



Mercer County, Ohio Community Health Report 2022

2018-2020

Community Health Improvement Plan Outcomes

2021

Community Health Needs Assessment

2022-2024

Community Health Improvement Plan

Revised January 31, 2022

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Executive Summary

Mercer County COLT (Community Organizations Linking Together) Health Subcommittee, acting as the steering committee for this initiative, initiated a Community Health Needs Assessment in the Fall 2019 combining the assessment information with community data and solicited input from those representing unique and broad populations within the community. In the Spring of 2020, the steering committee reviewed the assessment and identified significant health needs in Mercer County. The needs were prioritized and a Community Health Improvement Plan was developed and can be found at the end of this document.

The following significant health needs were identified and prioritized:

1. Mental and Behavioral Health
2. Healthy Weight Status
3. Substance Use and Abuse
4. Healthcare Literacy and Navigation

2018-2020 Community Health Improvement Plan Outcomes

The 2018-2020 Mercer County Community Health Improvement Plan (CHIP) was the product of the collaborative efforts of the organizations represented on the COLT Health Committee and others. The CHIP centered on the three primary health priorities identified during the community health assessment process.

Key Health Priorities

1. Substance abuse
2. Nutrition and weight status
3. Mental health

Substance Abuse

Alcohol is part of the culture of Mercer County. According to the 2016 CHA, 42% of Mercer County adults report binge drinking. Underage drinking is a concern. Nearly 15% of our community uses tobacco products. Use of opioids and other illegal drugs is also a serious problem in our community.

The 2018-2020 CHIP sought to reduce underage drinking, reduce adult binge drinking, decrease the use of starter drugs such as tobacco and marijuana, and decrease the use of illicit drugs such as heroin and methamphetamine.

The CHIP called for a 10% increase in youth-led program participants and for the delivery of five parent presentations on the “Start Talking” campaign. An increase in youth-led program participants was realized, although it did not reach the target of 10%. More than five presentations on the Start Talking Campaign were completed.

The CHIP included two initiatives to address adult binge drinking. The first objective was to hold two Server Seller trainings to Mercer County liquor permit holders to ensure that alcohol is served appropriately. In total, the two training sessions reached 14 businesses and 34 servers. The second objective was to begin a “Know More Before You Pour” campaign in Mercer County. This campaign was postponed.

To decrease starter drug use, the plan included increasing the number of schools participating in the Refuse, Remove, Reasons program by one, and to conduct annual youth surveys in the schools to be able to tell whether the situation is getting better or worse. Both of these objectives were completed.

Finally, three objectives were established to decrease illicit drug use. To help reduce the misuse of prescription drugs, the workgroup aimed to increase the total poundage of unwanted prescription drugs obtained in drop boxes in Mercer County by 5% annually. This objective was not accomplished in 2018, but it was completed in 2019. The final objective in this section was to provide 3 presentations per year on drug abuse within the community to increase awareness. This objective was easily completed, with nearly 30 drug abuse awareness presentations taking place over the three-year CHIP period.

Nutrition and Weight Status

According to the 2016 CHA, 67% of Mercer County residents are overweight or obese. Many factors contribute to the consumption of unhealthy foods and sedentary lifestyles, both of which can contribute to excessive weight gain. An unhealthy body weight can increase the possibility of developing chronic health problems like heart disease, high blood pressure, high cholesterol, diabetes, and some cancers.

The CHIP called for an increase in physical activity through access and availability. One objective in this category was to increase the number of facilities allowing free indoor use for walking by two locations. Unfortunately, this was not accomplished for a variety of reasons. The second objective was to create a community wide physical activity challenge. Mercer Health accomplished this by creating and promoting the Mercer Healthy Wave Challenge.

The second goal of the CHIP was to increase availability of healthy food choices. This was to be accomplished by increasing the number of community gardens in the county by one, and by establishing a farmers' market in southern Mercer County. Both of these objectives were accomplished.

The third goal in this section of the CHIP was to increase awareness of obesity issues in Mercer County and provide solutions to help improve the situation. This goal inspired six ambitious objectives intended to educate various sectors of the community ranging from children and adults in settings including schools, employers, the hospital, and physician practices. All of these objectives were complete, largely due to the efforts of the Mercer Health Weight Management Center and Mercer Health Occupational Health.

Mental Health

Like other rural communities, Mercer County has a shortage of psychiatric care providers. Public knowledge of how to access mental health professionals is scarce, and acute psychiatric care is located outside Mercer County. Cost is prohibitive for some people who need services, and stigma can be an obstacle to those who may wish to seek help.

A major mental health goal of the CHIP is to reduce suicide and suicide attempts in Mercer County. The first objective in this category was to conduct 15 Mental Health First Aid trainings across the three-year plan period. This objective was achieved. The second objective was to implement depression and suicide screenings in Mercer Health occupational fairs, physician offices, schools, and in the community in general. Each part of this objective was fully completed, with the exception of the schools. The final objective was to provide Crisis Intervention Team training for Mercer County law enforcement officers. This objective was completed within the CHIP period.

Conclusion

Many of the objectives of the 2018-2020 CHIP were achieved. Some were not, for a variety of reasons. In some instances, unforeseen barriers were encountered that rendered objectives unfeasible. Progress was severely limited when attention had to be refocused to cope with the impacts of the COVID-19 epidemic in 2020. As Mercer County moves through future CHIP cycles, goals and objectives should increasingly strive to move beyond completion of basic activities toward measurable changes in health outcomes among the people of Mercer County.

2020 Community Health Needs Assessment

Steering Committee and Collaborating Organizations

The members of the Mercer County COLT (Community Organizations Linking Together) Health Subcommittee continue to commit to bettering the overall health of the Mercer County community and its individual residents.

Special thanks to Dr. Dave Hochstein at Wright State University – Lake Campus and his students for their statistical assistance in the health needs assessment.

Lead Partners:

Mercer County Health District
Mercer Health

Mercer County COLT Health Committee Members:

Alicia Bruce, Tri-County ADAMHS Board
Amy Broering, Mercer County Public Library
Angie Nixon, MAV Youth Mentoring
Angie Stephenson, Mercer County Head Start
Anita Kremer, Mercer County Job and Family Services
Beth Gehret, Mercer County DD
Cindy Huffman, Auglaize Mercer YMCA
Diane Gable, Foundations
Diane Lefeld, Mercer County Health District
Don Bird, Mercer County Sheriff
Jason Menchhofer, Mercer County Health District

Jessica Brown, Mercer Health
Kim Bruns, WOCAP (West Ohio Community Action Partnership)
Laura Sandford, Foundations
Lisa Klenke, Mercer Health
Lynn Franck, Wright State University – Lake Campus
Mandy Wendel, Mercer Health
Matt Overman, Grand Lake Church
Mindy Kremer, Mercer Health
Morgan Post, Mercer Health
Stacy Beougher, Celina-Mercer County Chamber of Commerce

Collaborating Organizations:

Auglaize Mercer YMCA
Celina-Mercer County Chamber of Commerce
Foundations
Grand Lake Church
MAV Youth Mentoring
Mercer County DD
Mercer County Head Start
Mercer County Health District

Mercer County Job and Family Services
Mercer County Public Library
Mercer County Sheriff
Mercer Health
WOCAP (West Ohio Community Action Partnership)
Wright State University – Lake Campus

Data Collection Methods

The CHNA is based on collection, examination, and analysis of both primary and secondary data related to the health of Mercer County residents. Secondary data was collected from a wide variety of sources including the U.S. Census Bureau, the Ohio Public Health Data Warehouse, Centers for Disease Control National Vital Statistics Reports, and others. A complete list of secondary data sources is found on page 33.

Primary data was collected directly from Mercer County residents who participated in the Mercer County Community Health Survey. Survey questions were selected by the steering committee as a whole. Many of the questions from the 2016 survey were used so that the data collected would be directly comparable to past data. The steering committee did introduce some new questions and new wording to better fit our community. Although some of the data collected by these questions are not comparable to data from the previous community health assessment cycle, comparability will be ensured when possible during future cycles of the assessment process. The following explanation of the survey methodology was provided by Dr. Dave Hochstein, Associate Professor of Psychology at the Wright State University Lake Campus.

The population that was sampled from were adults ages 18 and older living in Mercer county. Based on US. Census Bureau data (2018 American Community Survey 5-year Estimates), 30,324 persons ages 18 and over live in Mercer County. A power analysis was conducted that determined a sample size of at least 379 participants was needed to ensure a 95% confidence level with a corresponding confidence interval of 5%. In essence, this means a 95% certainty that the “true” population responses are within a 5% margin of error of the survey findings. A total of 554 participants responded, meaning the responses in this assessment should be representative. See Appendix C for a statistical portrait of these respondents.

Individual responses were anonymous and confidential. All data was analyzed by Dr. Hochstein using the statistical software package SPSS 23.0. To be representative of Mercer County, the data collected was weighted by age, gender, and income using 2010 census data. As all the frequency information for weighting within the same dataset was most recently available within the 2010 census data, which is the dataset that was used. Weightings were created based on this information to account for different types of analyses. For more information on how the weightings were created and applied, see Appendix C.

Limitations

As with all questionnaires, possible limitations must be considered. While the number of participants responding was larger than the minimum needed, any important differences existing between respondents and non-respondents regarding to the questions being asked could potentially threaten generalizability of results from the respondents to the non-respondents.

Unfortunately, information about race was not asked on the questionnaire, and thus could not be used as a weighting variable. As such, generalizing from the obtained results to any minority population should be done with caution.

While the current questionnaire is similar to the 2012 and 2016 Mercer County Assessments, there were wording differences in addition to differences in means of responding. The current assessment was

entirely based on online responses, which is different from the telephone and mail surveys of 2012 and the online and mail surveys of 2016. As such, direct comparisons or examination of trends across these assessments may not be methodologically possible.

As with all surveys, self-reports may be subject to issues such as lapses of memory, self-selection bias, and response bias.

To help ensure that this assessment meets the needs of the community, a draft of the assessment was released for public comment on August 3, 2021 with comments due by 11:59 PM on August 12, 2021. A small number of comments were received, but this opportunity for public input will be continued and expanded during the next community health assessment cycle.

How to Read this Report

The 2021 Mercer County Community Health Needs Assessment is organized into multiple sections. Each section begins with a brief description, often followed by a call-out box that highlights key findings from the researchers' perspectives. In some cases, findings are compared with relevant U.S. Department of Health and Human Services Healthy People 2030 goals.

Readers who would like to understand how key health indicators have changed over time should consult the Comparison of Key Health Indicators Over Time section of this report. The number of indicators compared is smaller than in the past due to survey changes. This section will expand during the next assessment cycle as more comparable data becomes available.

When watching trends in health outcomes at the population level, it is important to remember that large changes do not often happen quickly, and the small changes are still significant. For example, if we are looking at the number of people in Mercer County who are obese, we may only see a 1% change during a three-year community health improvement planning cycle. This may seem like a small fluctuation, but a 1% change across Mercer County means more than 400 people either became healthier or less healthy in terms of obesity during that three-year period.

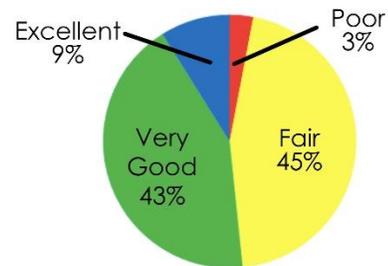
Sources for secondary data included in this report are marked with an endnote and described in the References section. Primary data (from the 2016 Mercer County Health Survey) are marked throughout the report with the following endnote symbol: §.

2019-2021 Community Health Findings

Top 10 Primary Diagnoses (2017-2019)

- | | |
|-------------------------------|-------------------------|
| 1. Hypertension | 6. Shortness of Breath |
| 2. Type 2 Diabetes | 7. Low Back Pain |
| 3. Obstructive Sleep Apnea | 8. Cough |
| 4. Chest Pain | 9. UTI |
| 5. Unspecified Abdominal Pain | 10. Atrial Fibrillation |

Reported Health Status of Mercer County Residents



50% DO NOT EXERCISE AT LEAST 3X/WEEK



78% DO NOT EAT AT LEAST 5 SERVINGS OF FRUITS & VEGETABLES/DAY



46% EAT FAST FOOD MORE THAN 1X/WEEK



65% DO NOT WEAR SUNSCREEN OR PROTECTIVE CLOTHING



42% DO NOT RECEIVE AN ANNUAL WELLNESS EXAM



56% DO NOT RECEIVE RECOMMENDED HEALTH SCREENINGS



49% DO NOT RECEIVE AN ANNUAL FLU SHOT

Most Common Worries About Health & Healthcare

1. Cost
2. Cancer
3. Obesity
4. Other
5. Cardiovascular Disease
6. Access to Care
7. Mental Health
8. Health Insurance
9. Debilitating Disease
10. Musculoskeletal Issues

71% of Mercer County residents are overweight or obese

54% of Mercer County residents report using tobacco

67% of Mercer County residents report using alcohol

24% of Mercer County residents report using illegal drugs

This information was collected via the 2019 Community Health Needs Assessment for Mercer County. If you would like to provide feedback on this data, please contact myhealth@mercer-health.com.

Community Profile

This section describes key demographic and household characteristics of Mercer County's population.

Residents¹

		Mercer County	Ohio	United States
Total Population	Total population	40,884	11,689,100	324,697,795
Gender	Male	50.6%	49.0%	49.2%
	Female	49.4%	50.1%	50.8%
Age	Under 5 years	6.0%	5.9%	6.1%
	5-17 years	16.4%	16.1%	16.6%
	18-64 years	61.0%	60.5%	61.8%
	65 years and over	16.7%	17.5%	15.6%
Race	White	97.7%	83.9%	75.3%
	Black or African American	1.2%	14.2%	14.0%
	American Indian/Alaska Native	0.2%	0.9%	1.7%
	Asian	0.7%	2.8%	6.6%
	Native Hawaiian/Pacific Islander	0.6%	0.1%	0.4%
	Other	0.4%	12.0%	5.5%
	Two or more races	0.7%	2.9%	3.3%
Ethnicity	Hispanic or Latino	1.9%	3.8%	18.0%
	Not Hispanic or Latino	98.1%	96.2%	82.0%
Marital Status	Never married	23.5%	32.7%	33.9%
	Now married	59.0%	47.0%	47.6%
	Divorced or separated	11.4%	13.9%	12.7%
	Widowed	6.1%	6.3%	5.7%
Veterans	Civilian veterans	7.3%	7.8%	7.3%
Disability Status	Total with a disability	10.3%	14.0%	12.6%
	Under 18 years	3.8%	5.0%	4.2%
	18-64 years	7.7%	11.9%	10.3%
	65 years and over	29.6%	34.2%	34.5%

Note: above percentages may not sum to 100% due to rounding.

Households¹

		Mercer County	Ohio	United States
Total Households	Number of households	16,234	4,676,358	120,756,048
Household Type	Family households	70.6%	62.2%	64.8%
	Non-family households	29.4%	37.8%	35.2%
Household Size	Average household size	2.49	2.43	2.62
	Average family size	2.98	3.03	3.23
Grandparents as Caregivers	Children under 18 years living with a grandparent householder	5.2%	7.2%	8.0%

The following is a statistical summary of the 554 respondents who completed the Mercer County Health Survey. Age categories of respondents are not compared with 2016 health survey data because different age groupings were used. A brief examination of the other categories in this table shows that the 2019 online survey connected with a somewhat different demographic distribution of Mercer County residents than did the 2015 mailed survey.

Mercer County Health Survey Respondents[§]

		2019	2016
Gender	Male	20.8%	49.0%
	Female	79.2%	51.0%
Age	18-29	15.2%	
	30-39	28.3%	
	40-49	20.8%	
	50-59	18.2%	
	60-69	12.8%	
	70-79	3.2%	
	80-89	1.4%	
Education	High school diploma/GED or less	19.3%	57.0%
	Associate's degree/some college	17.7%	28.0%
	Bachelor's degree or more	42.4%	15.0%
	Advanced degree	20.6%	
Household Income	Less than \$24,999	8.3%	21.0%
	\$25,000 - \$49,999	13.5%	27.0%
	\$50,000 - \$74,999	23.3%	21.0%
	\$75,000 - \$99,999	23.1%	16.0%
	\$100,000 or more	31.8%	15.0%
Children Under 18 In Household	0 children	50.8%	69.0%
	1-2 children	29.5%	21.0%
	3 or more children	19.8%	10.0%

Social Determinants of Health

This section describes various factors that can affect the health of Mercer County residents.

Health Care Access Indicators

Key Findings – Health Care Access Indicators

Most Mercer County residents have health insurance. The percentage of residents with insurance has increased in every category below since the previous assessment was conducted in 2015. Mercer County exceeds the Healthy People 2030 goal for 92.1% of residents under the age of 65 to have health insurance.

This section looks at access to medical insurance and health care across the Mercer County population. The percentage of Mercer County Residents who have health coverage has increased in every category shown below since the previous community health assessment was done in 2015.

Health Insurance Coverage¹

		Mercer County	Ohio	United States
With Health Insurance	Total with insurance	96.5%	93.9%	91.2%
	Private health insurance	80.7%	69.4%	67.9%
	Public health coverage	29.7%	37.2%	35.1%
	Under 65 years ²	93.9%	93.0%	89.8%
	Under 19 years	95.4%	95.5%	95.0%
	19-64 years	93.2%	92.0%	87.7%

Healthy People 2030 Goal

How does Mercer County match up with national objectives? As part of its *Healthy People 2030* initiative, the Department of Health and Human Services set a goal that 92.1% of Americans under age 65 would have health insurance by year 2030. Mercer County has surpassed this target.

