

2016

Reid Health Community Benefit Implementation Plan



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Organization and Mission

This document represents the 2016 Community Benefit Implementation Plan for Reid Health and is in direct response to Community Health Needs Assessment conducted by Healthy Communities Institute on behalf of Reid Health in conjunction with the community. The Reid Health Governing Board approved this plan on November 28, 2016.

Reid Health is a non-profit 217 bed regional referral medical center serving east central Indiana and west central Ohio. Reid Health's service area is home to about 280,000 people spanning eight counties across two states. Though a new hospital was opened in 2008, Reid Hospital originated in 1905 when Daniel J. Reid financed construction for the hospital in memory of his wife and son. Through the years, Reid has grown to employ almost 2,500 staff members and has the support of over 300 volunteers. Major service lines within the organization include: Heart Services, Cancer Center, Women's Health, Orthopedic and Rehab Services, and Psychiatric Care.

Reid's Mission

Wholeness - in body, mind and spirit - is basic to fulfillment of human potential. Reid Health and its people work with others to enhance wholeness for all those we serve. Our convictions include commitment to:

- Compassion
- Service
- Excellence
- Value

These convictions are expressed daily through C.A.R.E. principles, the active demonstration of:

- Courtesy
- Attitude
- Respect
- Enthusiasm

These principles are directed toward those people we are privileged to serve and among all of us who serve.



Community Served

Target Communities

The target communities for the plan include the counties of Fayette, Franklin, Henry, Randolph, Union, and Wayne in Indiana and Darke and Preble counties of Ohio. Reid Health has services extending beyond the reach of these areas and can be identified on the service area map as indicated below.



Characteristics of the Population

According to the U.S. Census Bureau's 2010-2014 American Community Survey, Reid Health's service area had a population of approximately 292,129.

While the majority of the population falls between the ages of 25-64 years (51.7%), these areas were lower in comparison to the Indiana and Ohio averages. Reid's service area demonstrated a higher percentage of individuals 65 and older (14.6%) than the state averages.



The racial and ethnic makeup of Reid Health's service area was more homogenous than the state averages with 95.4% of the population identifying as white. Smaller than average proportions were reported for all other racial and ethnic classifications.

Four of the counties within the service area demonstrated higher than average poverty rates. Wayne County demonstrated the highest percentage of poverty at 21.1% and Fayette County was just slightly under that at 20.6%. Henry and Randolph counties demonstrated lower poverty rates, but were still above the state average of 15.5% at 17.2% and 16.8% respectively.

Compared to the U.S. value for unemployment of 5.2%, six of the counties in Reid Health's service area had higher unemployment rates. Fayette County demonstrated the highest unemployment rate at 7.5%. Darke County in Ohio and Union County in Indiana were the only two counties that were below the national level for unemployment.

Four counties in the service area demonstrated a lower than national average for high school degree attainment for those age 25+. Fayette, Franklin, Randolph, and Wayne all fell below the U.S. value of 86.3% with Fayette being the lowest at 80.1%.

Prioritized List of Significant Health Needs Identified

PRIORITIZATION

In order to better target community issues with regards to the most pressing health needs, twenty members participated in a group discussion facilitated by HCI to further explore the ten significant health needs presented.

PRIORITIZATION SESSION PARTICIPANTS

Angela Cline, Reid Health Director of Community Benefits
Barbara Bell, Reid Health Retail Sales Manager
Billie Kester, Reid Health Director of Continuum of Care
Chris Knight, Reid Health Vice President/CFO
Christine Ferriell, Reid Health Diabetes & Nutrition Education Manager
Erin Ferguson, Tobacco PC Coordinator
Glenda Cline, Dean School of Nursing Ivy Tech College
Howard Lamson, Amigos acting Director
Jeff Ginter, Pastor, St. Paul United Methodist Church
Jon Ford, Reid Health Board Member
Linda Irwin, Program Manager Birth to Five
Lisa Suttle, Reid Health Director of Psychology
Mary Russell, Director of Helping Hands Adult Day Care

Patrick Murray, Reid Health Director of Orthopedics
 Shari Morgan, Director of Operations 2-1-1 Connect2Help
 Sharon Cranfill, Director of House of Ruth
 Stacey Steele, Director of Grants & Program Assessment at Boys & Girls Clubs
 Tajuan Stoker, Reid Health Director of Wellness

PRIORITIZATION PROCESS

On June 28th, 2016, the above participants convened at Reid Health to review and discuss the results of HCI's primary and secondary data analysis leading to the preliminary top ten significant health needs identified from the health needs assessment. The top ten needs identified included:

Access to Health Services
 Cancer
 Diabetes
 Economy
 Education
 Exercise, Nutrition, & Weight
 Heart Disease & Stroke
 Mental Health & Mental Disorders
 Substance Abuse
 Transportation

From there, participants utilized a prioritization toolkit to examine how well each of the ten significant health needs met the criteria set forth by Reid Health project team. They scored each need for each criteria on a scale from 1-3 with 1 indicating it did not meet the criteria to 3 meaning it strongly met the criteria. The criteria for prioritization can be seen below:

Propriety Is a program for the health problem suitable? Is it in line with the strategic vision for population health?

Economics Does it make economic sense to address the problem? Are there economic consequences if the problem is not addressed? Does the issue place an economic burden on the community?

Acceptability Will the community accept a program to address the problem? Is it desired? Would a program be effective to address the problem?

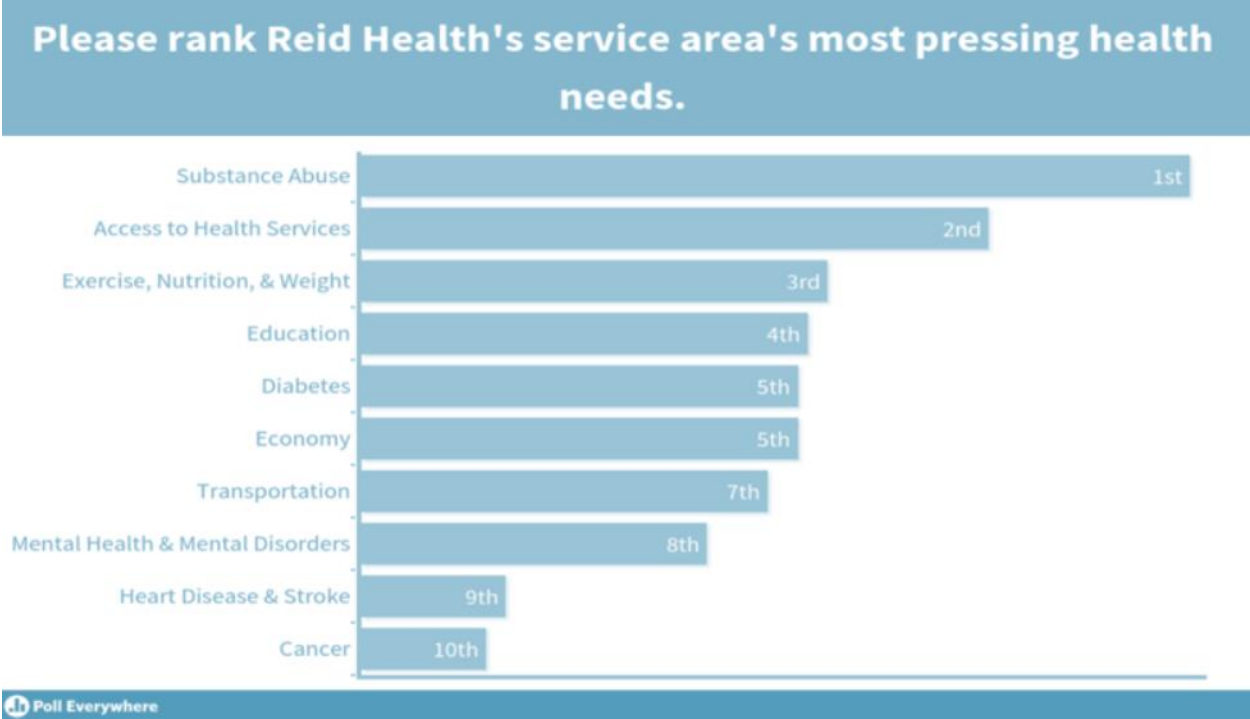
Magnitude Are a large number of people affected by the issue? Could a solution for this issue impact multiple problems for the community? Is there value in immediate intervention or a sense of urgency surrounding this issue?

