2016 HENDRICKS COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

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Betsey Thompson, Accessing and Utilizing Health Care, *Hendricks Regional*

April Bordeau, Mental Health
Care to Change Counseling Avon

AT-LARGE MEMBERS

David Stopperich, MD
Hendricks County Health Officer

Amber Welch
Franciscan St. Francis Health

Kim Baver
Leadership Hendricks County

COORDINATOR

Jenna Prihoda (Meadows)
Hendricks County Health Department

THANK YOU TO ALL THE HENDRICKS COUNTY RESIDENTS AND PARTNERS WHO MADE THIS ASSESSMENT POSSIBLE:

Children's Bureau Inc. - Region 9
United Way of Central Indiana
Hendricks Regional Health YMCA
Hendricks County Emergency Management Agency
Hendricks County Resource Center/Head Start
Minority Health Coalition of Marion County
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Hendricks County Sheriff's Department
Family Promise of Hendricks County
Home Health Care Solutions
Managed Health Services
Hendricks Therapy
Sheltering Wings

EXECUTIVE SUMMARY

The **2016 Hendricks County Community Health Improvement Plan** (Community Health Improvement Plan) identifies the top health improvement needs in Hendricks County based on data gathered in the **2016 Hendricks County Community Health Assessment** (Community Health Assessment). Beginning in October 2014, the Hendricks County Health Partnership (Partnership) began the process of updating the county's Community Health Assessment and Community Health Improvement Plan by establishing a Community Health Improvement Process Committee. The Committee formed a partnership with local hospital systems to collect health behavior data from residents, implementing the Mobilizing for Action through Planning and Partnerships (MAPP) Process to systematically gather additional data and set new health improvement priority areas with the input of local partners and the general public.

The Community Health Assessment provides an overview of the health status of Hendricks County residents based on data collected through the MAPP Process. The Community Health Assessment data is broken down into two sections: community health status by category, which includes data on the health environment, outcomes, and behaviors for all of Hendricks County, and community health status by specific population, which includes health information on infants, youth and adolescents, older adults, vulnerable populations, minority populations, and service members and veterans.

Partnership members reviewed the health data collected in the Community Health Assessment and identified five health improvement priority areas to target the community's resources and assets to through 2018:

- **Accessing and Utilizing Health Care**
- **Mental Wellness**
- **Substance Abuse**
- **Physical Activity and Nutrition**
- **Tobacco use**

After the priority areas were identified, work groups were created around each priority area and Partnership members chose work groups to participate in over the next three years. The work groups developed work plans for each priority areas, including goals, objectives, and strategies for improving health in those areas. The work groups are responsible for implementing the work plans. Priority Area Leaders were established for each work group and are responsible for coordinating activities and reporting on progress towards meeting their work plan's goals.

The Partnership will be responsible for updating health data as it becomes available in the Community Health Assessment and monitoring partner progress on completing strategies in the Community Health Improvement Plan.Additional information about the health status of the community can be found in the Community Health Assessment. Both documents will be updated in their entirety and re-released in January 2019.

For additional information about this document, please contact us at (317) 745-9618 or HendricksHealthPartnership@gmail.com.

INTRODUCTION

In early 2010, community members, leaders, and organizations came together to address local public health issues. A group of about 20 local health advocates met and formed the Hendricks County Health Partnership (Partnership). The first project undertaken by the Partnership was the creation of the **Hendricks County 2011 Community Health Assessment**. Based on the data collected from that assessment, health improvement priority areas were identified and work plans were developed to create the **2013-2015 Hendricks County Community Health Improvement Plan**.

Since then, the Partnership has grown and represents agencies and businesses looking to improve health and wellness in Hendricks County. The Partnership takes a three-pronged approach to addressing the health needs of the community. First, the Advisory Board focuses on supporting partners serving Hendricks County through networking, training, and funding opportunities. Second, with the assistance of those partners, the Partnership develops and maintains current health data through the Community Health Assessment. Third, partners improve the health of the community by implementing the Community Health Improvement Plan, which identifies the health needs of the community, outlines strategies for addressing those needs, and incorporates evaluation of those strategies.

In October 2014, the Advisory Board established the Community Health Improvement Process Committee, consisting of members from the Hendricks County Health Department, IU Health West, Hendricks Regional Health, and the Top 10 Coalition, to begin planning for the next Community Health Assessment and Community Health Improvement Plan. Based on recommendations from the committee, the Advisory Board approved the use of the Mobilizing for Action through Planning and Partnerships (MAPP) Process to complete the Community Health Assessment and Community Health Improvement Plan. Additionally, a partnership was formed with Franciscan St. Francis, IU Health, St. Vincent Health, and Community Health Network to collect data and input from county residents to complete these documents.