% with medical insurance (< age 65)

HP 2030 target.....92.1%

Mercer County.....93.9%

HP 2030 Status: ✓
(met)

The vast majority of Mercer County residents who have health insurance have private employment-based insurance. Some residents may have more than one type of health insurance. For example, a person who has direct purchase insurance could also have Medicare coverage. This is why the percentages of people with each type of insurance do not add up to the total percentage who have private insurance.

Types of Health Insurance in Mercer County²

		Mercer County	Ohio	United States
Private Health Insurance Coverage	Total with private health insurance	80.7%	69.4%	67.9%
	Employment-based health insurance	68.4%	59.4%	55.2%
	Direct purchase health insurance	15.4%	11.9%	13.6%
	Tricare/military health insurance	1.3%	1.6%	2.7%
Public Health Insurance Coverage	Total with public health insurance	29.7%	37.2%	35.1%
	Medicare coverage	18.6%	18.5%	17.3%
	Medicaid/means-tested coverage	12.6%	20.6%	20.2%
	VA health care coverage	1.9%	2.3%	2.3%

The availability of health care providers is an important factor in the health of a community. In comparison to the 2016 Community Health Assessment results, the ratio of primary care physicians to residents improved, while the ratio of dentists to residents worsened. The ratio of mental health providers to residents was added as a new category. A lower ratio of providers to residents is more favorable, as the lower ratio gives providers a better chance of meeting the needs of all patients. The table below shows that Mercer County lags behind the state of Ohio in all three statistical categories.

Licensed Practitioners³

	Mercer County	Ohio
Primary Care Physicians (MD & DO)	2,160:1	1,300:1
Dentists	3,170:1	1,560:1
Mental health providers	1,110:1	380:1

Education, Income, Employment, and Poverty Indicators

This section describes socioeconomic factors that can affect the health of the residents of Mercer County.

Key Findings – Education, Employment, and Poverty Indicators

Although over half of Mercer County residents have a high school education or less, the poverty rates in Mercer County are considerably lower than Ohio and U.S. rates. Mercer County's low rate of unemployment likely contributes to this relative prosperity. Still, approximately one in ten children in Mercer County is classified as food insecure.

As shown in the table below, Mercer County ranks ahead of the state and the nation in completion of education through high school. Although a higher percentage of Mercer County residents have obtained an associate's degree, Mercer lags behind the state and nation in bachelor's and graduate degree completion.

Education Indicators⁴

		Mercer County	Ohio	United States
Educational Attainment	No high school	1.3%	2.8%	5.1%
	Some high school/no diploma	6.6%	6.8%	6.9%
	High school graduate	45.3%	33.0%	27.0%
	Some college/no degree	17.2%	20.4%	20.4%
	Associate's degree	11.3%	8.7%	8.5%
	Bachelor's degree	11.4%	17.6%	19.8%
	Graduate/professional degree	6.9%	10.7%	12.4%

In Mercer County, 9% of children are living in households below the federal poverty level (FPL). This represents a decrease of 1% since the 2016 Community Health Needs Assessment, and is nearly 11 percentage points below the Ohio rate and 9 percentage points below the U.S. rate.

Income and Poverty²

		Mercer County	Ohio	United States
Household Income	Per capita income	\$ 29,756	\$ 31,552	\$ 34,103
	Median household income	\$ 62,952	\$ 56,602	\$ 62,843
	Mean household income	\$ 76,115	\$ 76,958	\$ 88,607
	Below 100% FPL	4.2%	9.9%	9.5%
Poverty Status of Families	100% - 199% FPL	14.0%	23.7%	14.9%
	At or above 200% FPL	86.0%	76.3%	85.1%
	Poverty Status of Those <18 Years Old			
	Below 100% FPL	9.0%	19.9%	18.5%

The health of individuals and the community is also impacted by the ability to access safe and nutritious food. The United States Department of Agriculture defines food insecurity as a lack of access to enough food for an active, healthy life and a limited availability of nutritionally adequate foods. 9.3% of Mercer County residents are food insecure including about one in ten children.

Food Access⁴

		Mercer County	Ohio	United States
Food Insecurity	Overall	9.3%	13.2%	10.9%
	Children	10.6%	17.4%	14.6%
	Total households	6.5%	13.1%	11.7%
Food Stamp Households¹	With one or more people 60 years and over	22.6%	30.9%	33.8%
	With children under 18 years	53.4%	46.6%	50.1%
Low income not living near grocery store³		1.0%	7%	----

The unemployment rate is a relevant socioeconomic indicator because unemployment leads to financial instability and difficulty accessing insurance coverage, health care, healthy food and other necessities that would promote good health. Mercer County’s unemployment rate of 2.6% compares well with state and national unemployment rates.

Employment Status⁵

		Mercer County	Ohio	United States
Employment Rate of Civilian Labor Force	Employed	97.4%	95.3%	94.2%
	Unemployed	2.6%	4.7%	5.8%

Note⁸: The widespread shutdown associated with the COVID-19 pandemic that occurred during 2020 drastically impacted unemployment rates. Mercer County’s unemployment rate peaked at 13.4% in April of 2020. As of May, 2021, the Mercer County, Ohio, and United States unemployment rates were 2.9%, 5.2%, and 5.5%, respectively

Other Indicators

This section takes a look at other factors that can affect health.

Key Findings – Other Indicators

Mercer County has a high percentage of family households, meaning many people have a built-in support system to help them achieve their health needs. Crime rates are low for both violent and property crimes when compared with Ohio and U.S. rates.

A family household includes two or more people related by birth, marriage, or adoption who live in the same dwelling. In Mercer County, 70% of households are considered family households.

Household Type¹

	Mercer County	Ohio	United States
Family households	70.6%	63.2%	65.5%
Married-couple (family)	57.4%	45.8%	48.2%
Single male (family)	6.0%	4.8%	4.9%
Single female (family)	7.1%	12.5%	12.4%
Nonfamily households	29.4%	36.9%	34.5%

Other Household Types¹

	Mercer County	Ohio	United States
Household with own children under 18	28.7%	26.2%	27.6%
Householder living alone	25.3%	30.5%	27.9%
65 years of age and older	11.3%	12.0%	11.0%

Crime and Safety

	Mercer County ⁶		Ohio ⁷		United States ⁷	
	Count	Rate*	Count	Rate*	Count	Rate*
Violent crime	28	0.7	33,898	2.9	1,231,566	3.8
Property crime	429	10.5	300,525	25.8	7,993,631	24.9

*Rate is expressed as number of crimes per 100,000 people.

Perceived Health Problems

The remainder of this report is almost entirely based on the responses of Mercer County residents to the 2019 Mercer County Health Survey. This section deals with perceived health problems.

Key Findings – Perceived Health Problems

When given the opportunity to share their biggest health worries or concerns, more than one fourth of respondents indicated that they are very concerned with the cost of healthcare. Fifteen percent were most concerned about cancer, while nearly thirteen percent were concerned about obesity/body weight. When asked about what was needed to improve health in Mercer County, the majority of the most popular responses pertained to substance abuse and mental health.

Respondents to the 2019 Mercer County Health Survey were presented with a list of health problems and asked to indicate which ones they believed were important problems in Mercer County. Responses were received from 486 participants, and the most often cited problem was illegal drug use. Other top-ranked health problems include underage alcohol use, adult alcohol use, and distracted driving.

Most Important Health Problems⁵ (n=554)

Illegal drug use	82.1%
Underage alcohol use	68.3%
Alcohol use in adults	58.7%
Distracted driving	54.1%
Tobacco use (including vaping)	49.9%
Overweight/obesity	49.3%
Mental health issues	48.7%
Chronic illness, including cancer	48.6%

Survey respondents were also presented with a list of possible services and asked to report which ones they believed were needed to improve the health of the community. This survey question was answered by 487 respondents. Three of the top five answers related to substance abuse or mental health.

Needs for Community Health Improvement^s (n=554)

Substance abuse support	52.4%
Mental health services	49.6%
Healthier food options	47.6%
Alcohol abuse support	45.1%
Free/discounted health screenings	44.3%
Recreational facilities	36.5%
Health education	34.2%
Specialty health care providers	32.3%
More health care providers	24.8%
Transportation	24.8%
I don't know	11.4%

Behavioral Risk Factors

This section considers behaviors of Mercer County adults that impact their health.

Key Findings – Behavioral Risk Factors

Among survey respondents, 29.5% indicated that they regularly use tobacco products, while 12.9% of participants in the 2016 Mercer County Health Survey reported that they were current smokers. In 2019, 15.0% of survey respondents indicated they had every used e-cigarettes, while 4.5% admitted to vaping regularly

It is unlikely that countywide statistics in some of the following categories changed this drastically over a three-year period. While the 2016 survey was mailed, the 2019 survey was distributed electronically. It is possible that the two surveys inadvertently targeted two different demographic samples of the Mercer County population, although the weighting used in the statistical analyses should have helped to compensate for this. This hypothesis is supported further by the drastically increased use of marijuana and drugs in the category of “amphetamines, methamphetamines, or speed” between 2016 and 2019 (usage rates reported from the 2016 were less than 1% for both).

Survey respondents were first asked to report whether they had ever used tobacco.

Tobacco Use[§] (n=554)

	Mercer County
Yes	51.3%
No	43.1%
No Answer	5.6%

A follow-up question asked how frequently tobacco users use (or have used) tobacco products. Of the 282 participants who indicated that they have used tobacco, 165 answered the follow-up question to indicate frequency of use.

Frequency of Current or Past Tobacco Use[§] (n=554)

	Mercer County
Regularly use tobacco products	29.5%
Socially use tobacco products	2.7%
Used to regularly use tobacco products	13.7%
Used to socially use tobacco products	7.3%

Survey respondents were also asked to report whether they had ever used electronic cigarettes, also known as vaping.

Electronic Cigarette Use[§] (n=554)

	Mercer County
Yes	15.0%
No	79.1%
No Answer	5.8%

A follow-up question asked how frequently electronic cigarette users use (or have used) electronic cigarettes. Of the 82 people who answered the previous question to indicate that they had ever used electronic cigarettes, 46 answered the follow-up question to indicate frequency of use.

Frequency of Current or Past Electronic Cigarette Use[§] (n=554)

	Mercer County
Regularly use electronic cigarettes	4.5%
Socially use electronic cigarettes	2.4%
Used to regularly use electronic cigarettes	1.1%
Used to socially use electronic cigarettes	7.1%

Survey respondents were asked to report whether they drink alcohol.

Alcohol Use[§] (n=554)

	Mercer County
Yes	63.2%
No	31.0%
No Answer	5.8%

A follow-up question asked how frequently respondents drink alcohol. Of the 371 people who responded to the previous question that they do drink alcohol, 318 people answered the follow-up question to indicate frequency of use.

Frequency of Alcohol Use[§] (n=554)

	Mercer County
A few times a year	14%
Monthly	6.4%
Twice a month	10.7%
Weekly	16.0%
Twice a week	12.3%
Daily	3.8%

Participants were also asked how many alcoholic drinks they consume in one sitting. Of the 554 people who participated in the survey, 386 answered this question.

Quantity of Alcohol Consumed Per Sitting^s (n=554)

Mercer County	
0 drinks	5.1%
1-2 drinks	23.1%
3-4 drinks	16.0%
5-6 drinks	8.3%
7-9 drinks	4.7%
10-15 drinks	5.9%

Participants were asked about type and frequency of illegal drug usage.

Types of Drugs Used in the Last Six Months^s (n=554)

Mercer County	
I have not used any drugs in the past six months	68.3%
Marijuana	17.2%
Amphetamines, methamphetamines or speed	12.9%
Benzodiazepine (Benzos)	6.9%
Cocaine	6.6%
Prescription drugs in an amount greater than prescribed to you	4.9%
Prescription drugs not prescribed to you	4.9%

A follow-up question asked how frequently respondents engaged in drug use. Of the 490 people who responded to the previous question, 60 people answered the follow-up question to indicate frequency of drug use.

Frequency of Drug Use^s (n=554)

Mercer County	
Less than once per month	5.6%
More than once per month	1.5%
Once per week	1.3%
More than once per week	0.5%
Once per day	4.7%
More than once per day	10.9%

Drug Overdose Deaths

	Mercer County ¹		Ohio ¹		United States ²	
	Count	Rate	Count	Rate	Count	Rate
Unintentional Drug Poisoning Deaths	1	N/A	4,029	36.5	62,172	19.13

**Rate is expressed as number of drug overdose deaths per 100,000 people.*

Although the rate of drug overdose deaths in Mercer County calculates to be 2.5 people per 100,000, rates are not considered to be statistically reliable when the number of deaths is below 10. Still, the table above shows that the drug overdose death rate in Mercer County is much lower than that of Ohio and the United States.

The 2021 County Health Rankings³ provide some interesting key pieces of data around behavioral health and mental health. From 2017-2019, Mercer County experienced drug overdose deaths at a rate of 10 deaths per 100,000 population. During the time period from 2015-2019 10 suicide occurred at a rate of 10 deaths per 100,000 population. These rates are among the lowest in the state.

During 2018, 15% of Mercer County residents reported 14 or more days of poor mental health per month. This percentage puts Mercer County near the middle of a ranking of all 88 counties in Ohio. Also during 2018, 39% of Mercer County adults reported fewer than 7 hours of sleep per night on average. This ranks Mercer County near the bottom (better) end of this category. Finally, 21% of Mercer County adults reported binge drinking in 2018, making Mercer the second highest county in the state in this category.

Body Mass Index[§] (n=549)

	Mercer County
Underweight (BMI < 18.5)	2.2%
Normal weight (BMI = 18.5 - 24.9)	26.8%
Overweight (BMI = 25 - 29.9)	28.0%
Obese (BMI > 29.9)	43.0%

Mercer County Health Survey participants provided their weight and height. Each respondent's body mass index (BMI) was calculated from the information provided. BMI is a measure of body fat used to identify a healthy weight range for each individual.

Healthy People 2030 Goal

How does Mercer County match up with national objectives? As part of its *Healthy People 2030* initiative, the Department of Health and Human Services set a goal to reduce the proportion of adults who are obese to 36% by the year 2030.

% of obese adults

HP 2030 target.....36.0%

Mercer County.....43.0%

HP 2030 Status: X
(not met)

Wellness Care

This section describes the early disease protection practices of Mercer County residents

Key Findings – Wellness Care

Although the percentages below indicate that many people are engaging in routine preventive and wellness care, almost 11% have not undergone any screenings or preventive procedures in the past year.

Cancer Screening⁵

	Mercer County
Cervical cancer screening^a	
Pap smear within past 12 months	44.3%
Breast cancer screening^b	
Mammogram within past 12 months	66.0%
Prostate cancer screening^c	
PSA test within past 12 months	58.5%

^a Results only given for women (n=413)

^b Results only given for women 40 years of age and older (n=240)

^c Results only given for men 50 years of age and older (n=40)

The CDC recommends that women between 50 and 74 years old get a mammogram every two years. Women between 40 and 49 years old should talk to their health care providers about when to start and how often to get a mammogram. Women who are between 21 and 65 are encouraged to get a pap test at least once every three years. The CDC recommends that men

between 55 and 69 years old consider getting screened for cancer with a prostate specific antigen (PSA) test. In the next Mercer County Community Health Survey, the screening questions will be re-phrased to match the recommended frequencies of specific tests.

Other Wellness Care Behaviors[§] (n=523 unless otherwise noted)

	Mercer County
Blood pressure check	76.2%
Blood sugar check ^a	64.5%
Cholesterol check	49.6%
Dental exam	47.1%
Hearing screening ^b	26.0%
Vision screening	46.5%

^a Results only given for people 40 years of age and older (n=297)

^b Results only given for people 60 years of age and older (n=93)

Survey respondents were asked about a total of 15 wellness care behaviors, including the ones highlighted above. Interestingly, 10.9% of the participants reported that they had not had any of the screenings or preventive procedures in the past year.

Maternal and Child Health

This section describes health issues affecting mothers and their children in Mercer County.

Key Findings – Maternal and Child Health

Approximately 7.8% of Mercer County infants are born preterm, or before 37 weeks of gestation. Mercer County meets the Healthy People 2030 target of 9.4% preterm births. Preterm birth can lead to various short and long-term health effects.

The rate of adolescent pregnancies in Mercer County is also lower than the Ohio rate in every age category. Healthy People 2030 aims to reduce adolescent pregnancies because babies born to teen mothers have a higher risk of being premature, having a lower birth weight, and even dying.

Maternal & Child Health

		Mercer County		Ohio		United States	
		Count	Rate	Count	Rate	Count	Rate
Infant mortality rate ^{1,2}		2	N/A	929	6.9	N/A	5.6
	10-14 years	0	0	233	0.6		
Adolescent Pregnancies ³	15-17 years	13	15.4	4410	19.5		
	18-19 years	23	54.5	10004	67.4		
	10-14 years	0	0.0%	80	0.1%		0.2
Adolescent live births ^{4,5}	15-17 years	2	0.3%	1511	1.1%		6.7
	18-19 years	14	2.3%	5415	4.0%		31.1
		Count	Rate	Count	Rate	Count	Rate
Low Birth Weight ⁴	Low birth weight babies (<2500 grams)	29	4.8%	11548	8.6%		8.31
Preterm Birth Rate	Preterm births (<37 weeks)	47	7.8%	14136	10.5%		10.2%

Underage Consumption of Alcohol and Vaping

When presented with a list of potential public health problems and asked to select the ones they thought were problems in Mercer County, 68.3% of survey respondents indicated that they believed underage alcohol use to be a problem. Underage vaping was also listed as a write-in problem by several survey respondents. Data on these and other youth substance-related problems are provided here.

Youth Substance Use in Mercer County⁶

	8th grade	10th grade	12th grade	Average
Used alcohol once or more in the last 30 days	20.4%	35.1%	52.7%	35.2%
Used electronic vapor product during the last 30 days	5.9%	15.7%	17.9%	13.2%
Smoked part or all of a cigarette or cigar during the last 30 days	6.7%	17.4%	20.4%	14.9%
Used marijuana or hashish during the last 30 days	1.4%	11.9%	10.3%	8.2%

The results of the 2019 Mercer County Youth Survey seem to support the concerns of Mercer County adults regarding underage drinking. Mercer County far exceeds the Healthy People 2030 target in this area.

