Table of Contents

Introduction

This Community Health Improvement Plan (CHIP) represents collaboration among the Darke County Health Department, Wayne HealthCare, the Coalition for a Healthy Darke County, the Tri-County Board of Recovery and Mental Health, the Department of Job and Family Services, and the Family Health Services. This partnership was formed with the ultimate goal of improving the health status of Darke County by periodically assessing the community health needs and fostering a community-based action

planning team. This CHIP was developed through the leadership of Wayne HealthCare, the Darke County Health Department, and 26 community representatives from 11 organizations who formed a Steering Committee, and was facilitated by Wright State University's Center for Urban and Public Affairs. The development process was completed in October 2015. These organizations partnered (1) to assess the community's health using Mobilizing for Action through Planning and Partnerships (MAPP), and (2) to develop evidence-based solutions in response to the findings. MAPP was selected as the improvement model approach because this model provides a framework that ensures the inclusion of community planning essentials – a good structure for conducting the work, wide community collaboration, thorough use of qualitative and quantitative data, and guidance for evidence-based research and prioritization.

The CHIP was developed based on the primary and secondary data analysis and efforts carried out in the development of the Community Health Needs Assessment of 2015. That research effort included: interviews with 26 community leaders; a demographic analysis; a survey of 408 adult residents selected at random; focus group sessions with (1) low income residents convened by the Darke County Department of Job and Family Services and Grace Resurrection Community Center and (2) with school nurses; as well as analysis of Wayne HealthCare (hospital) data provided by the Ohio Hospital Association and the Greater Dayton Area Hospital Association, the Ohio Department of Health, Ohio Department of Job and Family Services, Mental Health & Recovery Board, Robert Wood Johnson Foundation, Centers for Disease Control and Prevention, the National Survey on Drug Use and Health, and the Bureau of the Census' American Community Survey. The study addresses secondary data for maternal and infant health data, behavioral risk factors, clinical and preventive services, diseases (such as cancer), hospital and emergency department discharge data, and leading causes of death. After the community stakeholders were presented with the community health assessment data, they selected three priority needs for Darke County:

- Chronic Disease Prevention and Education
- Coordinated Care and Case Management
- Mental Health and Substance Abuse

Description of Darke County[1]

Darke County borders the state of Indiana and is a 30 to 90 minute drive from several major, Midwestern metropolitan communities including: Dayton, Cincinnati, Columbus, and Indianapolis, Indiana. According to the Office of Rural Health Policy, Darke County is considered a rural county. Approximately 83.14% of the county's land is cropland, 4.49% of the land is pasture, 9.58% of the land is considered forest, with 2.16% of land used by residential, commercial, industrial, or transportation uses.

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[1] Sources: Ohio Development Services Agency, 2015, http://www.development.ohio.gov/files/research/C1020.pdf; U.S. Census Bureau, 2009-2013 American Community Survey; Darke County Job and Family Services, 2013, http://jfs.ohio.gov/County/cntypro/pdf13/Darke.stm; Massachusetts Institute of Technology (MIT) Living Wage Calculator; http://livingwage.mit.edu/; Ohio Department of Job and Family Services, Ohio Labor Market Information, Local Area Unemployment Statistics (LAUS) Program, 2015, http://ohiolmi.com/laus/ColorRateMap.pdf

Darke County's total population is estimated to be about 52,196. Its largest community and city is Greenville with an estimated 13,037 residents. The Ohio Development Services Agency forecasts Darke County's overall population to decrease by approximately 12% by the year 2040. The population under the age of 65 years of age is projected to decrease by approximately 11% by the year 2040 while the population over the age of 65 is expected to increase by approximately 11% by the year 2040. According to the U.S. Census Bureau, there were 52,959 people living in Darke County in 2010, with 6.5% of the population under 5 years of age, 18.3% under 18 years of age, and 17.3% age 65 and over. Compared to the State of Ohio, Darke County has a higher proportion of children (18.3% versus 17.2%) and a larger proportion of persons 65 and over (17.3% versus 14.4%).

There are 20,776 households in Darke County and 14,158 family households. About 74.4% of housing units are owner-occupied and 25.6% are renter-occupied. In nearly one in five owner-occupied households, homeowners are spending more than 35% of their income on housing costs (the recommended percentage is 28%). Nearly one-third of renters are spending more than 35% of their income on housing costs. Of those family households, 29.0% have children under the age of 18. Of households with children, 9.0% live in a female-headed household with no male present and 4.4% live in a male-headed household with no female present.

One-third of children in poverty live in female-headed households (35.1%). In fact, 13.7% of Darke County's population lives in poverty; among children under the age of 18, the percentage of 19.6%. Among children under the age of 5, the percentage of those living in poverty is estimated to be 19.1%. Among those ages 65 and over, the percentage living in poverty is 6.7%.

Across the county, 7,768 people received food assistance in the year 2013, which is 14.8% of the population and is 10% less than the percentage that received food assistance in 2012. The average annual food assistance payment is $973. The total number of households who received cash assistance dropped by 50% from the year 2012 to 2013 (from 966 recipients to 483). Federal law requires that families receiving cash assistance participate in work activities. At least 50% of all able-bodied adults receiving benefits are required to participate in work activities at least 30 hours per week. In two-adult households, at least 90% are required to participate in work activities at least 35 hours per week. In Darke County, the percentage is 62.03% versus 55.05% for the "federal all-family" rate.

Approximately 13% of Darke County's population does not have a high school diploma. This is slightly lower than the state percentage for those who do have a diploma (87% versus 88.5%% respectively). The percent with a bachelor's degree or higher is 11.9% versus 25.2% for Ohio. Although Darke County residents are much less likely to have a bachelor's degree or higher when compared to the state (11.9% versus 25.2%, respectively), they are closely comparable to the average percentage of residents who have completed some college (19% in Darke County, 20.8% in the state of Ohio). Taking into account all workers in Darke County, the median hourly earnings for individual workers is $13.50 per hour; the median hourly earnings for family households are $26.96 per hour. Nearly one-quarter of jobs (24.9%) are in manufacturing or educational services, health care, and social assistance (21.3%). A sustainable wage for a household of two adults in Darke County is $15.12 per hour, as long as the person is employed full-time. For a household with one adult and one child, a sustainable wage is $17.74.

A Message from the CHIP Steering Committee

The Community Health Improvement Plan (CHIP) is the result of the work of many local, community members, and partner organizations helping to improve the health status of Darke County residents. This Community Health Improvement Plan represents a long-term plan to improve the health status of the County in three priority areas. The success of this plan depends on the Darke County community as a whole to embrace individual and community health. This plan is a call to action for community organizations and leaders.

Thanks are in order to all the members who participated in the CHIP Steering Committee as well as the Steering Committee members who were engaged in the Community Health Assessment and the sub-committees. Members met over the course of a year to establish the goals, objectives, and strategies described within this plan. Appreciation is extended to Wayne HealthCare, the Darke County Health Department, the Coalition for a Healthy Darke County, the Tri-County Board of Recovery and Mental Health, the Department of Job and Family Services, and Family Health Services for their support on the Steering and Core Committees. The Core Committee planned for Steering Committee meetings and advised the consultant on day-to-day matters.

This document, which will be located online and in print, will provide a framework for various community health initiatives between now and 2020. Darke County residents are invited to play a part in this plan to improve the health of the community. Annual reports on progress will be made via the Coalition for a Healthy Darke County, and the community is invited to monitor progress.

Vision and Values

As the community began its community health assessment and improvement planning, a larger initiative was gaining traction and this larger initiative came to be called "the Coalition for a Healthy Darke County." It was determined that, to avoid duplication and use community resources most wisely, the CHIP and the Coalition efforts should merge. As the chart indicates below, the Coalition has a broad reach.
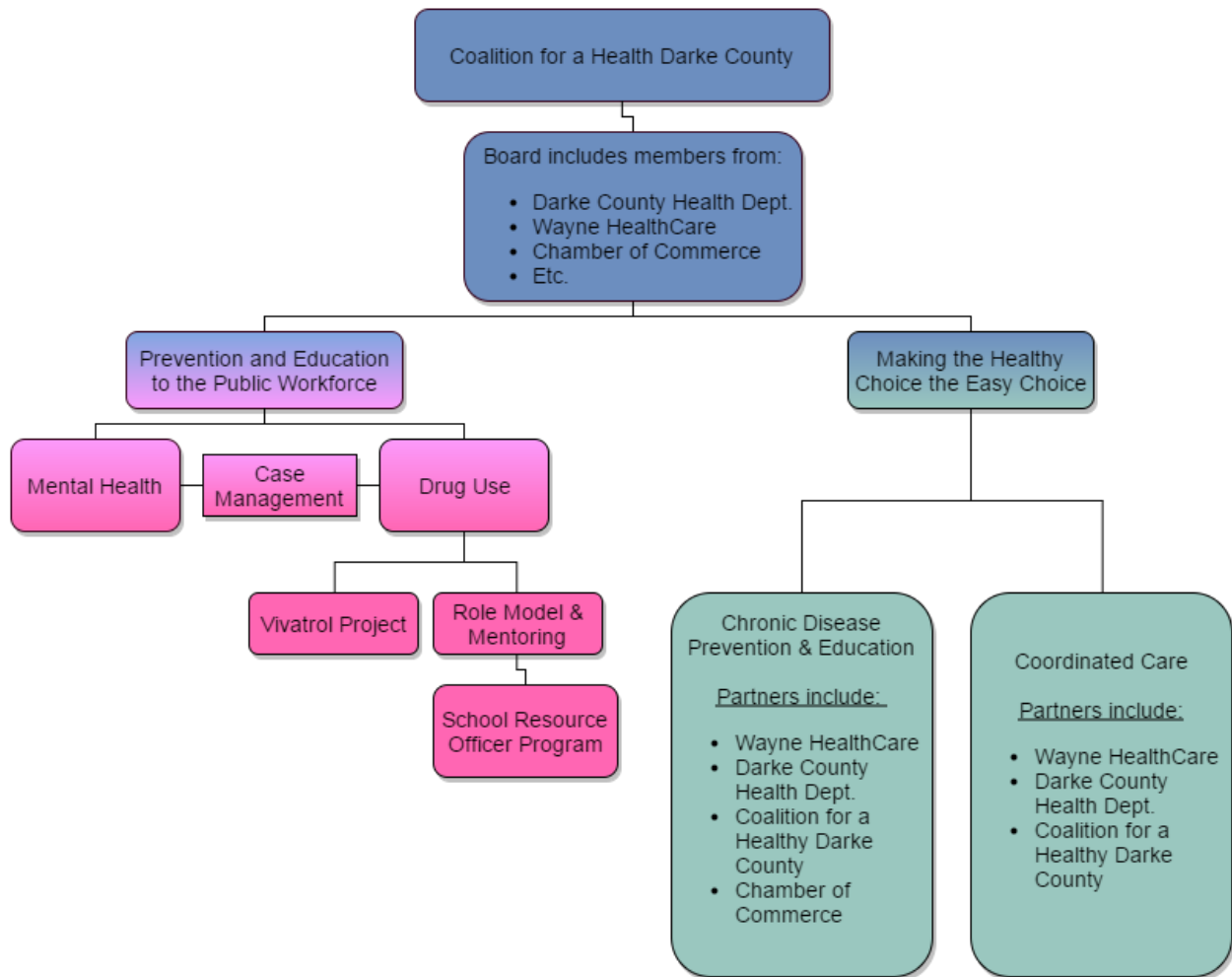
The CHIP effort nests within the Coalition's larger umbrella. Topics more oriented to physical health are branded with the tagline: *Making the Healthy Choice the Easy Choice.* Progress on the CHIP strategies will be reported to the Coalition for a Healthy Darke County Board, which consists of the following members:

- **Officers:**
- Chairman Matthew Aultman, Keller Grain & Feed
- Vice Chairman Tony Roberts, Roberts Agency-Nationwide
- Secretary Perry Walls, Walls Brothers Asphalt
- Treasurer John Warner, Brethren Retirement Community
- President Sharon Deschambeau, Darke County Chamber of Commerce

- **Directors:**
- Sam Casalano, Darke County YMCA
- Christina Chalmers, The Daily Advocate
- Cynthia Cook, Recovery and Wellness Centers for Midwest Ohio
- Wayne Deschambeau, Wayne HealthCare

- Diane Ewing, Premier Health
- Chris Gigandet, Phelan Insurance Agency, Inc.
- Judge Jonathan Hein, Darke County Common Pleas Court
- Dr. Terry Holman, Darke County Health Department
- Kent James, Greenville National Bank
- Dr. Tim Kathman, Wayne HealthCare and Darke County Coroner
- Mark McDaniel, Tri-County Board of Recovery and Mental Health Services
- Gracie Overholser, Darke County Job and Family Services
- Pastor Peter Menke, St. Paul Evangelical Lutheran Church
- Jeff Vaughn, Council on Rural Services
- Dr. Laurie White, Family Health Services
- Chief Deputy Mark Whittaker, Darke County Sheriff's Office

The CHIP Steering Committee came together on March 10, 2015 to discuss the vision and value statements that would guide the Darke County Community Health Improvement Plan. The Steering Committee accepted the *Coalition for a Healthy Darke County vision—A healthy, vibrant, safe and secure community that thrives together at home, at school, and at work.* The Coalition's Mission Statement is: *To bring our entire community together to create and maintain healthy lifestyles for all residents and businesses in Darke County.*

The Steering Committee articulated values through the Community Health Improvement Process. The following value statements guided the selection of the strategic priorities to be addressed in the CHIP:

- Darke County values education to help people make small (manageable) steps to improve their health.
- Darke County values adequate prevention, intervention, and treatment services being available and accessible locally to serve people from cradle to grave.
- Darke County values a productive, healthy environment and lifestyles.

Community Health Improvement Process

The Community Health Improvement Process is a comprehensive approach to assessing community health and developing and implementing action plans to improve community health through community member and partner engagement. The community health improvement process includes two parts:

The **community health assessment** engages community members and partners to collect and analyze health-related data and information from a variety of sources. The findings of the community health assessment inform community decision-making, the prioritization of health problems, and the development and implementation of a community health improvement plan.

The **community health improvement plan** is action-oriented and outlines the community health priorities based on the community health assessment, community leader input, and communitywide

input. The plan presents community health priorities and how they will be addressed to improve the health of the community.

This document presents the Darke County Community Health Improvement Plan which was developed by the Community Health Improvement Steering Committee and was facilitated by Wright State University's Center for Urban and Public Affairs. The plan was largely informed by the community health assessment and guided by evidence-based research. The steering committee followed the Mobilizing for Action through Planning and Partnership (MAPP) framework:

- Conducting forces of change, community themes and strengths, local public health system, and community health status assessments to create the Community Health Assessment
- Developing strategic issues based on the community health assessment findings and based on the expertise of steering committee members
- Identifying overarching goals, objectives and strategies to address the strategic issues
- Writing clear objectives and determining performance measures to monitor implementation and improvement
- Creating action plans that determined the steps to implement chosen strategies, which would lead and support the implementation, the short-term and longer-term outcomes, and the time frame for implementation.

CHIP Steering Committee Members

Rep First Name	Rep Last Name	Title, Organization	Email Address
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Laurie	White	Director of Behavioral Health and Wellness Services, Family Health	LWhite@familyhealth.cc

Priority Selection and Strategy Development Process

The steering committee carried out a three-step priority setting process to identify the health issues of greatest importance to the community. In the first step, researchers at Wright State University partnered with Wayne HealthCare (hospital) and the Darke County Health Department, and used the criteria of *prevalence, seriousness, and impacts on other health issues* to begin the process of culling through the data. In the second step, the steering committee came together to review the results of all

four MAPP assessments (forces of change, community themes and strengths, the local public health system, and the community health status) and underlined key health issues that cut across the assessments and this resulted in the first draft of strategic issues as follows.

- Drug abuse prevention
- Adequate affordable housing
- Job placement and training & child care
- Food security
- Smoking cessation
- Promote healthy lifestyles
- Support to grandparents who are raising grandkids
- Diabetic education
- Access to Care: Primary care physicians recruitment
- Lung assessment
- Mental health promotion

In the third step, the steering committee applied the questions of the PEARL Test and narrowed the focus down to three strategic issues. The PEARL Test asks:

- Propriety – Is a program for the health problem suitable?
- Economics – Does it make economic sense to address the problem? Are there economic consequences if a problem is not addressed?
- Acceptability – Will a community accept the program? Is it wanted?
- Resources – Is funding available or potentially available for a program?
- Legality – Do current laws allow program activities to be implemented?

Applying these criteria, mental health and substance abuse was the number one problem identified. Residents responding to a statistically representative survey conducted of adults in Darke County articulated this issue as "Drug Abuse" while organizations involved in the planning process identified the need for mental health and substance abuse prevention. Two other strategic issues were also identified based on the data and the experience of Steering Committee members.

- Chronic Disease Prevention and Education
- Coordinated Care and Case Management
- Mental Health and Substance Abuse

In the fourth step, the steering committee applied the following questions to ensure that truly strategic issues had been identified.

1. Is the issue related to the vision?
2. Will the issue affect the entire community?
3. Is the issue something that will affect the community now and into the future?
4. Will the issue require changes in the way organizations/systems function?

5. In order to address the issue, is leadership support needed or is there already a leadership group in place addressing this issue sufficiently?
6. Are there long term consequences of not addressing this issue?
7. Does the issue require the involvement of more than one organization?
8. Does the issue create tension in the community?

Based on this discussion, the three topics were organized as strategic issues and arranged in the form of a question, to serve as the foundation for the development of the CHIP.

Task force chairpersons were identified and task force members were recruited for two health priorities, while the mental health and substance abuse efforts were already under way via the Coalition for a Healthy Darke County. The two task forces were chaired by the Wayne HealthCare and the Darke County Health Department (see Appendix A). The next section presents background data from the CHA as context for the priorities.

Background Data for the Health Priorities

Chronic Disease Prevention and Education

Strategic Issue: How do we improve the prevention of chronic disease through education, promotion, and optimization of existing health services in Darke County?

Despite improvement rates of several diseases since the previous CHNA, addressing chronic disease in Darke County remains a high priority need. Death due to heart disease and cancer has been steadily increasing from 2000 to 2013, according to Ohio Department of Health Vital Statistics. The rate of death due to diabetes and chronic lower respiratory disease (i.e., asthma and chronic obstructive pulmonary disease) has nearly doubled in the last five years. Darke County has a relatively large older population and that cohort is projected to increase in coming decades. While an aging population may help explain the health trends, it also underscores the need to identify strategies to mitigate the trends, to the degree possible.

According to hospital data from the Ohio Hospital Association via the Greater Dayton Area Hospital Association, asthma and chronic obstructive pulmonary disease were the 4th leading reasons for inpatient admittance and 7th leading reason for emergency room hospitalization in Darke County from 2004 to 2012.

According to self-reported data, 12.6% of Darke County residents have been told by a medical professional that they have diabetes (versus 11% for Ohio); the annual mortality rate due to diabetes mellitus in Darke County was 60.7 per 100,000 in the year 2013, which is substantially higher than the rate for the State of Ohio (40.0 per 100,000). Additionally, 4.6% and 2.6% of Darke County residents have been told by a medical professional that they have had a heart attack/myocardial infarction or coronary heart disease, respectively; the annual mortality rate due to diseases of the heart (including

stroke, coronary heart disease, or myocardial infarction) was 427.7 per 100,000, in 2013, which is substantially higher than the rate for the State of Ohio (301.2 per 100,000).