Data Tracking Is there data available for measurement for the community? Are there evidenced based programs to model a solution from that demonstrate metrics?

Completion of the prioritization toolkit allowed participants to arrive at numerical scores for each health need that correlated to how well each health need met the criteria for prioritization. Participants then ranked the top ten health needs according to their topic scores, with the highest scoring health needs receiving the highest priority ranking.



Participants were encouraged to use their own judgement and knowledge of their community in the event of a tie score. After completing their individual ranking of the ten health needs, participants' rankings were submitted into an online polling platform that collated the responses, resulting in an aggregate ranking of the health topics. The aggregate ranking can be seen below.



After reviewing the results, participants engaged in a group discussion to narrow the top ten most pressing health needs down to three health needs to consider for subsequent implementation planning.

The three top health priorities for Reid Health are:

- 1. **Substance Abuse & Mental Health and Mental Disorders**
- 2. **Access to Health Services**
- 3. **Exercise, Nutrition, & Weight**



Implementation Strategy Process

Plan Development

To begin to identify how Reid Health could most effectively impact the top prioritized needs, community groups were assembled for each identified need. Participants included:

Mental Health and Substance Abuse

Amanda Corder, Centerstone
Becky Murray, Communities in Schools
Ben Austerman, Reid Health Pharmacy
Dana Sinclair, NATCO/ Circles
Erin Ferguson, Tobacco Free Coalition
Guy Guthrie, Hope House
Jeanine Brunzman, Reid Health Psych Services
Jenny O'Brien, Boys and Girls Club of Wayne County
Lisa Suttle, Reid Health Heroin is Here
Nichole Carr, Meridian
Shawna Mikesell, Centerstone
Stacey Steele, Drug Free Wayne County
Tammy Scotten, Centerstone
Tanja MacFarland, Reid Health Employee Assistance Program
Wendy Canon, Cross Road Christian Recovery Center

Access to Care

Dana Sinclair, NATCO/ Circles
Gina Harvey, Reid Health Wellness
Jennifer Young, Hope Center
Jessica Cooper, Reid Health Patient Resource Services
Linda Irwin, Birth to Five
Marla Steele, Hope Center
Ryan Williams, Reid Health EMS/ Trauma
Sharrie Harlan, Reid Health HIP 2.0 Outreach
Tajuan Stoker, Reid Health Wellness
Vickie Grimme, Birth to Five

Nutrition, Physical Activity, and Weight

Alicia Criswell, Purdue Extension/ Food Council/ Food Rescue
Becky Murray, Communities in Schools
Christie Ferriell, Reid Health Diabetes Outreach
Eric Weiss, Circle U/ Food Rescue
Guy Guthrie, Food Insecurity Resources
Kris Ankeny, Reid Health Food and Nutrition Services/ Food Rescue

Linda White, Gateway Food Pantry/ Food Council/ Food Rescue
Misty Hollis, YMCA of Wayne County
Rebecca Marvel, Purdue Extension
Stacey Steele, Boys and Girls Club of Wayne County
Tajuan Stoker, Reid Health Wellness

Each group participated in two sessions lasting approximately two hours each. In the first session, participants reviewed the goal and objectives developed by Reid Health related to the identified need. They then reviewed how each county in the Reid service area ranked on the indicators presented in the community health needs assessment related to the prioritized need. The groups discussed the current initiatives underway from Reid Health and the community that address aspects related to the prioritized need and brainstormed present gaps that still need to be addressed in order to make improvements in the related objectives. Brainstormed initiatives were affinitized and nominal voting was performed by the participants to identify the top category of projects or programs that would most significantly impact the community health needs. Results of the first implementation session are included in Appendix A.

In the second session, participants reviewed the number of counties that were performing below the 50th percentile in each of the indicators related to the prioritized need. For any indicator in which 4 or more counties in the service area were below the 50th percentile, the group reviewed the expanded group of affinitized programs or projects and determined which indicators the program or project could positively impact. Indicators which were not widely impacted by the potential programs or projects were revisited and participants were asked to identify any current Reid programs that could be expanded to impact the indicator or any new ideas that the group may have to address the indicator. From there, groups were asked to evaluate the lists of community organizations or programs from the first session and determine if there were additional agencies that should be added for each specific indicator. Results of the second implementation session are included in Appendix B.

Armed with the insight of the group activities, the Reid Health community benefit team then completed a PICK chart for each prioritized need using the top projects or programs identified by the community groups to meet the need. Those programs or projects that were determined to be most feasible to implement and projected to have the greatest impact on the indicators related to the individual need were deemed to be the focus of the implementation plan. Results of the PICK charts for each need are included in Appendix C.

Plan Adoption

Upon completion of the implementation plan, the community benefit board committee reviewed and approved the plan on November 28, 2016. The plan was then presented to the governing board and adopted as the strategy for the next three years on November 28, 2016.

The implementation plan will serve as the guide for Reid Health to follow in order to improve the prioritized health needs of the population it serves. Progress toward the goals within the plan will be reviewed by the community benefit board committee on a quarterly basis and by the governing board annually.

Significant Health Needs to be Addressed

Mental Health and Substance Abuse

Reid Health will attempt to make improvements in the community needs related to mental health and substance abuse through use of internal resources such as psych services, emergency services, community outreach, marketing and community relations. Reid will work with community agencies identified through the group sessions for implementation planning to implement the strategic interventions and continue efforts already in progress to address these needs.

Goal

Promote mental, emotional, and behavioral well-being within the communities we serve by improving mental health and reducing substance abuse

Objectives

1. Increase access to mental health services
2. Improve overall mental health within the community
3. Reduce the incidence and complications of substance abuse

Interventions

1. Provide education and enhance awareness of current programs among providers and community members to increase the access to mental health and substance abuse services and improve the overall mental health and reduce the incidence of substance abuse.
2. Promote positive stories regarding successful treatment for mental health and/or substance abuse to encourage community members to seek help for mental health issues and substance abuse.
3. Conduct a stigma reduction campaign to increase the level of awareness of the importance of mental health and substance abuse as an aspect of overall health management and reduce community biases against those afflicted with mental health or substance abuse issues.