Healthy People 2030 Goal

The *Healthy People 2030* target for the proportion of adolescents reporting use of alcohol during the past 30 days is 6.3%. Between 20.4% and 52.7% of Mercer County 8th, 10th, and 12th graders report using alcohol in the last 30 days.

% of adolescents using alcohol

HP 2030 target.....6.3%

Mercer County.....≥20.4%%

HP 2030 Status: X

Although vaping and cigarette smoking rates among Mercer County also exceed Healthy People 2030 targets, the gap is much narrower in these categories. The Healthy People 2030 target for current use of e-cigarettes among adolescents is 10.5%, while the target for current cigarette smoking among adolescents is 3.4 percent. Mercer County shows room for improvement in this category.

Illness, Injury, and Death

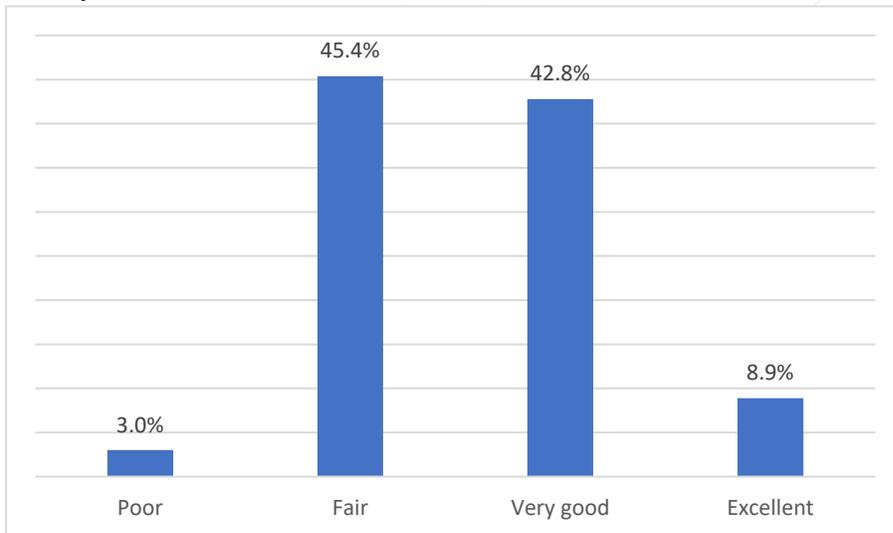
This section describes the most common illnesses, injuries, and causes of death among Mercer County residents.

Key Findings – Illness, Injury, and Death

More than half of the hospital diagnoses of Mercer County residents are for conditions that can be directly related to being overweight or obese. The incidence of heart attack is much higher in Mercer County than in the state or the nation. Mercer County also experiences a higher rate of prostate cancer in comparison to Ohio and U.S. rates.

As shown below, just over half of Mercer County residents report their overall health is “very good” or “excellent”.

Perceptions of Health Status^s (n=523)



The table on the following page is based on primary diagnosis at discharge for Mercer Health Patients from 2017 through 2019. The conditions are listed from most to least prevalent according to the number of encounters, not the number of patients. In other words, these are the most common primary diagnoses in the hospital, but their rankings may not be a true indicator of how many people they affect.

Leading Causes of Hospitalizations in Mercer County¹

	Count
Hypertension	1906
Type 2 Diabetes	1307
Obstructive Sleep Apnea	1184
Chest Pain	1084
Unspecified Abdominal Pain	1017
Shortness of Breath	946
Low Back Pain	904
Cough	861
Urinary Tract Infection	835
Atrial Fibrillation	795

The seven leading causes of death in Mercer County are listed below, along with the rates of those same causes of mortality on the state and national levels. The rate of fatalities due to myocardial infarction (heart attack) does not compare well with state and national rates. Rates calculated on counts of less than ten may be unreliable, so they are suppressed here.

Leading Causes of Death in Mercer County²

	Mercer County		Ohio		United States	
	Count	Rate	Count	Rate	Count	Rate
Myocardial infarction	90	220.0	4,617	39.8	107,327	3.2
Atherosclerotic heart disease	23	56.2	6,957	59.9	160,814	49.8
Atherosclerotic cardiovascular disease	19	n/a	2,275	19.6	62,514	19.3
Alzheimer's disease	16	n/a	4,872	41.9	113,067	35.0
Stroke	13	n/a	2,648	22.8	6,175	19.1
Lung or bronchial cancer	12	n/a	7,036	60.6	146,659	45.4
Chronic Obstructive Pulmonary Disease	10	n/a	5,351	46.1	116,042	35.9

The leading cancers in Mercer County are listed below, along with state and national rates for comparison purposes.

Leading Cancers in Mercer County³

	Mercer County		Ohio	United States
	Count	Rate	Rate	Rate
Prostate	34	130.1	103.0	109.5
Lung & Bronchus	32	60.5	68.5	54.9
Breast (Female)	28	108.2	127.4	127.5
Colon & Rectum	24	45.6	41.5	38.6
Melanoma of the Skin	14	31.3	22.9	22.2

The most common infectious disease in Mercer County is Chlamydia by a significant margin. Influenza and Campylobacteriosis round out the top three most prevalent diseases. Because rates calculated based on counts of fewer than ten may be unreliable, they are suppressed here. Data for several infectious diseases are missing here because of difficulty finding comparable datasets at the state and national levels.

Incidence of Infectious Diseases in Mercer County

	Mercer County ⁴		Ohio		United States	
	Count	Rate	Count	Rate	Count	Rate
Chlamydia	73	178.1	n/a	543.1	1,758,668	537.5
Influenza-associated hospitalization	59	144.0	14,438	123.5	n/a	n/a
Campylobacteriosis	46	112.3	2,192	18.8	70,200	21.5
Hepatitis C	31	75.6	n/a	n/a	3,621	1.2
Cryptosporidiosis	29	70.8	638	5.5	12,533	3.8
Varicella	12	29.2	444	3.8	8,201	3.1
Gonococcal Infection	11	26.8	n/a	n/a	n/a	n/a
Salmonellosis	11	26.8	1,507	12.9	60,999	18.6
E. coli - enterohemorrhagic	9	n/a	n/a	n/a	n/a	n/a
Yersiniosis	8	n/a	n/a	n/a	n/a	n/a

Comparison of Key Health Indicators over Time

This section of the report provides an overview of changes in key health indicators over time in Mercer County, comparing data from the 2012 and 2016 Community Health Needs Assessments to the data reported in this report. Health indicators were included in this section if they were identified as priority issues in Mercer County’s previous Community Health Improvement Plan.

The sources for data included on the assessments in 2012 and 2016 were surveys mailed to individual households that included race within the population demographics adjustments, whereas the source for the data on the current assessment was an online survey that did not account for race within the demographics adjustment. Adjustments in the survey tool resulted in fewer key health indicators for which data can be directly compared with the two prior assessments.

Progress Over Time Key:		 Improving ^a	 Little or no detectable change ^b	 Getting worse ^c			
Progress since 2016	Key health Indicator				2012	2016	2019
	Obesity (BMI > 29.9)				33%	38%	43%
	Binge Drinkers				25%	42%	N/A
	Took prescription medication that was not prescribed or took more than prescribed				10%	2%	10%
	Marijuana Users				2%	0.80%	17%
	Current smokers (currently smoke some or all days)				14%	13%	N/A
	General health status is "excellent" or "very good"				58%	53%	50%

^aWhen the magnitude of the difference between the 2016 data and the most recent data is at least 10% and the direction of this difference suggest a healthier population

^bWhen the magnitude of the difference between the 2016 data and the most recent data is less than 10% or when the 2016 value was ≤ 5%

^cWhen the magnitude of the difference between the 2016 data and the most recent data is at least 10% and the direction of this difference suggests a less healthy population. For example, consider obesity: $|((.38-.423)/.38)*100| = 22.4\%$.

Summary

The 2021 Mercer County Community Health Needs Assessment provides an overview of the health status of our county, revealing areas of strength and opportunities for improvement. This is the first community health needs assessment developed without expert third-party facilitation. Accordingly, those responsible for the development of this report will seek to continue refining the assessment process during future assessments. We will seek to ensure, to the extent possible, that future county health survey participants constitute a representative group of Mercer County residents, so that the data obtained from the survey can be

generalized across the whole county. We will also work to collect data in a way that allows direct comparison between community health needs assessment results over time.

This report will inform the community health improvement planning process by illuminating the top health priorities in Mercer County. In addition to the community health improvement planning collaborative, other community stakeholders and organizations are encouraged to use this report for their own planning purposes.

Users of the 2021 Mercer County Community Health Assessment are encouraged to send feedback and comments that can help make future editions of this report more useful. Questions and comments may be directed to:

Jason Menchhofer, RS

Mercer County Health District
419-586-3251 ext. 1450
jmenchhofer@mchdohio.org

Mindy Kremer

Mercer Health
419-678-5613
mkremer@mercer-health.com

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§ This symbol indicates primary data gathered by the 2019 Mercer County Health Survey

Community Profile

¹ U.S. Census Bureau, American Community Survey 5 Year Estimates (2015-2019)

Social Determinants of Health

¹ U.S. Census Bureau, American Community Survey 1-Year Supplemental Estimates (2017)

² U.S. Census Bureau, American Community Survey 5-Year Estimates (2019)

³ University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps (2019)

⁴ Feeding America- Map the Meal Gap (2019)

⁵ Sparkmap, Mercer County, Ohio Assessment- Standard Report (2021)

⁶ Office of Criminal Justice Services, Crime by County (2015)

⁷ Federal Bureau of Investigation, Crime in the United States (2015)

⁸ U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics (2021)

Behavioral Risk Factors

¹ Ohio Department of Health, 2019 Drug Overdose Data General Findings (2019)

² Centers for Disease Control and Prevention, WISQARS Fatal Injury Data (2019)

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Maternal and Child Health

¹ Ohio Department of Health, 2019 Infant Mortality Annual Report (2019)

² Centers for Disease Control and Prevention, Mortality in the United States, 2019 (2019)

³ Ohio Department of Health, VS- Teen Pregnancy Report 2016 (2016)

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Illness, Injury, and Death

¹ Mercer Health, 2017-2019

² Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2016 on CDC WONDER Online Database (2016)

³ Ohio Department of Health, Mercer County Cancer Profile (2019)

⁴ Mercer County Health District Annual Report (2018)

⁵ Ohio Department of Health, Annual Summary of Infectious Diseases (2018)

⁶ Centers for Disease Control and Prevention, Nationally Notifiable Infectious Diseases and Conditions

2022-2024 Community Health Improvement Plan

Background

The impetus of a community health improvement plan (CHIP) is to guide a community health board, its partners, and its stakeholders on work to improve the health of the population within its jurisdiction. It is critical in developing policies and actions to target health promotion. Government agencies, including those related to health, human services, and education, use the community health improvement plan collaboratively with community partners to set priorities, coordinate, and target resources.

Introduction

In the summer of 2019, a group led by the Community Organizations Linking Together (COLT) Health Committee distributed the Mercer County Community Health Survey as the first step of the Mercer County Community Health Needs Assessment (CHNA). The primary data collected through the survey was statistically analyzed by Dr. Dave Hochstein, Associate Professor of Psychology at the Wright State University Lake Campus. The completion of the CHNA was interrupted in early 2020 by the global COVID-19 pandemic. Work on the CHNA report continued in 2021 when secondary data was added and narrative was provided to help put the data in context.

In the late summer of 2021, stakeholders were convened to begin developing this Community Health Improvement Plan (CHIP) based on the data presented in the CHNA. The remainder of this report includes a description of the collaborative process used to develop the plan and a description of the guiding principles used in the development of the plan. Goals, key action steps, and responsible parties are listed under each community health priority. Finally, implementation, monitoring, evaluation, and revision of the CHIP are discussed.

Steering Committee and Collaborating Organizations

The members of the Mercer County COLT (Community Organizations Linking Together) Health Subcommittee continue to commit to bettering the overall health of the Mercer County community and its individual residents.

Lead Partners:

Mercer County Health District
Mercer Health

Mercer County COLT Health Committee Members:

Alicia Bruce, Tri-County ADAMHS Board
Beth Gehret, Mercer County DD
Diane Gable, Foundations
Diane Lefeld, Mercer County Health District
Jason Menchhofer, Mercer County Health District
Jessica Brown, Mercer Health

Laura Sandford, Foundations
Lynn Franck, Wright State University – Lake Campus
Mandy Wendel, Mercer Health
Mindy Kremer, Mercer Health
Morgan Post, Mercer Health

Collaborating Organizations:

Foundations Behavioral Health Services
Mercer County DD
Mercer County Head Start

Mercer County Health District
Mercer Health
Wright State University – Lake Campus

The Process

Mercer County Health District and Mercer Health were jointly responsible for overseeing the development of the CHIP by a group including the COLT Health Committee and other stakeholders. For the first time, this project was undertaken without outside facilitation. The planning group leadership decided to retain the same three priorities around which the previous CHIP had been built-

Mental Health

Drug and Alcohol Abuse

Healthy Weight

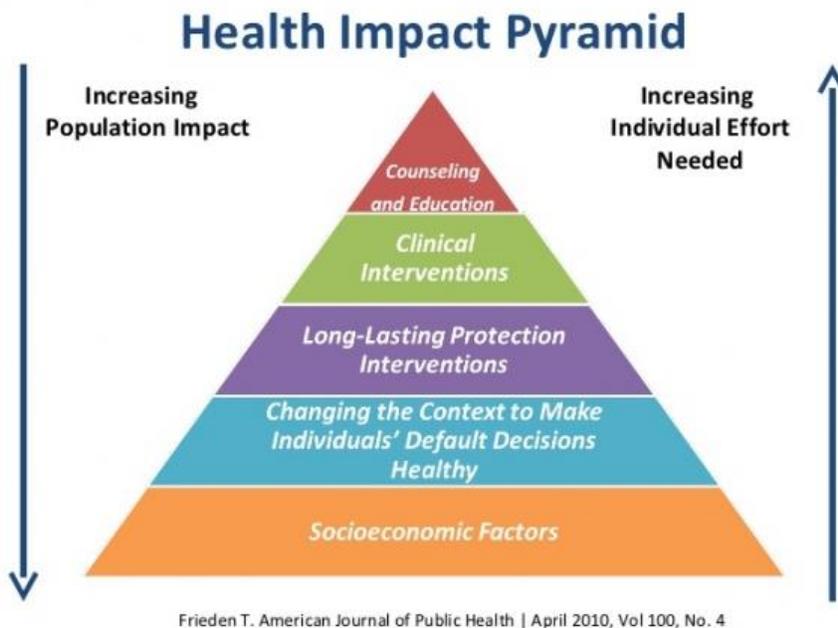
In addition, the leadership decided that an emphasis on **health literacy and healthcare navigation** should be interwoven through the entire plan. As most of the planning group was also involved in the development and review of the CHNA, there was widespread agreement that it would be appropriate to proceed with these key priorities in mind. It is worth mentioning that the development of this plan was expedited because the previous plan was allowed to expire at the end of 2020 without a replacement plan in place due to the COVID-19 pandemic.

Developing Priorities

As described above, the results of the CHNA supported continued work on the same top priorities addressed in the previous CHIP. The bulk of the work undertaken by the planning group was aimed at creating a work plan that can be executed in a way that will make measurable progress in each of the priority areas. This involves setting goals, objectives, and action steps to address each priority area.

Guiding Principles

When determining the initiatives that will be used to make progress in each priority area, preference is given to evidence-based practices and programs. As much as possible, the planning group seeks to avoid “re-inventing the wheel”, instead spending time and resources seeking to make an impact using tried and true methods.



The Health Impact Pyramid shown above presents factors to be considered when planning interventions designed to positively impact population health. While counseling and education are popular activities, the impact pyramid shows that they require a high degree of individual effort but result in minimal impact on population health. Social and environmental changes are much more likely to impact population health. For example, increasing taxes on tobacco products will make some people more likely to decide not to use tobacco. Mercer County CHIP initiatives have historically been heavy on activities found closer to the top of the pyramid. However, as the outlook of the local public health system on population health continues to mature, more impactful initiatives will be used to help improve population health. This transition will be evident in future versions of the CHIP, as well as in the ongoing revision of this CHIP over the next three years.

Priority 1: Mental Health

Priority Outcome 1: Increase access and availability of mental health services in Mercer County.

Key Measures: Number of locations that provide access to behavioral health services, number of educational awareness events per year.

Objectives:

Objective 1.1.1: By January 1, 2024, establish a virtual mental health service in Mercer County.

Objective 1.1.3: By December 2023, implement hope squad programming in school districts to address suicide prevention and mental health awareness.

Priority Outcome 2: Increase understanding of mental health.

Objective 1.2.1: Conduct a mental health education campaign throughout the CHIP period.

Objective 1.2.2: By December 2022, train area school district educators/staff and community members in Mental Health First Aid.

Objective 1.2.3: By December 2024, provide educational forums for parents regarding mental health awareness.

Priority 2: Drug and Alcohol Abuse

Priority Outcome 1: Decrease the abuse of alcohol and drugs by youth and adults in Mercer County

Key Measures: Percentage of Mercer County Residents who report using alcohol and illegal substances.

Objectives:

Objective 2.1.1: Hold at least one seller/server training each year throughout the CHIP period.

Objective 2.1.2: By 2023, investigate options for enforcement of legal drinking age at local festivals and present options to at least two festival committees per year.

Objective 2.1.3: By August 1, 2024, install at least one vape sensor in each Mercer County school district.