A comparison of the status of chronic disease risk factors for Darke County as compared to the State of Ohio is presented below. The prevalence of smoking, obesity and the lack of nutrition and dental care are particularly concerning risk factors for Darke County adults.

Table 1: Chronic Disease Risk Factors (Behavioral & Other)	Darke	Ohio
Adult smoking *(% of adults that smoke ≥100 cigarettes)*	23.0%	22.%
Adult obesity* *(BMI: 25-29.9=overweight; BMI 30+=obese)*	35.6%	29.6%
No exercise* *(No leisure time physical activity)*	32.3%	32.3%
Excessive drinking *(Consuming >4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or drinking more than 1 (women) or 2 (men) drinks per day on average)*	11.4%	18.4%
Fewer than 5 servings of fruit/vegetables per day *(Adults that report fewer than 5 servings of fruit/vegetables a day)*	81.4%	78.2%
High blood pressure *(Percent of adults that report having been diagnosed with high blood pressure)*	22.0%	28.8%
Oral Health*(Percent of adults that report having been to the dentist or dental clinic for any reason less than 1 year ago)*	61.6%	60.5%

Chronic Disease and Leading Causes of Death: The chart below shows Heart disease continues to be the top leading cause of death in Darke County. The mortality rate due to heart disease has been increasing in Darke County since 2008.

Leading Causes of Death, 2004-2013
Crude Rate per 100,000
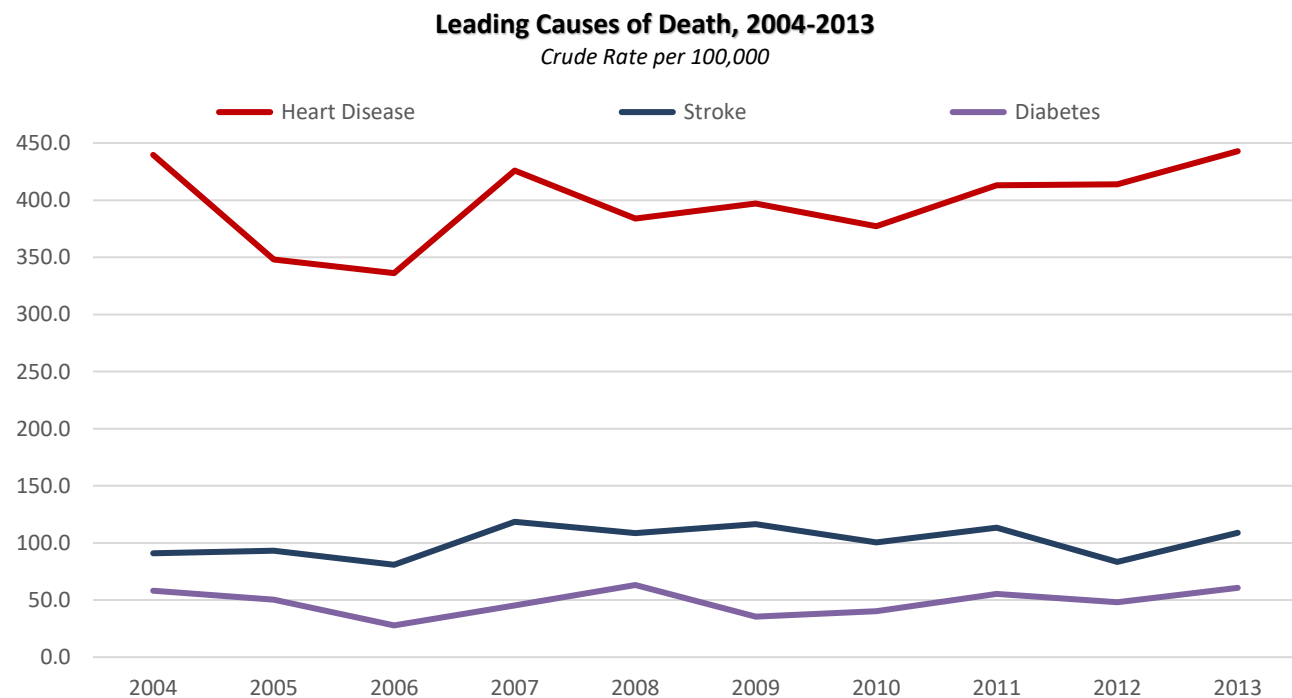
A Closer Study of Diabetes: Darke County has a relatively small population, and therefore its diabetes mortality rate fluctuates with many peaks and valleys. However, since 2006 the valleys are not as low and the trend is an increasing rate.

Annual Mortality Rate - Diabetes Mellitus, 2000-2013
Crude Rate per 100,000
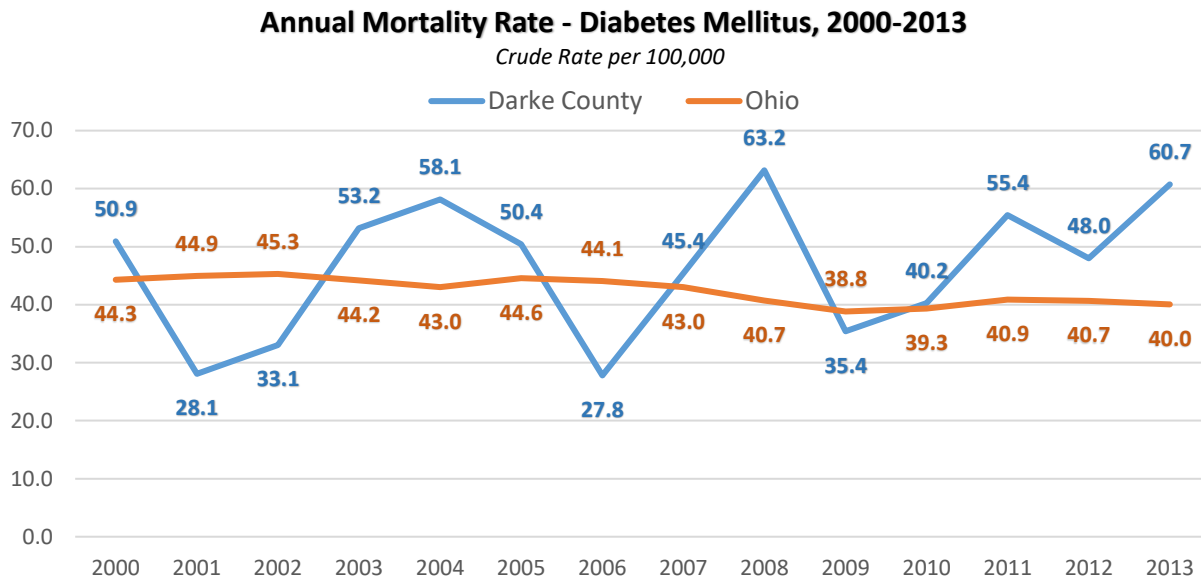
A Study of Chronic Obstructive Pulmonary Disease (COPD) and Asthma Trends: Recognizing that health guidelines stress asthma control to avoid hospital admittance, the chart below indicates a steady rate of hospitalization for asthma over the entire study period. The rate of ER asthma diagnosis has increased sharply since 2009. COPD trends rose sharply in 2009 as well, leveling off in 2010-2011 at a rate that is two times higher than the rate from 2004 to 2009.

COPD & Asthma Hospital Diagnoses for the Adult Population, 2004-2012
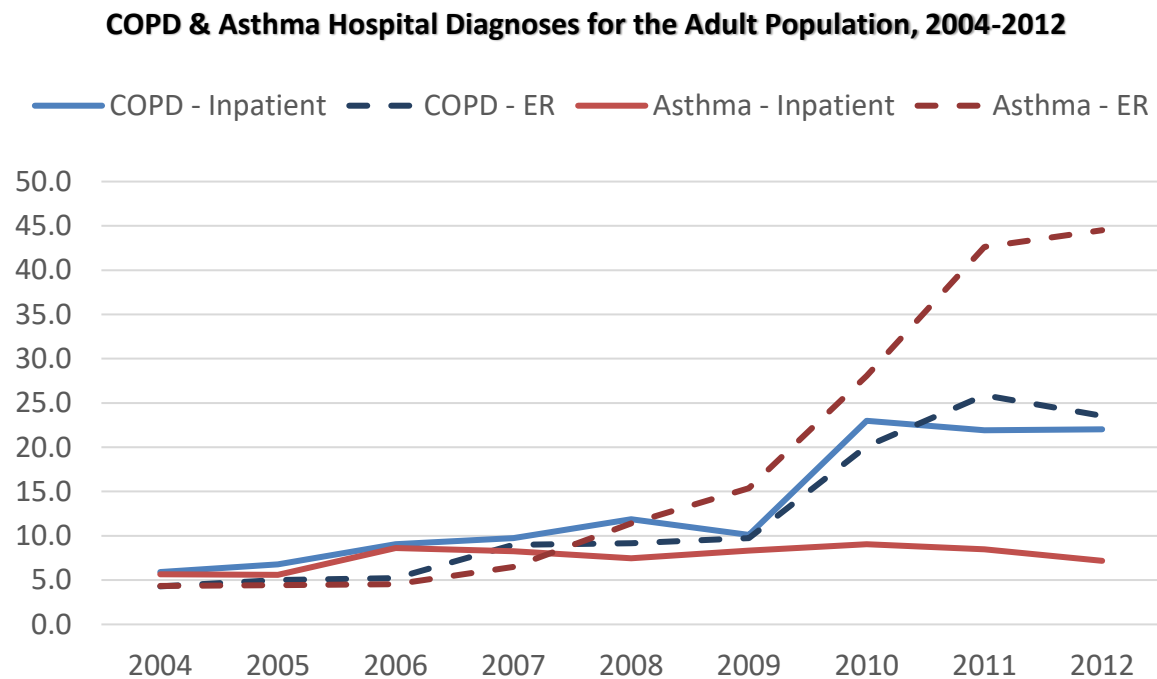
Chronic Disease and Hospitalization: The chart below presents the top reasons for hospitalization in Darke County, indicating that chronic diseases are the top four of the seven discharge diagnoses.