Continued Efforts

Addiction Resource Guide
Alzheimer's Education Series
Birth Control Options for Those Suffering with Addiction
Call Us First/Signs of Heroin Use Cards
Heroin is Here
JACY House
Mental Health and Substance Abuse Symposium
Narcan Program
Neonatal Abstinence Program
Opioid Education Flyers
Prescription Drug Safety Awareness Education
Reid Health Community Benefit Grant Program
Syringe Exchange Program

Indicators to Measure Improvement

Adults who Smoke
Controlled Substances Dispensed
Death Rate due to Drug Poisoning
Depression: Medicare Population
Frequent Mental Distress
Heroin Treatment Rate
Mothers who Smoked during Pregnancy

Access to Care

Reid Health will attempt to make improvements in the community needs related to access to care through use of internal resources such as Claim Aid, psych services, emergency services, Reid Health Physician Associates (RHPA), continuum of care, community outreach, recruiting, marketing and community relations. Reid will work with community agencies identified through the group sessions for implementation planning to implement the strategic interventions and continue efforts already in progress to address these needs.

Goal

Improve access to care for the Reid service area by reducing barriers to care through addressing the shortage of providers, closing the insurance coverage gaps, and improving overall health literacy

Objectives

1. Improve availability of services
2. Reduce barriers to receiving services
3. Inform, educate, and empower community members to utilize the appropriate care setting for their healthcare needs

Interventions

1. Expand dental clinic to other counties to increase the availability of dental services and increase the screening of individuals without dental coverage to assist them in applying for insurance programs that they may qualify for.
2. Expand healthcare workforce development to target areas of need such as dentistry, primary care, and mental health.
3. Increase awareness events with community agencies offering children's services or with those serving the asset limited, income constrained, employed (ALICE) population to expand the community knowledge of insurance programs that they may apply for.

Continued Efforts

Community Screenings
Dental Clinic
Enrollment Assistance
Health Career Camp
Healthcare Workforce Development
HIP 2.0 Assistance Program
Lab Processing
Medical Students
Patient Assistance Fund
Pursuit of Federally Qualified Health Center (FQHC)
Reid Nurse Call Line
Scholarships

Indicators to Measure Improvement

Adults Unable to Afford to See a Doctor
Adults with Health Insurance
Children with Health Insurance
Dentist Rate
Mental Health Provider Rate
Non-Physician Primary Care Provider Rate
Preventable Hospital Stays
Primary Care Provider Rate

Physical Activity, Nutrition & Weight

Reid Health will attempt to make improvements in the community needs related to physical activity, nutrition, and weight through use of internal resources such as food and nutrition services, wellness, community outreach, marketing and community relations. Reid will work with community agencies identified through the group sessions for implementation planning to implement the strategic interventions and continue efforts already in progress to address these needs.

Goal

Improve the health of the community by encouraging healthy choices and reducing the disparities related to activity and nutrition

Objectives

1. Increase physical activity and reduce obesity
2. Increase the availability of healthy foods within the community

Interventions

1. Host and/or partner with community agencies to provide classes to educate the community on healthy eating on a budget.
2. Host and/or partner with community agencies to provide family fitness events and/or education to community members to encourage engagement in physical activity for the whole family.
3. Incentivize community participation for participation in events which promote physical activity, healthy eating, and weight reduction.
4. Expand corporate wellness programs and/or challenges in the community to further engage individuals in physical activity, healthy eating, and weight reduction.

Continued Efforts

End Hunger Now Event
Food Rescue Collaborative
Healthy Cooking Classes
I Heart Cooking
Meal donations to Community Meal Sites
Reid Health Community Benefit Grant Program
Reid Healthier
Steps to End Hunger
Subsidized meals for Community Programs

Indicators to Measure Improvement

Access to Exercise Opportunities
Adults 20+ who are Obese
Adults 20+ who are Sedentary
Child Food Insecurity Rate



Significant Health Needs Not Addressed

In an effort to make improvements in the prioritized areas of community health needs, there are other significant needs which Reid Health will not address through the implementation plan due to resource constraints or scope of services. Those needs which Reid Health will not address through new community benefit initiatives include the following:

Cancer

This implementation plan will not include a focused effort on cancer in the communities served by Reid Health. Reid will continue to support the ongoing initiatives related to cancer as a community health need, which include the following:

- Breast Exam Cards
- Community Blood Drives
- Look Good, Feel Better Support Group
- Mammograms
- Oral Head and Neck Screenings
- Prostate Specific Antigen Screenings

Diabetes

This implementation plan will not include a focused effort on diabetes in the communities served by Reid Health. This health need is largely impacted by many of the initiatives that fall under the prioritized need of Physical Activity, Nutrition, and Weight. Reid will continue to support the ongoing initiatives related to diabetes as a community health need, which include the following:

- Diabetes Education Dinner
- Diabetes Support Group
- Free Glucose Screening Events

Economy

This implementation plan will not include a focused effort on the economy in the communities served by Reid Health. Reid, as a healthcare organization, lacks expertise or competency to effectively address the economy as a community health need.



Education

This implementation plan will not include a focused effort on education in the communities served by Reid Health. Reid, as a healthcare organization, lacks expertise or competency to effectively address the area of education as a community health need.

Heart Disease & Stroke

This implementation plan will not include a focused effort on heart disease and stroke in the communities served by Reid Health. This health need is largely impacted by many of the initiatives that fall under the prioritized need of Physical Activity, Nutrition, and Weight. Reid will continue to support the ongoing initiatives related to heart disease and stroke as a community health need, which include the following:

Community Blood Pressure Machines
Community Blood Pressure Screenings

Transportation

This implementation plan will not include a focused effort on transportation in the communities served by Reid Health. Reid, as a healthcare organization, lacks the resources and expertise or competency to address the community need of transportation. Reid will continue to support the ongoing initiatives related to transportation, which include the following:

Patient Assistance Fund

Appendix A



Mental Health & Substance Abuse

Goal: Promote mental, emotional, and behavioral well-being within the communities we serve by improving mental health and reducing substance abuse

Objectives

1. Increase access to mental health services
2. Improve overall mental health within the community
3. Reduce the incidence and complications of substance abuse

Indicators

	Darke	Fayette	Franklin	Henry	Preble	Randolph	Union	Wayne
Adults who Smoke	Yellow	Red	Red	Red	Yellow	Yellow	Yellow	Red
Controlled Substances Dispensed	Grey	Red	Green	Red	Grey	Yellow	Green	Red
Death Rate due to Drug Poisoning	Red	Red	Yellow	Red	Red	Red	Grey	Red
Depression: Medicare Population	Green	Red	Yellow	Red	Yellow	Yellow	Green	Red
Frequent Mental Distress	Green	Red	Green	Yellow	Green	Red	Green	Red
Heroin Treatment Rate	Grey	Red	Red	Green	Grey	Red	Grey	Red
Mental Health Provider Rate	Yellow	Yellow	Red	Yellow	Yellow	Red	Red	Green
Mothers who Smoked During Pregnancy	Red	Red	Red	Red	Red	Red	Red	Red
Poor Mental Health: Average Number of Days	Yellow	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Red

