

COMMUNITY HEALTH NEEDS IMPLEMENTATION PLAN



1. Focus on awareness and education.
2. Promote prevention and early detection.
3. Focus on access to wellness and preventive services.
4. Increase referrals and build resources.
5. Focus on modifiable risk factors.
6. Prevent re-admissions.
7. Utilize technology.
8. Reduce barriers.
9. Develop MMH team members as field experts.
10. Build partnerships.

2017-2018-2019 Community Health Needs Work Plan			
Priority Number 1: Substance Abuse			
Long Term Goal: Decrease the degree to which life is negatively impacted by substance abuse from 33.8% to 32%.			
OBJECTIVE	STRATEGY	STRATEGY TIME FRAME	RESPONSIBILITY AND PARTNERS
<p>Increase education and awareness among youth in each school in Franklin and Ripley County.</p> <p>Offer each program in every school within Franklin and Ripley County.</p>	<p>Focus on youth programming in the schools to address alcohol, tobacco, marijuana and other drugs.</p> <ul style="list-style-type: none"> • Alcohol EDU • Get Real about Tobacco • Marijuana Program • Generation Rx • Bounce • Hidden in Plain Site • Red Ribbon Grants • Neon Night • Family Fun Night 	2017-2018-2019	<p>CHI Franklin County and Ripley School Systems Stayin' Alive Ripley County Drug Free Coalition Batesville Drug Free Coalition</p>
<p>Increase the number of UDS kits provided throughout Franklin and Ripley County.</p>	<p>Provide drug screening kits for home use.</p> <p>Expand the number of sites throughout service area.</p>	2017-2018-2019	<p>CHI Local School Systems City of Batesville Brookville & Laurel Library Community Mental Health SEIHC Oldenburg Academy Ripley County Health Department.</p>

Increase awareness of keeping medications secured.	Community education and awareness on medication storage and proper disposal.	2017-2018-2019	CHI Stayin' Alive Ripley County Drug Free Coalition Batesville Drug Free Coalition
	Lock box initiative	April, 2017	
Increase the pounds of drugs disposed of properly.	Drug collection sites both permanent and temporary throughout Franklin and Ripley County. Investigate other options for disposal.	2017-2018-2019	CHI DEA Local police & sheriff departments Southeastern Indiana Recycling District (SEIRD) Covanta Local pharmacies
Decrease the number of opioid prescriptions and pills by 50% prescribed through MMH clinical areas.	Opioid guidelines in all clinical practice areas at MMH	2017-2018-2019	ER Minor Cares Physician Services Hospitalists
	INSPECT report utilization and urine drug screen monitoring prior to prescribing.	2017-2018-2019	ER Minor Cares Physician Services Hospitalists
All MMH clinical areas use the new pain scale.	Utilize new pain scale	2017-2018-2019	All clinical areas
Increase the number of companies testing for drug abuse on hire and randomly.	Provide drug testing options to include urine, saliva and hair testing.	2017-2018-2019	Occupational Health and Wellness Local Companies
	Provide education on benefits of drug screening in the workplace.	2018	Occupational Health and Wellness Marketing
Increase the number of high risk patients screened for HIV and Hep C.	Develop additional opportunities for HIV and Hep C testing which includes counseling.	2019	Franklin and Ripley County Health Departments Aspire SEIHC EMS CHI

	Increase the sharp distribution sites and drop off locations.	2017 Brookville 2018 Osgood	CHI MMH Satellite Offices Franklin and Ripley County Health Departments
	Sharps project for public places.	2019	CHI
Early identification of the infant at risk for Neonatal Abstinence Syndrome (NAS).	SEEK Survey implementation and referrals.	2017	Physician Services Social Services OB CHI
	Continue prenatal urine drug screen testing.	2017-2018-2019	OB
Initiate treatment options.	Feasibility of Medication assisted treatment (MAT).	2019	J. Keene/T. Dwenger Behavioral Health Social Services
	Focused education and follow up program with mothers who test positive for drugs prenatally.	2019	J. Keene/T. Dwenger Behavioral Health Social Services OB
	Initiate the implementation of outpatient addiction counseling services.	2019	J. Keene/T. Dwenger Behavioral Health Social Services
	Cultivate a "one call" partnership with inpatient facility.	2018	L. Leising/ER D. Ruess/Social Services