Top Seven Inpatient Primary & Secondary Discharge Diagnoses for the Adult Population, 2004-2012
(crude rate per 1,000)

	2004	2005	2006	2007	2008	2009	2010	2011	2012
Hypertension	45.7	47.1	65.5	65.0	69.9	63.3	67.1	64.7	65.8
Heart Disease	44.9	41.7	60.2	60.3	62.2	57.2	60.3	57.2	57.8
Diabetes	24.6	24.1	31.1	33.1	35.9	33.1	32.8	33.8	33.9
COPD & Asthma	37.1	34.8	37.4	36.7	36.9	38.3	33.6	36.8	34.3
Comp Preg Childbirth	33.6	30.1	33.2	31.4	31.5	31.3	26.4	27.9	26.8
Alcohol and Drug	13.7	16.4	20.3	19.5	20.2	20.1	21.6	20.7	20.1
UTI	9.2	10.2	12.6	12.6	15.2	14.1	14.5	12.5	11.2

Coordinated Care and Case Management

Strategic Issue: How do we deliberately organize patient care activities and share information among all patient care providers to facilitate appropriate delivery of health care services?

As the American healthcare system shifts into performance-based payment models, the reduction of hospital readmissions has become a critical concern for healthcare providers. To encourage hospitals to reduce hospital readmission, Congress introduced the Hospital Readmissions Reduction Program (HRRP) as a part of the Affordable Care Act (ACA).The HRRP allows the Centers for Medicare & Medicaid Services (CMS) to penalize hospitals for readmission of certain clinical conditions – including Chronic Obstructive Pulmonary Disease (COPD) and Congestive Heart Failure (CHF).

As was previously presented, that rate of death due to heart disease has been steadily increasing in Darke County. According to hospital data from the Ohio Hospital Association via the Greater Dayton Area Hospital Association, hypertension and heart disease are the top inpatient discharge diagnoses. Asthma and chronic obstructive pulmonary disease were among the leading reasons for inpatient and emergency room hospitalization in Darke County from 2004 to 2012.

Hospital processes - care coordination and case management - involving discharge, post-discharge, and outpatient treatment for COPD and CHF require collaboration with local healthcare providers and stakeholder organizations in Darke County; this demands optimized communication regarding data management.

Mental Health and Substance Abuse

Strategic Issue: How do we improve access to mental health services?
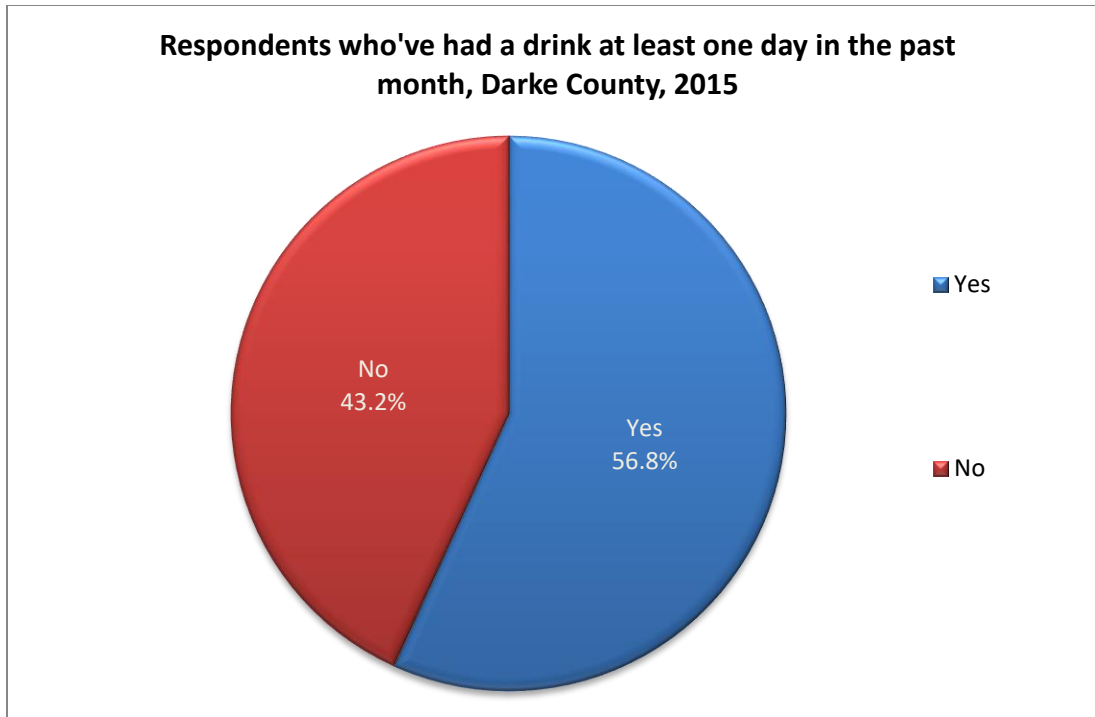
Darke County is designated as a Health Professional Shortage Area (HPSA) for Mental Health. According to the Health Resources & Services Administration, there is a shortage of mental health providers, including psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists in the area.[2] There are different designation requirements for a geographic area, population group, or health facility to be considered a HPSA in the area of mental health. In general, the regulation for a mental health HPSA designation is based on a psychiatrist to population ratio.

According to Ohio Hospital Association data, alcohol and drug related Emergency Room (ER) diagnoses since 2007 have sharply increased, with the most recent year presenting a possible leveling off of this trend. According to the Darke County BRFSS survey, 13.3% of Darke County residents indicated that they know someone who is currently abusing or misusing illegal drugs and prescription drugs. Over half of Darke County adults (56.8%) reported that they drank alcohol at least one day in the past 30 days. Additionally, 11% of survey respondents reported having binged on alcohol at least once in the past 30 days.

Alcohol/Drug Related Diagnoses, Darke County, 2004-2012
Crude Rate per 1,000

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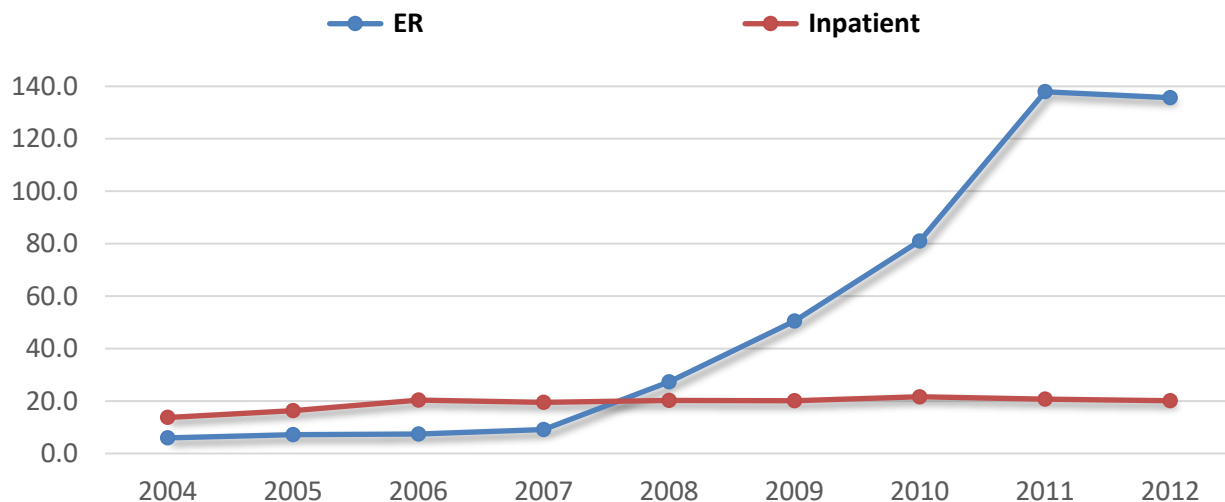
[2] U.S. Department of Health and Human Services, Health Resources and Services Administration, Health Workforce, Health Professional Shortage Areas (HPSAs), 2015 http://bhpr.hrsa.gov/shortage/hpsas/

Respondents who've had a drink at least one day in the past month, Darke County, 2015

No
43.2%

Yes
56.8%

■ Yes

■ No

MAPP Assessment Results Aligned to Strategic Priorities

Darke County completed its community health status report in October of 2015. Three other assessments were completed earlier in 2015—the Community Themes and Strengths Assessment, the Local Public Health System Assessment, and the Forces of Change Assessment. This section ties the MAPP assessments to the strategic priorities.

The findings from the three assessments are synthesized into one table below. The findings are organized into forces of change categories that include: Political, Economic, Sociocultural, Technology, Educational, Demographic, and Environmental. Local Public Health System Competencies and Capacities, and Threats and Opportunities are associated with each of those forces of change categories.