Mental Health & Substance Abuse Objectives		
<i>Increase access to mental health services</i>	<i>Improve overall mental health within the community</i>	<i>Reduce the incidence and complications of substance abuse</i>
Current Reid Health Initiatives		
Health Career Camp Healthcare Workforce Development JACY House Pursuit of Federally Qualified Health Center (FQHC) Scholarships	Alzheimer's Education Series JACY House Mental Health and Substance Abuse Symposium	Addiction resource guide Call Us First/Signs of Heroin use cards Heroin is Here Mental Health and Substance Abuse Symposium Narcan program Neonatal abstinence program Opioid education flyers Prescription drug safety awareness education Syringe exchange program
Current Community Initiatives		
Centerstone presence at jails, Wayne County Health Department, and Excel Center Centerstone school based services and juveniles with arrest intervention ED/Psych Services Enrollment assistance for insurance through community centers Recovery Works program Sliding fee scale for services Syringe Exchange Program Wrap around services such as Communities in Schools	Adult learning (Ivy Tech, Excel Center, etc.) Adult psych unit Circles program Collaboration among community agencies to assist dual diagnosis youth Community encouraged physical activity Community mental health centers Crisis lines CRT with first responders Increased community awareness of mental health issues to reduce stigma and access help earlier IU East Mental Health Day JACY House's Darkness to Light Training Mental Health and Substance Abuse Symposium NAMI Recovery coach from Centerstone present in ED Reid Healthier Club Smoking cessation programs State hospital Student services at IU East and Earlham, offering counseling	Aspire Awareness events Birth control at RTC Boys and Girls Club of Wayne County Boys and Girls Club prevention programs Bridge device Celebrate Recovery County coordinating councils within Indiana counties Crossroads DARE program Darke Co. community group Drug assisted treatment Drug Free Wayne County Drug take backs Drug task force Fresh Start Housing Genesis Girls Inc. Hope Center Hope House House of Ruth Journey Home K-9 units Neonatal abstinence Outpatient services Overdose lifeline.org intro to schools

	<p>Support groups Trauma Informed Care trainings within the community Youth Worker Training by the Boys and Girls Club of Wayne Co.</p>	<p>PACE RARC- Randolph Co. collaborative Rock Solid SADD Support groups Syringe Exchange Program VA services Wayne Co. prosecutor diversion program Wernle YAR</p>
What's Missing?		
<p>Medication subsidies (decreased cost of medications, money or coverage for nicotine replacement therapy for community members) Transportation (transportation services, increased transportation to services) Approachable services and triaging (have very customer friendly people answering phones for people seeking help) Financial assistance or free services (monthly free access sessions throughout the community, pro-bono work, symptom screening days or events, no co-pays) Increasing mental health providers (recruiters, more child psychologists, more qualified people in the established provider systems so people don't have to wait 3 weeks to be seen, quicker turn around for psych scheduling/intake admissions) Collaboration among community agencies(increased collaboration within current agencies and services, better communication system across mental health system and decreased HIPAA barriers, more collaboration with mental healthcare and churches) Education/Awareness</p>	<p>Current environment changes (change ratio of fast food and healthy food options, present statistics of mental health and crime and mental health and age, etc.) School for mental health workers (create opportunity for local education in colleges for mental health worker opportunities) Collaboration (more collaboration between agencies, access inside schools without infringing) Incentives to participate in mental health programs money to promote existing programs and retention of clients in programs, incentives to stay in a program) Transportation (affordable, accessible, and reliable transportation to services) Financial support for programs and clients (fewer restrictions on funding such as being able to provide food and not always having a connection to billable hours, MONEY, utilize additional community benefit dollars for medication subsidies or programs such as smoking cessation, more money for places already proven to be</p>	<p>Financial support (more money to pay prevention specialist so staff is retained, increased funding for services, lobby for reimbursement of services- Bridge specifically, money for treatment of tobacco addiction plus nicotine replacement therapy, not enough funding and programs, more money for DFWC partnership staff, more money to support radio/billboard PSAs) Awareness/Education (provide a media outlook on community mental health, address all drugs and evaluate the lesser of the evil to treat at a later time, increased education about programs and processes, additional promotion of the INSPECT prescription monitoring program to prevent doctor shopping, awareness and education to remove the stigma, more community events, education, utilize tools available in the community, more education opportunities such as lunch and learns and the upcoming series by the DFWC partnership, understand mental health and substance abuse, decrease the stigma through education, more public involvement in events including planning and evaluation, awareness promotion, increased education of the available</p>