Priority Number 2: Nutrition, Physical Activity & Weight			
Long Term Goal: Reduce the prevalence of obesity in adults 32.6% to 31% and in children 22% to 21%			
OBJECTIVE	STRATEGY	STRATEGY TIME FRAME	RESPONSIBILITY
Develop local community initiatives using result-based accountability.	Develop action based community task force in Osgood.	2017/2018	CHI Osgood Community Nutrition Services
	Develop action based community task force in Brookville.	2019	CHI Brookville Community Nutrition Services
Increase opportunities for the community to learn about cooking and meal preparation.	Teaching Kitchen. Cooking workshops.	2019	Nutrition Services CHI Community Partners Marketing

	Expand website to provide interactive features such as recipes, videos etc.	2018	Nutrition Services Marketing
Increase % who received advice about weight in the past year from 23.8% to 26.2%.	Develop an Adult Obesity Primary Care Model.	2019	Nutrition Services Physician Services
	Certify at least one RD as a CDR Board Certified Specialist in Obesity and Weight Management.	2019	Nutrition Services
	Determine interest of primary care providers to obtain certification through American Board of Obesity Medicine.	2019	Nutrition Services Physician Services
	Expand HRM locations.	2018	HMR Local Companies
	Expand Slim Down Now locations.	2018-2019	Nutrition Services Local Companies
	IBT provided in each physician office to include: Osgood MAC MMPC Brookville Milan		Nutrition Services Physician Services
	Prescreen patients to better identify who is eligible for IBT.	2018	Nutrition Services
	Develop a web based weight management program utilizing wireless scales.	2019	Nutrition Services
	Provide low cost alternatives to individual appointments.	2018-2019	Nutrition Services
Increase programming with an activity or nutrition component to all schools within Franklin and Ripley County.	GOTR The First Tee Farm Fit School gardens (indoor and outdoor)	2017-2018-2019	CHI Local schools Nutrition Services Community Partners
Development of a Pediatric Obesity Primary Care Model	Develop a pediatric obesity task force.	2018	Nutrition Services
	Nutrition Services staff to be trained in pediatric obesity treatment.	2018	Nutrition Services Pediatrics
	Referral process for children ages 2-18 with BMI percentile >85 th to nutrition services.	2018	Nutrition Services Physician Services
	Increase number of pregnant women enrolled in Baby Under Construction.	2017	Nutrition Services Physician Services
Increase access to healthy food options.	Offer mid week market.	2017-2018-2019	Health and Wellness Team Local Farmers, FGA
	Explore competitive pricing options in MMH cafeteria (ie. healthy options cost less).	2019	Food Service Nutrition Services FGA
	Nutrition and calorie information to promote healthy choices in MMH cafeteria.	2018	Food Service Nutrition Services Health and Wellness Team

	Work with local restaurants(non-chain) to promote and label healthy options.	2019	Nutrition Services Local Restaurants
Increase the percent of locally grown food purchased for the cafeteria to at least 10% of our produce volume from the local growers.	Financially support Farmer Training Initiative (3 year commitment).	2017-2018-2019	CHI
	Offer fresh locally sourced produce in MMH Cafe	2017-2018-2019	Food Services SIFTI
Improve the nutrition status of the elderly and medically complex.	Develop a Malnutrition Care Model.	2018	Nutrition Services Physician Services Hospitalists
	Implement a nutrition care plan at discharge if malnutrition diagnosed.	2018	Nutrition Services Physician Services Hospitalists
	Screen malnourished and/or elderly patients for food insecurity.	2018	Nutrition Services
	Homecare follow up for patients with malnutrition by nutrition services.	2019	Nutrition Services Home Care
Increase the number who meets physical activity recommendations from 19.7% to 23%.	Increase referrals to Progressive Exercise/Medical Exercise or other exercises programs.	2018	Rehab Services Physician Services
	Incorporate the use of lifestyle prescription pads in primary/acute care.	2019	Nutrition Services Physician Services
	Walking Club Program	2017-2018-2019	CHI Local Schools
	Neon Night	2017-2018-2019	CHI Community Partners
	Walk with a Doc initiative	2019	CHI Physician Services
	Feasibility Study for bike program.	2017	CHI Community Partners