Objective 2.1.4: By September 1, 2024, implement the I Mind substance abuse program in all Mercer County school districts.

Objective 2.1.5: By October 1, 2022, add one publicly accessible prescription drug collection box in Mercer County.

Objective 2.1.6: By August 1, 2022, distribute 100 Deterra prescription drug disposal bags across Mercer County

Priority Outcome 2: Increase awareness of long-term effects of drug and alcohol abuse.

Key Measures: Number of educational awareness events per year.

Objectives:

Objective 2.2.1: Provide ongoing education on the effects of vaping and substance and alcohol use and abuse on long-term health.

Priority 3: Healthy Weight

Priority Outcome 1: Decrease proportion of Mercer County adults who are obese.

Key Measures: Percent of Mercer County adults who are obese

Objectives:

Objective 3.1.1: Increase percentage of adults eating fruits and vegetables by December 2023.

Objective 3.1.2: Increase percentage of adults getting recommended physical activity or increasing their activity by December 2023.

Priority Outcome 2: Increase awareness of the connection between weight status and other comorbidities.

Key Measures: Percentage of Mercer County adults who are routinely screened for chronic health problems like diabetes, heart disease, and cholesterol and who follow up appropriately with their provider.

Objectives:

Objective 3.2.1: Increase the percentage of Mercer County adults who are routinely screened for chronic health problems like diabetes, heart disease, and cholesterol and who follow up appropriately with their provider.

Priority 4: Access to Health Care

Priority Outcome 1: Increase community understanding of and access to health care.

Key Measures:

Objectives:

Objective 4.1.1: Increase the proportion of adults who get recommended evidence-based preventive health care and follow up with their provider

Objective 4.1.2: Promote dental health and increase awareness of its effects on overall health

Objective 4.1.3: Increase the use of community organizations that provide support services

Summary and Next Steps

The 2020-2021 Mercer County community health improvement planning process sought to identify the most urgent health issues in Mercer County and convene stakeholders to develop a plan to address those urgent issues. This process was not without interruptions and difficulty, mostly due to the COVID-19 pandemic that spanned the entire timeline of the planning process. This plan presents the priorities, goals, and objectives chosen to help improve the health of the residents of Mercer County over the next three years.

To ensure implementation of this plan, the planning group will meet to assess progress every two months for the first six months after the plan is finalized. After the first six-month period, the group will meet every six months to gauge progress and ensure accountability of the parties responsible for carrying out the work outlined in this plan. A more detailed work plan for the goals and objectives listed above is found in Appendix D.

Appendix A

2018-2020 Mercer County CHIP Progress Details

Priority #1 – Substance Abuse Workgroup Summary

DATE	PROGRESS NOTE
10/31/2017	Completed talking to administrators
10/31/2017	Amy and Laura are going to get renewal licenses; applying for money from Auglaize/Mercer County Drug Abuse Group
10/31/2017	We have already had requests to teach this curriculum to Coldwater 6th graders during their guidance time, Parkway 7th and 9th graders during their health class, and Celina HS to their Managing Life's Transition Classes. Laura has talked to the FCS teachers to offer this and also some guidance counselors as well. Ft. Recovery 7th grade health is pending, but principal is very supportive of this.
10/17/2017	Fort Recovery 7th grade health class: 16 total (9 males, 7 females ages 12-14); Amy taught
10/18/2017	Completed Parkway 7th grade Health class: 22 total (12 males, 10 females ages 12-14); Laura and Amy co-taught
10/18/2017	Completed Parkway 9th/10th grade Health class: 7 total (4 males, 3 females ages 15-17): Laura and Amy co-taught
11/29/2017	Completed Parkway 7th grade Health Class: 21 total (10 males, 11 females ages 12-14); Laura taught
12/15/2017	Fort Recovery 7th grade health class: 17 total (11 males, 6 females ages 12-14); Amy taught
1/8/2018	Coldwater 6th grade: 112 students (6 groups of students taught by Amy and Laura)
2/16/2018	ESC at Cheryl Ann Building: 5 youth (5 males, 0 females; ages 15-17) taught by Julie
3/7/2018	As of this date, we have two prevention professionals and another trained Foundations staff that can teach this curriculum
1/8/2018	2 classes of Celina HS's Managing Life's Transitions Classes: 43 total (14 males, 29 females; ages 14-17); taught by Laura
2/1/2018	Parkway 7th grade and 9th grade health classes: 89 total (42 males, 47 females); Amy taught
3/7/2018	5 schools have been serviced in some capacity with this curriculum
3/13/2018	Fort Recovery 7th grade health class: 17 students (7 males, 10 females); Amy taught
3/29/2018	Updated wording in objective to say 4 classes annually; updated baseline to 6 and target as 10.
3/29/2018	In action steps, took out training school staff member

3/29/2018	Updated wording of objective to classes taught instead of number of schools
3/29/2018	Updated to reflect 2017 youth data.
3/29/2018	Updated anything that said "tobacco" in goal, key measures and baselines to say "nicotine"
3/29/2018	Baseline is now: Decrease nicotine and marijuana use by 10% from 2017 to 2018 youth data. Did this because data separated nicotine by vaping, cigarettes, cigars, and also smokeless tobacco and there were no ways to tell the overlap of students answering yes to the same question
3/29/2018	2017-2018 School year (Celina-2, Coldwater-6, Fort Recovery-3, ESC alternative-1, Parkway 7th-3, Parkway 9th-4, Fort Recovery 7th-3)
3/29/2018	Marion Local starting in April; Fort Recovery and Parkway in process, not included in last number
4/20/2018	Fort Recovery 7th grade class completed (16 served; 9 males, 7 females)
5/16/2018	Parkway 7th grade class completed (20 served; 11 males, 9 females)
5/16/2018	3 Marion 7th grade classes (68 served; 31 males, 37 females); Jessica and Amy taught
5/18/2018	Received commitments for Parkway (7th), Marion Local (8th), Fort Recovery (7th), Coldwater (6th) doing the program again next year; waiting to hear back from Celina and IC (6th) and St. Henry (7th)
6/12/2018	Completed 24 classes this past school year; changed baseline to this
6/12/2018	Changed Target to 28
6/12/2018	Changed start date to July 1, 2018
6/12/2018	changed statuses to not yet started yet
8/27/2018	Amy and Laura started at Coldwater (6th grade)-5 classes total this week.
9/6/2018	IC 6th grade (1 class scheduled), Parkway and Ft. Recovery also scheduled for next two months
9/6/2018	took out word annually in the objective
11/1/2018	Laura completed IC 6th grade students (18), Amy completed a group of Parkway 7th grade students and Fort Recovery 7th grade students and starts another group of Fort Recovery Students next week and another group of Parkway students in December.

11/1/2018	Couldn't get in for RRR for Celina 6th-8th grade, but Laura does have two lessons scheduled with all 5th/6th grade students from Celina (first on one vaping and tobacco and other ones are in December). -Nothing is set up with St. Henry but we are hoping to get back in with Marion in the Spring again with their 8th grade students.
11/8/2018	On target
1/17/2019	Amy completed another group of Parkway and Fort Recovery Students since last report. Fort Recovery class in 2 weeks. Start 3 High School Classes and 1 7th grade classes at Parkway February.
3/14/2019	Amy completed another group of Parkway and Fort Recovery Students since last report. 1 Fort Recovery class and 3 High School Classes and 1 7th grade classes at Parkway February.
3/1/2019	Laura scheduled for 4 classes for a week with Celina HS students in Mrs. Langemeyer's class the 2nd week of April
4/15/2019	Laura completed 4 classes of students (70 total) in Celina.
4/12/2019	Amy completed 1 class of Parkway 7th grade students (21 students)
5/1/2019	Amy completed 1 class of Fort Recovery 7th grade students (21 students)
5/1/2019	Marion Local, St. Henry, IC (6th grade), Fort Recovery (7th), Parkway (7th and 9th), Coldwater (6th), Celina (HS) gave commitments for next year
5/1/2019	changed specialist to "professional" in action step
5/6/2019	21 sessions were taught since July 1. This is a little below target, but Marion Local and St. Henry was unable to commit this year. St. Henry is committed for next year.
7/11/2019	-We did not meet our target of 28 sessions taught. We had 21 sessions taught. Updated that as the baseline and increase to 25 next year. We have commitments for Fort Recovery, Marion Local, St. Henry, Parkway, IC, and Coldwater next year for middle school. Also, Celina HS.
7/11/2019	-Note: Next time we decided to word something like this by the number of students served instead of how many sessions taught (some classes are bigger than others, etc).
7/11/2019	-Took out present to school administrators annually as action step.
11/14/2019	Amy has taught 4 classes at Parkway 7th grade, Laura completed IC 6th grade, St. Henry 7th grade (2 large classes), Amy and Laura completed 5 classes at Coldwater 6th grade
11/14/2019	Amy completed Natural High curriculum with Parkway 9th graders (3 classes) and Fort Recovery 8th graders (3 classes)
3/17/2020	Mrs. Langemeyer: This is set up for mid-April (depending on Coronavirus situation); this happened virtually; about 20 students

Summer
2020

Have reached out to all schools again; Fort Recovery scheduled for first quarter; New FCS teacher open to having it taught 2nd semester in Celina HS, Coldwater looking at January 2020, Marion and St. Henry declined due to restrictions and limits in classtime; Parkway waiting to specific dates; IC waiting for specific dates

9/9/2020 RRR scheduled for 8th grade Fort Recovery students starting 9/14/2020

Priority #2: Nutrition and Weight Status. Sixty seven percent of Mercer County residents are overweight or obese. Unhealthy food choices are often the “default” for a variety of reasons, including: faulty perceptions about healthy and unhealthy options; some areas of our community do not have nearby outlets for low cost, healthy foods or related services; restaurants have limited healthful options; and processed foods are often more convenient. Additionally, our county lacks walking and bike paths and our automated lifestyles support sedentary conditions. We aspire to a Mercer County where physicians, restaurants, businesses, social service providers, parks, and churches work to create individual and community conditions where all residents are properly nourished, live actively, and achieve a healthy weight.

Goal 2.1: Increase Physical Activity through Access & Availability

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

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

Alignment with National Priorities: Both physical activity and weight status are national priorities outlined by Healthy People 2020. Two main focuses regarding physical activity at the national level are structural environments, such as the availability of sidewalks, bike lanes, trails, and park and legislative policies that improve access to facilities that support physical activity. These focuses align closely with our goal and objectives.

Alignment with SHIP: While there is not a specific priority in Ohio’s SHIP related to physical activity and/or healthy weight, there is a priority focused on reducing the burden of chronic disease for all Ohioans. Increasing physical activity and reaching a healthy weight play key roles in eliminating many chronic diseases, heart disease, high blood pressure, high cholesterol, diabetes, osteoporosis and some cancers.

Objectives	Impact	Measure	Action Steps	Timeframe	Lead	Status
Objective 2.1.1: By June 30, 2018 implement 100% of Mercer County Ohio school districts providing open school usage for physical activity at a minimum of one facility.	<input checked="" type="checkbox"/> Policy Change <input type="checkbox"/> Environmental Change <input type="checkbox"/> Systems Change <input type="checkbox"/> Evidence Based Program	Baseline: 4 Target: 6 schools	<ol style="list-style-type: none"> 1) Determine baseline number of schools that currently offer open school usage. 2) Research benefits and legality of open school usage. 3) Contact schools that are not currently participating to see if interested, share information found in step 2. <ol style="list-style-type: none"> a. Contact schools currently offering for permission to advertise. 4) Market/Advertise to community 	Start: May 1, 2017 End: June 30, 2018	Jessica Brown	6/13/18: Due to school safety issues, this objective will be eliminated from the plan. Added Objective 2.1.3
Objective 2.1.2: By June 30, 2018, increase number of locations providing indoor free usage for physical activity/walking by 2 locations (excluding schools).	<input type="checkbox"/> Policy Change <input checked="" type="checkbox"/> Environmental Change <input checked="" type="checkbox"/> Systems Change <input type="checkbox"/> Evidence Based Program	Baseline: Target: An additional 2 locations.	<ol style="list-style-type: none"> 1) Determine baseline. 2) Identify potential locations in each community. 3) Contact locations to determine interest. 4) Market/Advertise to community. 	Start: May 1, 2017 End: June 30, 2018	Sharon Green	<ol style="list-style-type: none"> 1) Baseline was determined to be (2) locations: Wal-Mart and Galleria in Celina. 2) Reviewed local business and organization to determine potential options: legions, school athletic centers, large businesses.

						3) Contacted Legions and other possible locations Unfortunately, due to logistics, staffing and safety, no other locations were able to offer free usage for indoor physical activity or walking.
Objective 2.1.3: By June, 2018, offer a community wide physical activity challenge.	<input type="checkbox"/> Policy Change <input checked="" type="checkbox"/> Environmental Change <input checked="" type="checkbox"/> Systems Change <input type="checkbox"/> Evidence Based Program	Baseline: 0 Target: 1 challenge	1) Determine and create a physical activity challenge that can be offered to the Mercer County community. 2) Market and promote challenge to community. 3) Review participation levels and gauge for future interest and challenges.	Start: May 1, 2017 End: June 30, 2018		COMPLETE 1) Created the Mercer Healthy Wave Challenge that encourages participants to follow CDC recommended guidelines for physical activity over 6 weeks. 2) The Healthy Wave Challenge was promoted through Mercer Health, Community Sports & Therapy Center, local gyms and fitness centers, local employers, Celina-Mercer Chamber, and Mercer Health Occupational Health (area businesses, schools, etc.) 7/13/18: 158 participants completed the challenge 7/13/19: 110 participants completed the challenge

Goal 2.2: Increase availability of healthy food choices

Key Measure(s): # of community gardens, # of farmers markets

Baseline:

Alignment with National Priorities: Nutrition and weight status are national priorities outlined by Healthy People 2020. A main focus under this priority is increasing consumption of a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources. This focus aligns with our goal and objectives.

Alignment with SHIP: While there is not a specific priority in Ohio's SHIP related to physical activity and/or healthy weight, there is a priority focused on reducing the burden of chronic disease for all Ohioans. Improving nutrition and reaching a healthy weight play key role in eliminating many chronic diseases, including heart disease, high blood pressure, high cholesterol, diabetes, osteoporosis and some cancers.

Objectives	Impact	Measure	Action Steps	Timeframe	Lead	Status
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<p>Objective 2.2.1: By May 1, 2019, increase the number of community gardens in Mercer County OH by 1.</p>	<input type="checkbox"/> Policy Change <input checked="" type="checkbox"/> Environmental Change <input type="checkbox"/> Systems Change <input type="checkbox"/> Evidence Based Program	<p>Baseline: 3 Target: 1 additional community garden</p>	<ol style="list-style-type: none"> 1) Determine baseline: #/location. 2) Meet with Village of Coldwater, Celina Fair Board, and Celina Insurance about success of their community gardens. 3) Notify/discuss with schools to determine if there is interest in tending/hosting. 4) Identify other potential new locations. 5) Once location is determined, create guidelines for use/eligibility and advertise new location to the community through community partners and social media. market/advertise! 	<p>Start: May 1, 2017 End: May 1, 2019</p>	<p>Jason Menchhofer</p>	<p>COMPLETE: 1) Baselines of 3 community gardens was determined: Coldwater, Celina Insurance, and Fort Recovery Church. 2) Village of Coldwater was contacted. 3) N/A 4 & 5) January, 2019: C.A.L.L. Food Pantry in Celina created aquaponics garden. June, 2019: Marion Local FFA started a Community Garden at the Maria Stein Shrine.</p>
<p>Objective 2.2.2: By June 1, 2019, establish a Farmers Market in Southern Mercer County.</p>	<input type="checkbox"/> Policy Change <input checked="" type="checkbox"/> Environmental Change <input type="checkbox"/> Systems Change <input checked="" type="checkbox"/> Evidence Based Program	<p>Baseline: <u>90</u> Target: <u>1</u></p>	<ol style="list-style-type: none"> 1) Contact Celina Chamber & Jay Co. (determine if a partnership is an option). 2) Talk with local vendors 3) Identify potential locations/dates. <ol style="list-style-type: none"> a. Meet with community leaders and secure commitment. 4) Market/Advertise to Community 	<p>Start: May 1, 2017 End: June 1, 2019</p>	<p>Mandy Wendel & Morgan Post</p>	<p>COMPLETE 3) June 2018: Fort Recovery, OH hosts a Farmer's Market twice a month from May through September. June 2019: Fort Recovery, OH hosts a Farmer's Market once a month from May through September. 4) This Farmer's Market has its own Facebook page and is advertised through the Fort Recovery Merchants, Fort Recovery Chamber, and Village of Fort Recovery.</p>

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

Key Measure(s): Number of partners communicated with; Number of partners implementing best practices.

Baseline:

Alignment with National Priorities:

Alignment with SHIP: While there is not a specific priority in Ohio's SHIP related to physical activity and/or healthy weight, there is a priority focused on reducing the burden of chronic disease for all Ohioans. Increasing physical activity and reaching a healthy weight play key roles in eliminating many chronic diseases, heart disease, high blood pressure, high cholesterol, diabetes, osteoporosis and some cancers.