<p>promotion (decrease stigma that mental health is more than a bad thing, education/awareness and marketing of available services, awareness and use of Recovery Works program, knowledge of how to help guide someone for addiction recovery, publications promoting programs, education to reduce stigma)</p> <p>Creating more access points for mental health (more money to fund mental healthcare workers in schools, utilize telehealth technology, support of crisis services, mobile intake/psych services, mental healthcare professionals with a presence in primary health care practices, crisis assistance available 24/7, placing mental health staff in other locations such as urgent care centers, increase mental health workers in community agencies such as Girls, Inc., BGC, libraries, senior center, etc., location of services, mobile crisis unit)</p> <p>Childcare</p> <p>Residential center for youth/geriatric populations</p> <p>Employer education on mental health resources and ethics</p> <p>Employee Assistance Programs (wellness/EAP services for faith organizations and church workers, promotion of benefits of EAP)</p>	<p>doing good work)</p> <p>Increase employer programs (increase human resource awareness of wellness importance in smaller organizations, more employer funded wellness programs, flexibility by employers for non-smoking breaks and work from home options)</p> <p>Increase providers (more providers, community/agency stipend to get or keep mental health providers, more providers so wait time is less, more mental health workers, more training opportunities, paid opportunities making it easier to obtain additional degrees without debt, decrease required qualifications such as MSW or LCSW, lobby for more billable services)</p> <p>Relationship building opportunities</p> <p>Improving early childhood education (affordable, high quality childcare and pre-K availability)</p> <p>Childcare (childcare availability during events/sessions)</p> <p>Education/Awareness (education to decrease the stigma and normalize mental health, education on what is already available as far as services, increased communication about community initiatives, insurance programs to cover more mental health services, educate community on mental health to assist with eliminating the stigma and help normalize mental health needs, educate and increase community knowledge,</p>	<p>recovery programs)</p> <p>Decrease acceptance of gateway use (stop normalizing use of marijuana, education of the role of cigarette/tobacco use in other substance abuse and mental illness)</p> <p>School based education (additional programs in schools showing the dangers of consequences of substance abuse, education in all schools, more options for getting into schools for evidence based programs)</p> <p>Law enforcement involvement/assistance (treatment requirements for individuals receiving Narcan, being arrested or charged, drug raids, drug services counseling at arrest or upon release, media outlook on police presence, more money for K-9, drug task force, PACE, to increase salaries which would increase officers on the street)</p> <p>Funding to support environmental strategies</p> <p>Prescribing guidelines (prescription limitations for addictive prescriptions)</p> <p>Increase providers lobby for easier billing for LCACs without LCSW, more options for licensure/education to help with addiction)</p> <p>Family drug screen kits</p> <p>Economic development (jobs for those in recovery, more people paid more money in any job to prevent from selling drugs as income, support programs to reduce poverty and unemployment)</p> <p>Relationship building</p> <p>Drug screen for prenatal visits</p> <p>Incentives (funding for programs in school and after school with parent classes, treatment</p>
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	<p>providing opportunities for others to hear success of mental health treatment, standing/ongoing education in the schools, awareness/education of available services)</p> <p>Increase/Expand services (increased access, increase treatment in inpatient and outpatient, improve referral and follow-up process, work on specific issue in inpatient stay rather than crisis management, increase dual services, increased crisis services available 24/7, detox center for those who need more than bridge or Vivatrol, treatment facility, partial hospitalization program, alumni services for those completing one phase of treatment)</p> <p>Family support (family support to those with family members of individuals with mental health issues)</p> <p>Require mental health screening for other community services (include mental health screenings in various care settings such as primary care, urgent care, ED, etc. so this is a concentrated focus area of assessment that people become accustomed to having this aspect of health evaluated)</p> <p>Community enrichment (more artwork and community activities that are family friendly, have more activities for youth to do, more activities that appeal to teenagers, bring community events to people rather than expecting them to come to events, more mental</p>	<p>incentives, meal at the mental health symposium)</p> <p>Birth control</p> <p>Collaboration (greater collaboration across programs, collaboration across agencies)</p> <p>Employer programs (greater access to services to businesses regarding how to help employees with substance abuse problems)</p> <p>Parenting programs (family support systems, more family support for those in recovery to mend relationships, more family support to help refer and support, understanding and support of faith based options to be included in wrap around plans, distribute materials to parents to show signs and symptoms to look for if child is abusing drugs, more parent involvement in parenting programs)</p> <p>Increase/Expand services (increase facilities for treatment for inpatient and outpatient, detox unit, Narcan plus treatment and services, community providers support pre-existing programs, more staff at existing agencies for wrap-around and mentoring/support services, increased appropriate chronic pain doctors or programs, more options for people not on Medicaid, more specialized substance abuse providers, more inpatient treatment programs in the area, more detox options, easier access to detox and treatment, proactively have programs for pain management, detox inpatient center, increase facilities for detox, treatment and mental health, more inpatient treatment beds)</p>
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	health city-wide events to bring awareness)	
Final Votes		
<p><u>Transportation (5)</u> Approachable services and triaging (1) Financial assistance or free services (1) Increasing mental health providers (4) Collaboration among community agencies (1) <u>Education/Awareness promotion (5)</u> Creating more access points for mental health (1) resources and ethics (2)</p>	<p>Incentives to participate in mental health programs (2) Financial support for programs and clients (4) <u>Increase/Expand services (6)</u></p>	<p>Decrease acceptance of gateway use (1) School based education (3) Law enforcement involvement/assistance (1) Funding to support environmental strategies (1) Prescribing guidelines (1) Economic development (1) Drug screen for prenatal visits (1) Birth control (1) Parenting programs (3)</p>

Access to Care								
Goal: Improve access to care for the Reid service area by reducing barriers to care through addressing the shortage of providers, closing the insurance coverage gaps, and improving overall health literacy								
Objectives								
1. Improve availability of services								
2. Reduce barriers to receiving services								
3. Inform, educate, and empower community members to utilize the appropriate care setting for their healthcare needs								
Indicators								
	Darke	Fayette	Franklin	Henry	Preble	Randolph	Union	Wayne
Adults Unable to Afford to See a Doctor	Green	Yellow	Green	Green	Green	Yellow	Green	Red
Adults with Health Insurance	Green	Yellow	Yellow	Green	Green	Yellow	Green	Yellow
Children with Health Insurance	Yellow	Yellow	Yellow	Green	Green	Yellow	Yellow	Yellow
Dentist Rate	Yellow	Yellow	Green	Yellow	Red	Red	Red	Green
Non-Physician Primary Care Provider Rate	Red	Green	Red	Green	Red	Yellow	Yellow	Green
Preventable Hospital Stays	Yellow	Yellow	Yellow	Yellow	Yellow	Red	Green	Yellow
Primary Care Provider Rate	Yellow	Yellow	Red	Yellow	Red	Red	Green	Green

Access to Care Objectives		
<i>Improve availability of services</i>	<i>Reduce barriers to receiving services</i>	<i>Inform, educate, and empower community members to utilize the appropriate care setting for their healthcare needs</i>
Current Reid Health Initiatives		
Dental Clinic Health Career Camp Medical Students Scholarships Healthcare Workforce Development	Reid Nurse Call line HIP 2.0 assistance program Dental clinic Enrollment assistance Lab processing Community screenings Pursuit of Federally Qualified Healthcare Center (FQHC)	Reid Nurse Call line Dental clinic Patient assistance fund Enrollment assistance Lab processing
Current Community Initiatives		
Siloam Clinic Wayne County Health Department Clinic Emergency Room Enrollment assistance (Aspire, WCHD, UCHD) Reid Health Now Reid Ready Care Urgent Care Whitewater Valley Dental Initiative Claim Aid Corporate Health Fairs VA Clinic	Communities in Schools United Way Health Vision Council Virtual visits Walk-in clinics Hope Center clinic Siloam clinic Reid Ready Care Claim Aid Area 9 Centerstone Meridian SCIT team from Meridian Synergy Home Care transportation Fayette County Free Clinic VA Clinic Healthy Families transportation Care coordinators and transition coaches HIP 2.0 assistance Trustee's office Circles of Natco Empowerment Center 211	Care coordinators and transition coaches Symptom Management Program Birth to 5 Hope Center Natco Empowerment Center Reid Nurse Call Line SCIT team Assistance programs Wayne County Health Department Case management Wellness coaches/health coaches through employers or insurance plans Medicaid navigators
What's Missing?		
Transportation Increasing the provider rate (drawing providers to our area) Wellness Center for all ages (Wellness Center in a central	Transportation Affordability for medical services (affordability) Knowledge of resources available (knowledge of what	Knowledge of services/appropriate care setting (knowledge of what is available, getting people to utilize Hope Center instead of the emergency room)

<p>location for preventative services, Fayette County Wellness Center for families) Collaboration to increase use of current resources (collaboration by community partners) Detox center (Detox/rehab center, detox/rehab or help for pregnant women abusing substances) Homeless shelter (homeless shelter for pregnant women or women and children) Expanded hours for care (later hours at doctor offices)</p>	<p>is available, marketing of services) Knowledge of insurance (understanding of insurance) Expanded hours (hours of availability) Collaboration of resources to address the issue (pool resources together)</p>	<p>Transportation Incentives for preventive care Reduced cost for preventative care and education Text line for health advice Community resource scavenger hunt (community health day where individuals visit local service agencies and receive incentive for learning about the various community services) Educating service agencies on available community resources (information and education coming from someone individuals have a relationship with, collaborate-bring agencies together to share programs)</p>
Final Votes		
<p>Transportation (4) Wellness Center (3) Collaboration to increase use of current resources (2)</p>	<p>Knowledge of available resources (7)</p>	<p>Text line for health advice (4) Educating service agencies on community resources (1)</p>