Trends, Factors, and Events	Local Public Health System Competencies and Capacities	Threats	Opportunities
Political			
Healthcare Reform	The emergence of the Patient Protection and Affordable Care Act are strong forces of change. There is also concern regarding the recruitment and retention of healthcare providers for adequate coverage, especially for	While the Patient Protection and Affordable Care Act improve access to health care for underserved populations, stakeholders have expressed concern that the ACA has left many people underinsured as opposed to uninsured.	The ACA seeks to improve the quality of care and promote primary prevention of diseases by encouraging public health organizations to make them a focal point.

	geriatric and mental health services.		
Legal Issues	Several stakeholder organizations are engaged in partnership activities, including the Darke County Health Department, Wayne HealthCare, Tri-County Board of Recovery and Mental Health Services, Family Health, and the Coalition for a Healthy Darke County.	A new president will come into office in 2016. The state is being prescriptive in how they want local communities to approach problems, while limiting resources – especially to rural communities. Disparities in public policy development and/or support between the county and the state may threaten public health status.	Collaborative partnerships between various community stakeholder organizations have the potential to inform, educate, and implement solutions to local, public health issues.
Economic			
Employment / Joblessness	The Coalition for a Healthy Darke County is a unique partnership, in that the Chamber of Commerce has taken a lead role in the health and human services critical issues facing the County. The influence and expertise of the Chamber and its business members can translate to real opportunities in the County.	The Affordable Care Act mandated that all businesses with 50 or more full-time equivalent employees (FTE) provide health insurance to at least 95% of their full-time employees and dependents up to age 26, or pay a fee by 2016. The shifting trend in part-time employment as opposed to full-time employment may result in reduced living wages and a reduction in residents who are eligible for health insurance through their employer.	The Fuyao Glass Industry Group's revitalization of the former General Motors plant may bring more manufacturing and factory jobs to the local area. Investments by other major employers – including Proctor & Gamble, Costco, CareSource, and the Austlin Landing development - are predicted to upturn the economy of the Dayton region while producing more jobs.
Poverty	An important opportunity includes the possibility of improved coordination of care and public services.	Socioeconomic status continues to be the leading predictor of health access and outcomes in the State of Ohio on both an individual and regional basis. Threats include the fact that poverty is typically multigenerational. Families who are impoverished face greater systematic challenges while trying to obtain public assistance, social support services, and access to care. Housing crisis and high unemployment have increased the number of families with children being in poverty. Stigma related to poverty and	Steering Committee members felt that educating the community regarding "life skills" may be an opportunity for change on the individual level.

		socioeconomic status is a force influencing the health of residents.	
Sociocultural			
Mental Health and Substance Abuse	Tri-County Recovery & Mental Health Services is a three-county board which plans, funds, monitors, and evaluates substance abuse and mental health services for Miami, Shelby, and Darke counties. The Tri-County Recovery and Mental Health Board contracts with several local providers to deliver substance abuse and mental health services. Additionally, the Darke County Chamber of Commerce is working to establish the Coalition for a Healthy Darke County as a non-profit organization which will result in more behavioral health services.	Darke County is designated as a Health Professional Shortage Area (HPSA) in Mental Health. According to the Health Resources & Services Administration, there is a shortage of mental health providers, including psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists in the area..	There are several organizations in the County and within the tri-county area that are working to offer more behavioral and mental health services for county residents. The Affordable Care Act may provide opportunities to increase funding and health coverage for treatment services. Additionally, Governor John Kasich has publicly urged heightened awareness of the need to address mental illness and addiction issues by expanding the Medicaid program.
Technology			
Health Information Technology	Health Information Technology is being promoted at the federal and state levels; this may be a force of change regarding the dissemination of health information. The internet is increasingly becoming a primary source of health information. Several stakeholder organizations are engaged in partnership activities.	New technology is costly and time-consuming to implement. Certain populations (such as the elderly, homeless, low-income, or non-English speakers) may be excluded from accessing health resources and information due to a lack of access to technology.	Electronic Health Records (EHR) will create an opportunity for coordinated care and case management across geographies, health applications, and automated systems. Emerging technology and surveillance programs create an opportunity to emphasize research and data to correct misinformation. Collaborative partnerships between various community stakeholder organizations have the potential to provide reliable information, educate, and implement

			solutions to local, public health issues.
Education			
Health Communica-tion and Wellness Promotion	Health communication was expressed as an overarching topic due to the importance of providing quality health services to county residents, as well as fostering residents' abilities to understand the services offered and received. Wayne HealthCare recently hired a Wellness Coordinator to direct outreach efforts. Several stakeholder organizations are engaged in partnership activities.	With the increased use of new technology, threats may include widespread misinformation (e.g. parents choosing not to vaccinate their children).	The hiring of a Wellness Coordinator creates an opportunity for more effective outreach efforts, promotion of wellness and prevention programs, and health education initiatives. Additionally, collaborative partnerships between various community stakeholder organizations have the potential to provide reliable information, educate, and implement solutions to local, public health issues.
Demographic			
Aging Population	The majority of healthcare costs are incurred during the later stages of life due to the correlation of longer life spans with an increasing prevalence of chronic disease and disability. Mental health issues, such as social isolation and depression, are among the top priorities for improving health outcomes in the aging population. Wayne Health Care is actively recruiting more physicians to meet the increased healthcare demand.	The increase in the aging population may result in increased healthcare costs. Despite the growing need for nursing home care services, home health or senior care continues to be prohibitively unaffordable.	The increase in the aging population creates opportunity for more jobs and economic opportunities for the community due to an increased demand for more services. With Wayne HealthCare actively recruiting physicians and working on retention, this will improve the access to health and quality of care received within the County.
Environmental			
Pollution	The Darke County Health Department is in the process of hiring an Environmental Health Director.	Steering Committee members expressed concern regarding threats of pollution due to vehicle emissions, chemical run-off, and pollution from chemicals used in agriculture.	The new Environmental Health Director may contribute to more opportunities for pollution control in the County.

Food Deserts and Food Insecurity	Fresh produce is not readily accessible in many of the more rural areas of the County. However, the local food landscape is shifting towards increasing community gardens and farmers markets. Additionally, the Greenville Kroger is now offering free fruit to children under the age of 12 years. The State of Ohio does not tax food.	A lack of access to healthy food is an issue that threatens the health of Darke County residents, especially low-income residents. Food deserts are an issue for residents who live in the more rural areas of the County.	The "local food" movement, including community gardens and farmers markets, provides an opportunity for an increased number of environmental education opportunities. A combination of public policies regarding zoning and tax laws may be among the most effective ways to increase access to nutritious and affordable food.
Transporta-tion	Steering committee members mentioned the lack of public transportation as a force influencing access to healthcare services and access to more employment opportunities.	Darke County is a rural county that is located away from major cities which may hinder access to some health care. The lack of public transportation options from rural areas to a hospital and health services are a threat to health care access.	There is opportunity to encourage and support affordable transportation options to link all areas in the County to access health care.
Built Environment	Ohio was one of the seven jurisdictions participating in the Safe Routes to School state network project.	Threats include a lack of trails which limits safe travel and discourages physical activity.	A major opportunity is the expansion of biking/ walking paths and joint-use agreements with schools and other community centers. The Steering Committee members felt there was an opportunity to promote and improve access to the bike trail in order to increase physical activity among county residents.

Chronic Disease Prevention and Education Strategic Priority

Forces of Change: The aging population parallels a change in disease patterns - from acute illnesses to chronic illnesses. This shift in disease pattern fuels an increased healthcare demand as the number of patients with chronic conditions continues to increase. Changes in local and state leadership, healthcare reform, and a dwindling public budget are central forces of change regarding public health and the management of chronic disease. The 2010 Affordable Care Act includes the Prevention and Public Health Fund (PPHF) with provisions intended to improve public health and wellness. These provisions were designed to address community prevention, clinical prevention, public health infrastructure and

training, and research and surveillance focused on wellness. Chronic disease (including but not limited to various cancers, COPD, cardiovascular disease, stroke, and diabetes) has become a significant concern at the local, state, and national levels.

Local Public Health System Competencies and Capacities: The hospital has recently hired a Wellness Coordinator, creating an opportunity for more effective outreach efforts, promotion of wellness and prevention programs, and an increase in health education initiatives. Additionally, the hospital offers various chronic disease education programs for anyone who presents with risk factors. There is a diabetes support group, Group Lifestyle Balance group, and tobacco cessation program. Additionally, there are food pantries in the County, including at faith-based centers, where county residents can find access to healthy foods.

Gaps: Low-income and marginalized communities are inundated by systematic barriers on various levels including lack of access to transportation, lack of education or training for quality job placement, food insecurity, and limited health care services. Although interventions for chronic disease prevention and management do exist, marketing of these programs to hard-to-reach populations (i.e. low income, rural, and older populations) is lacking.

Strengths: The local, political climate, including the Darke County Chamber of Commerce, encourages contributions to public health. There is a greater focus on the prevention of chronic disease in the County. Good relationships exist among partnering agencies (Wayne HealthCare, Department of Job and Family Services, Tri-County Board of Recovery and Mental Health, the Coalition for a Healthy Darke County, and Family Health Services of Darke County—an FQHC with locations in four cities). There are community centers throughout the County which can act as community gathering spaces which may provide space for more chronic disease risk factor classes.

Coordinated Care and Case Management Strategic Priority

Forces of Change: The Affordable Care Act (ACA) includes provisions which encourage the development of new care models which aim to align individual and community forces, in improving the coordination of care at both an individual and community level. The aging population parallels a shift in the changing disease pattern from acute illnesses to chronic illnesses. This shift in disease pattern fuels an increased healthcare demand, as the number of patients with chronic conditions continues to increase. Chronic diseases often compound as the individuals within the population age, resulting in seniors enduring multiple illnesses. Seniors suffering from multiple chronic diseases frequently require the coordination of several physicians and several prescription medicines. This burden of chronic disease highlights the need for improved care coordination within the healthcare infrastructure. Darke County will increase the coordination of care by establishing collaborative connections between all Darke County health care providers.

