**HEALTHY EATING / ACTIVE LIVING**

**Increase access to healthy foods (various settings):**

1. Increase availability of lower cost healthier food and beverage choices in various venues (community recreational facilities, city and county buildings, hospital cafeterias, worksite cafeterias, vending machines)
2. Lower prices for healthier foods and beverages and provide discount coupons, vouchers redeemable for healthier foods , and bonuses tied to the purchase of healthier foods (work with local grocery stores, restaurants, vending machine operators and concession stand operators)
3. Improve availability of mechanisms for purchasing foods from farms (farmers’ markets, farm stands, community supported agriculture, “pick your own,” and farm to work initiatives)
4. Work with schools and local city and county partners to implement joint use agreements that allow the use of athletic facilities and outdoor recreational facilities by the public on a regular basis (school gyms, parks and green space, outdoor sports fields and facilities, walking and biking trails, public pools, and community playgrounds)

**Outcome Indicator:**

% of population with limited access to healthy foods (County Health Rankings)

% of adults that report a BMI >=30 (BRFSS)

**Increase Physical Activity and Improve Nutrition (School Setting):**

1. Assess the school districts health policies and programs and develop a plan for improvement
2. Address physical activity and nutrition through a coordinated school health program (CSHP) that includes (health education, physical education, health services, nutrition services, counseling and psychological services, healthy school environment, health promotion for staff and parent involvement)
3. Strengthen the schools nutrition policies
4. Implement a quality school meals program
5. Implement a policy that requires all school districts to serve at least one serving of fresh fruits and vegetables at every meal served in the school cafeteria
6. Implement a policy that requires all school districts to only serve low fat or fat free milk and no sugar sweetened beverages in the school cafeteria/on school grounds
7. Implement a policy that requires “recess before lunch” in elementary school
8. Implement a high quality health promotion program for school staff that focuses on nutrition and weight management (worksite initiative)

**Outcome Indicators**

% of students who ate fruits and vegetables less than five times per day during the seven days before the survey (YRBS)

% of high school students that are obese (≥ 95th percentile for BMI by age and sex) (YRBS)

**Increase Physical Activity/Built Environment:**

1. Enhance infrastructure supporting bicycling by creating bike lanes, shared-use paths, and routs on existing new roads; providing bike racks in vicinity of commercial and other public spaces.
2. Enhance infrastructure that supports walking that includes but is not limited to sidewalks, footpaths, walking trails, and pedestrian crossings (Complete Streets policies, infill development, transit oriented development)
3. Support locating schools within easy walking distance of residential areas
4. Develop and implement Active Living Master Plan (See National Physical Activity Plan at <http://www.physicalactivityplan.org/NationalPhysicalActivityPlan.pdf>
5. Implement physical activity programs through municipal and county government that include walking challenges, free or reduced gym memberships, financial incentives for completing a Health Risk Assessment and for maintaining good health or improving health (cholesterol, blood pressure, BMI, blood glucose)
6. Implement a safety education program for cyclists that promotes the usage of helmets, cycling safety rules of the roadway, and sharing walking paths with pedestrians (i.e., “Hard Hats for Little Heads”)
7. Implement an education program for motorists that include rules related to sharing the road with cyclists and informing motorists about the rights of cyclists.
8. Implement policy changes including Safe Passage Policy for cyclists and a Complete Streets policy to be implemented by municipalities
9. Implement a high quality course of study in health education that includes nutrition education and the impact of overweight and obesity on health throughout the life span

**Outcome Indicators**

% of adults who do not engage in any leisure time physical activity (BRFSS)

Access to recreational facilities - Rate of recreational facilities per 100,000 populations (County Health Rankings 2012

**Increase PA among children and young people (school setting)**

1. Assess school based physical activity policies and programs and develop a plan for improvement
2. Strengthen physical activity policies (Implement policies that require school districts to require a minimum of 150 minutes per week of PE in public elementary schools and a minimum of 225 minutes per week of PE in public middle schools and high schools throughout the school year).
3. Address physical activity and nutrition through a Coordinated School Health Program (CSHP) that includes (health education, physical education, health services, nutrition services, counseling and psychological services, healthy school environment, health promotion for staff and parent involvement)
4. Implement high quality evidence-based physical activity programs that assist students in achieving the national standards for K-12 physical education
5. Implement Safe Routes to Schools
6. Implement a high quality health promotion program for school staff that focuses on physical activity and weight management (worksite initiative)
7. Implement a high quality course of study in health education

**Outcome Indicators:**

% of high school students that are **overweight** (>= percentile but < the 95th percentile for body mass index by age and sex)

 % of students who were physically active for at least 60 minutes per day during the seven days before the survey (YRBS)

**Multi media campaign healthy eating / active living**

1. Clearly define the problem/issue of overweight and obesity within the population and present it to the local media and key stakeholders
2. Develop the components of a mass media campaign that include paid advertising (TV, radio, billboards, bus ads, print media, websites), social networking (Face book, YouTube, Twitter, blogs, broadcast texting) and community sectors (schools, worksites (LinkedIn, Face book, Twitter), community organizations, sports teams, etc.)
3. Develop and distribute educational materials designed to educate and engage stakeholders and community members around the issue of overweight and obesity

**Outcome Indicators:**

**MENTAL HEALTH AND SUBSTANCE ABUSE**

**Objective A: By DATE, increase access to high quality mental health and substance abuse services from x% to x%.**

**Evidence-based Strategies:**

1. Conduct a regional assessment of existing mental health services currently available for adults and adolescents
2. Based on regional assessment results develop a plan for addressing deficiencies related to diagnosis services, effective treatment, and follow-up
3. Identify policy changes, workforce development and financial resources necessary to implement improvement plan
4. Implement Regional Mental Health Services Improvement Plan
5. Assess improvements, make adjustments as needed