Objectives	Impact	Measure	Action Steps	Timeframe	Lead	Status
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<p>Objective 2.3.1: By June 31, 2018, educate contact all Mercer County school districts to educate them on the Community Health Needs Assessment survey findings and offer resources to educate ion students and staff on healthy living.</p>	<input type="checkbox"/> Policy Change <input type="checkbox"/> Environmental Change <input checked="" type="checkbox"/> Systems Change <input type="checkbox"/> Evidence Based Program	<p>Baseline: 0 Target: 6</p>	<ol style="list-style-type: none"> 1) Research and gather resources and best practices to provide to schools. 2) Meet with each school district to determine needs. 3) Provide any needed resources and support. 4) Follow-up with each school to determine successes or further needs. 	<p>Start: May 1, 2017 End: June 31, 2018</p>	<p>Jessica Brown & Team/Sharon Green</p>	<p>COMPLETE 1) Completed via Mercer Health Occupational Health and research done for presentation to Grand Lake Safety Council. 2) & 3) Mercer Health Occupational Health provided lab fair, height, weight, and blood pressure measurements to several local school districts. Also met with schools as requested. 4) Mercer Health Occupational Health serves as Wellness Coordinator to Celina Schools. Jennifer Bills, Pediatric Certified Nurse Practitioner, has met with all local schools (guidance counselors, nurses, administration, etc.) She also is researching possible school-based clinics.</p>
<p>Objective 2.3.2: Assist the Mercer Health Marketing team in development of visual pieces to educate community and key partners on status of health in Mercer County and findings of the survey.</p>	<input type="checkbox"/> Policy Change <input type="checkbox"/> Environmental Change <input type="checkbox"/> Systems Change <input type="checkbox"/> Evidence Based Program	<p>Baseline: 0 Target: 1 resource item</p>	<ol style="list-style-type: none"> 1) Design visual representation of the county's health. 2) Provide this visual representation to all CHIP committees to use when implementing CHIP plans. 3) Determine need/options for a health & wellness resource site or book and create such resources. 	<p>Start: May 1, 2017 End: June 31, 2018</p>	<p>Mercer Health Marketing/Wellness Team</p>	<p>COMPLETE: 1) April, 2018: Several PowerPoints have been created to use as needed. 2) Members of the CHIP plan were made aware of these presentations at meetings. 3) No further pieces will be created at this time as new CHNA will be</p>

<p>Objective 2.3.3: Educate Mercer County health providers and primary care physicians on findings of survey and encourage their assistance in combatting this issue <u>of obesity in our county.</u></p>	<input type="checkbox"/> Policy Change <input type="checkbox"/> Environmental Change <input checked="" type="checkbox"/> Systems Change <input type="checkbox"/> Evidence Based Program	<p>Baseline: 0 Target: 20 primary care providers and 11 specialists contacted/provided resources.</p>	<ol style="list-style-type: none"> 1) Present findings and CHIP plan at Mercer Health medical staff meeting, <u>and</u> facilitate discussion with medical staff for feedback and <u>ideas and solutions to address the obesity issue.</u> 2) Create and send mailing for providers communicating survey findings as well as resources available for them to assist with weight status issue in Mercer County. Also ask for assistance in combatting this health issue. 3) Monitor referrals made to Mercer Health Weight Management Center to track for increase. 	<p>Start: May 1, 2017 End: June 31, 2019</p>	<p>Mercer Health Marketing/Wellness Team</p>	<p>completed in near future.</p> <p>COMPLETE: 1) Mandy Wendel presented the CHIP plan to Mercer Health medical staff on 4/1/18 and also met with Chief of Staff at Mercer Health. Mailed information on service available at Mercer Health Weight Management Center in January 2019. 2) Annual mailings are sent to all Mercer Health providers via Mercer Health Weight Management Center notifying the provider of services, education, and support groups available related to healthy living and weight management. 3) Mercer Health: Weight Management Referrals have increased since beginning of CHIP Plan June, 2017: 13 new consults June, 2018: 21 Nov , 18: 24 April, 2019: 26 October, 2019: 29</p>
<p>Objective 2.3.4: By November 1st, 2017, provide nutrition education to participants at the Mercer County WIC Office to promote</p>	<input checked="" type="checkbox"/> Policy Change <input type="checkbox"/> Environmental Change <input checked="" type="checkbox"/> Systems Change	<p>Baseline: 0 Target: 1 WIC office.</p>	<ol style="list-style-type: none"> 1) Contact Mercer Co WIC to determine interest. 2) Research nutrition areas of interest for the clientele. 	<p>Start: May 1, 2017 End: Ongoing, implement by 11/1/17</p>	<p>Jodi Grieshop</p>	<p>COMPLETE: 1) & 2) Jodi Grieshop, Dietitian, will be handling education.</p>

<p>healthy eating, meal planning on a budget etc.</p>	<p><input checked="" type="checkbox"/> Evidence Based Program</p>		<p>3) Share the nutrition education materials with all WIC participants.</p>			<p>3) As of June, 2018, WIC team created weekly menus with recipes and a shopping guide. A bulletin board is being used for education and the board is updated every 3 months with new topics and material, as WIC clients come in every three months. Topics include weekly meal planning, healthy snacks, meal prepping, freezer meals etc.</p> <p>Approximately 450 clients (infants and children up to age 5, pregnant and post-partum mothers) representing 150-175 families are seen each month</p> <p>Also-Extension Office taught nutrition, cooking, and parenting program series with West Ohio Community Action Partnership at House of Hope in Celina. The group prepared and ate a dinner together, discussed nutrition information and parenting topics. In January, 2019: SNAP-Ed held a 5 week nutrition /physical</p>
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						activity series for Head Start students in Celina and Rockford in Oct, Nov, Dec. (Have requested volumes from Extension Office)
<p>Objective 2.3.5: Contact Mercer County employers to share survey findings and provide best practices, strategies, and available resources to promote employee health and wellness.</p>	<input checked="" type="checkbox"/> Policy Change <input type="checkbox"/> Environmental Change <input checked="" type="checkbox"/> Systems Change <input type="checkbox"/> Evidence Based Program	<p>Baseline: 0 Target: 10 Mercer County employers to implement at least 1 new employee health & wellness strategy.</p>	<ol style="list-style-type: none"> 1) Research and develop list of best practices/strategies for employee health and wellness. 2) Communicate to Mercer County employers, via Chamber and WCORHA listings, the findings from the health assessment survey as well as best practices/strategies. 3) Present above items at a Mercer County safety council meeting. 4) Send a follow-up survey to above employers to determine who is implementing new strategies for health and wellness of their employees. 5) Communicate success stories via chamber mailings. 	<p>Start: May 1, 2017 End: June 30, 2019</p>	<p>Jessica Brown & Mandy Wendel</p>	<ol style="list-style-type: none"> 1) COMPLETE 2) & 3) COMPLETE: Mandy Wendel & Renee Kinney of Mercer Health presented to the Grand Lake Area Safety Council on 3/21/18. 4) Mercer Health Occupational Services Department followed up individually with employers. <ul style="list-style-type: none"> -Promoting increased awareness of preventative care for a employer wellness clients. -In 2019, contacted health fair participants without primary care provider to connect with a primary care provider. -Steering committee created within Mercer Health to help remove any barriers to bring services to employer clients. -Met with each self-insured company about the need for weight management program coverage in their

						<p>insurance plan and gave them information on what CPT codes that would mean and the costs associated.</p> <p>-One area company instituted an “Understanding your numbers” one-on-one session with our nurses discussing their HRA and the risk factors and how to start making change.</p> <p>-One area company aligned with us to start using Mercer Health only to help their employees get healthier. With everything being under one umbrella, they are all getting the same message, have access to the same services, and we are better able to track and trend their employees wellness as whole.</p> <p>2019 Mercer Health Occupational Health Volumes:</p> <p>-825 Health Risk Appraisals (lipid, glucose, height, waist, blood pressure).</p> <p>-Lab work, height, weight, and blood pressure were measured at seven county school districts to include 460 participants</p>
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						-133 events at local employers. (90 of which were wellness events, 43 educational events) and reached 3,451 participants
Objective 2.3.6: Provide resources to community for childhood/pediatric weight management needs and awareness.	<input checked="" type="checkbox"/> Policy Change <input type="checkbox"/> Environmental Change <input checked="" type="checkbox"/> Systems Change <input type="checkbox"/> Evidence Based Program	Baseline: 0 Target: 1 provider available to patients	<ol style="list-style-type: none"> 1) Secure and hire a pediatric weight management specialist 2) Research and develop list of best practices/strategies and program implementation for pediatrics and childhood weight management. 3) Communicate to community new services, including medical providers. 4) Re-evaluate programs as needed. 	Start: January 2, 2019 End: June 30, 2019	Mandy Wendel	<p>COMPLETE:</p> <ol style="list-style-type: none"> 1) Jennifer Bills, Pediatric CNP, started employment at Mercer Health in November, 2018. 2) J. Bills developed a Pediatric Weight Management/Healthy Lifestyle Program 3) She has communicated this via: <ul style="list-style-type: none"> -Medical Staff Meeting -School based meetings -Health Department & Community Resource Departments -Mercer Health Marketing 4) 1/1/20: Pediatric appointment volume in 2019: 78 J. Bills also became certified in COPE Pediatric Cognitive Behavior Training

Conclusion:

The Work Plan for the Nutrition and Weight Status Priority area of the Mercer County Community Health Improvement Plan was completed in January of 2020. Main focuses of this work plan included adding additional services and programs throughout the hospital, educating the community, and collaborating with local medical providers, employers, school districts and resources. Through occupational health fairs, medical

weight management programs, community outreach events, farmers markets, community gardens, WIC education and community physical activity challenges, thousands of Mercer county area residents have been exposed to healthy lifestyle initiatives and guidelines.

Priority #3: Mental Health. Similar to other rural communities, Mercer County has a shortage of psychiatric care providers, public knowledge of how to access mental health professionals is scarce, and acute psychiatric care is located outside of our county. In addition, cost of care is prohibitive for many who need services. While we have experienced some increase in mental health screenings and tele-service availability, demand for services is increasing and need exceeds current capacity. We will capitalize on our strengths (collaborations, close knit community) and seek innovative solutions to address public stigma and access to service issues, as well as work to effectively integrate mental and physical health services.

Goal 3.1: Reduce suicide rate in Mercer County.

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

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

Alignment with National Priorities: : Healthy People 2020; [Topic: Mental Health and Mental Disorders \(https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders\)](https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders); Objective: MHMD-1

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

Objectives	Impact	Measure	Action Steps	Timeframe	Lead	Status
Objective 3.1.1:	<input type="checkbox"/> Policy Change	Baseline: 0	<ul style="list-style-type: none"> 3 mental health trainers Identify potential recipients 	Start: July 1, 2017	Foundations (Diane Gable)	<ul style="list-style-type: none"> Completed Completed Completed Completed
By June 30, 2020, conduct 15 Mental	<input type="checkbox"/> Environmental Change	Target: 15	<ul style="list-style-type: none"> Explore possible CEUs 	End: June 30, 2020		<ul style="list-style-type: none"> Completed

Health First Aid trainings. Systems Change Evidence Based

- Market trainings
- Offer trainings

Objective 3.1.2a:

By June 30, 2020, implement depression and suicide screening tool in 100% of Mercer Health occupational fairs.

Policy Change Environmental Change Systems Change Evidence Based

Baseline: 0
Target: 100%

- Decide on evidence-based screening tool
- Engage stakeholders
- Implement tool - create an algorithm for screening and try to make it electronic

Start: January 1, 2018
End: June 30, 2020

Foundations
Mercer Health

- Completed
 - Completed
 - Completed
- Language added to Occupational Health screening tool.

Objective 3.1.2b:

By June 30, 2020, implement depression and suicide screenings in 3 Physician/ Provider Practices.

Policy Change Environmental Change Systems Change Evidence Based

Baseline: 0
Target: 3

- Decide on evidence-based screening tool
- Select locations/Engage stakeholders
- Implement tool in Physician practices (EPIC)

Start: July 1, 2017
End: June 30, 2020

Mercer Health

- Completed
 - Completed
 - Completed
- Mercer Health physician practices use the screening tool

<p>Objective 3.1.2c:</p> <p>By June 30, 2020, implement depression and suicide screenings in 2 Schools.</p>	<input type="checkbox"/> Policy Change <input checked="" type="checkbox"/> Environmental Change <input type="checkbox"/> Systems Change <input checked="" type="checkbox"/> Evidence Based	<p>Baseline: 0</p> <p>Target: 2</p>	<ul style="list-style-type: none"> Decide on evidence-based screening tool Select locations/Engage stakeholders Implement tool in (2) schools 	<p>Start: September 1, 2018</p> <p>End: June 30, 2020</p>	<p>Foundations</p> <p>ESC</p> <p>Mercer County Health District</p>	<ul style="list-style-type: none"> Not yet started Not yet started Not yet started <p>Lack of cooperation from schools, but awareness is increasing</p>
<p>Objective 3.1.2d:</p> <p>By June 30, 2020, implement 3 depression and screening days in the community.</p>	<input type="checkbox"/> Policy Change <input checked="" type="checkbox"/> Environmental Change <input type="checkbox"/> Systems Change <input checked="" type="checkbox"/> Evidence Based Program	<p>Baseline: 0</p> <p>Target: 3</p>	<ul style="list-style-type: none"> Decide on evidence-based screening tool Select locations/Engage stakeholders Implement (3) depression and screening days in the community 	<p>Start: January 1, 2017</p> <p>End: June 30, 2020</p>	<p>Foundations</p> <p>Mercer Health</p> <p>Health County Health District</p>	<ul style="list-style-type: none"> Completed Completed Completed <p>No participants</p>
<p>Objective 3.1.3:</p> <p>By June 30, 2020, provide 1 CIT training for Mercer</p>	<input type="checkbox"/> Policy Change <input checked="" type="checkbox"/> Environmental Change	<p>Baseline: 0</p> <p>Target: 1</p>	<ul style="list-style-type: none"> Meet with key stakeholders Expand the Crisis Intervention Team 	<p>Start: January 1, 2018</p> <p>End: June 30, 2020</p>	<p>Foundations</p>	<ul style="list-style-type: none"> Completed <p>Foundations provides annually. PDs haven't</p>

County Systems
 police Change
 departments. Evidence
 Based
 Program

attended well
 in the past.

Goal 3.2: Increase access to and availability of mental health services						
Key Measure(s): # locations that provide behavioral health services from 7 to 10 Baseline: Increase locations to 10						
Alignment with National Priorities: Healthy People 2020; Topic: Mental Health and Mental Disorders (https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders); Objective: Treatment Expansion, MHMD-5						
Alignment with SHIP:); Priority Topic: Mental Health and Addiction; Priority Outcome: Decrease suicide; Overall Goal: Overall Goal: Promote mental wellbeing and prevent alcohol and other drug dependence and abuse for all Ohioans						
Objectives	Impact	Measure	Action Steps	Timeframe	Lead	Status
Objective 3.2.1: By June 30, 2020, increase the number of school districts providing mental health services by 2.	X Policy Change <input type="checkbox"/> Environmental Change X Systems Change <input type="checkbox"/> Evidence Based Program	Baseline: 2 Target: 4	<ul style="list-style-type: none"> Discuss with stakeholders Implement program, as appropriate, in two addition school districts 	Start: September 1, 2018 End: June 30, 2020	ESC	<ul style="list-style-type: none"> Completed Completed Fort Recovery, Parkway, Coldwater, St. Henry
Objective 3.2.2: By June 30, 2020, increase the number of physician offices providing mental health services by 1.	X Policy Change X Environmental Change X Systems Change <input type="checkbox"/> Evidence Based Program	Baseline: 0 Target: 1	<ul style="list-style-type: none"> Assess physician practices Discuss with stakeholders Services Recruitment 	Start: July 1, 2017 End: June 30, 2020	Mercer Health	<ul style="list-style-type: none"> In Progress In Progress In Progress In Progress Foundations added a nurse practitioner, will add psychiatrists. Mercer Health has pediatric COPE, working to add adult version.

<p>Objective 3.2.3: By June 30, 2020, increase the number of private employers that are providing mental health services by 2.</p>	<p>X Policy Change <input type="checkbox"/> Environmental Change X Systems Change <input type="checkbox"/> Evidence Based</p>	<p>Baseline: 1 Target: 3</p>	<ul style="list-style-type: none"> • Develop a survey to gauge employer interest and areas of concern • Mercer Health to review /send data to Wright State Masters in Public Health to analyze • Communicate findings back to employers by Mercer Health 	<p>Start: January 1, 2018 End: June 30, 2020</p>	<p>Mercer Health WSU-LC</p>	<ul style="list-style-type: none"> • In progress • In progress • In progress
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Appendix B

2019 Mercer County Health Survey

1. Are you a resident * of Mercer County?

Yes

No

* 2. What is your gender?

Male

Female

* 3. What is your age?

18-29

30-39

40-49

50-59

60-69

70-79

80-89

90+

* 4. How many people, including yourself, live in your household?

If yes, please indicate how many children under the age of 18 live in your home.

* 5. Do you have children under the age of 18 living in your home?

Yes

No

1

6. What is your highest * level of education?

Some high school

High school graduate

Some college

College graduate

Advanced degree

* 7. What is your total combined household income before taxes?

Less than \$24,000

\$25,000 - \$49,999

\$50,000 - \$74,999

\$75,000 - \$99,999

More than \$100,000

* 8. About how tall are you (in feet/inches)?

* 9. About how much do you weigh (in pounds)?

* 10. How would you describe your overall health?

Excellent

Very good

Fair

Poor

* 11. Do you have an established relationship with a primary care doctor/nurse practitioner?

Yes

No

2

12. Where do you most often seek health * care services?

Primary care provider's office

Specialist's office

Urgent care center

Emergency room

I do not receive routine health care

Other (please specify)

* 13. Which of the following health concerns currently apply to you (Check all that apply.)

Anxiety

Asthma or other lung condition

Arthritis

Autoimmune disease

Chronic pain

Cancer

Depression

Diabetes
Heart disease
High blood pressure
High cholesterol
Other mental health conditions
Self-harm or suicidal thoughts
Substance abuse
I do not have any health challenges
Other (please specify)

* 14. What are your biggest healthcare worries or concerns?

* 15. Which of the following screenings/preventative procedures have you had in the past 12 months?