Local Public Health System Competencies and Capacities: Wayne HealthCare is investing in an Electronic Health Records (EHRs) system which will be able to communicate across organizations. Due to the alignment of organizations under the umbrella of the Coalition for a Healthy Darke County, the health system stands ready to support this initiative. Partners and healthcare providers have developed

a draft Darke County Adult Collaborative Care Release form to facilitate the cross-agency coordination of care.

Gaps: In the absence of a coordinated data platform, each organization tends to have specific, limited interactions with the patient and, depending on the team member's area of expertise, will have a different view of the patient. This is especially important with patients who are seeing multiple specialists, making transitions between care settings, and receiving treatment in emergency settings.

Better availability of patient information can reduce medical errors and unnecessary tests. It can also reduce the chance that one specialist will not know about an unrelated (but relevant) condition being managed by another specialist.

Funding resources are needed to support scaling up the data platform, if the demonstration project being funded by Wayne HealthCare provides positive results. Finalizing the Release Form will also require resources including legal counsel.

Strengths: Several community stakeholders, including the Darke County Health Department, Wayne HealthCare, the Tri-County Board of Recovery & Mental Health, and Family Health are in agreement of a collaborative initiative. The pilot demonstration project for the coordination of care data platform is already under way. Because this coordinating care and case management is also important for treating those who have mental or substance abuse problems, this strategy addresses both the chronic disease strategy and the mental health and substance abuse strategy, making it a core solution to the Coalition for a Healthy Darke County as well as this CHIP.

Mental Health and Substance Abuse Strategic Priority

Forces of Change: As the population of Darke County continues to age, the need for mental health and behavioral health services will continue to increase. The Health Resources and Services Administration (HRSA) reports that Darke County has a mental health provider ratio (population to provider) of 1,940:1 and designates the County as a mental health provider shortage area. The Institute of Medicine (IOM) reports that illicit drug use increased by 4.3% among adults aged 50-59 from 2002 to 2007. The Institute of Medicine (IOM) and the Substance Abuse and Mental Health Services Administration (SAMHSA) report that there are not an adequate number of trained, mental health providers available to provide mental and behavioral health services to older adults as well as the general population. In the State of Ohio and nationally, the rate of fatal overdoses related to substance abuse, especially heroin and fentanyl, is increasing.

Local Public Health System Competencies and Capacities Tri-County Recovery & Mental Health Services is a three-county board which plans, funds, monitors, and evaluate substance abuse and mental health services for Miami, Shelby, and Darke counties. The Tri-County Recovery and Mental Health Board contracts with several local providers to deliver substance abuse and mental health services for residents of Miami, Shelby, and Darke County; these providers include: Community Housing Inc.; Darke County Recovery Services; Hopeline; Miami County Recovery Council; SafeHaven Inc.; Shelby County Counseling Center; The Mental Health Clinic (serving Miami and Darke counties); and the Tri-County Crisis Hotline & Crisis Team. Additionally, the Darke County Chamber of Commerce is working to

establish the Coalition for a Healthy Darke County as a non-profit organization which will result in more behavioral health services.

Gaps: The Health Resources and Services Administration (HRSA) reports that Darke County has a mental health provider ratio (population to provider) of 1,940:1. The lack of mental health providers in the county leads to high emergency department admissions and inpatient admissions for residents presenting with mental health-related issues. With few providers available in the County, residents must travel outside the county for non-acute services. Transportation has been identified as a major barrier for county residents with a low access to healthcare. In Darke County, alcohol and drug related conditions ranked as the primary reason people were admitted to the Emergency Room and the 6th ranking reason people were admitted to the hospital. Although alcohol/drug related inpatient diagnoses have remained stable from 2004-2012, alcohol/drug related emergency department diagnoses in the county saw a sharp increase from 2007 to 2012. Approximately half (49.8%) of Darke County Behavioral Risk Factor Surveillance Survey respondents felt that drug sales and/or drug abuse was a problem in their neighborhood. Respondents also indicated that the single most important health issue affecting their community was "drug abuse." Low-income adults in the County cite access to mental health care as the top community health issue.

Strengths: There are several organizations in the County and within the tri-county that are working to offer more behavioral and mental health services for county residents. The Affordable Care Act may provide opportunities to increase funding and health coverage for treatment services. Additionally, Governor John Kasich has publicly urged heightened awareness of the need to address mental illness and addiction issues by expanding the Medicaid program.

Priorities Selected

The task forces were organized in accordance with the three strategic priorities:

1. Chronic Disease Prevention and Education – How do we improve the prevention of chronic disease through education, promotion, and optimization of existing health services in Darke County?
2. Coordinated Care and Case Management – How do we deliberately organize patient care activities and share information among all patient care providers to facilitate appropriate delivery of health care services?
3. Mental Health and Substance Abuse – How do we improve access to mental health services?

The Steering Committee had been told from the beginning that identifying three to five priorities, rather than ten or twenty priorities, would engender success. Therefore, each task force was charged with identifying one top priority health issue for the Plan, and to identify strategies that met the PEARL "feasibility" test.

Task forces began their work by reviewing the Community Health Assessments. Task force members reflected on the themes uncovered and then brainstormed the challenges and solution areas. Next, they framed their issue during a facilitated webinar session.

CHIP Implementation Plan

Priority 1: Chronic Disease Prevention and Education

PRIORITY AREA: Chronic Disease Prevention and Education
GOAL: Improve opportunities for chronic disease risk management and support chronic disease prevention and education programming.

PERFORMANCE MEASURES **How We Will Know We are Making a Difference**		
Short Term Indicators	**Source**	**Frequency**
By 2017, there will be an increase in the number of education programs and peer support groups in Darke County for those managing chronic diseases.	Wayne HealthCare Darke County Health Department	Annual
Long Term Indicators	**Source**	**Frequency**
By 2020, there will be improved diabetes and other chronic disease self-management for those who participate in support groups, resulting in decreased mortality risk.	Vital Statistics tracking by program	Annual
By 2020, there will be improved diabetes management, including improved behaviors related to medication adherence, diet, exercise, and blood glucose monitoring for those who participate in diabetes education and peer support groups.	Wayne HealthCare	Annual
By 2020, those who participate in the Group Lifestyle Balance Program will lose, on average, 7% of their weight through healthy eating and exercise.	Wayne HealthCare	Annual

OBJECTIVE #1: By December 2017, increase the number of partners providing health education and promotion services by 2 new partners so that more Darke County residents receive education and support.
BACKGROUND ON STRATEGY   **Description: "**Evidence-based preventive services are effective in reducing death and disability, and are cost-effective and even cost-saving. Preventive services consist of screening tests, counseling, immunizations, or medications used to prevent disease, detect health problems early, or provide people with the information they need to make good decisions about their health. Preventive services can be delivered in clinical settings, communities, worksites, schools, residential treatment centers, or homes.   **Source:** *http://www.surgeongeneral.gov/initiatives/prevention/strategy/preventive-services.pdf*   **Evidence Base:** "Clinical and Community Preventive Services" recommended by the National Prevention Strategy.   Group Lifestyle Balance Program by the Diabetes Prevention Support Center.   https://www.diabetesprevention.pitt.edu/index.php/for-the-public/   **Policy Change (Y/N):** No

ACTION PLAN				
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**
Inventory existing programs in the community.	December 2017	Staff time Travel	Darke County Job and Family Services Darke County Health Department	Increase knowledge Completed assessment/inventory Written resources Improved access to preventive services
Partner with the Health Department, Family Health, the Coalition for a Healthy Darke County, Recovery & Wellness Centers of Midwest Ohio, and the Department of Job and Family Services to distribute resource guides.	December 2017	Staff time	Wayne HealthCare Darke County Health Department	Increase knowledge Written resources Enhanced collaboration
Increase marketing of lifestyle change programs, emphasizing the Group Lifestyle Balance program to the general public.	December 2017	Staff time Marketing budget	Wayne HealthCare	Press release Press coverage Marketing materials development
Initiate the Healthy Living Series and Invest-in-Your-Health program by December 2017.	December 2017	Staff time Marketing budget	Wayne HealthCare	Increased knowledge Written resources Presentation Program and material development Improved access to preventive services
Ensure sustainability of interventions to maintain programs and resources by December 2017.	December 2017	Staff Time	Darke County Health Department	Sustainability plan

OBJECTIVE #2: By December 2017, increase participation in risk factor management programs and activities.