The following is a compilation of work plans that the Partnership members will be implementing through December 2018 to improve health in each of the established priority areas. A comprehensive overview of the health status of Hendricks County is available in the **2016 Hendricks County Community Health Assessment**.

MISSION, VISION, AND VALUES OF THE PARTNERSHIP

MISSION STATEMENT

The Hendricks County Health Partnership is a sustainable partnership that serves as a voice for health improvement in Hendricks County.

VISION STATEMENT

The Hendricks County Health Partnership will create an environment that encourages optimal health for all Hendricks County residents.

VALUES STATEMENTS

We believe that through the implementation of the following values that we will realize our vision:

INNOVATION: We acknowledge the health challenges within our community and introduce new opportunities to address those challenges.

ENGAGEMENT: We are committed to addressing the health challenges within our community and provide multiple avenues for partners to participate in the improvement of the community's health.

EDUCATION: We refine our knowledge and skills to address the health challenges of our community and share what we learn as a means to improve our collective health practices and services.

ADVOCACY: We are champions for health in our community and use our voice to inform policymakers on how their decisions affect the health of their constituents.

MULTI-DISCIPLINE COORDINATION: We know that all entities and individuals influence health and that a broad representation of multiple sectors working in unison is needed to improve the health of the community.

COMMUNITY HEALTH IMPROVEMENT PLANNING PROCCESS

In October 2014, the Partnership's Advisory Board established the Community Health Improvement Process Committee, consisting of members from the Hendricks County Health Department, IU Health West, Hendricks Regional Health, and the Top 10 Coalition, to begin planning for the next Community Health Assessment and Community Health Improvement Plan. Based on recommendations from the committee, the Advisory Board approved the use of the **Mobilizing for Action through Planning and Partnerships (MAPP)Process**to complete the **2016 Hendricks County Community Health Assessment**(Community Health Assessment)and **2016 Hendricks County Community Health Improvement Plan**(Community Health Improvement Plan).

The Committee was charged with implementing the six phases of the MAPP Process as outlined by the National Association of County and City Health Officials[1]:

ORGANIZING: During this phase, the Partnership's Advisory Board organized the planning process and developed a planning committeethrough the existing Partnershipthatbuildscommitment, engages participants, uses the participants' time well, and results in plan implementation.

VISIONING: During this phase, the Committee guided the Advisory Boardthrough a collaborative brainstorming process that lead to updated mission, vision, and values statements. These statements were presented to all Partnership members for discussion and vote. The vision and values statements were adopted outright in October 2015; the mission statement was revised based on partner recommendations and adopted in January 2015.

WHAT IS MAPP?

Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning process for improving community health. Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve efficiency, effectiveness, and ultimately the performance of local public health systems.

- ***National Association of County and City Health Officials (NACCHO), January2015[1]***

ASSESSMENTS: During this phase, the Committee conducted four assessments to collect primary and secondary data to determine the health issues and needs facing the community: the Community Themes and Strengths Assessment; the Local Public Health System Assessment; the Forces of Change Assessment; and the Community Health Status Assessment. Below are descriptions on how each assessment was administered.

PRIMARY DATA COLLECTION

Primary data was collected from community members, including the general public, local agencies and businesses, members of the local public health system, and elected and appointed officials. Surveys, focus groups, town hall meetings, and group discussions were used to collect this data. Below is information on how primary data was collected.

PRIMARY DATA BIAS NOTE:*Multiple community partners assisted in collecting primary data from a statistically significant sample of the population. This was necessary in order to help eliminate bias and validate the data collected. Specifically for the 2015 Community Health Assessment Survey (CHA Survey), the Committee did periodically review the demographics (i.e. age, income, and race/ethnicity) of survey respondents and compared them to U.S. Census data to determine if there was underrepresentation from specific populations in the county. If discrepancies were identified, the Committee attempted to rectify the issues by identifying partners in the county working with those populations to collect survey responses from those populations.However, convenience sampling was utilized in all data collection, which may skew the results and create bias in the data. Therefore, secondary data was also collected from credible sources to allow for more accurate information and representation of the health of the community. Information about the secondary data collected can be found under the "Secondary Data Collection" section below.*

