Executive Summary

In 2016, a community health assessment (CHA) was completed in Mercer County to evaluate the health issues and health status of the county’s population. Early in 2017, in an effort to improve the health of Mercer County, community stakeholders were convened by the Mercer County Health District (MCHD) to examine the results of the CHA and develop a Community Health Improvement Plan (CHIP). The CHIP is a long term plan that identifies health priorities, goals, objectives, and action steps that can be used by a community to guide them in the development and implementation of projects, programs, and policies that are aimed at improving the health of the residents of Mercer County.

Twenty-six community partners participated in the development of the CHIP. The Center for Public Health Practice located in the College of Public Health at The Ohio State University was retained by MCHD as the facilitator. Community partners were tasked with providing inputs to inform a vision for health and examining the data provided in the CHA along with their knowledge of the community to select health priorities. Health priorities selected by community partners included: Substance Abuse (drugs and alcohol), Nutrition and Weight Status, and Mental Health.

Workgroups were formed for each priority and members were charged with drafting action plans to address the health issues. The action plans detail the specific goals, objectives, and measures that will be used to address these priorities and track progress. The workgroups considered several overarching principles as they further refined the health priorities and created action plans. The principles included the tiers of the Health Impact Pyramid, the concepts of evidence based public health practice, and priority alignment with Ohio’s State Health Improvement Plan.

Implementation of the CHIP began in 2017. MCHD is very fortunate to have a wonderful working relationship with Mercer Health Hospital and our County Partners. Everyone sees value in creating a healthier community especially in relation to drugs and alcohol. One of strongest collaborate county partnerships is the Community Organizations Linking Together (COLT) group. Within this group resides the COLT Health Subcommittee, who has been the catalyst behind the CHIP efforts. This group has worked diligently for the county in its efforts to determine what initiatives should be developed, bringing the right individuals to the table to create workable action plans, and then implement the objectives to create positive outcomes as well as impacting the established goals. These workgroups will convene on a regular basis and report back to the COLT Health Subcommittee every other month. MCHD will be responsible for updating the action plans within the CHIP and conveying overall updates to the workgroups. The workgroups would like hold a spring and fall retreat annually by coming together to discuss where they all are with their action plans and to see if additional collaboration can occur to help complete objectives. The CHIP is slated to be implemented over a three-year period. Following the next CHA in 2019-2020, the community health improvement planning process will begin again.
Vision Statement

Mercer County:

A community in which people live long, healthy lives!
Letter from the Health Commissioner

In keeping with the objective of improving community health through collaboration and community action, it is my pleasure to present the 2017-2020 Mercer County Community Health Improvement Plan (CHIP). This plan will serve as a roadmap to improving the health and wellbeing of all residents of Mercer County.

This plan reflects 12 months of collaborative work with multiple community agencies, residents, and stakeholders to complete the Mercer County Community Health Assessment and Community Health Improvement Plan. Using the data from the 2016 Mercer County Community Health Assessment, community stakeholder were convened to identify priority health issues for Mercer County. Stakeholder workgroups were formed for each priority, the Health Impact Pyramid was reviewed, and action plans were created to target the priority areas with evidenced based objectives and actions.

The Community Health Improvement Plan is data driven with baselines and targets to monitor progress. This plan is a “living document” and will be implemented over the next three years. The plan will be reviewed annually to reflect accomplishments and new areas of need; both the 2016 Community Health Assessment and 2017-2020 Community Health Improvement Plan are available at mchdohio.org for community members to review.

Our county is fortunate to have multiple agencies and residents that are committed to collaborating and improving the health and future for all Mercer County residents. The leading entities are Mercer Hospital, Foundations Behavioral Health, and Mercer County Prevention Coalition (MCPC); these groups in concert with other dedicated community stakeholders work under the umbrella of our established Community Organizations Linking Together structure to improve the health and wellbeing of our residents. Without them this would have been a more daunting task. I would like to personally thank The Center for Public Health Practice located in the College of Public Health at The Ohio State University for their continuous support and facilitation of the Community Health Assessment and Community Health Improvement Plan. I encourage all Mercer County residents to contribute to this effort and join the Mercer County Health District and multiple community partners in working towards a healthier Mercer County.

Sincerely,

Amy Jo Poor, BS, MSN
Health Commissioner
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**Introduction**

In 2016, Mercer Health Hospital and Mercer County Health District (MCHD) completed a Community Health Assessment (CHA) that provided a comprehensive evaluation of the health status and issues that exist among the county’s population. In order to address the major health issues identified in the CHA, MCHD engaged a wide range of community partners to gather inputs to inform a vision of health for Mercer County, review the CHA data, select health priorities based on the data, and collectively create a plan of action to address these. The Community Health Improvement Plan is comprehensive and long term and details actions steps that will be used by organizations as they implement project, programs, and policies.

This report begins with a brief description of the process used to engage community and stakeholders in the development of the CHIP. Following the summary of the process, there is a section for each identified priority. This document lists the goals and key measures selected for each health priority accompanied by data that is evidence of its significance. A more detailed action plan that includes objectives, action steps, assets and resources and evidence based strategies for each priority is available upon request. This report concludes with a discussion of the next steps relative to implementation, ongoing monitoring, and evaluation of the CHIP. A table of the contributing members can be reviewed in Appendix A. A list of key terms and acronyms can be found in Appendix B. Action plans for the initiatives can be seen under Appendix C. Lastly, the Mercer County Community Health Improvement Plan Charter, with organizational chart is in Appendix D.