Physical Activity, Nutrition & Weight

Goal: Improve the health of the community by encouraging healthy choices and reducing the disparities related to activity and nutrition

Objectives

1. Increase physical activity and reduce obesity
2. Increase the availability of healthy foods within the community

Indicators

	Darke	Fayette	Franklin	Henry	Preble	Randolph	Union	Wayne
Access to Exercise Opportunities	Yellow	Yellow	Yellow	Green	Yellow	Red	Yellow	Green
Adults 20+ who are Obese	Yellow	Yellow	Green	Red	Green	Red	Green	Green
Adults 20+ who are Sedentary	Yellow	Red	Green	Yellow	Yellow	Red	Red	Red
Child Food Insecurity Rate	Yellow	Yellow	Green	Yellow	Yellow	Yellow	Green	Yellow
Farmers Market Density	Yellow	Green	Green	Green	Yellow	Yellow	Yellow	Green
Fast Food Restaurant Density	Green	Red	Yellow	Green	Green	Green	Yellow	Yellow
Food Insecurity Rate	Green	Yellow	Green	Yellow	Green	Green	Green	Yellow
Grocery Store Density	Green	Red	Green	Yellow	Red	Red	Yellow	Red
Households with No Car and Low Access to a Grocery Store	Green	Red	Green	Green	Green	Yellow	Green	Green
Low Income and Low Access to a Grocery Store	Green	Yellow	Green	Green	Green	Yellow	Green	Green
Recreation and Fitness Facilities	Green	Green	Green	Green	Yellow	Green	Yellow	Green
SNAP Certified Stores	Red	Yellow	Yellow	Green	Yellow	Green	Yellow	Green

Physical Activity, Nutrition & Weight Objectives	
<i>Increase physical activity and reduce obesity</i>	<i>Increase the availability of healthy foods within the community</i>
Current Reid Health Initiatives	
Reid Healthier Healthy Cooking Classes I Heart Cooking	Meals for 3 rd Grade Academy Subsidized meals for Girls, Inc. Meal donations (Hope House, Rock Solid, Circle U) Food Rescue collaborative End Hunger Now event Steps to End Hunger
Current Community Initiatives	
Starr Running Club Boston Run Dot Foods Walking Program with Hagerstown Schools Take a Bike program Walking trails Mall walking Cope Environmental Purdue Extension Programs (Serving Up My Yummy Plate, Small Steps to Better Health, Be Heart Smart, Dining with Diabetes, Recipe for Growing Healthy Children, Get Walking, Family Nutrition Program Assistance) United Way Health Vision Council grant funding (Childhood Obesity Prevention, Girls Get Fit, Amigos, Hayes Playscape, YMCA Sports, Boy Scouts) Parks and Recreation Presidential Fitness Awards in schools Wayne County Challenge Clear Creek Dream Court STOP Program Reid Ride 211 Boys and Girls Club of Wayne County (Club Fit, physical fitness activities, camp, summer swimming, Family Nutrition Nights) Fitness centers City Fit Baby Boomers Fight Club Thump Jumpers	Food pantries Milkman program JUKO Farmer’s Market (Double Dollars for SNAP) Winter Market at Starr Healthy Choices at Gateway and Circle U First United Methodist Church Back to School Bash at Harvest House Backpack Blessings Gleaners Backpack program School food pantries Trustee letter/flyer Fresh produce for snack through schools Food Council Free meals for students of provisional schools Summer food programs through clubs Second Helpings
What’s Missing?	
Access to fitness (transportation to areas for fitness, traveling fitness facilities) Education/Awareness of fitness opportunities (exercise education, parent/caregiver education, advertisement of resources, promoting current initiatives more, collaboration of programs to make a	Central kitchen (central kitchen that prepares healthy meals for all meal sites) Collaboration (Food Council, utilize food manufacturers in the area, collaboration of efforts, more partnerships or strengthened partnerships with established community health professionals to

<p>greater impact, awareness of the issues related to obesity such as billboards, PSAs, text alerts, knowledge of programs) Family fitness events/education (Mom and Me Fitness Fun, more family fitness events, childhood obesity prevention) Fitness facility opportunities (hospital fitness facilities in the community, promotion of existing skating rinks, year-round public swimming facility, outdoor ice skating rink) Incentive programs to encourage fitness (school based incentives for fitness activities, team options to encourage fitness, incentives to participate in fitness activities, incentive driven programs, communicate and incentivize more employee fitness/wellness challenges, incentives for schools to utilize programs such as Purdue Extension offerings) Safe opportunities for fitness (increased/improved community walkability, police officers patrolling parks) Subsidized fitness opportunities (fitness center vouchers, educated adults who can train others and the ability for organizations to pay those people adequately, classes at community building such as low income homes or senior living homes, free to low cost beginner physical fitness activities with limited class size) Workplace programs to encourage fitness (employer BMI incentives, workplace health programs)</p>	<p>disseminate education) Defining healthy options for school and community programs (define healthy through PSAs and text alerts, increase availability/affordability of fresh fruits and veggies for afterschool and school programs, create and provide a snack list that meets USDA guidelines for facilities) Food access (subsidized grocery in food desert, providing healthy foods to lower income areas such as senior living homes, more community gardens, incentives for vendors who accept SNAP, providing SNAP certification assistance) Food hub (food bank, food hub, resource connections of food banks) Incentive based nutrition program (family meal fun program where families are taught how to prepare and have a meal, it is tracked and they are incentivized for doing so, provide points for healthy food options purchased that can be used for household items, car repair, school fees, gas gift cards, etc.) Mobile food supply (traveling food pantries, farmer’s market bus) Nutritional education/awareness promotion (Food Link, increased fresh food store/market publicity, highlight healthy “choose well” options at fast food restaurants, have community member host Q & A on I Heart Cooking show, WIC user education, increase healthy eating on a budget classes, emphasis on healthy eating on a budget)</p>
<p>Final Votes</p>	
<p>Family fitness events/education (2) Incentive programs to encourage fitness (1) Safe opportunities for fitness (1) Subsidized fitness opportunities (1) Workplace programs to encourage fitness (1)</p>	<p><u>Collaboration (7)</u> Defining healthy options for school and community programs (2) Food access (1) <u>Food hub (3)</u> Incentive based nutrition program (2) <u>Mobile food supply (3)</u> <u>Nutritional education/awareness promotion (4)</u></p>

Appendix B

Mental Health & Substance Abuse

Goal: Promote mental, emotional, and behavioral well-being within the communities we serve by improving mental health and reducing substance abuse

Objectives

1. Increase access to mental health services
2. Improve overall mental health within the community
3. Reduce the incidence and complications of substance abuse

Indicators

Representative of indicators in which 50% or more of the Reid service area counties demonstrated performance below the 50th percentile in the nation. Counties highlighted in yellow performed at the 50th to 25th percentile range and counties in red fell below the 25th percentile. Counties that do not have data reported for the indicator are shaded in gray.