The **Community Themes and Strengths Assessment** was administered to gather input from community members on what they feel are important health and quality of life issues in Hendricks County through the use of the CHA Survey, focus groups, and town hall meetings. A total of 870 surveys were collected from Hendricks County residents between December 2014 and July 2015. Survey results can be found throughout the Community Health Assessment. Focus groups were held for parents with infants, older adults, and services members and veterans. Town hall meetings were hosted in Brownsburg, Clayton, Danville, Lizton, Plainfield, Stilesville, and North Salem between April and June 2015. Two community leader focus groups were held at IU Health West in April 2015. A total of 49community members participated in the focus groups and town hall meetings. Focus group and town hall meeting results and additional assessment materials can be found under the appendices beginning on page 33.

The **Local Public Health System Assessment** was administered to gather input from entities that contribute to the public's health about their capacity to provide the 10 Essential Public Health Services to the community through the use of the 2015 Hendricks County Local Public Health System Assessment and Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis. Sixteen partners completed the survey between January and April 2015, and 25 partners participated in the SWOT analysis at the April 2015 Quarterly Partnership Meeting. Assessment results and additional materials can be found under the appendices beginning on page 33.

The **Forces of Change Assessment** was administered to gather input from key community leaders about the forces (such as legislation, technology, and other impending changes) that affect the community's health and the local public health system. About 30 people participated in this assessment, held after the Partnership's quarterly Advisory Board meeting in August 2015. Assessment results and additional materials can be found under the appendices beginning on page 33.

SECONDARY DATA COLLECTION

Since limitations are present with the primary data collected from the community, secondary data was collected from a variety of sources using the **Community Health Status Assessment**. This assessment is a collection of statistical data from a variety of sources, including:

- County Health Rankings
- Community Commons
- Franciscan St. Francis Community Health Needs Assessment
- National Cancer Institute's State Cancer Profiles
- Hendricks County Health Department (HCHD) Complaint Database
- HCHD Septic Record Database
- U.S. Census Bureau
- American Community Survey
- U.S. Environmental Protection Agency
- Centers for Disease Control and Prevention (CDC)
- CDC's Behavioral Risk Factor Surveillance System
- CDC's Youth Risk Behavior Surveillance System
- CDC Wonder
- Indiana National Electronic Disease Surveillance System
- Indiana Indicators
- Indiana State Department of Health (ISDH) Arboviral Disease Map
- ISDH Tobacco Prevention and Cessation Commission
- ISDH Epidemiology Resource Center
- U.S. Department of Health and Human Services (HHS) Flu Vaccination Map
- Indiana Coalition Against Domestic Violence
- Federal Bureau of Investigation's Uniform Crime Reporting Program
- National Institute of Drug Abuse
- Feeding America
- Healthy People 2020
- Indiana Prevention Resource Center's Indiana Youth Survey
- Kids Count Data Center
- American Psychology Association
- U.S. Department of Veteran Affairs' Indiana State Summary
- Governor's Commission for a Drug Free Indiana Comprehensive Community Plan – Hendricks County

A complete list of data sources used for the completion of the Community Health Assessment and Community Health Improvement Plan can be found in the Community Health Assessment beginning on page 80.

STRATEGIC ISSUES: During this phase, the Committee reviewed the data made available through the assessments and identified eight potential priority areas (physical activity, nutrition, tobacco use, healthy housing and properties, public and personal safety, mental health, substance abuse, and accessing and utilizing health care) to focus health improvement efforts on over the next three years. The Committee presented the assessment results and priority areas to the Partnership for prioritization at the August 2015 Quarterly Partnership Meeting. Partners were given the opportunity to review the assessment data, discuss assets and resources in the community to determine how many priority areas were feasible to address, suggest additions or changes to the proposed priority area list, and vote on the priority areas they see as having the highest need.

Partners were allotted three votes per person. Votes were tallied and the priority areas were ranked by number of votes. Partners discussed assets and resources for each priority area. Three priority areas were chosen by

partners (accessing and utilizing health care, mental health and substance abuse, and physical activity and nutrition) after voting and discussion.The Advisory Board reviewed the input from all partners and separated mental health from substance abuse to create a fourth priority area. Mental health was renamed mental wellness to more accurately portray the issues that would be addressed through the work plan. A fifth priority area, tobacco use, was added by the Advisory Board when they determined adequate resources and assets were available to address the issue and the health burden was too great to ignore.