**The Process**

Mercer County Health District was responsible for providing oversight for the CHIP development process. MCHD contracted with The Ohio State University’s (OSU) College of Public Health Center for Public Health Practice to serve as lead facilitator. In that role, OSU designed the overall CHIP development process, as well as organized and led CHIP project meetings.

**Timeline**

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<td>June 2016</td>
<td>Community Health Assessment completed &amp; released</td>
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<tr>
<td>August 2016</td>
<td>Prioritization meeting, including visioning and priority setting</td>
</tr>
<tr>
<td>September 2016 - May 2017</td>
<td>Workgroup formation, action plans created</td>
</tr>
<tr>
<td>August 2017</td>
<td>CHIP released</td>
</tr>
<tr>
<td>December 2020</td>
<td>CHIP completion anticipated</td>
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Twenty-six community partners (planning group) representing various sectors of the community were engaged in the development of the CHIP, which occurred over an eight-month period. The process began by the planning group undergoing a visioning process where they determined the ideal future state of health in Mercer County. This process served to guide the development of the CHIP by giving
the planning group a statement that the work for the CHIP should result in. Through the process, the planning group crafted the following vision for Mercer County:

*A community in which people live long, healthy lives!*

Following the visioning process, the planning group developed priorities and created the actions plans that compromise the work of the CHIP.

**Developing Priorities**

After an extensive review of the data from the CHA and using their knowledge of the community, the planning group discussed possible health priorities for the County. Selection criteria included:

1.) What is the magnitude of this health issue relative to the number of residents or % of population affected?
2.) What is the seriousness of this health issue in terms of morbidity (illness) and mortality (death)?
3.) To what degree does this health issue disproportionally affect certain sub-populations or geographic areas within the community?
4.) What is the feasibility of having a positive impact in this health issue?
5.) To what extent does this proposed priority align with state health improvement plan priorities?
6.) To what extent will addressing this health issue positively impact other health issues in the community?

In addition to the criteria above, Ohio’s State Health Improvement Plan priorities were presented. Special consideration is being taken across the state of Ohio to align local Community Health Improvement Plans with the State Health Improvement Plans to improve resource allocation for health improvement. The 2017 SHIP priorities are Mental Health and Addiction, Maternal and Infant Health, and Chronic Disease. See Figure 1 for CHIP alignment with state and national priorities.

Through a process based in small group work followed by a facilitated large group discussion to reach consensus, the planning group selected the following as the three highest priority health issues in Mercer County:

![Figure 1: Alignment with State and National Priorities](image-url)
**Guiding Principles**

Once priority areas were identified, workgroups turned their attention to creating the goals and objectives to address those priorities. The workgroups were also tasked with considering the Health Impact Pyramid, Policy, Systems, and Environmental (PSE) Changes, and evidence-based public health practices (EBPHP) when determining objectives.

The Health Impact Pyramid describes the effectiveness of different types of public health interventions. Interventions focusing on socioeconomic factors, at the base of the pyramid, have the greatest potential to improve health.

Although interventions at the higher levels have less of an impact on health, the likelihood of long-term success is maximized when strategies are implemented at all intervention levels (Frieden, 2010).

PSE Changes are those changes to a community that create sustainable change. They impact things like regulations and procedures, the rules of an organization, and the physical environment. PSE changes are ones that focus on the broadest sections of the Health Impact Pyramid.

In addition to considering the Health Impact Pyramid, the workgroups were encouraged to consider selecting evidence-based public health practices to craft a work plan to most effectively achieve their goals. EBPHP are tested programs, policies, and interventions that are proven to be most effective in successfully changing behavior. They create sustainable changes that improve health. To support this work, workgroup members were provided with a menu of potential EBPHP that addressed the community’s chosen priority issues.

**Priority 1: Substance Abuse (Drugs and Alcohol)**

**Goal 1.1:** Reduce underage alcohol consumption.

**Key Measures:** Reduction of alcohol usage from 37% to 30% “in the last 30 days”.

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*Figure 2: Health Impact Pyramid*
Alcohol is “part of the culture” in our small and close knit community. Our residents are proud of our cohesive community, but this has also been identified as a deterrent for those seeking help with substance abuse issues when needed. Activities that do not involve alcohol are lacking.

- Three-fourths of those surveyed believed children under age 17 drinking alcohol was a “moderate” or “major” problem.
- When asked about children drinking and driving, nearly a quarter (24%) said children under the age 17 drinking alcohol and driving was a “major problem”.
- 25% of those surveyed believed adults allowing children to drink alcohol in their homes was a “major problem”.

Objectives:

Objective 1.1.1: By December 31, 2020, increase youth-led programing participants by 10%.

Objective 1.1.2: By December 31, 2020, deliver 5 parent presentations surrounding the “Start Talking” campaign.

Goal 1.2: Reduce adult binge drinking.

Key Measures: Decrease adult binge drinking from 42% to 30% “in the last month”.

As part of the Healthy People 2020 initiative, the Department of Health and Human Services set a goal that the percent of adults who binge drink in the previous month would decrease to 24.4% by the year 2020. Currently Mercer County does not achieve this target.

- In Mercer County, 41.6% of adults have binge drank in the previous month.

Objectives:

Objective 1.2.1: By December 31, 2020, hold 2 Server Seller Trainings to liquor permit holders.

Objective 1.2.2: By December 31, 2020, launch “Know more before you Pour” campaign in Mercer County.

Goal 1.3: Decrease starter drug abuse (tobacco and marijuana) amongst youth ages 12-18.

Key Measures: Decrease tobacco use from 12.5% to 10% “in the last 30 days” and marijuana use from 10% to 8% in the “last 12 months”.