Priority Number 3: Heart Disease & Stroke

Long Term Goal: Reduce the prevalence of heart disease from 8.4% to 6.9% and stroke from 4.5% to 3.2%

OBJECTIVE	STRATEGY	STRATEGY TIME FRAME	RESPONSIBILITY
Focus on modifiable risk factors.	See Nutrition, Physical Activity and Obesity and Tobacco Strategies listed in Priority #2 and #7		
Increase the number of wellness visits completed each year.	Complete annual wellness visits and refer to appropriate resources to promote health and preventative services.	2017-2018-2019	Physician Services Population Health United Medicare Advantage

			Anthem Medicare
Increase the numbers screened.	Expand vascular screening.	2017-2018-2019	CHI Radiology
	Expand student athletic screenings.	2017-2018-2019	Cardiopulmonary
	Expand cholesterol/blood pressure screenings.	2017-2018-2019	CHI
100% with abnormal screening results are referred back to their PCP or health coach as appropriate.	Refer all screening participants back to PCP following standardized screening guidelines.	2017-2018-2019	CHI Nutrition Services
	Develop health coaching program related to heart disease and stroke for referral purposes.	2018	Health Coaches Occupational Health & Wellness Physician Services Community Partners
Increase access to cardiology specialists.	Implement tele-cardiology services.	2017	Outpatient Physician Services J. Keene Ohio Heart & Vascular
	Implement tele-cardiology consult services for MS/SCA and ER.	2017	L. Leising Ohio Heart & Vascular
Increase education and awareness of heart disease and stroke.	Annual community based educational event.	2017-2018-2019	T. Dwenger Cardiac Rehab Services Ohio Heart Marketing
	FAST and stroke prevention focus at health fairs	2017- 2018- 2019	CHI ER
Implement Million Hearts campaign.	Million Hearts Campaign Control Group	2017- 2018- 2019	J. Keene R. White Physician Services CMS
Complete feasibility study.	Explore the integration of a cardiology NP to develop programming (patient education/care) for COPD and CHF patients.	2017	J. Keene T. Putnam Care Coordination Ohio Heart & Vascular
Meet criteria for D2D2B times for facility transferring in to PCI facility (< 120 minutes).	Chest Pain Network.	2017-2018-2019	S. Kreuzman The Christ Hospital
Complete Stroke Ready Joint Commission Certification	Stroke Ready Certification.	3 rd Quarter 2017	S. Kreuzman University of Cincinnati Joint Commission

Compliance with Stroke Guidelines	Track EMS compliance with stroke guidelines.	2017-2018-2019	S. Kreuzman EMS Coordinator EMS
Increase usage of telestroke services.	Continue to utilize TeleStroke	2017-2018-2019	ER
CPR and AED training throughout Ripley and Franklin Counties.	Offer CPR and AED.	2017-2018- 2019	Cardiopulmonary
Increase access for new patients to the Phase 2 of the Cardiac Rehab program.	Move toward an independent Phase 3 Cardiac Rehab program provided by the YMCA.	2017	Cardiac Rehab YMCA Liz Leising
	Provide education offering to Medical Staff.	2017	Cardiac Rehab Ohio Heart Cardiologists Eric Busch
	Increase referrals to Cardiac Rehab Phase 2 program	2017-2018-2019	Liz Leising
	Analyze impact of change to “bundled” payments for Cardiology services.	2018	
	Track outcome data to promote program.	2017-2018-2019	
Decrease re-admission rate (Indiana State comparison)	ACO Participation – SHO2 Focus on CHF to improve quality of life and reduce overall healthcare spend. (2,621 Medicare Beneficiaries)	2017-2018-2019	J. Keene Population Health Physician Services MMH Ancillary Departments
	TCM Program – provide transitional care management for discharged inpatients.	2017-2018-2019	J. Keene Care Coordination Population Health
	Implementation and participation in MACRA/MIPS quality program.	2017-2018-2019	J. Keene Physician Services
	NP located in nursing home.	2017	L. Leising S. Eisert, NP C. McGovern, MD The Waters Nursing Home

