adults	Prevention
Migrant School Programs	PCESC	Jan Osborn 419-523-5951	Children	Prevention
Kalida Running Club		More details at Kalida Running Club on Facebook	All ages	Prevention
ODH Healthy Vending Program	ODH	Information available online at <a href="http://www.odh.ohio.gov">www.odh.ohio.gov</a>	All ages	Prevention

Prescription Assistance Program	HHWP CAC	1205 E. Third St., Ottawa 419-523-5345	All ages	Treatment Prevention
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### PRIORITY #3: ABUSE

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Type of Program (prevention, early intervention, treatment)
Advocacy for domestic violence, stalking, sexual assault, and human trafficking survivors	Crime Victim Services	338 E Third Street, Ottawa 419-523-1111 www.crimevictimservices.org	All survivors of domestic violence, stalking, sexual assault, and human trafficking in Putnam County	Safety planning, emergency shelter, emergency financial assistance, legal advocacy, assistance with protection orders, relocation assistance
Emergency Shelter for domestic violence, sexual assault, stalking and human trafficking survivors	Crossroads	888-228-4357 Crossroadscrisiscenter.com Lima, OH	Domestic violence, sexual assault, stalking and human trafficking survivors	Intervention
Prevention Education	Crime Victim Services	338 E Third Street, Ottawa 419-523-1111 www.crimevictimservices.org	All ages	Prevention
Emergency Shelter for domestic violence, stalking, and sexual assault survivors	House of Ruth	419-782-1100 Defiance, OH	Survivors of domestic violence, stalking, and sexual assault	Intervention
Elder Victim Ministry	Crime Victim Services	338 E Third Street, Ottawa 419-523-1111 www.crimevictimservices.org	Persons who have experienced elder abuse (physical, financial, etc)	Prevention Intervention
Emergency Shelter for domestic violence, stalking, and sexual assault survivors	Crisis Care Line	419-238-4357 Van Wert, OH	Survivors of domestic violence, stalking, and sexual assault	Intervention
Emergency Shelter for domestic violence, stalking, human trafficking, and sexual assault survivors	YWCA of Van Wert County	419-238-6639	Domestic violence, sexual assault, stalking and human trafficking survivors	Intervention
Batterers' Intervention Program	Open Arms	419-422-4766 Findlay, OH	Persons who are perpetrators of domestic violence	Treatment
Domestic Violence Survivor Resources	Ohio Domestic Violence Network	<a href="http://www.odvn.org">www.odvn.org</a> 800-934-9840	Survivors of domestic violence in the state of Ohio	Prevention
Human Trafficking Survivor Resources	Northwest Ohio Rescue and Restore Coalition	<a href="https://www.facebook.com/NorthwestOhioRescueRestoreCoalition/">https://www.facebook.com/NorthwestOhioRescueRestoreCoalition/</a> or call Crime Victim Services at 419-222-8666	Survivors of human trafficking	Intervention

## PRIORITY #4: SAFETY

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Type of Program (prevention, early intervention, treatment)
Car Seat Program	Putnam County Health Dept.	Dawn Schmenk/Dunel Fry 419-523-5608	Parents of small children	Prevention
Farm Safety	Ruth and Dale Gerding	Ruth Gerding	Third grade students	Prevention
Safety City	Task Force for Youth	Beth Tobe 419-523-5951	Preschool and Kindergarten students	Prevention
PAX	Putnam County Educational Service Center	*	*	*
Prevention Education	Crime Victim Services	419-523-1111 <a href="http://www.crimevictimservices.org">www.crimevictimservices.org</a>		Prevention
Ohio HelpLine for Sexual Violence		1-844-Ohio-Help	All ages	Prevention
Matter of Balance Fall Prevention Program	Putnam County Council on Aging	Jodi Warnecke 419-523-4121	Age 60 and better	Prevention

\*Some information was not available at time of printing. Call the Putnam County Health Department at 419-523-5608 for additional information.

Some resources available in Putnam County and surrounding areas may not have been identified in this assessment. The Partners for a Healthy Putnam County make every effort to continue to assess resources available to our community. Please contact the Putnam County Health Department at 419-523-5608 for more information regarding services, programs and other resources that may be available and were identified after the printing of this assessment.