Binge drinking has increased from 25% in 2012 to 42% in 2016

Underage drinking is a gateway to other substance use and abuse
• Average age of first use of Tobacco was the age of 13.5.
• Average age of first use of Marijuana was the age of 14.4.

**Objectives:**

Objective 1.3.1: By December 31, 2020, increase the implementation of the RRR (Refuse, Remove, Reasons) Program in 1 school.

Objective 1.3.2: By December 31, 2020 increase visitors to social media site Grand Lake Happenings by an average of 5 per month.

Objective 1.3.3: By December 31, 2020, complete youth survey in grades 8, 10, and 12 annually and analyze data.

**Goal 1.4:** Decrease the use of illicit drugs (heroin, methamphetamines, cocaine, and prescription drugs).

**Key Measures:** Reduce the use of illicit drugs use from 3.2% to 2%.

Although the 2016 survey revealed an improvement in use of prescription medication that was not prescribed to the user, overall illicit drug use has gone up. The use of Narcan by first responders had become a common procedure.

• 5 unintentional overdose deaths were reported in 2014.
• 98 drug convictions in 2014.

**Objectives:**

Objective 1.4.1: By December 31, 2020, increase the poundage obtained in county prescription drop boxes by 5% annually.

Objective 1.4.2: By December 31, 2019, implement evidenced based program to address prevention of illicit drug use.

Objective 1.4.3: By December 31, 2020, hold 5 presentations on drug abuse within the community.

**Priority 2: Nutrition and Weight Status**
Goal 2.1: Increase physical activity through access and availability.

Key Measures: Increase current number of indoor walking locations and schools providing open use agreements.

Our county lacks walking and bike paths and our automated lifestyles support sedentary conditions. We aspire to a Mercer County where physicians, restaurants, businesses, social service providers, parks, and churches work to create individual and community conditions where all residents are properly nourished, live actively, and achieve a healthy weight.

- Mercer County has 31.6% of the adult residents in a normal weight range.
- Mercer County currently has 28.8% of the adult residents who are overweight, meaning BMI = 25-29.9%.

Objectives:

Objective 2.1.1: By June 30, 2019, have all school districts in Mercer County provide open usage agreements for physical activity.

Objective 2.1.2: By June 30, 2019, increase number of locations providing free indoor open usage agreements for physical activity.

Goal 2.2: Increase availability of healthy food choices.

Key Measures: Increase current number of community gardens and farmers’ markets.

Unhealthy food choices are often the “default” for a variety of reasons, including: faulty perceptions about healthy options; some areas of our community do not have nearby outlets for low cost, healthy foods or related services; restaurants have limited healthful options; and processed foods are often more convenient as well as inexpensive.

- Currently only 2 food banks within the county provide fresh produce to recipients.

Objectives:

Objective 2.2.1: By May 1, 2020, increase the number of community gardens in Mercer County by 1.

Objective 2.2.2: By June 1, 2020, establish a farmers’ market in the southern portion of Mercer County.

Goal 2.3: Raise awareness about the obesity issues in Mercer County and provide resources as well as best practices to key partners to combat the issue.

Key Measures: Increase the number of county partners communicated with and implementing best practices.
We aspire to a Mercer County where physicians, restaurants, businesses, social service providers, parks, and churches work to create individual and community conditions where all residents are properly nourished, live actively, and achieve a healthy weight.

- 67% of Mercer county residents are overweight or obese.

Objectives:

Objective 2.3.1: By June 30, 2019, educate all Mercer County school districts on the CHA / CHIP and educate students/staff on obesity issues in our county.

Objective 2.3.2: By June 30, 2019, assist the Mercer Health Marketing Team develop one resource about the CHA / CHIP and educate the community on obesity issues in our county.

Objective 2.3.3: By June 30, 2020 educate Mercer County health providers and primary care physicians about the CHA / CHIP and solicit their assistance in addressing the obesity issues in our community.

Objective 2.3.4: By June 30, 2020, educate Mercer County employers on the CHA/ CHIP and educate employees on obesity issues in our county.

Objective 2.3.5: By June 30, 2020, educate Mercer County employers on the CHA/ CHIP and educate employees on obesity issues in our county.

Priority 3: Mental Health

Goal 3.1: Reduce suicide rate in Mercer County.

Key Measures: 10% reduction in suicide attempts (32) for 2016 equaling 3.2 attempts.

Similar to other rural communities, Mercer County has a shortage of psychiatric care providers, public knowledge of how to access mental health professionals is scarce, and acute psychiatric care is located outside of our county. In addition, cost of care is prohibitive for many who need services. While we have experienced some increase in mental health screenings and tele-service availability, demand for services is increasing and need exceeds current capacity.
Those residents who were surveyed reported 48% had at least one day in the past 30 days in which they had poor mental health.

- Those residents who were surveyed reported on average they had 3.1 days in the last month in which poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation.
- 9.8% of surveyed residents stopped going to usual activities because he or she felt sad or hopeless.

**Objectives:**

Objective 3.1.1: By December 31, 2020, conduct 15 Mental Health First Aid trainings.

Objective 3.1.2a: By December 31, 2020, implement depression and suicide screening tool in 100% of Mercer Health occupational fairs.

Objective 3.1.2b: By December 31, 2020, implement depression and suicide screenings in 3 Physician/Provider Practices.

Objective 3.1.2c: By December 31, 2020, implement depression and suicide screenings in 2 Schools.

Objective 3.1.2d: By December 31, 2020, implement 3 depression and screening days in the community.

Objective 3.1.3: By December 31, 2020, provide 1 CIT training for Mercer County police departments.