Priority Number 4: Diabetes			
Long Term Goal: Reduce the age-adjusted diabetes death rate from 28.4 to 27.5			
OBJECTIVE	STRATEGY	STRATEGY TIME FRAME	RESPONSIBILITY
Increase the percent of non-diabetics who have had a blood glucose tested in the past three years to 55.0%. (Early detection) Reduce the proportion of the diabetic population with an A1C value greater than 9% ACO #27.	Expand A1c and glucose screening throughout Ripley County and Franklin County. Special focus in Franklin County area.	2017-2018-2019	CHI Physician Services
	Focus on modifiable risk factors.	See Nutrition, Physical Activity and Obesity Strategies listed in Priority #2.	
	Develop and implement a diabetes prevention program.	2018	CHI YMCA
Increase the number of wellness visits completed each year.	Complete annual wellness visits and refer to appropriate resources to promote health and preventative services.	2017- 2018- 2019	Physician Services Population Health United Medicare Advantage Anthem Medicare
Increase Diabetes Care educational services to each MMH primary care office.	Provide diabetes education services in PCP offices.	2017-2018-2019	CHI/Diabetes Care Physician Services Population Health
	Recruit endocrinologist.	2018	Julie Keene
	Advanced training to mid-level provider to support diabetes care program.	2018	CHI/Diabetes Care Physician Services
	Expand service line to include Continuous Glucose Monitoring and Pump Therapy.	2019	CHI/Diabetes Care Physician Services
Decrease re-admission rate.	ACO Participation – SHO2	2017-2018-2019	J. Keene Population Health

	Focus on CHF to improve quality of life and reduce overall healthcare spend. (2,621 Medicare Beneficiaries)		Physician Services MMH Ancillary Departments
	TCM Program – provide transitional care management for discharged inpatients.	2017-2018-2019	J. Keene Care Coordination Population Health
	Implementation and participation in MACRA/MIPS quality program.	2017-2018-2019	J. Keene Physician Services
	NP located in nursing home.	2017	L. Leising S. Eisert, NP C. McGovern, MD The Waters Nursing Home
Enhance and drive population health efforts to include health registries.	Cerner HealthIntent Population Health platform implementation.	2017-2018-2019	J. Keene B. Schwier Population Health Physician Services
	Develop and implement Chronic Care Management for those with diabetes.	2018	Diabetes Care Physician Services Population Health Care Coordination

Priority Number 5: Cancer

Long Term Goal: Reduce the age-adjusted cancer death rate towards HP2020 goals

Lung: from 53.9 to 50 Prostate: from 27.8 to 25.8 Breast: from 20.8 to 20.7 Colorectal: from 16.1 to 14.5

OBJECTIVE	STRATEGY	STRATEGY TIME FRAME	RESPONSIBILITY
Develop and initiate a lung screening program.	Develop and promote screening criteria as well as build screening tool to determine eligible patients within the PCP offices.	2017	Oncology and Radiology
	Provide Low Dose CT following recommended standards of care.	2017	Radiology
	Implement Tobacco Cessation Program	2017	Cardiopulmonary

Increase the numbers of lung screening (Low Dose CT) Target 25/annually	Awareness campaign.	2017	Marketing
	Develop assistance programs for those without insurance.	2017	CHI Business Office Foundation
Increase the percent that have had a colorectal screenings (FOBT and/or colonoscopy). ACO #19 Improve the return rate for FOBT.	Expand FOBT screening throughout Ripley County and Franklin County. Special focus in Franklin County area.	2017-2018-2019	CHI
	Promote screening by colonoscopy in the PCP offices through identification of those who meet criteria.	2017-2018-2019	OPC Physician Services
	Promote screening by colonoscopy through workplace wellness programs.	2019	Health and Wellness Team OHWC Marketing Local Companies
	Educational and awareness event annually in RC and FC.	March 2017, March 2018 and March 2019	CHI OPC Marketing
	Patient Portal Reminders at age 50.	2017-2018-2019	OPC Physician Services Information Systems
Increase the percent that have had a prostate screening with digital exam.	Expand PSA screening throughout Ripley County and Franklin County. Special focus in Franklin County area.	2017-2018-2019	CHI Physicians
Increase the percent that have had a mammogram to meet HP 2020 target of 81.1%. ACO #20	Promote free mammogram screenings to those who meet the financial criteria.	2017-2018-2019	Business Office CHI Indiana Breast Cancer Awareness Trust Southeast Indiana Health Center
	Promote mammogram in the PCP offices through identification of those who meet criteria.	2017-2018-2019	Physician Services
	Patient Portal Reminders.	2017-2018-2019	Radiology Physician Services