GOALS/STRATEGIES: During this phase, the Partnership reviewed data and assets for each of the identified priority areas and developed work plans, which include goals, objectives, and strategies, to address each area. A total of 38 partners participated in a four-hour planning meeting in October 2015 to draft the work plans. Partners addressing accessing and utilizing health care and physical activity and nutrition held additional meetings to finalize their draft work plans. Drafts were sent out to partners to review and revise after the meeting. A Priority Area Leader was identified for each area; the Committee will work with these leaders in the future to develop planning and evaluation reports. The conclusion of this phase is the completion of the Community Health Assessment and Community Health Improvement Plan.

ACTION CYCLE: During this phase, the Partnership and Priority Area Leaders will plan, implement, and evaluate Priority Area strategies. The leaders will report back to the Advisory Board quarterly on progress towards meeting their respective goals and objectives. The Committee will review available health and quality of life data yearly and update the Community Health Assessment and Community Health Improvement Plan so Priority Area Leaders and community members can adjust goals, objectives, and strategies accordingly.

PRIORITY AREAS

After reviewing the Community Health Assessment data, five health improvement priority areas were identified by partners to address through the end of 2018 in an effort to achieve the Partnership's overall county health goals. Below are the priority areas and their associated goals, followed by separate sections for each priority area providing additional details on achieving their goals. Additional data for these priority areas can be found in the **2016 Hendricks County Community Health Improvement Plan**.

OVERALL HEALTH IMPROVEMENT GOALS FOR HENDRICKS COUNTY
By December 31, 2018, reduce the number of years of potential life lost prematurely from 5,000 to 4,500 in Hendricks County as reported by the County Health Rankings.
By December 31, 2018, reduce the percentage of adults reporting fair or poor health from 11% to 10% as reported by the County Health Rankings.

ACCESSING AND UTILIZING HEALTH CARE GOAL
By December 31, 2018, decrease the percentage of Hendricks County adults who lack a consistent source of primary care from 12.49% to 10% as reported by the Behavioral Risk Factor Surveillance System.

MENTAL WELLNESS GOALS
By December 31, 2018, reduce the number of poor mental health days among Hendricks County adults from 2.7 days per month to 2.2 days per month as reported by the County Health Rankings.
By December 31, 2018, decrease the rate of suicide in Hendricks County from 10.9 deaths per 100,000 population to 10.5 deaths per 100,000 population as reported by the Centers for Disease Control and Prevention.

SUBSTANCE ABUSE GOAL
By December 31, 2018, reduce the drug poisoning death rate in Hendricks County from 10.2 per 100,000 population to 9.7 deaths per 100,000 population as reported by the County Health Rankings.

PHYSICAL ACTIVITY AND NUTRITION GOALS
By December 31, 2018, decrease the percentage of Hendricks County residents who are physically inactive from 29.3% to 28.8% as reported by the Centers for Disease Control and Prevention.
By December 31, 2018, decrease the percentage of Hendricks County residents with inadequate fruits and vegetable consumption from 75.9% to 75.4% as reported by the Behavioral Risk Factor Surveillance System.

TOBACCO USE GOAL
By December 31, 2018, decrease the percentage of Hendricks County adults who smoke from 18% to 17% as reported by the County Health Rankings.

ACCESSING AND UTILIZING HEALTH CARE

WHY ACCESSING AND UTILIZING HEALTH CARE?

Accessing health services can increase overall health status and quality of life while preventing diseases, disability, and premature death in a community.[2] Respondents to the CHA Survey identified "Access to Health Care" as the #4 overall health need in Hendricks County,[3] and partners identified it as the #2 health improvement priority area for Hendricks County.[4] Almost 50% of CHA Survey respondents faced at least one challenge to receiving health care.[3]Additionally, during focus groups and town hall meetings, participants identified access to health services, which includes lack of health services in rural areas of the county, affordability of care, and health insurance, as one of their top concerns.[5] Lastly, participants in the Forces of Change Assessment identified both threats (lack of public transportation and available health care providers) and opportunities (telemedicine technology) around access to health care in the county.[6]

In addition to the public identifying access to health care as an issue, secondary data shows additional barriers to accessing and utilizing health care. A total of 13% of the adult population and 6.7% of the youth population lack health insurance.[7,8]Additionally, screening rates for health conditions remain low, ranging from 66.6% (mammography screening for Medicare recipients) to 79.6% (cervical cancer screening for females).[9,10]Lastly, over 12% of adults lack a consistent source of primary care.[11]

NATIONAL PRIORITIES:

Below are the national priorities addressed by the goals, objectives, and strategies in the work plan.