**Goal 3.2:** Increase access to and availability of mental health services.

**Key Measures:** Increase locations that provide mental health services from 7 to 10.

Similar to other rural communities, Mercer County has a shortage of psychiatric care providers, public knowledge of how to access mental health professionals is scarce, and acute psychiatric care is located outside of our county. While we have experienced some increase in mental health screenings and tele-service availability, demand for services is increasing and need exceeds current capacity.

- Telehealth has the potential to provide confidential therapies, enabling individuals living in rural locations to access treatment and services without inadvertent disclosure to their communities. This being an issue due to everyone knowing everyone in a small town.
- Currently 2 out of our five school districts currently have mental health services available through a local behavioral health entity.

**Objectives:**

Objective 3.2.1: By December 31, 2020, increase the number of school districts providing mental health services by 2.

Objective 3.2.2: By December 31, 2020, increase the number of physician offices providing mental health services by 1.

Objective 3.2.3: By December 31, 2020, increase the number of private employers that are providing mental health services by 2.
Summary & Next Steps

The 2016-2017 Mercer County Community Health Improvement Planning process aimed to identify the most pressing health issues in Mercer County and bring stakeholders together to collaborate and create a plan to address those issues. This plan presents priorities and associated goals and objectives to improve the health of our County. A more detailed work plan for each of the three initiatives includes goals, objectives, action steps, timelines, and responsible parties is available in Appendix C.

To provide structure, a charter has been established outlining the roles and responsibilities of the steering committee, workgroups, and the community at large in regards to the CHIP and provides an organizational structure to support implementation moving forward. The COLT Health Subcommittee will continue to provide accountability and oversight for the workgroups, while the workgroups convene on a regular basis and report back to the steering committee every other month. This charter and organizational chart can be found Appendix D.
# Appendix A: List of County Partners/ Workgroup Members

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<th>Work Group</th>
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<tr>
<td>Dixie Russell – Pregnancy Center</td>
<td><a href="mailto:choosingle@bright.net">choosingle@bright.net</a> , <a href="mailto:rhouse@bright.net">rhouse@bright.net</a></td>
<td>X</td>
</tr>
</tbody>
</table>
Appendix B: Key Terms and Abbreviations

CHA – Community Health Assessment; the collection, analysis, and distribution of information on the health status and health needs of the community, including statistics on health status, community health needs/gaps/problems, and assets.

CHIP – Community Health Improvement Plan; a long-term and systematic plan to address health priorities that were drafted as a result of the CHA.

EBPHP – Evidence Based Public Health Practice; the implementation, and evaluation of effective programs and policies in public health through application of principles of scientific reasoning, including systematic uses of data and information systems, and appropriate use of behavioral science theory and program planning models.

MCHD – Mercer County Health District

HP2020 – Healthy People 2020; the federal government’s prevention agenda that is updated every 10 years.

ODH – Ohio Department of Health

PHAB – Public Health Accreditation Board; the accrediting organization for local, state, and tribal public health in the United States.

SHIP – State health improvement Plan; a CHIP completed at the State level.
### Appendix C: Action Plans

**Priority #1: Substance Abuse.** Alcohol is “part of the culture” in our small and close knit community. Forty-two percent of adults report binge drinking and alcohol use by youth under the age of 17 is considered to be problematic. Nearly 15% of our community uses tobacco products. Our residents are proud of our cohesive community, but this has also been identified as a deterrent for those seeking help with substance abuse issues when needed. Activities that do not involve alcohol are lacking. We have good collaboration among agencies within Mercer County, yet we lack sufficient resources such as detox facilities, community education, and medical providers who treat opiate use. Our new efforts to combat substance abuse will capitalize on existing successful partnerships and cast a wide net with initiatives that reach schools, businesses, and community organizations to address substance abuse.

#### Goal 1.1: Reduce underage alcohol consumption.

**Key Measure(s):** Alcohol usage from 2011 Search Study Institute Survey for 8th, 10th, and 12th grade students.

**Baseline:** Reduction of alcohol usage from 37% to 30% “in the last 30 days”.


**Alignment with SHIP:** Priority Topic: Mental health and addiction; Priority Outcome: Decrease drug dependency and abuse; Overall Goal: Promote mental wellbeing and prevent alcohol and other drug dependence and abuse for all Ohioans.

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<tr>
<th>Objectives</th>
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<th>Action Steps</th>
<th>Timeframe</th>
<th>Lead</th>
<th>Status</th>
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</thead>
</table>
| Objective 1.1.1: By December 31, 2020, increase youth-led programing participants by 10%. | X Policy Change □ Environmental Change □ Systems Change □ Evidence Based | Baseline: 155 Target: 171 | • Create postcards to hand out at community events  
• Create posters/flyers to post in schools  
• Presentations/event participation by members of the Mercer County Prevention Coalition  
• Expand social media marketing | Start: May 1, 2017 End: December 31, 2020 | Foundations (Amy Miller /Laura Sanford) Mercer County Prevention Coalition | • Completed  
• In Progress |
| Objective 1.1.2 | By December 31, 2020, deliver 5 parent presentations surrounding the “Start Talking” campaign. | □ Policy Change □ Environmental Change □ Systems Change X Evidence Based Program | Baseline: 0 Target: 5 | • Develop a presentation  
• Identify stakeholders  
• Offer presentation | Start: April 1, 2017 End: December 31, 2020 | Foundations (Amy Miller /Laura Sanford) Mercer County Prevention Coalition | • Completed  
• In Progress |

#### Goal 1.2: Reduce adult binge drinking.

**Key Measure(s):** Binge drinking reported in the 2016 CHA.

**Baseline:** Decrease adult binge drinking from 42% to 30% “in the last month”.

### Alignment with SHIP: Priority Topic: Mental health and addiction; Priority Outcome: Decrease drug dependency and abuse; Overall Goal: Promote mental wellbeing and prevent alcohol and other drug dependence and abuse for all Ohioans.