Blood pressure check
Blood sugar check
Bone density test
Cardiovascular screening
Cholesterol check
Colonoscopy
Dental exam
Flu shot
Hearing screening
Mammogram
Pap smear
Prostate cancer screening
Routine physical exam
Skin cancer screening
Vision screening
None of the above

3

16. Please choose all of the statements below * that apply to you.

I exercise at least three times per week.
I eat at least five servings of fruit and vegetables each day.
I eat fast food less than once per week.
I use sunscreen or protective clothing when in the sun.
I visit my primary care provider for my annual wellness exam.
I receive preventative health screenings as recommended by my doctor.
I receive a flu shot each year.
None of the above apply to me.

* 17. Do any of the issues below prevent you from accessing health care? (Check all that apply.)

Cost of health care (without insurance)
Cost of health care (with insurance)
Don't know how to find a doctor
Lack of availability of doctors
Language barriers
Cultural or religious beliefs
Lack of transportation
Fear
Schedule/too busy
Other (please specify)

* 18. If transportation is an issue, do you need assistance with transportation?

Yes
No

* 19. How often do you need assistance with transportation?

Less than one time per month
2 -5 times per month
5 - 15 times per month
More than 15 times per month

4

20. Do you need transportation to any of the following activities? (Choose * all that apply.)

Work/employment
Shopping
Prescriptions

Medical or behavioral health appointments
Social outings
Other (please specify)

* 21. When do you typically have a need for transportation?

Weekdays between 8 a.m. - 4 p.m.
Weekdays between 4 p.m. - midnight
Weekdays between midnight - 8 a.m.
Weekends

* 22. How far away from home do you typically need travel assistance?

Less than 5 miles
5 - 10 miles
10 - 20 miles
20 - 50 miles
More than 50 miles

* 23. Why do you need help with transportation?

* 24. Do you use or have you ever used tobacco products (cigarettes, cigars, smokeless tobacco)?

Yes
No

5

25. How frequently do you (or did you previously) use * tobacco products?

Regularly use tobacco products
Socially use tobacco products
Used to regularly use tobacco products
Used to socially use tobacco products

* 26. Do you use or have you ever used electronic cigarettes (also known as e-cigs, vaping, juuling, etc.)?

Yes
No

* 27. How frequently do you (or did you previously) use electronic cigarettes (e-cigs, vaping, juuling, etc.)?

Regularly use
Socially use
Used to regularly use
Used to socially use

6

28. Do * you drink alcohol?

Yes
No

* 29. How frequently do you drink alcohol?

A few times a year
Monthly
Twice a month
Weekly
Twice a week
Daily

* 30. When you drink alcohol, how many drinks do you have in one sitting?

1 7 15+

7

31. Have you used any of the following types of drugs in the last six months? (Check * all that apply.)

I have not used any drugs in the past six months.
Amphetamines, methamphetamines or speed
Bath salts
Benzodiazepine (Benzos)

Cocaine
Ecstasy
Fentanyl
Heroin
Inhalants such as glue, toluene gasoline or paint
LSD, mescaline, peyote, psilocybin, DMT or mushrooms
Marijuana
Prescription drugs in an amount greater than what is prescribed to you
Prescription drugs not prescribed to you
Other (please specify)

* 32. On average, how frequently have you used the drugs you selected above?

Multiple times per day
Once per day
Multiple times per week
Once per week
Multiple times per month
Once per month
Less frequently than one time per month

8

33. Which of the following do you think are problems in Mercer County? (Check * all that apply.)

Alcohol use in adults
Underage alcohol use
Illegal drug use
Prescription drug use
Tobacco use (including vaping)
Distracted driving
Mental health issues
Overweight/obesity
Chronic illness, including cancer
Other (please specify)

* 34. What is needed to improve the health of our community? (Check all that apply.)

Healthier food options
Mental health services
Recreational facilities
Transportation
Free/discounted health screenings
More health care providers
Specialty health care providers
Substance abuse support
Alcohol abuse support
Health education
I don't know
Other (please specify)

9

35. For which topics do you need education/support? (Check * all that apply.)

Blood pressure
Cancer
Cholesterol
Dental care
Diabetes
Disease outbreak prevention
Drug abuse
Alcohol abuse in adults
Underage alcohol use
Tobacco use and/or quitting smoking
Eating disorders
Emergency preparedness
Overweight/Obesity
Exercise/physical activity
Fall prevention

Heart disease
Communicable diseases
Vaccines
Sexual health including STDs
Mental health concerns in adults
Mental health concerns in children
Nutrition and healthy eating
Prenatal care
Suicide prevention
Other (please specify)

* 36. How do you most often seek information about health topics? (Check all that apply.)

Asking a doctor/health care provider
Asking family or friends in person
Asking family or friends via social media
Contacting the health department
Searching the internet
Reading newspapers/magazines
Listening to the radio or podcasts
Asking questions at school
Asking questions at work
Watching TV
Social Media
Other (please specify)

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37. Where do you get most information about community events, community resources, etc.? (Check all that apply.)

*

Community bulletin boards
Social media
Family or friends
Doctors' office or hospital bulletin boards
Church bulletins
Internet
Library
Newspaper
Radio
School
Work
TV
Other (please specify)

If so, please provide your email address below.

38. Would you like to receive more information about community health and wellness resources in our community?

Yes
No

39. Do you have any other suggestions or feedback to help improve the health of our community?

11

Appendix C

2019 Mercer County Health Survey Response Data

SURVEY RESPONDENT DEMOGRAPHICS

GENDER

Male	20.8%
Female	79.2%

AGE DISTRIBUTION

18-29	15.2%
30-39	28.3%
40-49	20.8%
50-59	18.2%
60-69	12.8%
70-79	3.2%
80-89	1.4%

EDUCATION

High school diploma/GED or less	19.3%
Some college	17.7%
Bachelor's degree or more	42.4%
Advanced degree	20.6%

HOUSEHOLD INCOME

Less than \$24k	8.3%
\$25k-\$49k	13.5%
\$50k-\$75k	23.3%
\$75k-\$100k	23.1%
\$100k or more	31.8%

INCOME BY AGE GROUP

Age Range	Less than \$24k	\$25k-\$49k	\$50k-\$75k	\$75k-\$100k	\$100k or more
18-29	16.7%	16.7%	28.6%	17.9%	20.2%
30-39	6.4%	12.1%	18.5%	29.3%	33.8%
40-49	3.5%	10.4%	18.3%	23.5%	44.3%
50-59	8.9%	8.9%	26.7%	19.8%	35.6%
60-69	1.4%	18.3%	28.2%	25.4%	26.8%
70-79	33.3%	27.8%	33.3%	5.6%	0.0%

WEIGHTING

Category	Mercer Sample	%	2010 Census*	%	Weighting Value
Sex:					
Male	115	20.76%	20419	50.03%	2.410112
Female	439	79.24%	20395	49.97%	0.630608
	554				
Age:					
18-29	84	15.19%	5484	18.26%	1.201791
30-39	157	28.39%	4461	14.85%	0.523050
40-49	115	20.80%	5379	17.91%	0.861022
50-59	101	18.26%	6180	20.57%	1.126362
60-69	71	12.84%	3950	13.15%	1.024117
70-79	18	3.25%	2568	8.55%	2.626233
80-89	8	1.45%	1688	5.62%	3.884125
	554				
Household Income					
\$24k or less	46	8.30%	3457	22.15%	2.667840
\$25k-\$49k	75	13.54%	4392	28.14%	2.078831
\$50k-\$75k	129	23.29%	3533	22.64%	0.972237
\$75k-\$100k	128	23.10%	2160	13.84%	0.599048
\$100k or more	176	31.77%	2064	13.23%	0.416308

Note: The weighting ratios are calculated by taking the ratio of the proportion of the population of Mercer County in each subcategory by the proportion of the sample in the Mercer County survey for that category.

*Mercer County population figures taken from the 2010 census.

BMI SECTION

Note: In this section and those following it, the sample size is assumed to be n=554 unless otherwise noted.

BODY MASS - % of Mercer County Residents by Body Mass

	ALL	MALE	FEMALE
Underweight (BMI < 18.5)	2.2%	2.0%	2.4%
Normal weight (BMI = 18.5 - 24.9)	26.8%	28.5%	24.5%
Overweight (BMI = 25 - 29.9)	28.0%	35.1%	18.6%
Obese (BMI > 29.9)	43.0%	34.4%	54.5%

HEALTH STATUS SECTION

HEALTH STATUS - % Mercer County Residents by Health Description

	ALL
Poor	3.0%
Fair	45.4%
Very Good	42.8%
Excellent	8.9%

PRIMARY CARE PROVIDER - % Mercer County Residents established with Primary Care Provider

	ALL
Yes	81.0%
No	19.0%

PRIMARY CARE PROVIDER BY AGE GROUP - % Mercer County Residents established with Primary Care Provider by age

18-29	75.0%
30-39	83.6%
40-49	90.8%
50-59	95.8%
60-69	97.1%
70-79	100.0%

CARE BY LOCATION - % of Mercer County Residents by healthcare location (where they seek care most often)

67.0%	Primary care provider's office
8.1%	Specialist's office
10.0%	Urgent care
4.5%	Emergency Room
8.5%	I do not receive routine health care
1.9%	Other

HEALTH CONCERNS SECTION

HEALTH CONCERNS - % of Mercer County Residents reporting following Health Concerns

	ALL	MALE	FEMALE
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Anxiety	39.9%	45.0%	33.2%
Asthma or other lung condition	11.5%	14.4%	7.8%
Arthritis	25.7%	28.8%	21.8%
Autoimmune disease	6.4%	6.4%	6.5%
Chronic pain	20.0%	23.6%	15.3%
Cancer	9.9%	14.1%	4.5%
Depression	33.5%	38.6%	26.9%
Diabetes	11.1%	14.1%	7.2%
Heart disease	17.8%	25.5%	7.9%
High blood pressure	28.1%	25.5%	31.4%
High cholesterol	15.9%	16.9%	14.6%
Other mental health conditions	9.3%	14.2%	2.8%
Self-harm or suicidal thoughts	5.3%	5.7%	4.6%
Substance abuse	10.2%	14.9%	4.0%
I do not have any health challenges	18.1%	11.5%	26.8%

HEALTH CONCERNS by AGE - % of Mercer County Residents reporting following Health Concerns by Age

	18-29	30-39	40-49	50-59	60-69	70-79 (n =
Anxiety	59.6%	47.2%	39.3%	53.6%	11.7%	17.6%
Asthma or other lung	9.3%	5.1%	3.4%	20.3%	3.3%	0.0%
Arthritis	3.0%	5.8%	31.8%	33.2%	34.9%	38.8%
Autoimmune disease	6.1%	9.4%	11.0%	9.1%	3.2%	4.9%
Chronic pain	17.8%	10.7%	20.1%	30.3%	7.8%	24.0%
Cancer	0.8%	2.3%	2.4%	16.8%	3.7%	0.0%
Depression	49.1%	32.4%	39.4%	43.9%	7.8%	26.4%
Diabetes	1.0%	3.7%	7.9%	23.3%	7.6%	12.7%
Heart disease	0.8%	1.4%	0.0%	18.0%	8.7%	49.2%
High blood pressure	3.4%	13.4%	27.2%	45.1%	58.5%	56.1%
High cholesterol	0.8%	2.3%	6.1%	30.0%	40.4%	7.8%
Other mental health	16.5%	17.8%	10.9%	9.4%	0.0%	0.0%
Self-harm or suicidal	11.6%	8.0%	1.6%	0.0%	0.0%	0.0%
Substance abuse	14.0%	20.2%	10.1%	14.9%	4.0%	0.0%
I do not have any health	27.3%	28.4%	32.4%	12.8%	13.8%	2.3%

HEALTH CONCERNS - % of Mercer County Residents reporting following Health Concerns by Income

	\$24k or less	\$25k-\$49k	\$50k-\$75k	\$75k-\$100k	\$100k or more
Anxiety	72.2%	29.7%	22.5%	21.7%	21.5%
Asthma or other lung	11.6%	19.8%	5.7%	4.7%	3.7%
Arthritis	31.5%	27.8%	30.2%	7.8%	8.4%
Autoimmune disease	6.6%	5.5%	8.2%	2.9%	7.9%
Chronic pain	36.0%	13.6%	18.0%	4.9%	7.1%
Cancer	12.9%	11.2%	8.4%	4.7%	4.3%
Depression	69.2%	21.3%	15.9%	16.0%	11.0%

Diabetes	13.9%	16.2%	1.6%	6.8%	9.2%
Heart disease	17.5%	29.8%	11.1%	4.8%	6.9%
High blood pressure	27.9%	32.3%	20.3%	29.8%	29.7%
High cholesterol	16.0%	17.6%	8.2%	23.8%	19.2%
Other mental health	26.3%	1.8%	0.7%	2.5%	2.2%
Self-harm or suicidal	11.3%	4.4%	0.0%	2.5%	2.2%
Substance abuse	22.7%	7.8%	2.1%	1.6%	2.2%
I do not have any	3.0%	17.4%	23.7%	31.0%	40.5%

OTHER HEALTH CONCERNS - % of Mercer County Residents reporting other Health Concerns not Listed

Thyroid Issues	20.55%
Mental Health Issues	13.70%
Other (COPD,Deafness,Disability,Fibromyalgia x2, dental, gall bladder,lupus,OBGYN,)	12.33%
Muscular/Skeletal (e.g. scoliosis, back pain)	10.96%
Weight	9.59%
Cardio	8.22%
Gastrointestinal	8.22%
Ongoing Infection (e.g. Hepatitis C)	8.22%
Cancer	6.85%
Migraine	6.85%
Neurological/Nervous System	5.48%
Allergies	4.11%
Genetic Disorder	4.11%
Sleep Issues	2.74%
Arthritis	2.74%
Kidney Disease	2.74%
Hormone Disorder	2.74%

BIGGEST HEALTHCARE WORRIES - % of Mercer County Residents reporting specific Health Care Worries

Cost	26.8%
Cancer	15.1%
Obesity/Weight	12.8%
Other	11.7%
Cardiovascular/Heart Issues	6.4%
Access issues (e.g. same day appointments, finding local doctors, specialty care, etc.)	5.9%
Mental Health Issues/Access	5.7%

Insurance Company coverage (treatment and doctors)	3.9%
Future disease/loss of function	3.4%
Joints/Back/stiffness/arthritis/mobility	3.4%
Blood pressure	2.7%
Diet/Exercise	2.5%
Diabetes	2.5%
Long term care/retirement health cost	2.3%
Aging issues	2.1%
Child's health	2.1%
Lack of Communication/Education/Wellness or Preventative Care	2.1%
Quality of health care	2.1%
Inability to diagnose medical problems	1.8%
OBGYN	1.8%
Breathing Difficulty (e.g. COPD) and Allergies	1.4%
Neurological Problems other than stroke	1.4%
Personal drug use problems	1.4%
Liver/Hepatitis	1.4%

HEALTH SCREENINGS SECTION

HEALTH SCREENINGS - % of Mercer County Residents reporting completed the following Health Screenings in the last 12 months

Blood pressure check	76.2%
Blood sugar check	64.5%
Bone density test	29.6%

Results for Pap Smear are only given for women. (n = 413)
Results for Blood sugar check and coloscopy are only given for people 40 years of age and older. (n = 297)
Results for Mammogram for women 40 years of age

Cardiovascular screening	26.3%
Cholesterol check	49.6%
Colonoscopy	9.9%
Dental Exam	47.1%
Flu Shot	43.1%
Hearing Screening	26.0%
Mammogram	66.0%
Pap smear	44.3%
Prostate cancer screening	58.5%
Routine physical exam	45.9%
Skin cancer screening	14.1%
Vision screening	46.5%
None of the above	10.9%

HEALTH SCREENINGS - % of Mercer County Residents reporting completed the following Health Screenings in the last 12 months by Gender and Age

MALES	18-29 (n=23)	30-39 (n=30)	40-49 (n=17)	50-59 (n=15)	60-69 (n=18)
Blood pressure check	40.6%	53.8%	59.9%	100.0%	100.0%
Blood sugar check	15.0%	20.2%	55.7%	70.8%	79.5%
Bone density test	1.1%	1.2%	3.1%	24.1%	0.0%
Cardiovascular screening	1.1%	7.6%	22.7%	25.7%	15.8%
Cholesterol check	7.2%	23.5%	69.0%	60.3%	96.4%
Colonoscopy	1.1%	1.2%	0.0%	2.1%	28.4%
Dental Exam	17.6%	28.6%	47.6%	24.1%	92.8%
Flu Shot	8.2%	18.0%	42.8%	38.3%	62.2%
Hearing Screening	8.9%	1.2%	32.9%	51.0%	26.3%
Mammogram	1.1%	5.9%	0.0%	0.0%	0.0%
Pap smear	1.1%	0.0%	0.0%	0.0%	0.0%
Prostate cancer screening	1.1%	1.7%	10.2%	51.8%	64.2%
Routine physical exam	19.4%	24.0%	41.1%	54.0%	65.8%
Skin cancer screening	4.6%	3.6%	3.1%	8.5%	36.6%
Vision screening	15.1%	20.2%	59.9%	56.1%	38.6%
None of the above	31.5%	30.3%	11.6%	0.0%	0.0%

FEMALES	18-29 (n=57)	30-39 (n=116)	40-49 (n=92)	50-59 (n=80)	60-69 (n=50)	70-79 (n = 14)
Blood pressure check	62.9%	70.9%	74.0%	93.2%	93.1%	100.0%
Blood sugar check	36.8%	40.4%	39.1%	63.8%	76.1%	64.5%
Bone density test	7.5%	10.2%	7.4%	27.6%	42.5%	29.5%