Adults who Smoke	Controlled Substances Dispensed	Death Rate due to Drug Poisoning	Depression: Medicare Population	Frequent Mental Distress	Heroin Treatment Rate	Mental Health Provider Rate	Mothers who Smoked During Pregnancy
8 counties	4 counties	7 counties	6 counties	4 counties	4 counties	7 counties	8 Counties
Darke, Preble, Randolph, and Union	Darke and Preble	Union	Franklin, Preble, and Randolph	Henry	Darke, Preble, and Union	Darke, Fayette, Henry, and Preble	Darke, Fayette, Franklin, Henry, Preble, Randolph, Union, and Wayne
Fayette, Franklin, Henry, and Wayne	Fayette, Henry, and Wayne	Darke, Fayette, Henry, Preble, Randolph, and Wayne	Fayette, Henry, and Wayne	Fayette, Randolph, and Wayne	Fayette, Franklin, Randolph and Wayne	Franklin, Randolph, and Union	Fayette, Franklin, Henry, Preble, Randolph, Union, and Wayne

Impact of Final Vote Topics

Adults who Smoke	Controlled Substances Dispensed	Death Rate due to Drug Poisoning	Depression: Medicare Population	Frequent Mental Distress	Heroin Treatment Rate	Mental Health Provider Rate	Mothers who Smoked During Pregnancy
Increased access		Increased access	Increased access	Increased access	Increased access		Increased access
Improved referral and follow up		Improved referral and follow up	Improved referral and follow up	Improved referral and follow up	Improved referral and follow up		Improved referral and follow up

Education in schools		Education in schools		Education in schools	Education in schools		Education in schools
Professional and community development		Professional and community development	Professional and community development	Professional and community development	Professional and community development		Professional and community development
Transportation		Transportation	Transportation	Transportation	Transportation		Transportation
	Chronic pain management	Chronic pain management	Chronic pain management	Chronic pain management	Chronic pain management		
	INSPECT use	INSPECT use					
		Crisis services 24/7	Crisis services 24/7	Crisis services 24/7	Crisis services 24/7		
		Detox center or unit			Detox center or unit		
		Partial hospitalization program		Partial hospitalization program	Partial hospitalization program		
		Narcan plus treatment or referral			Narcan plus treatment or referral		
		Stigma reduction	Stigma reduction	Stigma reduction	Stigma reduction	Stigma reduction	Stigma reduction
		Harm reduction (treating worst of evils)		Harm reduction (treating worst of evils)	Harm reduction (treating worst of evils)		
Impact of Expansion or Revision of Current Reid Programs							
Adults who Smoke	Controlled Substances Dispensed	Death Rate due to Drug Poisoning	Depression: Medicare Population	Frequent Mental Distress	Heroin Treatment Rate	Mental Health Provider Rate	Mothers who Smoked During Pregnancy
						Expand internship programs	
						Provide stipulations	

						for scholarships to meet the need	
Impact of New Ideas Generated							
Adults who Smoke	Controlled Substances Dispensed	Death Rate due to Drug Poisoning	Depression: Medicare Population	Frequent Mental Distress	Heroin Treatment Rate	Mental Health Provider Rate	Mothers who Smoked During Pregnancy
						Create a professional career guide book for students	
						Provide incentives for degrees in field	
	Collaboration of inpatient providers and community mental health centers						
	Provide education to providers on things that may indicate patient is a community mental health client (provider names, signs and symptoms,						

Additional Community Resources to Support Initiative Not Already Identified							
Adults who Smoke	Controlled Substances Dispensed	Death Rate due to Drug Poisoning	Depression: Medicare Population	Frequent Mental Distress	Heroin Treatment Rate	Mental Health Provider Rate	Mothers who Smoked During Pregnancy
211 Bringing Indiana Along Community Partner's for Children's Safety Meridian-tobacco recovery training Not on Tobacco PCP	Bonnie Bernard (collecting state data for Indiana) Centerstone-Med Dispense program Dentists INSPECT SCIT program	211 AAPCC for studies First responders	211 Achieva Area 9 Community mental health centers Home care agencies Meals on Wheels PASSR Primary Care Religious organizations	211 Adult day care Caregiver support group Community mental health centers Horizon House Laundry day Manpower Martha Dwyer Community Center NATCO Empowerment Center Northside Church Family Shelter Respite programs SCIT program United Way Work One	211 First responders Judicial system	Career fairs Local colleges Recruiters School counselors	211 Birth Right Birth to 5 Bringing Indiana Along Community Partner's for Children's Safety Head Start Martha Dwyer Community Center Meridian-tobacco recovery training Mother and Me Tobacco Free Not on Tobacco OB/GYNs PCP United Way WIC

Access to Care

Goal: Improve access to care for the Reid service area by reducing barriers to care through addressing the shortage of providers, closing the insurance coverage gaps, and improving overall health literacy

Objectives

1. Improve availability of services
2. Reduce barriers to receiving services
3. Inform, educate, and empower community members to utilize the appropriate care setting for their healthcare needs

Indicators

Representative of indicators in which 50% or more of the Reid service area counties demonstrated performance below the 50th percentile in the nation. Counties highlighted in yellow performed at the 50th to 25th percentile range and counties in red fell below the 25th percentile.

Children with Health Insurance	Dentist Rate	Non-Physician Primary Care Provider Rate	Preventable Hospital Stays	Primary Care Provider Rate
<i>6 counties</i>	<i>6 counties</i>	<i>5 counties</i>	<i>7 counties</i>	<i>6 counties</i>
Darke, Fayette, Franklin, Randolph, Union, and Wayne	Darke, Fayette, and Henry	Randolph and Union	Darke, Fayette, Franklin, Henry, Preble, and Wayne	Darke, Fayette, and Henry
	Preble, Randolph, and Union	Darke, Franklin, and Preble	Randolph	Franklin, Preble, and Randolph

Impact of Final Vote Topics

Children with Health Insurance	Dentist Rate	Non-Physician Primary Care Provider Rate	Preventable Hospital Stays	Primary Care Provider Rate
Knowledge of what is available			Knowledge of what is available	
			Getting people to access the appropriate level of care	
			Text line for health advice	
			Transportation	

Impact of Expansion or Revision of Current Reid Programs

Children with Health Insurance	Dentist Rate	Non-Physician Primary Care Provider Rate	Preventable Hospital Stays	Primary Care Provider Rate
	Expand dental clinic to other counties			
	Revise or expand	Revise or expand		Revise or expand

	scholarship program to include stipulations on professions to meet the need and require commitment to return to work in the service area	scholarship program to include stipulations on professions to meet the need and require commitment to return to work in the service area		scholarship program to include stipulations on professions to meet the need and require commitment to return to work in the service area
	Expand healthcare workforce development to target areas of need	Expand healthcare workforce development to target areas of need		Expand healthcare workforce development to target areas of need
	Revise teen volunteer opportunities to be more flexible and include professions of need	Revise teen volunteer opportunities to be more flexible and include professions of need		Revise teen volunteer opportunities to be more flexible and include professions of need
Increase awareness events with community agencies offering children’s services or serving the ALICE population				
Impact of New Ideas Generated				
Children with Health Insurance	Dentist Rate	Non-Physician Primary Care Provider Rate	Preventable Hospital Stays	Primary Care Provider Rate
	Incentivize students to pursue higher degrees	Incentivize students to pursue higher degrees		Incentivize students to pursue higher degrees
	Create a resource guide for healthcare careers including average time to complete degree, description of potential job roles, annual salary range to distribute to high school students	Create a resource guide for healthcare careers including average time to complete degree, description of potential job roles, annual salary range to distribute to high school students		Create a resource guide for healthcare careers including average time to complete degree, description of potential job roles, annual salary range to distribute to high school students
	Promote positive community attributes to attract providers (small town atmosphere, close to	Promote positive community attributes to attract providers (small town atmosphere, close to		Promote positive community attributes to attract providers (small town atmosphere, close to