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</thead>
</table>
| Objective 1.2.1: By December 31, 2020, hold 2 Server Seller Trainings to liquor permit holders. | □ Policy Change | Baseline: 0 Target: 2 | - Identify stakeholders  
- Market to stakeholders  
- Increase participation with incentive(s)  
- Offer trainings | Start: April 1, 2017, End: December 31, 2020 | Mercer County Prevention Coalition (Laura Sanford) | • Completed  
• In Progress  
• Not yet started |

| Objective 1.2.2: By December 31, 2020, launch “Know more before you Pour” campaign in Mercer County. | □ Policy Change | Baseline: 0 Target: 1 | - Identify stakeholders  
- Educate Mercer County Prevention Coalition  
- Market to stakeholders (printed material, social media and billboards) | Start: May 1, 2017, End: December 31, 2020 | Mercer County Prevention Coalition Mercer Health | • Not yet started |

### Goal 1.3: Decrease starter drug abuse (Tobacco, Marijuana) amongst youth ages 12-18.

**Key Measure(s):** Tobacco and Marijuana usage from 2011 Search Study Institute Survey for 8th, 10th, and 12th grade students.

**Baseline:** Decrease tobacco use from 12.5% to 10% “in the last 30 days” and marijuana use from 10% to 8% in the “last 12 months”.


### Alignment with SHIP: Priority Topic: Mental health and addiction; Priority Outcome: Decrease drug dependency and abuse; Overall Goal: Promote mental wellbeing and prevent alcohol and other drug dependence and abuse for all Ohioans.

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</thead>
</table>
| Objective 1.3.1: By December 31, 2020, increase the implementation of the RRR (Refuse, Remove, Reasons) Program in 1 school. | □ Policy Change | Baseline: 3 Target: 4 | - Present to school administration and counselors annually  
- Train school staff member to present program to students or provide a prevention specialist  
- Continue to provide support to current schools | Start: September 1, 2017, End: December 31, 2020 | Foundations (Amy Miller / Laura Sanford) | • Completed  
• In Progress |

| Objective 1.3.2: By December 31, 2020 increase visitors to social media site Grand Lake Happenings by an | □ Policy Change | Baseline: 52 visits Target: Increase by 5 visits to site per month | - Identify stakeholders  
- Market to stakeholders  
- Offer incentives to business (add space, etc.) | Start: May 1, 2017, End: December 31, 2020 | Mercer County Prevention Coalition | • Not yet started  
• Not yet started  
• Not yet started |
average of 5 per month.

<table>
<thead>
<tr>
<th>Objective 1.3.3:</th>
<th>By December 31, 2020, complete youth survey in grades 8, 10, and 12 annually and analyze data.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline:</td>
<td>□ Policy Change X Environmental Change X Systems Change X Evidence Based Program</td>
</tr>
<tr>
<td>Target:</td>
<td>Complete 3 youth surveys</td>
</tr>
</tbody>
</table>
| Action Steps:   | • Develop survey  
|                 | • Market to stakeholders  
|                 | • Launch survey in vested schools  
|                 | • Analyze data  
|                 | • Target areas of concern  
|                 | • Repeat annually bullet points 1-5 |
| Timeframe:      | Start: May 1, 2017  
|                 | End: December 31, 2020 |
| Lead:           | Foundations (Amy Miller)  
|                 | Mercer County Prevention Coalition |
| Status:         | • Completed  
|                 | • Completed  
|                 | • In Progress  
|                 | • Not yet started  
|                 | • Not yet started |

**Goal 1.4:** Decrease the use of illicit drugs (heroin, methamphetamine, cocaine, and prescription drugs).

**Key Measure(s):** Illicit drug abuse (combined percentage) reported in 2016 CHA.

Baseline: Reduce the use of illicit drugs from 3.2% to 2%.

**Alignment with National Priorities:** Healthy People 2020; Topic: Substance Abuse [https://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse]; Objective: SA-13, SA-19.

**Alignment with SHIP:** Priority Topic: Mental health and addiction; Priority Outcome: Decrease drug dependency and abuse; Overall Goal: Promote mental wellbeing and prevent alcohol and other drug dependence and abuse for all Ohioans.