Cardiovascular screening	3.3%	2.7%	12.7%	22.3%	23.3%	19.5%
Cholesterol check	20.9%	37.9%	46.0%	63.7%	81.9%	54.5%
Colonoscopy	0.0%	3.0%	0.5%	19.3%	17.6%	11.4%
Dental Exam	60.2%	76.7%	73.2%	71.5%	86.2%	56.5%
Flu Shot	35.0%	51.1%	39.6%	40.7%	52.2%	62.7%
Hearing Screening	11.0%	5.7%	5.9%	14.0%	18.9%	33.6%
Mammogram	4.2%	6.6%	66.3%	63.6%	68.7%	76.4%
Pap smear	52.2%	63.5%	56.2%	46.4%	33.6%	21.4%
Prostate cancer screening	0.0%	0.0%	0.0%	3.0%	0.0%	0.0%
Routine physical exam	50.8%	46.0%	57.9%	54.0%	58.5%	52.8%
Skin cancer screening	4.1%	15.4%	18.5%	22.8%	40.5%	31.4%
Vision screening	50.0%	52.0%	60.1%	71.3%	82.9%	65.0%
None of the above	7.3%	6.5%	2.7%	0.0%	1.8%	0.0%

HEALTH BEHAVIORS SECTION

HEALTH BEHAVIORS - % of Mercer County Residents reporting the following Health Behaviors, all and by sex

	ALL	FEMALE	MALE
I exercise at least three times per week.	49.4%	46.2%	51.8%
I eat at least five servings of fruit and vegetables each day.	22.4%	25.7%	19.8%
I eat fast food less than once per week.	54.4%	54.9%	54.1%
I use sunscreen or protective clothing when in the sun.	35.3%	54.7%	20.6%
I visit my primary care provider for my annual wellness exam.	57.5%	66.0%	51.1%
I receive preventative health screenings as recommended by my doctor.	44.4%	60.0%	32.5%
I receive a flu shot each year.	51.5%	57.7%	46.9%
None of the above apply to me.	6.9%	4.3%	29.3%

HEALTH BEHAVIORS - % of Mercer County Residents reporting following Health Behaviors by age

	18-29 (n=23)	30-39 (n=30)	40-49 (n=17)	50-59 (n=15)	60-69 (n=18)	70-79 (n=18)
I exercise at least three times per week.	52.1%	55.6%	38.4%	39.3%	62.7%	58.9%
I eat at least five servings of fruit and vegetables	16.0%	22.8%	27.2%	28.3%	34.7%	23.9%
I eat fast food less than once per week.	42.8%	61.1%	50.6%	39.7%	70.9%	50.5%

I use sunscreen or protective clothing when in the	26.3%	36.0%	47.2%	41.1%	45.2%	48.4%
I visit my primary care provider for my annual	23.7%	36.4%	52.3%	82.5%	79.1%	64.9%
I receive preventative health screenings as recommended by my doctor.	19.8%	32.4%	47.8%	51.9%	71.3%	60.8%
I receive a flu shot each year.	18.4%	37.2%	46.0%	50.3%	59.5%	89.6%
None of the above apply to me.	19.7%	4.4%	5.9%	2.8%	1.6%	0.0%

PREVENTATIVE HEALTH CARE ACCESS SECTION

PREVENTATIVE HEALTH CARE ACCESS - % of Mercer County Residents reporting the following issues preventing them from accessing health care, all and by sex

	ALL	MALE	FEMALE
Cost of health care (without insurance)	21.2%	16.3%	12.6%
Cost of health care (with insurance)	57.0%	39.9%	38.8%
Don't know how to find a doctor	7.3%	6.9%	2.8%
Lack of availability of doctors	11.3%	8.6%	6.7%
Language barriers	0.2%	0.0%	0.3%
Cultural or religious beliefs	0.2%	0.0%	0.2%
Lack of transportation	16.2%	19.4%	0.7%
Fear	14.8%	7.7%	13.5%
Schedule/too busy	30.0%	15.6%	27.3%

PREVENTATIVE HEALTH CARE ACCESS - % of Mercer County Residents reporting the following issues preventing them from accessing health care by income

	\$24k or less (n=44)	\$25k- \$49k (N = 65)	\$50k- \$75k (n=116)	\$75k- \$100k (n=109)	\$100k or more (n=156)
Cost of health care (without insurance)	22.8%	12.2%	7.4%	5.5%	1.2%
Cost of health care (with insurance)	17.4%	32.1%	31.4%	34.4%	38.5%
Don't know how to find a doctor	5.3%	3.3%	0.0%	2.4%	0.0%
Lack of availability of doctors	7.5%	2.4%	6.3%	2.4%	5.5%
Language barriers	0.0%	0.0%	0.0%	1.3%	0.0%
Cultural or religious beliefs	0.0%	0.2%	0.0%	0.0%	0.0%
Lack of transportation	14.8%	4.2%	0.3%	0.0%	0.0%
Fear	8.3%	5.4%	10.3%	2.0%	2.9%
Schedule/too busy	4.7%	11.3%	32.7%	32.3%	30.4%

TRANSPORTATION ASSISTANCE SECTION

TRANSPORTATION ASSISTANCE - % of Mercer County Residents reporting transportation was an issue

Yes	24.0%
No	76.0%

TRANSPORTATION ASSISTANCE - % of Mercer County Residents reporting how often they need assistance with transportation

Less than one time per month	23.5%
2-5 times a month	32.2%
5-15 times a month	28.3%
More than 15 times a month	16.0%

TRANSPORTATION ASSISTANCE BY ACTIVITY – % of Mercer County Residents reporting transportation needed to following activities

Work/employment	53.1%
Shopping	54.6%
Prescriptions	47.1%
Medical or behavioral health appointments	70.8%
Social Outings	44.4%

TRANSPORTATION ASSISTANCE BY TIME - % of Mercer County Residents reporting transportation needed by time

Weekday between 8 a.m. - 4 p.m.	79.4%
Weekdays between 4 p.m. - midnight	13.6%
Weekdays between midnight - 8 a.m.	0.0%
Weekends	7.1%

TRANSPORTATION ASSISTANCE BY LOCATION - % of Mercer County Residents reporting transportation needed by location

Less than 5 miles	11.9%
5-10 miles	40.1%
10-20 miles	12.9%
20-50 miles	19.4%
More than 50 miles	15.7%

TOBACCO USE SECTION

TOBACCO USE - % of Mercer County Residents reporting use of tobacco, now or in the past

Yes	54.3%
No	45.7%

TOBACCO USE FREQUENCY - % of Mercer County Residents reporting use of tobacco by frequency

Regularly use tobacco products	57.3%
Socially use tobacco products	5.2%
Used to regularly use tobacco products	26.6%
Used to socially use tobacco products	14.2%

ELECTRONIC CIGARETTE USE - % of Mercer County Residents reporting use of electronic cigarettes (e-cigs, vaping, juuling, etc.)

Yes	16.0%
No	84.0%

ELECTRONIC CIGARETTE USE FREQUENCY - % of Mercer County Residents reporting use of electronic cigarettes (e-cigs, vaping, juuling, etc.) by frequency

Regularly use	30.1%
Socially use	15.8%
Used to regularly use	7.0%
Used to socially use	47.3%

ALCOHOL USE SECTION

ALCOHOL USE - % of Mercer County Residents reporting use of alcohol

Yes	67.1%
No	32.9%

ALCOHOL USE BY FREQUENCY - % of Mercer County Residents reporting use of alcohol by frequency

A few times a year	22.1%
Monthly	10.1%
Twice a month	17.0%
Weekly	25.3%
Twice a week	19.4%
Daily	6.1%

ALCOHOL USE IN ONE SETTING - % of Mercer County Residents reporting amount of alcohol in one setting, all and by sex

	ALL	MALE	FEMALE
0 drinks	8.0%	4.0%	6.4%
1-2 drinks	36.6%	21.4%	25.3%
3-4 drinks	25.4%	16.2%	15.9%
5 to 6 drinks	13.2%	10.3%	5.9%
7 to 9 drinks	7.4%	6.3%	2.6%
10 to 15 drinks	9.4%	10.2%	0.5%

DRUG USE SECTION

DRUG USE - % of Mercer County Residents reporting use of following drugs in last six months

I have not used any drugs in the past six months	76.5%
Amphetamines, methamphetamines or speed	14.5%

Bath salts	0.6%
Benzodiazepine (Benzos)	7.8%
Cocaine	7.4%
Ecstasy	3.0%
Fentanyl	3.4%
Heroin	3.2%
Inhalants such as glue, toluene gasoline or paint	0.6%
LSD, mescaline, peyote, psilocybin, DMT or mushrooms	4.1%
Marijuana	19.3%
Prescription drugs in an amount greater than what is prescribed to you	5.5%
Prescription drugs not prescribed to you	5.5%

DRUG USE FREQUENCY - % of Mercer County Residents who reported drug use; reporting frequency of drug use

Less frequently than one time per month	22.7%
Once per month	0.0%
Multiple times per month	6.1%
Once per week	5.1%
Multiple times per week	2.2%
Once per day	19.3%
Multiple times per day	44.6%

PERCEIVED HEALTH ISSUES SECTION

PERCEIVED HEALTH ISSUES - % of Mercer County Residents reporting the following perceived issues

Alcohol use in adults	67.2%
Underage alcohol use	78.2%

Illegal drug use	94.1%
Prescription drug use	49.4%
Tobacco use (including vaping)	57.1%
Distracted driving	61.9%
Mental health issues	55.7%
Overweight/obesity	56.5%
Chronic illness, including cancer	55.7%

PERCEIVED HEALTH IMPROVEMENTS - % of Mercer County Residents reporting the following perceived health improvements

Healthier food options	53.6%
Mental health services	55.8%
Recreational facilities	41.1%
Transportation	27.9%
Free/discounted health screenings	49.9%
More health care providers	27.9%
Specialty health care providers	36.4%
Substance abuse support	59.0%
Alcohol abuse support	50.8%
Health education	38.6%
I don't know	12.9%

OTHER PERCEIVED HEALTH IMPROVEMENTS - % of Mercer County Residents reporting the following other perceived health improvements

More low cost/free recreation opportunities, for all age groups	12.9%
Local healthcare/mental healthcare providers who accept various insurance carriers or new Medicaid patients	12.9%
Lowering Healthcare and mental health care costs	9.7%
Individuals to accept responsibility for making good choices concerning their own health.	9.7%
Awareness of alcohol and other drug problems	6.5%
Increased transportation choices	6.5%
More holistic or naturopathic medicine providers	6.5%
More quality physicians in the area	6.5%
More mental health substance abuse counseling and sober living rehabilitation	6.5%
More education about mental health care	6.5%

HEALTH EDUCATION SECTION

HEALTH EDUCATION DESIRED - % of Mercer County Residents desiring the following health education/support

Blood pressure	24.8%
Cancer	16.4%
Cholesterol	14.6%
Dental care	12.8%
Diabetes	28.6%
Disease outbreak prevention	11.7%
Drug abuse	29.1%
Alcohol abuse in adults	21.6%
Underage alcohol use	15.1%
Tobacco use and/or quitting smoking	19.3%
Eating disorders	17.7%
Emergency preparedness	20.9%
Overweight/Obesity	39.4%
Exercise/physical activity	34.4%
Fall prevention	12.4%
Heart disease	23.1%
Communicable diseases	9.7%
Vaccines	15.1%
Sexual health including STDs	16.1%
Mental health concerns in adults	34.4%
Mental health concerns in children	23.6%
Nutrition and healthy eating	42.9%
Prenatal care	7.1%
Suicide prevention	18.6%

HEALTH INFORMATION SECTION

HEALTH INFORMATION BY SOURCE - % of Mercer County Residents reporting using the following sources for information about health topics

Asking a doctor/health care provider	71.1%
Asking family or friends in person	39.0%
Asking family or friends via social media	10.6%
Contacting the health department	8.5%
Searching the internet	62.3%
Reading newspapers/magazines	15.3%
Listening to the radio or podcasts	10.6%
Asking questions at school	4.2%
Asking questions at work	13.0%
Watching TV	15.5%
Social media	20.9%

COMMUNITY INFORMATION BY SOURCE - % of Mercer County Residents reporting using the following sources for information about community events, resources, etc.

Community bulletin boards	16.9%
Social media	65.8%
Family or friends	55.9%
Doctors' office or hospital bulletin boards	11.7%
Church bulletins	24.7%
Internet	44.8%
Library	7.4%
Newspaper	41.2%
Radio	30.0%
School	7.0%
Work	22.4%
TV	21.5%

MORE INFORMATION - % of Mercer County Residents desiring more information about health and wellness resources in community

Yes	24.6%
No	75.4%

MORE INFORMATION BY AGE - % of Mercer County Residents desiring more information about health and wellness resources in community by age

18-29 (n=74)	17.2%
30-39 (n=138)	44.7%

40-49 (n=105)	35.2%
50-59 (n=89)	18.3%
60-69 (n=59)	12.3%
70-79 (n = 15)	30.7%

OTHER FEEDBACK - % of Mercer County Residents providing following feedback to improve the health of community

More affordable or lower healthcare/test/screening costs.	16.7%
More mental and physical health education for all ages, including substance use.	16.7%
Increase the availability of or number of Doctors/health care providers.	13.3%
More mental health services/options, including students.	13.3%
More social and recreational events, particularly without alcohol.	11.7%
Recognizing and providing education/support for the alcohol problem in Mercer County, including teenagers.	8.3%
More resources/help for drug addicts, including needle exchanges.	8.3%
Getting people who need help to seek help.	5.0%
More information/resources for child, domestic, and sexual abuse.	3.3%
More awareness/advertising of community events/groups/resources.	3.3%
More worksite wellness and drug testing programs in the workplace.	3.3%
Convenience, accessibility, and promotion of childhood immunizations.	3.3%
More support for mothers, including increased daycare options.	3.3%

PROGRESS

PROGRESS – Progress for key indicators reported in 2012 and 2016 community health assessments.

Progress Over Time Key:		 Improving ¹	 Little or no detectable change ²	Getting worse ³									
Progress since 2016	Key health Indicator			2012	2016	2019							
	Obesity (BMI > 29.9)			33%	38%	43%							
	Binge Drinkers			25%	42%								
	Took prescription medication that was not prescribed or took more than prescribed			10%	2%	10%							
	Marijuana Users			2%	0.80%	17%							
	Current smokers (currently smoke some or all days)			14%	13%								
	General health status is "excellent" or "very good"			58%	53%	50%							
	¹ When the magnitude of the difference between the 2016 data and the most recent data is at least 10% and the direction of this difference suggest a more healthy population												
	² When the magnitude of the difference between the 2016 data and the most recent data is less than 10% or when the 2016 value was ≤ 5%												
	³ When the magnitude of the difference between the 2016 data and the most recent data is at least 10% and the direction of this difference suggests a less healthy population. For example, consider obesity: $ ((.38-.423)/.38)*100 = 22.4\%$.												

Appendix D

2022-2024 CHIP Work Plan

<p>Priority #1: Mental Health. Like other rural counties, Mercer County has a per capita shortage of psychiatric care providers. Acute psychiatric care is located outside the county. While there is still some stigma associated with seeking help with mental health problems in our community, there has been an increase in demand for mental health services. We will continue working to address stigma and access problems during the course of this CHIP.</p>						
<p>Priority Outcome 1: Increase access and availability of mental health services in Mercer County.</p>						
<p>Key Measure(s): Access to mental health prevention, intervention and treatment services within Mercer County with goal of decreasing Health Concerns related to Anxiety, Depression, Other Mental Health Conditions, Self-harm or suicidal thoughts.</p>						
<p>Baseline: % of Mercer County residents reporting Anxiety: 39.9%, Depression: 33.5%, Other Mental Health Conditions: 9.3%, Self-harm or suicidal thoughts: 5.3%</p>						
<p>Alignment with National Priorities: Healthy People 2030; https://health.gov/healthypeople/objectives-and-data/browse-objectives/mental-health-and-mental-disorders</p>						
<p>Alignment with SHIP: Priority topic: Mental Health and Addiction, featured strategy: digital access to treatment services and crisis response, priority topic: access to care, featured strategy: telemental health services.</p>						
Objectives	Impact	Measure	Action Steps	Timeframe	Lead	Status
<p>Objective 1.1.1: By January 1, 2024, establish a virtual mental health service in Mercer County.</p>	<input type="checkbox"/> Policy Change <input type="checkbox"/> Environmental Change <input checked="" type="checkbox"/> Systems Change <input type="checkbox"/> Evidence Based	<p>Baseline: 0</p> <p>Target: 1</p>	<ul style="list-style-type: none"> Determine community need and explore options. Choose option and promote Assess usage rates and determine if change is needed. 	<p>Start: January 1, 2022</p> <p>End: January 1, 2024</p>	<p>Diane Gable, Foundations Behavioral Health Services</p>	<ul style="list-style-type: none"> Not Yet Started Not Yet Started Not Yet Started
<p>Objective 1.1.3 By December 2023, implement hope squad programming in school districts to address suicide prevention and mental health awareness</p>	<input type="checkbox"/> Policy Change <input type="checkbox"/> Environmental Change <input type="checkbox"/> Systems Change <input checked="" type="checkbox"/> Evidence Based Program	<p>Baseline: 0</p> <p>Target: 5</p>	<ul style="list-style-type: none"> Provide educational forums for stakeholders (superintendents, principals, counselors) Obtain participation agreements 	<p>Start: January 1, 2022</p> <p>End: December 31, 2022</p>	<p>Alicia Bruce, Tri-County ADAMHS Board</p>	<ul style="list-style-type: none"> Not Yet Started Not Yet Started
<p>Priority Outcome 2: Increase understanding of mental health in community</p>						
<p>Key Measure(s): Population education of mental health and available services.</p>						
<p>Baseline: In addition to decreasing health concerns noted in Priority Outcome #1, compare health education desired for mental health concerns in adults at 34.4% and children at 23.6%.</p>						
<p>Alignment with National Priorities: Healthy People 2030; https://health.gov/healthypeople/objectives-and-data/browse-objectives/mental-health-and-mental-disorders</p>						
<p>Alignment with SHIP: Priority Topic: Mental Health and Addiction, Featured Strategy: Mental Health Education</p>						
Objectives	Impact	Measure	Action Steps	Timeframe	Lead	Status