	bigger cities)	bigger cities)		bigger cities)
		Promote nurse practitioner program through Indiana University East		
Additional Community Resources to Support Initiative Not Already Identified				
Children with Health Insurance	Dentist Rate	Non-Physician Primary Care Provider Rate	Preventable Hospital Stays	Primary Care Provider Rate
Childcare and Resource Referral Childcare centers/daycare DIPLOMAS Head Start and Early Head Start Pre-schools Richmond Treatment Center Teen parent groups	Colleges Head Start and Early Head Start High schools Middle schools Recruiting School counselors Taco U at Ivy Tech Work One	Colleges High schools Middle schools Recruiting School counselors Taco U at Ivy Tech Work One	Social workers Community health workers Community paramedics Caravan	Colleges Head Start and Early Head Start High schools Middle schools Recruiting School counselors Taco U at Ivy Tech Work One

Physical Activity, Nutrition, & Weight

Goal: Improve the health of the community by encouraging healthy choices and reducing the disparities related to activity and nutrition

Objectives

1. Increase physical activity and reduce obesity
2. Increase the availability of healthy foods within the community

Indicators

Representative of indicators in which 50% or more of the Reid service area counties demonstrated performance below the 50th percentile in the nation. Counties highlighted in yellow performed at the 50th to 25th percentile range and counties in red fell below the 25th percentile.

Access to Exercise Opportunities	Adults 20+ who are Obese	Adults 20+ who are Sedentary	Child Food Insecurity Rate	Grocery Store Density	SNAP Certified Stores
6 counties	4 counties	7 counties	7 counties	6 counties	5 counties
Darke, Fayette, Franklin, Preble, and Union	Darke and Fayette	Darke, Henry, and Preble	Darke, Fayette, Henry, Preble, Randolph, and Wayne	Henry and Union	Fayette, Franklin, Preble, and Union
Randolph	Henry and Randolph	Fayette, Randolph, Union, and Wayne		Fayette, Preble, Randolph, and Wayne	Darke

Impact of Final Vote Topics

Access to Exercise Opportunities	Adults 20+ who are Obese	Adults 20+ who are Sedentary	Child Food Insecurity Rate	Grocery Store Density	SNAP Certified Stores
			Food Council		Food Council
			Utilize area food manufacturers/industrial support		
Collaboration of efforts	Collaboration of efforts		Collaboration of efforts		
Partnerships	Partnerships	Partnerships	Partnerships		
	Food link				
	Increased farmer's market publicity		Increased farmer's market publicity		Increased farmer's market publicity
	Choose Well options at fast food restaurants				
	Q & A on I Heart				

	Cooking				
	WIC user education		WIC user education		
	Healthy eating on a budget classes		Healthy eating on a budget classes		
			Food bank/food hub		
			Resource connection of food banks		
			Traveling food pantries		
	Farmer's market bus		Farmer's market bus		
Impact of Expansion or Revision of Current Reid Programs					
Access to Exercise Opportunities	Adults 20+ who are Obese	Adults 20+ who are Sedentary	Child Food Insecurity Rate	Grocery Store Density	SNAP Certified Stores
Family fitness events and/or education	Family fitness events and/or education	Family fitness events and/or education			
Incentivize community participation	Incentivize community participation	Incentivize community participation			
Expand corporate wellness	Expand corporate wellness	Expand corporate wellness			
Impact of New Ideas Generated					
Access to Exercise Opportunities	Adults 20+ who are Obese	Adults 20+ who are Sedentary	Child Food Insecurity Rate	Grocery Store Density	SNAP Certified Stores
Community team sport involvement	Community team sport involvement	Community team sport involvement			
Satellite gyms	Satellite gyms	Satellite gyms			
Indoor park		Indoor park			
Additional Community Resources to Support Initiative Not Already Identified					
Access to Exercise Opportunities	Adults 20+ who are Obese	Adults 20+ who are Sedentary	Child Food Insecurity Rate	Grocery Store Density	SNAP Certified Stores
Churches Local fitness agencies Schools	Dieticians Grocery stores Local media outlets Purdue Extension	County/city government Eastern Indiana Insurance Providers Human resource	Churches Communities in Schools WIC		

		agencies RMD Patti monthly wellness initiative			
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Appendix C

PICK Chart

Mental Health and Substance Abuse

	BIG payoff	SMALL payoff
EASY to implement	Education and awareness of current programs for providers and community members Promotion of positive stories regarding successful treatment for mental health and/or substance abuse Stigma reduction	Professional and community development Provide stipulations for scholarships to meet the need Create a professional guidebook for students
HARD to implement	Increased access Improved referral and follow up Increased availability of dual services Treatment facility More staff at current agencies Knowledge of guiding addiction recovery Education in schools Transportation Chronic pain management INSPECT use Crisis services 24/7 Detox center or unit Partial hospitalization program Narcan plus treatment or referral Collaboration of inpatient providers and community mental health centers	Alumni program Increased services for non-Medicaid eligible population Treating worst of evils (harm reduction) Expand internship programs Provide incentives for degrees in field Provide education to providers on things that may indicate patient is a community mental health client

Implement Possible
Challenge Kill

PICK Chart

Access to Care

	BIG impact	SMALL impact
EASY to implement	<p>Expand dental clinic to other counties</p> <p>Expand healthcare workforce development to target areas of need</p> <p>Increase awareness events with community agencies offering children's services or with those serving the ALICE population</p>	<p>Knowledge of what is available</p> <p>Revise scholarship program</p> <p>Getting people to access the appropriate level of care</p> <p>Revise teen volunteer opportunities to be more flexible and include professions of need</p> <p>Create a resource guide for healthcare careers including average time to complete degree, description of potential job roles, annual salary range, etc. to distribute to high school students</p> <p>Promote positive community attributes to attract providers</p>
HARD to implement	<p>Getting people to access the appropriate level of care</p> <p>Transportation</p>	<p>Text line for health advice</p> <p>Incentivize students to pursue higher degree</p>

**Implement Possible
Challenge Kill**

PICK Chart

Physical Activity, Nutrition, & Weight

		BIG payoff	SMALL payoff
EASY to implement	<ul style="list-style-type: none"> Healthy eating on a budget classes Family fitness events and/or education Incentivize community participation Expand corporate wellness 	Implement Challenge	<ul style="list-style-type: none"> Food Council Increased farmer's market publicity Q & A on I Heart Cooking show WIC user education
HARD to implement	<ul style="list-style-type: none"> Collaboration of efforts Partnerships Farmer's market bus Satellite gyms 		<ul style="list-style-type: none"> Utilize area food manufacturers and industrial support Food Link Choose Well options at local fast food restaurants Food bank/food hub Resource connection of food banks Traveling food pantries Community team sport involvement Indoor park