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<th>Status</th>
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</thead>
</table>
| **Objective 1.4.1:** | By December 31, 2020, increase the poundage obtained in county prescription drop boxes by 5% annually. | □ Policy Change X Environmental Change X Systems Change X Evidence Based Program | Baseline: 253.07 lbs.  
| | | | Target: 5% increase annually in poundage | • Market drop box locations  
| | | | | • Increase access to drop boxes at local events  
| | | | | • Increase education opportunities about safeguarding/proper disposal  
| | | | | • Launch media campaigns | Start: May 1, 2017  
| | | | | End: December 31, 2020 |
| | | | | | Mercer County Prevention Coalition  
| | | | | | Mercer County Sheriff’s Department (Gery Thobe)  
| | | | | | Coldwater PD (Chief Jason Miller) | • In Progress  
| | | | | | • In Progress  
| | | | | | • In Progress  
| | | | | | • Not yet started |
| **Objective 1.4.2:** | By December 31, 2019, implement evidenced based program to address prevention of illicit drug use. | □ Policy Change X Environmental Change X Systems Change X Evidence Based Program | Baseline: 0  
| | | | Target: 1 | • Choose evidence based program  
| | | | | • Identify stakeholders  
| | | | | • Market to stakeholders  
| | | | | • Evaluate program  
| | | | | • Analyze evaluations | Start: December 1, 2017  
| | | | | End: December 31, 2019 |
| | | | | | Foundations (Amy Miller /Laura Sanford)  
| | | | | | Mercer County Prevention Coalition | • Not yet started  
| | | | | | • Not yet started  
| | | | | | • Not yet started  
| | | | | | • Not yet started |
| **Objective 1.4.3:** | By December 31, 2020, hold 5 presentations on drug abuse within the community. | □ Policy Change X Environmental Change X Systems Change X Evidence Based Program | Baseline: 0  
| | | | Target: 5 | • Choose evidence based program/ create presentation  
| | | | | • Identify stakeholders  
| | | | | • Market to stakeholders  
| | | | | • Evaluate program | Start: December 1, 2017  
| | | | | End: December 31, 2020 |
| | | | | | Mercer County Prevention Coalition  
| | | | | | Local Law Enforcement Agencies | • Not yet started  
| | | | | | • Not yet started  
| | | | | | • Not yet started  
| | | | | | • Not yet started |
Priority #2: Nutrition and Weight Status. Sixty seven percent of Mercer County residents are overweight or obese. Unhealthy food choices are often the “default” for a variety of reasons, including: faulty perceptions about healthy and unhealthy options; some areas of our community do not have nearby outlets for low cost, healthy foods or related services; restaurants have limited healthful options; and processed foods are often more convenient. Additionally, our county lacks walking and bike paths and our automated lifestyles support sedentary conditions. We aspire to a Mercer County where physicians, restaurants, businesses, social service providers, parks, and churches work to create individual and community conditions where all residents are properly nourished, live actively, and achieve a healthy weight.

Goal 2.1: Increase physical activity through access and availability.

Key Measure(s): Number of free indoor walking locations and schools providing open use agreements.

Baseline: Current number of free indoor walking locations and schools providing open use agreements.


Alignment with SHIP: Priority Topic: Chronic Disease; Priority Outcome: Decrease Diabetes, Decrease Heart Disease; Overall Goal: Prevent and reduce the burden of Chronic Disease for all Ohioans.

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<th>Status</th>
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<tbody>
<tr>
<td>Objective 2.1.1: By June 30, 2019, have all school districts in Mercer County provide open usage agreements for physical activity.</td>
<td>Policy Change</td>
<td>Baseline: 4 Target: 6</td>
<td>Research benefits and legality of open school usage • Identify stakeholders • Market to stakeholders • Market to community</td>
<td>Start: May 1, 2017 End: June 30, 2019</td>
<td>Mercer Health (Renee Kinney)</td>
<td>In Progress • Not yet started • Not yet started • Not yet started</td>
</tr>
<tr>
<td>Objective 2.1.2: By June 30, 2019, increase number of locations providing free indoor open usage agreements for physical activity.</td>
<td>Policy Change</td>
<td>Baseline: 0 Target: An additional 2 locations.</td>
<td>Determine baseline • Identify stakeholders • Market to stakeholders • Market to community</td>
<td>Start: May 1, 2017 End: June 30, 2019</td>
<td>MCCOA (Sharon Green)</td>
<td>In Progress • Not yet started • Not yet started • Not yet started</td>
</tr>
</tbody>
</table>

Goal 2.2: Increase availability of healthy food choices.

Key Measure(s): Current number of community gardens and farmers markets in the county.

Baseline: 3


Alignment with SHIP: Priority Topic: Chronic Disease; Priority Outcome: Decrease Diabetes, Decrease Heart Disease; Overall Goal: Prevent and reduce the burden of Chronic Disease for all Ohioans.
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<th>Action Steps</th>
<th>Timeframe</th>
<th>Lead</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 2.2.1: By May 1, 2020, increase the number of community gardens in Mercer County by 1.</td>
<td>☒ Policy Change ☐ Environmental Change ☐ Systems Change ☐ Evidence Based</td>
<td>Baseline: 3 Target: 1 additional community garden</td>
<td>Meet with entities who have successful community gardens Identify other stakeholders Market to stakeholders Develop new community garden Market to community</td>
<td>Start: May 1, 2017 End: May 1, 2020</td>
<td>Mercer County Health District (Jason Menchhofer)</td>
<td>In Progress Not yet started Not yet started Not yet started</td>
</tr>
<tr>
<td>Objective 2.2.2 By June 1, 2020, establish a farmers’ market in the southern portion of Mercer County.</td>
<td>☐ Policy Change ☒ Environmental Change ☐ Systems Change ☐ Evidence Based Program</td>
<td>Baseline: 0 Target: 1</td>
<td>Identify stakeholders Market to stakeholders Develop new farmers market Market to community</td>
<td>Start: May 1, 2017 End: June 1, 2020</td>
<td>Mercer Health (Mandy Wendel / Morgan Post)</td>
<td>In Progress Not yet started Not yet started Not yet started</td>
</tr>
</tbody>
</table>

Goal 2.3: Raise awareness about the obesity issues in Mercer County and provide resources as well as best practices to key partners.