			Information Systems
	Promote mammogram screening through workplace wellness programs.	2019	Health and Wellness Team Occupational Health and Wellness Marketing Local Companies
	Educational and awareness event annually in RC and FC.	October, 2017, October 2018, October 2019	CHI Radiology Community Partners
Increase the percent of women that have had a cervical screening in the past 3 years.	Promote free cervical screenings to those who meet the financial criteria.	2017-2018-2019	Business Office CHI Southeast Indiana Health Center
Increase the number vaccinated with HPV vaccine	HPV Showing	2017	CHI Ripley County Health Department Community Partners
	Provide HPV vaccine through school clinics and offer during routine vaccine visits	2017-2018-2019	Occupational Health and Wellness
	Promote cervical screenings in the PCP offices through identification of those who meet criteria.		Physician Services SEIHC CHI
Improve compliance to treatment.	Revise and update Nurse navigation program to focus on proactive efforts verses reactive efforts.		Oncology and Radiation Care Coordination
Increase enrollment in survivorship program	Revise survivorship program	2017	Oncology Social Services
	Develop care plans for weight reduction for cancer patients in remission with BMI >30.	2018	Nutrition Services
	Implement exercise component to survivorship program.	2018	Rehab Services
Develop Palliative Care Program	Feasibility study and implementation of a Palliative Care program	2018	Hospice Dr. McGovern G. Litzinger

Priority Number 6: Mental Health

Long Term Goal: Increase the availability of behavioral health services in Franklin and Ripley County.

OBJECTIVE	STRATEGY	STRATEGY TIME FRAME	RESPONSIBILITY
Decrease the amount of perceived days as being "Extremely" or "Very" Stressful.	Stress Management Series	2017-2018-2019	Health and Wellness Team CHI

Increase the number referrals to behavioral health.	Depression screening in PCP office with referral to behavioral health services	2018	Physician Services Behavioral Health Services
Increase the number of appointments for behavioral health care services	Increase behavioral health services in satellite locations. Brookville and Osgood	Q3 – 2017	Physician Services Behavioral Health Services
Suicide Prevention and ensuring proper nursing home placement.	PAS Level 1 completed prior to discharge and PAS Level 2 Assessment completed within 5 business days from time of notification	2017-2018-2019	Social Service Utilization Review Ascend Indiana State Department of Health Nursing Homes Bureau of Development al Disorders (BDDS)
Develop Autism Hub	Implement Autism Early Evaluation Hub	Q3-2017	J. Keene Pediatrics Riley Hospital
	Determine need for Autism follow up services and resources.	2018	

Priority Number 7: Tobacco Use

Long Term Goal: Decrease the prevalence of smoking towards 12% (HP2020)

OBJECTIVE	STRATEGY	STRATEGY TIME FRAME	RESPONSIBILITY
Reduce the number of current smokers and prevent youth from starting.	Tobacco prevention programs in the schools.	2017-2018-2019	CHI Local schools
	Promote American Cancer Society Freshstart group program for face-to-face smoking cessation counseling.	Q3 - 2017	Kathy Newell Cardiopulmonary Ripley County Health Dept Marketing
	Train additional smoking cessation facilitators	2018	
	Partner with Ripley County Health Department to seek grant opportunities to fund local cessation efforts/program	2018	
	Evaluate in-patients and out patients (for cardiac diagnostic testing) for potential referral need.	2017	Cardiopulmonary Ripley County Health Dept Indiana Cancer Coalition Marketing
Implement tobacco use assessment and cessation interventions.. ACO #17	Implement tobacco use assessment and referral in physician offices.	2018	Physician Services
	Develop PCP tobacco counseling visits (99406 and 99407).	2018	Physician Services Cardiopulmonary

Increase the number of referrals to the quit line.	Promote Quit Line	2017-2018-2019	Cardiopulmonary Physician Services Health Coach
100% of pregnant women who smoke are referred into program.	Apply for grant money to continue the Baby Me & Tobacco Free program or to implement similar program.	2017	OB: Debbie Gloyd Physician Services
	Baby and Me Tobacco Free Program or similar program Development and implementation	2018	
	Referral process into program	2018	

Priority Number 8: Respiratory Disease

Long Term Goal: Reduce the age-adjusted death rate for pneumonia and influenza from 14.4 to 13.