**Outcome Indicators:**

# of services

# of clinics

# of providers

**Objective B: By DATE, increase the number of qualified, culturally competent mental health care providers from X# to X#.**

**Evidence-based Strategies:**

1. Conduct a regional assessment of existing number of mental health care providers currently available for adults and adolescents
2. Based on regional assessment results develop a plan for addressing mental health care provider short falls including cultural competency
3. Identify workforce development and financial resources necessary to increase mental hare care providers in target area
4. Invest in mental health care providers through increased resources for training, new incentives for physicians for providing mental health care to patients, and support for caregivers who choose to enter mental health care in underserved areas

**Outcome Indicators:**

Mental health care providers – ratio of population to mental health care providers (County Health Rankings)

Poor mental health days – average # of mentally unhealthy days reported in past 30 days (CHR)

**Objective C: By DATE, expand mental health care treatment services by X# to X#.**

**Evidence-based Strategies:**

1. Establish three primary care facilities that provide mental health treatment on site or by paid referral
2. Develop and implement a treatment protocol for children with mental health problems so as to increase appropriate treatment plan
3. Train juvenile residential facilities staff so that they screen admissions for mental health problems
4. Train primary care providers so that they consistently screen patients for depression
5. Increase the proportion of person with co-occurring substance abuse and mental disorders who receive treatment for both disorders

**Outcome Indicators:**

# of primary care facilities that provide mental health and/or substance abuse treatment services

**Objectives D: By DATE, integrate behavioral health with physical health throughout the County**

**Evidence-based Strategies:**

1. Identify and implement standardized health and behavioral health screening tools during patient assessments
2. Develop policies to address training, continuing education and workforce needs of providers and entities participating in integrated healthcare practices
3. Identify and implement methods to improve collaboration and coordination between healthcare systems and providers
4. Identify and implement strategies to encourage integration in both public and the private sector programs
5. Incorporate allied health professionals and other related professionals within primary care and behavioral health settings

**Outcome Indicators:**

# of clinics that have implemented standardized screening tool during patient assessment

# of allied health professionals that have been cross trained in mental health and substance abuse that are working in primary care and behavioral health settings

**Substance Abuse Reduction among Youth**

**Objective E: By DATE, reduce the use of alcohol and drugs among youth (10-18 years of age) in the X County from X% to X%.**

**Evidence-based Strategies:**

1. Develop and implement media campaigns directed at youth that disseminates information to increase knowledge, alter attitudes, advise about treatment options
2. Work with law enforcement to enhance enforcement of underage drinking and driving laws
3. Review and change local or state policies related to alcohol abuse prevention by minors, if appropriate (i.e., community laws prohibiting alcohol advertising in close proximity to schools, billboards, sides of buses, and in other public areas)
4. Implement evidence based prevention education programs in schools and outside of schools that teach critical personal and social skills that promote health and well-being among youth and helps them avoid substance abuse
5. Implement existing substance abuse models that strengthen families, parenting skills and other established strong consistent norms about alcohol and drug use
6. Promote public policy to reduce provision of alcohol by caregivers to minors
7. Implement education efforts aimed at caregivers to reduce provisions of alcohol to minors

**Outcome Indicators:**

% high school students who report binge drinking (had 5 or more alcoholic drinks in a row or within a couple of hours, on at least one of the past 30 days)

**Objective F: By DATE, increase awareness among parents and other caregivers of youth (10-18 years of age) about the dangers of binge drinking and alcohol abuse in X County**

**Evidence-based Strategies:**

1. Develop and implement media campaigns directed towards parents
2. Identify, purchase and distribute educational materials for parents appropriate for each region
3. Implement evidence based education programs for parents on attitudes and behaviors related to binge drinking and alcohol abuse

**Outcome Indicators:**

Media campaign developed and implemented throughout the County

Educational programs implemented throughout the region

**Objective G: By DATE, decrease the incidence of alcohol and drug abuse among adults in X County from X % to X%**

**Evidence-based Strategies:**

1. Develop or work with existing substance abuse prevention coalitions that focus on building community capacity, increasing service integration, influencing policy change, conducting needs assessments, and developing appropriate community programs.
2. Identify, purchase (or develop) and disseminate alcohol and drug abuse prevention patient education materials for adults for each region
3. Implement community-based education programs on alcohol abuse (Cognitive-behavioral therapy, motivational enhancement, and 12-step facilitation) using strategies appropriate to culture, language, and literacy skills
4. Implement alcohol screening in all points of entry into the health care system (ask about alcohol use, assess for alcohol related problems, advise, determine level of risk/dependence and refer to specialist if indicated)

**Outcome Indicators**

% of adults aged 18 years and older who binge drink on or more occasions in the last 30 days (BRFSS)

% of adults aged 18 years and older who report either binge drinking or heavy drinking (County Health Rankings)

**Objective H: By DATE, decrease the smoking rate in X County from X to X.**

**Evidence-based Strategies:**

1. Develop a smoke free coalition
2. Conduct an assessment of the region to determine what smoke free ordinances are in place and where additional work is needed
3. Implement evidence-based tobacco prevention programs in middle schools and high schools throughout the region
4. Implement evidence-based tobacco cessation services for youth and adults throughout the region
5. Implement smoke free ordinance (local or statewide) in parts of the region where such an ordinance does not exist

**Outcome Indicators:**

Implementation of a smoke free ordinance in x County

% of adults who are current smokers (BRFSS)

% of students who are current smokers – smoked cigarettes on at least one of the past 30 days (YRBS)