<p>Objective 1.2.1: Conduct a mental health education campaign throughout the CHIP period.</p>	<input type="checkbox"/> Policy Change <input checked="" type="checkbox"/> Environmental Change <input type="checkbox"/> Systems Change <input type="checkbox"/> Evidence Based Program	<p>Baseline: 0 Target: 1</p>	<ul style="list-style-type: none"> • Market the Crisis Text Line, Local Help Now app, and 24/7 emergency service to local community • Promote quarterly via local agencies' websites and social media. • Educate on decreasing negative stigma • Education on coping mechanisms 	<p>Start: January 1, 2022 End: December 31, 2024</p>	<p>Alicia Bruce, Tri-County ADAMHS Board</p>	<ul style="list-style-type: none"> • Not Yet Started • Not Yet Started • Not Yet Started • Not Yet Started
<p>Objective 1.2.2: By December 2023, train area school district educators/staff and community members on mental Health First Aid.</p>	<input type="checkbox"/> Policy Change <input type="checkbox"/> Environmental Change <input type="checkbox"/> Systems Change <input checked="" type="checkbox"/> Evidence Based Program	<p>Baseline: 0 Target: 4</p>	<ul style="list-style-type: none"> • Confirm certified Youth Mental Health First Aid trainers • Coordinate and organize Youth Mental Health First Aid training for each school district. • Coordinate and organize Mental Health First Aid training for community members 	<p>Start: January 1, 2022 End: December 31, 2023</p>	<p>Mercer County ESC, Alicia Bruce, Tri-County ADAMHS Board</p>	<ul style="list-style-type: none"> • Not Yet Started • Not Yet Started • Not Yet Started
<p>Objective 1.2.3: By December 2024, provide educational forums for parents regarding mental health awareness</p>	<input type="checkbox"/> Policy Change <input checked="" type="checkbox"/> Environmental Change <input type="checkbox"/> Systems Change <input type="checkbox"/> Evidence Based Program	<p>Baseline: 0 Target: 50</p>	<ul style="list-style-type: none"> • Confirm presenters • Coordinate and organize educator forums 	<p>Start: January 1, 2022 End: December 31, 2024</p>	<p>Mercer County ESC</p>	<ul style="list-style-type: none"> • Not Yet Started • Not Yet Started •

Priority #2: Drug and Alcohol Abuse. The use of alcohol has been normalized in Mercer County. Although various agencies and groups are working to address the overall problem of addiction, the alcohol and drug problem remains. In the coming years, Mercer County public health partners will be tasked with finding innovative ways to make positive impacts on health outcomes related to drug and alcohol abuse.

Priority Outcome 1: Decrease the abuse of alcohol and drugs by youth and adults in Mercer County

Key Measure(s): Percentage of Mercer County residents who report using alcohol or illegal substances.

Baseline: 67% use alcohol, 24% use illegal substances.

Alignment with National Priorities: Healthy People 2030: <https://health.gov/healthypeople/objectives-and-data/browse-objectives/drug-and-alcohol-use/reduce-proportion-adults-who-used-drugs-past-month-su-07>, <https://health.gov/healthypeople/objectives-and-data/browse-objectives/drug-and-alcohol-use/reduce-proportion-people-aged-21-years-and-over-who-engaged-binge-drinking-past-month-su-10>

Alignment with SHIP: Priority topic: Mental Health and Addiction, featured strategy: enhanced enforcement of laws prohibiting alcohol sales to minors

Objectives	Impact	Measure	Action Steps	Timeframe	Lead	Status
<p>Objective 2.1.1: Hold at least one seller/server training each year throughout the CHIP period</p>	<input type="checkbox"/> Policy Change <input checked="" type="checkbox"/> Environmental Change <input type="checkbox"/> Systems Change <input type="checkbox"/> Evidence Based	<p>Baseline: 1 Target: 1</p>	<ul style="list-style-type: none"> Establish date and location of training Market training Hold training and evaluate results Distribute press release to recognize businesses who invested in the training. 	<p>Start: January 1, 2022 End: December 31, 2024 Hold training in April or October each year in conjunction with Red Ribbon Week or Alcohol Awareness Month.</p>	<p>Mercer County Prevention Coalition</p>	<ul style="list-style-type: none"> Not Yet Started Not Yet Started Not Yet Started Not Yet Started
<p>Objective 2.1.2: By 2023, investigate options for enforcement of legal drinking age at local festivals and present options to at least two festival committees per year.</p>	<input type="checkbox"/> Policy Change <input checked="" type="checkbox"/> Environmental Change <input type="checkbox"/> Systems Change <input type="checkbox"/> Evidence Based Program	<p>Baseline: 0 Target: 4</p>	<ul style="list-style-type: none"> Assess local law enforcement role Investigate third party options Educate at least two festival committees on options annually. 	<p>Start: June 1, 2022 End: December 31, 2024</p>	<p>Mercer County Prevention Coalition, Mercer County Health District</p>	<ul style="list-style-type: none"> Not Yet Started Not Yet Started Not Yet Started
<p>Objective 2.1.3: By August 1, 2024, install at least one vape sensor in each Mercer County school district.</p>	<input type="checkbox"/> Policy Change <input type="checkbox"/> Environmental Change <input type="checkbox"/> Systems Change <input checked="" type="checkbox"/> Evidence Based Program	<p>Baseline: 2 Target: 6</p>	<ul style="list-style-type: none"> Investigate vape sensor options, effectiveness, and cost Identify funding sources Market to schools Complete installations 	<p>Start: January 1, 2023 End: August 1, 2024</p>	<p>Mercer County ESC</p>	<ul style="list-style-type: none"> Not Yet Started Not Yet Started Not Yet Started Not Yet Started

Objective 2.1.4: By September 1, 2024, implement the I Mind substance abuse program in 5 Mercer County school districts.	<input type="checkbox"/> Policy Change <input type="checkbox"/> Environmental Change <input type="checkbox"/> Systems Change <input type="checkbox"/> Evidence Based Program	Baseline: 0 Target: 3	<ul style="list-style-type: none"> Market program to local schools Pilot program in one school district Evaluate effectiveness Expand to additional school districts if pilot is successful 	Start: May 1, 2022 End: December 31, 2024	Mercer County ESC, Foundations Behavioral Health Services	<ul style="list-style-type: none"> Not Yet Started Not Yet Started Not Yet Started Not Yet Started
Objective 2.1.5: By October 1, 2022, add one publicly accessible prescription drug collection box in Mercer County.	<input type="checkbox"/> Policy Change <input type="checkbox"/> Environmental Change <input type="checkbox"/> Systems Change <input checked="" type="checkbox"/> Evidence Based Program	Baseline: 2 Target: 3	<ul style="list-style-type: none"> Work with community partner to secure new drop box site Facilitate FDA approval process Purchase and install drop box at new location Market new location to community 	Start: April 1, 2022 End: January 1, 2023	Tri-County ADAMHS Board, Mercer Health	<ul style="list-style-type: none"> Not Yet Started Not Yet Started Not Yet Started Not Yet Started
Objective 2.1.6: By August 1, 2022, distribute 100 Deterra prescription drug disposal bags across Mercer County	<input type="checkbox"/> Policy Change <input type="checkbox"/> Environmental Change <input type="checkbox"/> Systems Change <input checked="" type="checkbox"/> Evidence Based Program	Baseline: 0 Target: 100	<ul style="list-style-type: none"> Secure funding and purchase bags Produce demonstration video and share via social media network Provide bags to funeral homes and hospice providers to distribute to families 	Start: June 1, 2022 End: August 1, 2022	Tri-County ADAMHS Board	<ul style="list-style-type: none"> Not Yet Started Not Yet Started Not Yet Started
Priority Outcome 2: Increase awareness of long-term effects of drug and alcohol abuse.						
Key Measure(s): Population education of drug and alcohol abuse and available services						
Baseline: In addition to decreasing drug and alcohol abuse (Priority #1), compare health education desired for: drug abuse 29.1%, alcohol abuse in adults 21.6%, underage alcohol use 15.1%, tobacco use and/or quitting smoking 19.3%						
Alignment with National Priorities: Healthy People 2030: https://health.gov/healthypeople/objectives-and-data/browse-objectives/tobacco-use/reduce-current-e-cigarette-use-adolescents-tu-05 ; https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-communication/increase-health-literacy-population-hchit-r01						
Alignment with SHIP: Priority topic: tobacco/nicotine. Strategy: School-based tobacco prevention and evaluation initiatives- insure all youth tobacco prevention policies and programs include emphasis on e-cigarettes/nicotine addiction.						
Objectives	Impact	Measure	Action Steps	Timeframe	Lead	Status
Objective 2.2.1: Provide ongoing education on the effects of vaping and substance and alcohol	<input type="checkbox"/> Policy Change <input type="checkbox"/> Environmental Change <input checked="" type="checkbox"/> Systems Change <input type="checkbox"/> Evidence Based Program	Baseline: 0 Target: 15	<ul style="list-style-type: none"> Coordinate with schools to set up education days for their students Provide at least 5 presentations annually 	Start: January 1, 2022 End: December 31, 2024	Laura Sanford, Foundations Behavioral Health Services	<ul style="list-style-type: none"> Not Yet Started Not Yet Started Not Yet Started Not Yet Started

use and abuse on long-term health						
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Priority #3: Healthy Weight. Seventy one percent of Mercer County residents are overweight or obese. People often eat unhealthy foods out of convenience or because healthier options are not readily available at the place and time they are needed. This problem applies to both restaurant and retail settings. Although Mercer County is home to many farmers and blue collar workers, many others lead sedentary lifestyles, promoting overweight and obesity. Unhealthy weight often leads to chronic disease problems. The Mercer County public health partners envision a future where many more Mercer County residents maintain healthy body weight by eating healthy foods and living active lifestyles.

Priority Outcome 1: Decrease proportion of Mercer County adults who are obese

Key Measure(s): Proportion of adults who are obese as reported in the Mercer County Community Health Needs Assessment.

Baseline: 43%

Alignment with National Priorities: Healthy People 2030: <https://health.gov/healthypeople/objectives-and-data/browse-objectives/workplace/increase-proportion-worksites-offer-employee-nutrition-program-ecbp-d05>

Alignment with SHIP: Priority topic: physical activity. Strategy: workplace physical activity programs and policies.

Objectives	Impact	Measure	Action Steps	Timeframe	Lead	Status
<p>Objective 3.1.1: Increase proportion of adults eating fruits and vegetables</p>	<input type="checkbox"/> Policy Change <input checked="" type="checkbox"/> Environmental Change <input type="checkbox"/> Systems Change <input type="checkbox"/> Evidence Based	78% do not meet daily recommendations, decrease	<ul style="list-style-type: none"> Promote restaurants offering health options/choices Promote how to grocery shop, prepare, etc. – CHWW services Occupational Health Wellness Team will schedule discussions with local employers about promoting healthy choices when grocery shopping and eating in restaurants Occupational Health Wellness Team will create short videos to be shared amongst employers on healthy choices 	Start: January 1, 2022 End: December 31, 2024	Mandy Wendel- Mercer Health Weight Management Center Jessica Brown – Mercer Health Mindy Kremer – Mercer Health	<ul style="list-style-type: none"> Not Yet Started Not Yet Started Not Yet Started
<p>Objective 3.1.2: Increase proportion of adults getting recommended activity/increase their activity</p>	<input type="checkbox"/> Policy Change <input checked="" type="checkbox"/> Environmental Change <input type="checkbox"/> Systems Change <input type="checkbox"/> Evidence Based	50% do not meet recommendations of 3x weekly, increase	<ul style="list-style-type: none"> Promote how to get steps Offer wellness tips Promote 5K series Other general education Occupational Health Wellness Team will schedule discussions with local employers about promoting healthy choices when grocery shopping and eating in restaurants Occupational Health Wellness Team will create short videos 	Start: January 1, 2022 End: December 31, 2024	Mandy Wendel- Mercer Health Weight Management Center Jessica Brown – Mercer Health Mindy Kremer – Mercer Health	<ul style="list-style-type: none"> Not Yet Started

			to be shared amongst employers on healthy choices			
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Priority Outcome 2: Increase awareness of the connection between weight status and other comorbidities

Key Measure(s): Adults receiving preventative health screenings as recommended; visiting primary care provider for annual wellness

Baseline: Preventative Screenings, 44.4% and Annual Wellness 57.5%

Alignment with National Priorities: Healthy People 2030: <https://health.gov/healthypeople/objectives-and-data/browse-objectives/workplace/increase-proportion-worksites-offer-employee-nutrition-program-ecbp-d05>; <https://health.gov/healthypeople/objectives-and-data/browse-objectives/overweight-and-obesity/increase-proportion-health-care-visits-adults-obesity-include-counseling-weight-loss-nutrition-or-physical-activity-nws-05>

Alignment with SHIP: Health behaviors and Chronic Disease – Heart disease and diabetes

Objectives	Impact	Measure	Action Steps	Timeframe	Lead	Status
Promote screenings for diabetes and heart disease, cholesterol, etc. – and following up with their provider	<input type="checkbox"/> Policy Change <input type="checkbox"/> Environmental Change <input checked="" type="checkbox"/> Systems Change <input type="checkbox"/> Evidence Based Program	Baseline: 44.4% preventative screenings, 57.5% provider visit Target: 50% preventative screenings, 67% provider visit	<ul style="list-style-type: none"> • Education/promotion of screenings • Heart disease campaign 	Start: January 1, 2022 End: December 31, 2024	Mindy Kremer – Mercer Health	<ul style="list-style-type: none"> • Not Yet Started • Not Yet Started • Not Yet Started • Not Yet Started

Priority #4: Access to Care: Access to and utilization of health care are important concerns of the local public health system. This priority seeks to ensure Mercer County residents are aware of the health care options available to them, the importance of those options, and how to get the care they need. Enhanced access to care is also a focus.

Priority Outcome 1: Increase proportion of community understanding importance of and access to health care

Key Measure(s): Adults receiving preventative health screenings as recommended; visiting primary care provider for annual wellness

Baseline: Preventative screenings: 44.4% and Annual Wellness: 57.5%

Alignment with National Priorities: Healthy People 2030: <https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-communication/increase-health-literacy-population-hchit-r01>

Alignment with SHIP: Health behaviors ,Chronic disease – heart disease and diabetes

Objectives	Impact	Measure	Action Steps	Timeframe	Lead	Status
Objective 4.1.1: Promote evidence-based preventative health care and follow up with their provider	<input type="checkbox"/> Policy Change <input checked="" type="checkbox"/> Environmental Change <input type="checkbox"/> Systems Change <input type="checkbox"/> Evidence Based	Baseline: 44.4% preventative screenings, 57.5% provider visit Target: 50% preventative screenings, 67% provider visit	<ul style="list-style-type: none"> Continue discussions with local employers on medical coverage of healthy weight and wellness strategies. Distribute resources/educational materials at employer health fairs and to other employers about health choices and available resources Ongoing education of appropriate preventative health screenings Promotion/education of health screenings, etc. 	Start: January 1, 2022 End: December 31, 2024	Jessica Brown- Mercer Health Occupational Health Mindy Kremer – Mercer Health	<ul style="list-style-type: none"> Not Yet Started Not Yet Started
Objective 4.1.2: Educate patients on the importance of regular routine dental care	<input type="checkbox"/> Policy Change <input checked="" type="checkbox"/> Environmental Change <input type="checkbox"/> Systems Change <input type="checkbox"/> Evidence Based Program		<ul style="list-style-type: none"> Locate/identify grant opportunities to cover costs to create informational pamphlet Identify graphic designer to create Identify local dental providers to author information points Distribute to all medical and social service providers. Conduct follow-up survey in December, 2022. 	Start: January 1, 2022 End: December 31, 2022	Amy Esser- Mercer County Head Start Jason Menchhofer- Mercer County Health District Mindy Kremer- Mercer Health	<ul style="list-style-type: none"> Not Yet Started
Objective 4.1.3: Advocate for higher	<input type="checkbox"/> Policy Change <input type="checkbox"/> Environmental Change		<ul style="list-style-type: none"> Locate/identify dental advocacy group 	Start: January 1, 2022 End: June 30, 2022	Amy Esser- Mercer County Head Start	<ul style="list-style-type: none"> Not Yet Started Not Yet Started

dental reimbursement rates for providers	<input checked="" type="checkbox"/> Systems Change <input type="checkbox"/> Evidence Based Program		<ul style="list-style-type: none"> Contact federal/state legislators to advocate for higher reimbursement rates 			
Objective 4.1.4: Promote community organizations that provide support services	<input type="checkbox"/> Policy Change <input type="checkbox"/> Environmental Change <input checked="" type="checkbox"/> Systems Change <input type="checkbox"/> Evidence Based Program	Percent of Mercer County Residents who use the following sources for health information. Baseline: Doctor/health care provider: 71.1% Health Department: 8.5% Target: Doctor/health care provider: 90% Health Department: 50% Percent of Mercer County residents who use the following sources for information about community events and resources. Baseline: Community bulletin boards: 16.9% Doctor’s office or hospital bulletin boards: 11.7% Target: Community bulletin boards: 90% Doctor’s office or hospital bulletin boards- 50%	<ul style="list-style-type: none"> Update resources – including Resource Booklet and determine how to best communicate, make available digitally Develop “campaign” such as “Healthy Mercer County 2030” as a foundation for CHIP, particularly access to care messaging 	Start: January 1, 2022 End: December 31, 2024	Mindy Kremer – Mercer Health	<ul style="list-style-type: none"> Not Yet Started Not Yet Started Not Yet Started Not Yet Started