Key Measure(s): Current number of partners communicated with and implementing best practices.
Baseline: 0


Alignment with SHIP: Priority Topic: Chronic Disease; Priority Outcome: Decrease Diabetes, Decrease Heart Disease; Overall Goal: Prevent and reduce the burden of Chronic Disease for all Ohioans

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<th>Action Steps</th>
<th>Timeframe</th>
<th>Lead</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 2.3.1: By June 30, 2019, educate all Mercer County school districts on the CHA/CHIP and educate students/staff on obesity issues in our county.</td>
<td>☐ Policy Change ☐ Environmental Change ☐ Systems Change ☐ Evidence Based</td>
<td>Baseline: 0 Target: 6</td>
<td>Market to stakeholders Create needs assessment Assess stakeholders Create resources from assessment Choose evidence based program/ create presentation Educate school districts Evaluate education</td>
<td>Start: May 1, 2017 End: June 30, 2019</td>
<td>Renee Kinney/ Sharon Green</td>
<td>In Progress Not yet started Not yet started Not yet started Not yet started</td>
</tr>
<tr>
<td>Objective 2.3.2: By June 30, 2019, assist Mercer Health Marketing Team develop one resource about the CHA/CHIP and educate the</td>
<td>☐ Policy Change ☐ Environmental Change ☐ Systems Change ☐ Evidence Based</td>
<td>Baseline: 0 Target: 1 resource item</td>
<td>Identify stakeholders Create media resource Market to stakeholders Launch resource Evaluate resource</td>
<td>Start: May 1, 2017 End: June 30, 2019</td>
<td>Mercer Health Marketing Team/Wellness Team</td>
<td>In Progress Not yet started Not yet started Not yet started Not yet started</td>
</tr>
</tbody>
</table>
Priority #3: Mental Health. Similar to other rural communities, Mercer County has a shortage of psychiatric care providers, public knowledge of how to access mental health professionals is scarce, and acute psychiatric care is located outside of our county. In addition, cost of care is prohibitive for many who need services. While we have experienced some increase in mental health screenings and tele-service availability, demand for services is increasing and need exceeds current capacity. We will capitalize on our strengths (collaborations, close knit community) and seek innovative solutions to address public stigma and access to service issues, as well as work to effectively integrate mental and physical health services.

Goal 3.1: Reduce suicide rate in Mercer County.

Key Measure(s): Number of suicide threats, suicide attempts, and completed suicides in Mercer County.

Baseline: 10% reduction in suicide attempts (32) for 2016 equaling 3.2 attempts.
### Alignment with National Priorities: Healthy People 2020; Topic: Mental Health and Mental Disorders

Alignment with SHIP: Priority Topic: Mental Health and Addiction; Priority Outcome: Decrease suicide; Overall Goal: Overall Goal: Promote mental wellbeing and prevent alcohol and other drug dependence and abuse for all Ohioans

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<tr>
<th>Objectives</th>
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<th>Timeframe</th>
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<tbody>
<tr>
<td>Objective 3.1.1: By December 31, 2020, conduct 15 Mental Health First Aid trainings.</td>
<td>☐ Policy Change</td>
<td>Baseline: 0</td>
<td>3 mental health trainers</td>
<td>Start: January 1, 2017</td>
<td>Foundations (Diane Gab)</td>
<td>Completed</td>
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<tr>
<td></td>
<td>☐ Environmental Change</td>
<td>Target: 15</td>
<td>Identify potential recipients</td>
<td>End: December 31, 2020</td>
<td></td>
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<td></td>
<td>☐ Systems Change</td>
<td></td>
<td>Explore possible CEUs</td>
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<td></td>
<td>☐ Evidence Based</td>
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<td>Market trainings</td>
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<td></td>
<td></td>
<td>Offer trainings</td>
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<tr>
<td>Objective 3.1.2a: By December 31, 2020, implement depression and suicide screening tool in 100% of Mercer Health occupational fairs.</td>
<td>☐ Policy Change</td>
<td>Baseline: 0</td>
<td>Decide on evidence-based screening tool</td>
<td>Start: September 1, 2017</td>
<td>Foundations</td>
<td>Completed</td>
</tr>
<tr>
<td></td>
<td>☐ Environmental Change</td>
<td>Target: 100%</td>
<td>Engage stakeholders</td>
<td>End: December 31, 2020</td>
<td>Mercer Health</td>
<td>In Progress</td>
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<tr>
<td></td>
<td>☐ Systems Change</td>
<td></td>
<td>Implement tool - create an algorithm for screening and try to make it electronic</td>
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<td>In Progress</td>
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<td></td>
<td>☐ Evidence Based</td>
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<td>In Progress</td>
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<td></td>
<td>☐ Environmental Change</td>
<td>Target: 3</td>
<td>Select locations/Engage stakeholders</td>
<td>End: December 31, 2020</td>
<td></td>
<td>Completed</td>
</tr>
<tr>
<td></td>
<td>☐ Systems Change</td>
<td></td>
<td>Implement tool in Physician practices (EPIC)</td>
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<td>☐ Evidence Based</td>
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<tr>
<td>Objective 3.1.2c: By December 31, 2020, implement depression and suicide screenings in 2 Schools.</td>
<td>☐ Policy Change</td>
<td>Baseline: 0</td>
<td>Decide on evidence-based screening tool</td>
<td>Start: December 1, 2017</td>
<td>Foundations</td>
<td>Not yet started</td>
</tr>
<tr>
<td></td>
<td>☐ Environmental Change</td>
<td>Target: 2</td>
<td>Select locations/Engage stakeholders</td>
<td>End: December 31, 2020</td>
<td>ESC Mercer County</td>
<td>Not yet started</td>
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<tr>
<td></td>
<td>☐ Systems Change</td>
<td></td>
<td>Implement tool in (2) schools</td>
<td></td>
<td>Health District</td>
<td>Not yet started</td>
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<td></td>
<td>☐ Evidence Based</td>
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<tr>
<td>Objective 3.1.2d: By December 31, 2020, implement 3 depression and screening days in the community.</td>
<td>☐ Policy Change</td>
<td>Baseline: 0</td>
<td>Decide on evidence-based screening tool</td>
<td>Start: December 1, 2017</td>
<td>Foundations</td>
<td>Not yet started</td>
</tr>
<tr>
<td></td>
<td>☐ Environmental Change</td>
<td>Target: 3</td>
<td>Select locations/Engage stakeholders</td>
<td>End: December 31, 2020</td>
<td>Mercer Health</td>
<td>Not yet started</td>
</tr>
<tr>
<td></td>
<td>☐ Systems Change</td>
<td></td>
<td>Implement (3) depression and screening days in the community</td>
<td></td>
<td>Health County</td>
<td>Not yet started</td>
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<tr>
<td></td>
<td>☐ Evidence Based Program</td>
<td></td>
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<td></td>
<td>District</td>
<td></td>
</tr>
<tr>
<td>Objective 3.1.3: By December 31, 2020, provide 1 CIT training for Mercer County police departments.</td>
<td>☐ Policy Change</td>
<td>Baseline: 0</td>
<td>Meet with key stakeholders</td>
<td>Start: January 1, 2018</td>
<td>Foundations</td>
<td>Not yet started</td>
</tr>
<tr>
<td></td>
<td>☐ Environmental Change</td>
<td>Target: 1</td>
<td>Expand the Crisis Intervention Team</td>
<td>End: December 31, 2020</td>
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<tr>
<td></td>
<td>☐ Systems Change</td>
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<td></td>
<td>☐ Evidence Based Program</td>
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</table>
**Goal 3.2:** Increase access to and availability of mental health services