BACKGROUND ON STRATEGY
Description: The American Academy of Family Physicians (AAFP) recommends the support of patient self-management as a key component of effective chronic disease care. The AAFP asserts that there is evidence to support the implementation of practice strategies that are conducive to improve patient outcomes among chronically ill patients, including programs which include processes that develop patient problem-solving skills, improve self-efficacy, and support application of knowledge in real-life situations. **Source:** _http://www.aafp.org/afp/2005/1015/p1503.html_ **Evidence Base:** American Academy of Family Physicians **Policy Change (Y/N):** No

ACTION PLAN				
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**
Increase frequency of Healthy Moments programs from 4 sessions	December 2017	Staff Time	Wayne HealthCare	Increase knowledge Improved access to preventive services

annually to 6 sessions annually.				
Increase the number of businesses reached through corporate wellness efforts by partnering with at least one more business by December 2017.	December 2017	Staff Time Travel	Wayne HealthCare	Increased knowledge Written resources Presentation Enhanced collaboration with businesses
Partner with more organizations to provide information on preventive services and health promotion/education materials at health fairs.	December 2017	Staff time Volunteer Time Travel	Wayne HealthCare Darke County Health Department	Increased knowledge Written resources Presentation Press release Enhanced collaboration
Initiate chronic disease management with hospital inpatients by Dec 2017	December 2017	Staff Time	Wayne HealthCare	Increased knowledge Improved access to preventive services

OBJECTIVE #3: By December 2017, increase participation of adults in support groups and counseling programs for those affected by chronic disease.
BACKGROUND ON STRATEGY
Description: "Participation in support groups may lead to greater improvement in general well-being and symptom control, coping skills, and overall well-being than do groups led by professionals." **Source:** _http://www.chcf.org/~/media/MEDIA%20LIBRARY%20Files/PDF/PDF%20B/PDF%20BuildingPeerSupportPrograms.pdf_ **Evidence Base:** California HealthCare Foundation; American Academy of Family Physicians **Policy Change (Y/N):** No
ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Partner with local organizations to provide one-on-one nutrition and exercise counseling.	December 2017	Staff time Volunteer Time Travel	Wayne HealthCare Darke County Health Department	Nutrition and exercise counseling program will be developed
Market diabetes support groups and Group Lifestyle Balance program to businesses and the community.	December 2017	Staff time Travel	Wayne HealthCare	Press release Press coverage Written materials
Develop and market COPD support group to businesses and the community.	December 2017	Staff time Travel	Wayne HealthCare	Support group for residents with COPD will be established
Increase participation in diabetes support groups.	December 2017	Staff time	Wayne HealthCare	Increased participation in support group for diabetes
Initiate one-on-one nutrition/exercise counseling for persons dealing with chronic disease.	December 2017	Staff time	Wayne HealthCare	Nutrition and exercise counseling program will be developed

Priority 2: Coordinated Care and Case Management

PRIORITY AREA: Coordinated Care and Case Management
GOAL: Improve access to care and optimize health care resources by coordinating patient care with all healthcare providers in the community.

PERFORMANCE MEASURES **How We Will Know We are Making a Difference**		
Short Term Indicators	**Source**	**Frequency**
By December 2017, gain agreement with partners and healthcare providers in Darke County to develop a Darke County Adult Collaborative Care Release Form.	Wayne HealthCare, Coalition for a Healthy Darke County, Darke County Health Department	Annual
By December 2017, develop and implement the Darke County Adult Collaborative Care Release Form.	Wayne HealthCare, Coalition for a Healthy Darke County, Darke County Health Department	One time
By December 2016, select a vendor with experience and expertise in coordination of care data platforms to guide the pilot demonstration project.	Wayne HealthCare	One time
Long Term Indicators	**Source**	**Frequency**
By December 2020, learn from the demonstration project that focused on post-discharge care of COPD and CHF patients who are identified as high risk for readmission to the hospital.	Wayne HealthCare, Coalition for a Healthy Darke County, Darke County Health Department	One time
By December 2020, determine the resources required to scale up the project based on the pilot results.	Wayne HealthCare, Coalition for a Healthy Darke County, Darke County Health Department	Annual

OBJECTIVE #1: By December 2017, develop a mechanism to enable care coordination across multiple agencies by using the Darke County Adult Collaborative Care Release form.
BACKGROUND ON STRATEGY **Description: "**Major improvements in health have occurred as a result of effective health care and clinical and community-based preventive interventions. Although the current burden of disease and injury remains high, improvements can be made through effective prevention strategies. To continue the improvement in the health of the people in the United States we need to use the complete array of effective prevention tools at our disposal, increase their effectiveness and utilization by connecting them where possible, and systematically apply them at all levels of influence on behavior." **Source:** *http://www.uspreventiveservicestaskforce.org/Page/Name/integrating-evidence-based-clinical-and-community-strategies-to-improve-health* **Evidence Base:** U.S. Preventive Services Task Force **Policy Change (Y/N):** No

ACTION PLAN				
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**
Gain agreement with partners and healthcare providers in Darke County to develop a Darke County Adult Collaborative Care Release form.	December 2017	Staff Time	Wayne HealthCare, Coalition for a Healthy Darke County, Darke County Health Department	Collaborative approach to care coordination
Develop and implement the Darke County Adult Collaborative Care Release Form.	December 2017	Staff Time	Wayne HealthCare, Coalition for a Healthy Darke County, Darke County Health Department	Regional health information and care coordination utilization

OBJECTIVE #2: Identify patients at high risk for hospital readmission and ensure that they get appropriate follow-up care beginning with a pilot demonstration project of a coordination of care data platform to enable connectivity and collaboration across health care and human services organizations.
BACKGROUND ON STRATEGY   **Description:** The U.S. Preventive Services Task Force purports that "integration of effective clinical and community-based strategies across the multiple levels of a social-ecological framework expands the availability of services at the levels of influence that may be most accessible to different individuals, thereby making utilization of available services more likely." The Division of Scientific Education and Professional Development (DSEPD) within the Centers for Disease Control and Prevention (CDC) identify public health and health care collaboration as a means to move towards a more efficient health system.   **Source:** *http://www.uspreventiveservicestaskforce.org/Page/Name/integrating-evidence-based-clinical-and-community-strategies-to-improve-health and http://www.cdc.gov/ophss/csels/dsepd/strategic-workforce-activities/ph-healthcare-collaboration.html*   **Evidence Base:** The U.S. Preventive Services Task Force; the Division of Scientific Education and Professional Development of the Centers for Disease Control and Prevention   **Policy Change (Y/N):** Y

ACTION PLAN				
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**
Select a vendor with experience and expertise in coordination of care data platforms to guide the pilot demonstration project.	December 2016	Staff time Budget dollars	Wayne HealthCare, Coalition for a Healthy Darke County, Darke County Health Department	Vendor selection
Conduct a demonstration project focusing on post-discharge care of COPD and CHF patients who are identified as high risk for readmission to the hospital.	December 2017	Staff time	Wayne HealthCare, Coalition for a Healthy Darke County, Darke County Health Department	Completed assessment
Based on the pilot results, determine the resources required to scale up the project.	December 2020	Staff time	Wayne HealthCare, Coalition for a Healthy Darke County, Darke County Health Department	Decisions regarding next steps Increased knowledge

Priority 3: Mental Health and Substance Abuse

PRIORITY AREA: Mental Health and Substance Abuse
GOAL: Expand assistance and support of the Coalition for a Healthy Darke County to improve access to mental healthcare and substance abuse services for all populations in the county by identifying service gaps and creating a common platform that mental health care providers, primary care providers, and community stakeholders can access.

PERFORMANCE MEASURES		
How We Will Know We are Making a Difference		
Short Term Indicators	**Source**	**Frequency**
By December 2017, develop a sustainable education and awareness initiative with the aim of increasing access to mental health care for county residents.	Coalition for a Healthy Darke County	Annual
By December 2017, increase the number of mental health screenings by primary care providers.	Coalition for a Healthy Darke County	Annual
By December 2017, increase the number of community members participating in mental health and substance abuse prevention programs	Coalition for a Healthy Darke County	Annual

Long Term Indicators	**Source**	**Frequency**
By December 2020, reduce the number of adults reporting one or more days of poor mental health over a one month period by 1%.	BRFSS	Every 3-5 years
By December 2020, the average number of self-reported, poor mental health days will decrease from 3.0 to 2.8.	BRFSS	Every 3-5 years

OBJECTIVE #1: By December 2017, increase access to and awareness of mental health & substance abuse services to enhance the health and wellbeing of individuals, organizations, and workplaces in Darke County.				
BACKGROUND ON STRATEGY				
Description: "The Community Preventive Services Task Force recommends collaborative care for the management of depressive disorders based on strong evidence of effectiveness in improving depression symptoms, adherence to treatment, response to treatment, and remissions and recovery from depression. The Task Force also finds that collaborative care models provide good economic value based on the weight of evidence from studies that assessed both costs and benefits."				
Source: _http://www.thecommunityguide.org/mentalhealth/collab-care.html_				
Evidence Base: Improving Mental Health and Addressing Mental Illness: Collaborative Care for the Management of Depressive Disorders				
Policy Change (Y/N): Y				
ACTION PLAN				
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**
Strengthen the collaborative partnership with the Coalition for a Healthy Darke County to improve access to mental health and	December 2017	Staff Time	Coalition for a Healthy Darke County, Tri-County Board of Recovery and Mental Health Services, Wayne Health Care, Darke County Health Department	Partnership

substance abuse services in the community by December 2017.				
Develop a multi-component community campaign that will serve to increase awareness of substance abuse and mental health issues.	December 2017	Staff Time Funding Community buy-in	Coalition for a Healthy Darke County, Tri-County Board of Recovery and Mental Health Services, Wayne Health Care, Darke County Health Department	Campaign strategy Increased Awareness Community buy-in
Work with community partners and mental health care providers to identify education needs.	December 2017	Staff Time Collaboration community partners and mental health care providers		Guidance for the content of education programs
The Vivitrol™ Project will create a program that provides immediate intervention and treatment for eligible citizens.	December 2017	Staff Time Funding Research time Coordination with partners	Coalition for a Healthy Darke County, Tri-County Board of Recovery and Mental Health Services, Wayne Health Care, Darke County Health Department	Program materials created
The Role Model & Mentoring Project will reach out to high risk groups with role models of healthy, drug and substance free living.	December 2017	Staff Time Funding Travel	Coalition for a Healthy Darke County, Tri-County Board of Recovery and Mental Health Services, Wayne Health Care, Darke County Health Department	Funding of the project
The School Resource Officer Program will set up and support school resource officers in the City and County systems.	December 2017	Staff Time Funding	Coalition for a Healthy Darke County, Tri-County Board of Recovery and Mental Health Services, Wayne Health Care, Darke County Health Department	Program implementation Funding of the project
Promote communication and collaboration to stay informed with legislative issues regarding mental health and substance abuse that is relevant to Darke County.	December 2017	Staff Time	Coalition for a Healthy Darke County, Tri-County Board of Recovery and Mental Health Services, Wayne Health Care, Darke County Health Department	Communication and policy activism where necessary
Actively promote the online mental health screening tool provided by the Tri-County Board of Recovery and Mental Health Services during community outreach events.	December 2017	Staff Time	Coalition for a Healthy Darke County, Tri-County Board of Recovery and Mental Health Services, Wayne Health Care, Darke County Health Department	Community outreach Program promotion

OBJECTIVE #2: By December 2017, increase awareness of the evidence-based programs in Darke County which address prevention of mental illness and substance abuse along with treatment and recovery services.