SOURCE	TOPIC	OBJECTIVE
Healthy People 2020	**Access to Health Services**	AHS-1.1: Increase the proportion of persons with medical insurance[12]
Healthy People 2020	**Access to Health Services**	AHS-3: Increase the proportion of persons with a usual primary care provider[12]
Healthy People 2020	**Older Adults**	OA-2.1: Increase the proportion of males aged 65 years and older who are up to date on a core set of clinical and preventative services[13]
Healthy People 2020	**Older Adults**	OA-2.2: Increase the proportion of females aged 65 and older who are up to date on a core set of clinical preventative services[13]
Healthy People 2020	**Immunization and Infectious Diseases**	IID-12.7: Increase the percentage of noninstitutionalized adults aged 65 years and older who are vaccinated annually against seasonal influenza[14]
Healthy People 2020	**Immunization and Infectious Diseases**	IID-13.1: Increase the percentage of noninstitutionalized adults aged 65 years and older who are vaccinated against pneumococcal disease[14]

COMMUNITY RESOURCES AND ASSETS:

Below are some community resources and assets available to address accessing and utilizing health care in Hendricks County.

RESOURCE/ASSET	SERVICE(S) PROVIDED
Hope Healthcare Services	Provides medical and dental care for uninsured county residents
Hendricks Regional Health's Partners in Care	Provides primary care and women's health services for infants, children, and adults who are uninsured or on Medicaid
Hendricks Regional Health	Provides primary, specialty, urgent, and emergency care; wellness screenings; health insurance plans; health insurance enrollment
IU Health West	Provides primary, specialty, urgent, and emergency care; wellness screenings; health insurance plans; health insurance enrollment
American Health Network	Provides primary, specialty, and urgent care
Hendricks County Health Department Nursing Division	Provides immunizations and basic health screenings to uninsured and insured county residents
Indiana Rural Health Association	Provides health insurance enrollment
Hendricks County Department of Family Resources	Provides Medicaid and Hoosier Healthwise enrollment
MDWise	Provides health insurance plans through the Health Insurance Marketplace; health insurance enrollment
Managed Health Services	Provides health insurance plans through the Health Insurance Marketplace; health insurance enrollment
Hendricks County Seniors Services	Connects older adults to Medicare, home health, and other health care resources

2016 – 2018 WORK PLAN

PRIORITY AREA LEADER: Betsey Thompson, Pediatric Clinical Nurse Specialist, Nursing Administration
Hendricks Regional Health

PRIORITY AREA PARTNERS: Hendricks Regional Health, MDWise, Hope Healthcare Services, First Light Home Care, Home Health Care Solutions, Managed Health Services, IU Health West, Kindred Healthcare, Hendricks County Health Department, Hendricks County Senior Services, American Health Network

GOAL: By December 31, 2018, decrease the percentage of Hendricks County adults who lack a consistent source of primary care from 12.49% to 10% as reported by the Behavioral Risk Factor Surveillance System.
SHORT-TERM OBJECTIVE: Through December 31, 2018, identify three key messages related to health literacy (e.g. when to use an ER versus when to use Urgent Care) to assist residents in developing an understanding of basic health information and services, in order to make appropriate health decisions.
STRATEGIES
Identify three key messages related to health literacy (e.g. when to use an ER versus when to use Urgent Care). Consult area hospitals and those working with populations without primary care providers and/or insurance to discuss what messages would be the most helpful.
Develop educational messaging such as flyers, brochures, or infographics.
Identify locations where populations congregate (e.g. library, community centers) and where educational material would be useful. Market materials to target populations.
MID-TERM OBJECTIVE: By December 31, 2017, develop a resource guide of primary care providers and related health resources in Hendricks County as reported by the Accessing and Utilizing Health Care work group.
STRATEGIES
Identify health and wellness care services and community agencies and/or programs that provide health care and/or social service assistance in Hendricks County.
Identify the best method for maintaining and distributing this list to the public. Promote the list to social service agencies and the general public.
LONG-TERM OBJECTIVE: By December 31, 2018, enroll 500 uninsured (i.e. no insurance anytime within the last 12 months) Hendricks County adults into health insurance as reported by the Accessing and Utilizing Health Care work group.
STRATEGIES
Identify populations and/or areas within Hendricks County that lack health insurance.
Identify locations where populations congregate (e.g. college campus) and/or available public spaces or community centers.
Host and market health insurance enrollment events at those locations.
Develop messaging and marketing materials informing target populations where they can go to enroll in health insurance or who they can speak with about enrolling into health insurance.
Distribute health insurance enrollment materials and information to key community partners who interact with target populations (e.g. food pantries, township trustees).