OBJECTIVE	STRATEGY	STRATEGY TIME FRAME	RESPONSIBILITY
Increase the percentage of adults who are vaccinated against respiratory diseases to include both influenza (from 58.9% to 62%) and pneumococcal (from 63.6 to 70% for those over 65 years of age. ACO #14 and #15	Expand access to influenza and pneumococcal vaccines	2017-2018-2019	Physician Services Occupational Health and Wellness Med-Surg CHIRP Ripley and Franklin Schools Quality of Care Dashboard
	Expand access to vaccinations with VFC and adult programs.		Occupational Health and Wellness Indiana State Department of Health, Immunization division CHIRP Physician Services
Increase access to specialty services.	Pulmonary Services in Batesville.	2017	J. Keene OPC Tri-State Pulmonology
	Expand Sleep Medicine Services at MMH.	2017	L. Leising Cardiopulmonary Tri-State Pulmonology
Develop a pulmonary health screening program	Promote pulmonary health awareness and screening at local health fair/festivals.	2018	Cardiopulmonary Ripley County Health Dept
Increase referrals to Pulmonary Rehab program.	Work in partnership with TriState Pulmonary Associates to provide education offering to Medical Staff.	Q4 - 2017	Cardiopulmonary Physician Services TriState Pulmonary Associates

	Referral from screening program.		Marketing
	Track outcome data to promote program.		
Decrease re-admission rate.	ACO Participation – SHO2 Focus on CHF to improve quality of life and reduce overall healthcare spend. (2,621 Medicare Beneficiaries).	2017- 2018- 2019	J. Keene Population Health Physician Services MMH Ancillary Departments
	TCM Program – provide transitional care management for discharged inpatients to reduce readmissions and ensure access to primary care.	2017- 2018- 2019	J. Keene Care Coordination Population Health
	Implementation and participation in MACRA/MIPS quality program	2017- 2018- 2019	J. Keene Physician Services
	NP located in nursing home.	2017	L. Leising S. Eisert, NP C. McGovern, MD The Waters Nursing Home
Enhance and drive population health efforts to include health registries.	Cerner HealthIntent Population Health platform implementation.	2017-2018-2019	J. Keene B. Schwier Population Health Physician Services

Priority Number 9: Access to Healthcare Services

Long Term Goal: Increase the percent (ages 18-64) that have a specific source of ongoing care in Franklin and Ripley County from 71.2% to 73.1% or higher. Reduce the proportion of individuals who are unable to obtain or delay in obtaining necessary medical care from 33.8% to 30% or less.

OBJECTIVE	STRATEGY	STRATEGY TIME FRAME	RESPONSIBILITY
Increase the points of care within our communities by expanding our geographic site reach.	Expansion Osgood Health Center to include minor care, lab services and imaging.	2017	J. Keene Physician Services Osgood Primary Care Lab Radiology
	New facility in Milan	2017	J. Keene Physician Services
Develop Workplace Clinic Model	Implementation plan for a workplace clinic model	2017	Workplace Clinic Business Development Team