**Key Measure(s):** # locations that provide behavioral health services from 7 to 10

**Baseline:** Increase locations to 10

**Alignment with National Priorities:** Healthy People 2020; Topic: Mental Health and Mental Disorders (https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders); Objective: Treatment Expansion, MHMD-5

**Alignment with SHIP:**; Priority Topic: Mental Health and Addiction; Priority Outcome: Decrease suicide; Overall Goal: Overall Goal: Promote mental wellbeing and prevent alcohol and other drug dependence and abuse for all Ohioans

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</thead>
<tbody>
<tr>
<td><strong>Objective 3.2.1:</strong> By December 31, 2020, increase the number of school districts providing mental health services by 2.</td>
<td>X Policy Change ☐ Environmental Change ☑ Systems Change ☐ Evidence Based Program</td>
<td>Baseline: 2 Target: 4</td>
<td>● Discuss with stakeholders  ● Implement program, as appropriate, in two addition school districts</td>
<td>Start: Jan 1, 2017 End: Dec 31, 2020</td>
<td>ESC</td>
<td>• Not yet started  • Not yet started</td>
</tr>
<tr>
<td><strong>Objective 3.2.2:</strong> By December 31, 2020, increase the number of physician offices providing mental health services by 1.</td>
<td>X Policy Change ☐ Environmental Change ☑ Systems Change ☐ Evidence Based Program</td>
<td>Baseline: 0 Target: 1</td>
<td>● Assess physician practices  ● Discuss with stakeholders  ● Services</td>
<td>Start: Jan 1, 2017 End: Dec 31, 2020</td>
<td>Mercer Health</td>
<td>• Not yet started  • Not yet started  • Not yet started</td>
</tr>
<tr>
<td><strong>Objective 3.2.3:</strong> By December 2020, increase the number of private employers that are providing mental health services by 2.</td>
<td>X Policy Change ☐ Environmental Change ☑ Systems Change ☐ Evidence Based Program</td>
<td>Baseline: 1 Target: 3</td>
<td>● Develop a survey to gauge employer interest and areas of concern  ● Mercer Health to review /send data to Wright State Masters in Public Health to analyze  ● Communicate findings back to employers by Mercer Health</td>
<td>Start: Jan 1, 2017 End: Dec 31, 2020</td>
<td>Mercer Health WSU-LC</td>
<td>• Not yet started  • Not yet started  • Not yet started</td>
</tr>
</tbody>
</table>
Mercer County Community Health Improvement Plan Charter

**Purpose**
- Plan, implement, and evaluate a community-wide strategic community health improvement plan.

**Objectives**
- Expand and maintain a broad-based group of partners that include stakeholders and residents
- Plan, implement, and evaluate Community Health Improvement Plan initiatives to address strategic health-related priorities
- Gather ongoing data input from stakeholders and community members to inform future priorities
- Review and revise the Community Health Improvement Plan as necessary

**Expected Outcomes**
- A shared community vision for health
- A comprehensive understanding of health issues affecting the community
- Community health support for coordinated health improvement activities
- Enhanced collaboration and partnerships among system contributors
- Measurable impact on health priorities

**Vision:** A community in which people live long, healthy lives!
CHIP Steering Committee
Chair: Mercer County Health District & COLT Health Subcommittee

Oversee implementation of Community Health Improvement Plan; including future revisions and updates
Provide guidance to workgroups
Identify resources; including financial support
Communicate, educate, and promote this work throughout the community
Maintain and expand community partnerships
Meet in person annually for updates and revisions

All Workgroups
- Identify objectives and strategies to address priority area
- Establish and maintain a work plan
- Assist with implementation and evaluation of strategies
- Identify and engage partners who are critical to implementation
- Gather additional data, as needed, to support work
- Identify resources; including financial opportunities for supporting implementation
- Provide updates on progress at advisory group meetings
- Meet monthly, or as needed