BACKGROUND ON STRATEGY

Description: "The Substance Abuse and Mental Health Administration (SAMHSA) attests that an optimal mix of prevention interventions is required to address substance abuse issues in communities, because they are among the most difficult social problems to prevent or reduce. Early intervention is critical to treating mental illness before it can cause tragic results like serious impairment, unemployment, homelessness, poverty, and suicide. Universal prevention approaches include the use of environmental prevention strategies, which are tailored to local community characteristics and address the root causes of risky behaviors by creating environments that make it easier to act in healthy way."

Source: *http://www.samhsa.gov/prevention*

Evidence Base: Substance Abuse and Mental Health Administration (SAMHSA)

Policy Change (Y/N): Y

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Disseminate information about existing evidence-based programs to schools, primary care physicians, faith-based centers, and nonprofit involving all the resources of the community (e.g., Prevention Specialist at Recovery & Wellness Centers).	December 2017	Staff Time Travel	Coalition for a Healthy Darke County	Increased knowledge Written resources Program promotion Press release
Partner with schools, faith-based centers, and community-based organizations to implement new programs.	December 2017	Staff Time Travel	Coalition for a Healthy Darke County	Community outreach Partnership Program promotion
Work with the media to promote evidence-based programs that are available in the county.	December 2017	Staff Time Funding	Coalition for a Healthy Darke County	Community outreach Program promotion Press release
Ensure sustainability of intervention efforts	December 2017	Staff Time	Coalition for a Healthy Darke County	Sustainability plan

Alignment with State and National Priorities

ALIGNMENT WITH STATE/NATIONAL PRIORITIES				
Priority Area	**Darke County Community Health Improvement Plan (CHIP)**	**Ohio State Health Improvement Plan**	**Healthy People 2020**	**National Prevention Strategy (NPS - Surgeon General)**
Chronic Disease Prevention and Education	▪ **GOAL:** Improve opportunities for chronic disease risk management and support chronic disease prevention and education programming. ➢ **OBJECTIVE #1:** By December 2017, increase the number of partners providing health education and promotion services by 2 new partners. ➢ **OBJECTIVE #2:** By December 2017, increase participation in risk factor management programs and activities. ➢ **OBJECTIVE #3:** By December 2017, increase participation of adults in support groups and counseling programs for those affected by chronic disease.	Prevent and reduce the burden of chronic disease for all Ohioans.	**ECBP-10.7** – Increase the number of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services chronic disease programs **ECBP-10.8** – Increase the number of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services nutrition programs **ECBP-10.9** – Increase the number of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services physical activity **D-2** – Reduce the death rate among persons with diabetes. **D-14** – Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education.	**TOBACCO FREE LIVING** ▪ Support comprehensive tobacco free and other evidence-based tobacco control policies. ▪ Expand use of tobacco cessation services. **HEALTHY EATING** ▪ Increase access to healthy and affordable foods in communities. ▪ Improve nutritional quality of the food supply. ▪ Help people recognize and make healthy food and beverage choices. **ACTIVE LIVING** ▪ Encourage community design and development that supports physical activity. ▪ Facilitate access to safe, accessible, and affordable places for physical activity. ▪ Support workplace policies and programs that increase physical activity.

			D-16 – Increase prevention behaviors in persons at high risk for diabetes with prediabetes **NWS-7** – Increase the proportion of worksites that offer nutrition or weight management classes or counseling. **NWS-8** – Increase the proportion of adults who are at a healthy weight.	▪ Assess physical activity levels and provide education, counseling, and referrals. **CLINICAL AND COMMUNITY PREVENTIVE SERVICES** ▪ Reduce barriers accessing clinical and community preventive services, especially among populations at greatest risk.
Coordinated Care and Case Management	▪ **GOAL:** Improve access to care and optimize health care resources by coordinating patient care with all healthcare providers in the community. ➢ **OBJECTIVE #1:** By December 2017, develop a mechanism to enable care coordination across multiple agencies by using the Darke County Adult Collaborative Care Release form. ➢ **OBJECTIVE #2:** Identify patients at high risk for hospital readmission and ensure that they get appropriate follow-up care beginning with a pilot demonstration project of a coordination of care data platform to enable	Establish, support, and promote policies and systems to identify and reduce barriers that prevent access to appropriate health care for all Ohioans. Generate value by providing the right information in the right place at the right time to improve overall health system performance.	**HDS-24 –** Reduce hospitalizations of older adults with heart failure as the principal diagnosis. **HC/HIT-5** – Increase the proportion of persons who use electronic personal health management tools. **HC/HIT-10** – Increase the proportion of medical practices that use electronic health records. **HC/HIT-11** – Increase the proportion of meaningful users of health information technology (HIT).	**CLINICAL AND COMMUNITY PREVENTIVE SERVICES** ▪ Expand use of interoperable health information technology. ▪ Support implementation of community-based preventive services and enhance linkages with clinical care. ▪ Enhance coordination and integration of clinical, behavioral, and complementary health strategies. ▪ Foster collaboration among community-based organizations, the education and faith-based sectors, businesses, and clinicians to identify underserved groups and implement programs to improve access to preventive services.

	connectivity and collaboration across health care and human services organizations.			
Mental Health and Substance Abuse	**• GOAL:** Expand assistance and support of the Coalition for a Healthy Darke County to improve access to mental healthcare and substance abuse services. ➢ **OBJECTIVE #1:** By December 2017, increase access and awareness of mental health & substance abuse services to enhance the health and wellbeing of individuals, organizations, and workplaces in Darke County. ➢ **OBJECTIVE #2:** By December 2017, increase awareness of the number of evidence-based programs in Darke County which address prevention of mental illness and substance abuse along with treatment and recovery services.	Implement integrated mental and physical health care models to improve public health. Promote public awareness, policy, programs, and data that demonstrate that injury and violence are preventable.	**MHMD-9** - Increase the proportion of adults with mental health disorders who receive treatment. **MHMD-10** – Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders. **SA-7 –** Increase the number of admissions to substance abuse treatment for injection drug use **SA-8 –** Increase the proportion of persons who need alcohol and/or illicit drug treatment and received specialty treatment for abuse or dependence in the past year. **SA-12** – Reduce drug-induced deaths **SA-19** – Reduce the past-year nonmedical use of prescription drugs.	**MENTAL HEALTH AND EMOTIONAL WELL-BEING** ▪ Create environments that empower young people not to drink or use other drugs. ▪ Identify alcohol and other drug abuse disorders early and provide brief intervention, referral, and treatment. ▪ Reduce inappropriate access to and use of prescription drugs. ▪ Implement programs for reduce drug abuse and excessive alcohol use (e.g., student assistance programs, parent networking, or peer-to-peer support groups). ▪ Educate youth and adults about the risks of drug abuse (including prescription misuse) and excessive drinking. ▪ Facilitate social connectedness and community engagement across the lifespan. ▪ Provide individuals and families with the support necessary to maintain positive mental well-being. ▪ Promote early identification of mental health needs and access to quality services.

DESCRIBE PLANS FOR SUSTAINING ACTION
To be Added by Darke County Health Department and Wayne HealthCare

Appendix A

Task Forces

Chronic Disease Prevention and Education

Acker, Michelle	Wayne HealthCare
Barga, Jennifer	Darke County Health Department
Deschambeau, Sharon	Coalition for a Healthy Darke County and Darke County Chamber of Commerce
Deschambeau, Wayne	Wayne HealthCare
Dockery, Jane	Wright State University
Droesch, Karen	Wayne HealthCare
Fourman, Michael	Family Health Services
Francis, Jordan	Wayne HealthCare
Freeman, KimberLee	Wayne HealthCare
Henry, Lauren	Wayne HealthCare
Holman, Terrence	Darke County Health Department
Thomas, Tiffany	Job and Family Services
White, Laurie,	Family Health Services

Coordinated Care and Case Management

Acker, Michelle	Wayne HealthCare
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Deschambeau, Wayne	Wayne HealthCare
Dockery, Jane	Wright State University
Droesch, Karen	Wayne HealthCare
Fourman, Michael	Family Health Services
Francis, Jordan	Wayne HealthCare
Freeman, KimberLee	Wayne HealthCare
Henry, Lauren	Wayne HealthCare
Holman, Terrence	Darke County Health Department
Thomas, Tiffany	Job and Family Services
White, Laurie,	Family Health Services

Mental Health and Substance Abuse

Acker, Michelle	Wayne HealthCare
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Deschambeau, Sharon	Coalition for a Healthy Darke County and Darke County Chamber of Commerce
Deschambeau, Wayne	Wayne HealthCare

Dockery, Jane	Wright State University
Droesch, Karen	Wayne HealthCare
Fourman, Michael	Family Health Services
Francis, Jordan	Wayne HealthCare
Freeman, KimberLee	Wayne HealthCare
Henry, Lauren	Wayne HealthCare
Holman, Terrence	Darke County Health Department
McDaniel, Mark	Tri-County Board of Recovery and Mental Health
Thomas, Tiffany	Job and Family Services
White, Laurie	Family Health Services