Improve the availability and access to specialty care in our community. (ACO #4)	Add specialty services to satellite locations in Brookville and Osgood. <ul style="list-style-type: none"> • Pediatrics • Rheumatology 	Q3, 2017	J. Keene Physician Services
	Increase orthopedic coverage.	2017	J. Keene Tri-Health
	Determine need to add specialty services at satellite locations: OB	2018	J. Keene Physician Services
Increase the number of active medical providers.	Physician Recruitment Plan	2017-2018-2019	J. Keene Physician Services
Increase the number of students who mentor at MMH.	Develop a model to enhance physician integration through internships, mentorships and career development opportunities.	2018	Tracy Dwenger AHEC Human Resources Occupational Health and Wellness
Increase the number of telehealth visits.	Implement telehealth		Tele-health Steering Team
	• MMH Team members	2017	
	• SISIC	2017	
	• Franklin County Schools	2018	
	• General Community	2017	
• Employers	2019		
Complete feasibility for PAC.	Implement a multi-disciplinary team to focus on Post Acute Care (PAC) program for improved access, patient outcomes and reduction in healthcare spend related to SNF's.	2017	J. Keene B. Schwier
Complete feasibility for PACE.	Explore requirements for the development of a PACE program (Program for the All-inclusive Care for the Elderly).	2017	T. Putnam J. Keene R. White
Provide needed healthcare services for those without insurance/under insured.	Charity Care Plan	2017-2018-2019	Business Office Social Services SEIHC
Determine need of retail pharmacy services.	Complete feasibility of Retail Pharmacy	2018	Pharmacy B. Ploeger
Determine need and feasibility of a transportation initiative.	Complete feasibility study.	2019	CHI Social Services Foundation Catch-a-Ride and Lifetime
Increase enrollment into health insurance plans.	Provide assistance with enrollment into healthcare plans.	2017-2018-2019	Social Services SEIHC
	Education and awareness on how to enroll in health care plans	Fall 2017, Fall 2018 Fall 2019	Social Services SHIP

Priority Number 10: Injury & Violence			
Long Term Goal: Increase the percent of children who report wearing a bike helmet from 34.2% to 35%. Maintain the percent of children who utilize an age-appropriate vehicle restraint system at 97% or higher. Decrease the death rate of unintentional injuries: Drug-Related Deaths from 17.2 to 16.8%			
OBJECTIVE	STRATEGY	STRATEGY TIME FRAME	RESPONSIBILITY
Maintain the percent of children who utilize an age-appropriate vehicle restraint system at 97% or higher.	Certified care seat station.	2017-2018-2019	CHI Law Enforcement Automotive Safety Program Safe Kids
	Ensure all new mothers have an approved car seat prior to discharge.	2017-2018-2019	OB/GYN Providers OB CHI
	Host community event such as booster bash and car seat check points.	2019	CHI Law Enforcement Automotive Safety Program Safe Kids
Increase the number bike safety presentation.	Bike safety presentation in every school system in Franklin and Ripley County.	2017, 2018, 2019	CHI Local Schools Bike Clubs
Increase the number of bike helmets provided to the community.	Bike helmet sales at MMH and through community events.	2017, 2018, 2019	Osgood Family Fun Night Osgood Primary Care CHI Velo in the Ville
	Stress importance of adults being role models.	2018	CHI Bike Clubs
Increase the access to Narcan	Narcan program for law enforcement to include training and kits.	2017-2018-2019	ER EMS Law Enforcement CHI
Increase support services for families with opioid addictions	Narcan program for high risk family and individuals to include training and kit.	2017-2018-2019	Local Health Departments SEIHC CHI Local School Systems
	Provide CPR training and rescue breathing.	2017-2018-2019	CHI

			EMS Cardiopulmonary
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Priority Number 11: Oral Health

OBJECTIVE	STRATEGY	STRATEGY TIME FRAME	RESPONSIBILITY
Improve overall dental hygiene to have a positive impact on health.	Support SEIHC efforts to move towards a component of dental services.	2019	CHI SEIHC Schools
	Promote interventions to reduce tooth decay such as brushing, flossing and fluoride use with school age children.	2019	CHI SEIHC Local schools

Priority Number 12: Dementia

OBJECTIVE	STRATEGY	STRATEGY TIME FRAME	RESPONSIBILITY
Increase the support and resources for the caregivers/family.	Palliative Care program for those afflicted with Dementia and Alzheimer's.	2019	Hospice Social Services Local nursing homes
	Education series on dementia.	2019	Social Services
Increase the numbers of people who are assisted with advance directives forms and information.	Assist patients and family with advance directives.	2017-2018-2019	Homecare Hospice
	Provide education and awareness about the need for Advance Directives.	2019	Social Services

Priority Number 13: Potentially Disabling Conditions

OBJECTIVE	STRATEGY	STRATEGY TIME FRAME	RESPONSIBILITY
Implement preventive initiatives in the workforce.	Assessment and early invention of back strains in the workplace.	2019	Occupational Health and Wellness
	Ergonomics Program to include proper lifting and stretching.	2019	Rehab Services Local employers Physician Practices