MENTAL WELLNESS

WHY MENTAL WELLNESS?

When an individual suffers from mental illness or is no longer mentally healthy, it can lead to disability, risky health behaviors, and/or death.[15] "Mental Health" was identified as the #2 overall health concern by respondents to the CHA Survey,[3] and was identified as the #1 health improvement priority by partners.[4]Focus group and town hall meeting participants also identified mental health as one of their top concerns, with emphasis placed on the impact of stress and lack of support in the community. Substance abuse was also discussed in relation to mental health by participants and partners; however, substance abuse was identified as a separate priority area and is discussed in further detail beginning on page 20.

Additional primary and secondary data supports the need for focusing health improvement efforts on mental health. Over 13% of Hendricks County adults report lacking social or emotional support,[16] and they experience, on average, 2.7 poor mental health days per month.[17]Additionally, for residents who need health services, mental health services were the most needed health care service that Hendricks County residents did not receive (16.1%) based on responses to the CHA Survey, with vulnerable populations reporting the highest percentage of need (26.2%).Lastly, over 38% of respondents identified stress as one of the top reasons they cannot maintain a healthy weight.[3]

NATIONAL PRIORITIES:

Below are the national priorities addressed by the goals, objectives, and strategies in the work plan.

SOURCE	TOPIC	OBJECTIVE
Healthy People 2020	**Mental Health and Mental Disorders**	MHMD-1: Reduce the suicide rate[18]
Healthy People 2020	**Mental Health and Mental Disorders**	MHMD-9.1: Increase the proportion of adults aged 18 years and older with serious mental illness who receive treatment[18]
Healthy People 2020	**Mental Health and Mental Disorders**	MHMD-9.2: Increase the proportion of adults aged 18 years and older with major depressive episodes who receive treatment[18]
Healthy People 2020	**Mental Health and Mental Disorders**	MHMD-10: Increase the proportion of persons with co-occurring substance abuse and mental health disorders who receive treatment for both disorders[18]
Healthy People 2020	**Mental Health and Mental Disorders**	MHMD-11.1: Increase the proportion of primary care physical office visits where adults aged 19 years and older are screened for depression[18]
Healthy People 2020	**Mental Health and Mental Disorders**	MHMD-11.2: Increase the proportion of primary care physical office visits where youth aged 12 to 18 years are screened for depression[18]

COMMUNITY RESOURCES AND ASSETS:

Below are some community resources and assets available to address mental wellness in Hendricks County.

RESOURCE/ASSET	SERVICE(S) PROVIDED
Mental Health America of Hendricks County	Provides support groups, suicide prevention and other mental health training, and referral to mental health services
Cummins Behavioral Health Services	Provides counseling, wraparound services, and other mental health and wellness services
The Hamilton Center	Provides counseling, wraparound services, and other mental health and wellness services
Children's Mental Health Initiative	Assesses children for needed mental health services and provides or refers families to available services
Children's Mental Health Wraparound	Provides mental health and social services to children and families to keep family units intact
STAR Behavioral Health Services	Provides mental health services to service members and veterans from specially-trained mental health care providers
Hendricks Therapy	Provides mental health and wellness services
Hendricks County Systems of Care Coalition	Coalition of local partners who work together to fill service gaps for children and families in need of mental health and social services
Care to Change Counseling	Provides counseling and other mental health and wellness service.

2016-2018 WORK PLAN

PRIORITY AREA LEADER: April Bordeau, Director
Care to Change Counseling

PRIORITY AREA PARTNERS: Cummins Behavioral Health Services, Mental Health America of Hendricks County, Hendricks County Health Department, Hendricks Therapy, The Hamilton Center, Indiana Family and Social Services Administration, QSource, IU Health, Care to Change Counseling

GOAL: By December 31, 2018, reduce the number of poor mental health days among Hendricks County adults from 2.7 days per month to 2.2 days per month as reported by the County Health Rankings.
SHORT-TERM OBJECTIVE: By December 31, 2016, develop a mental wellness guidebook on available mental wellness trainings and resources serving Hendricks County as reported by the Mental Wellness work group.
STRATEGIES
Conduct a needs assessment of the community to assess current mental wellness activities, gaps in services,

and available resources.

Identify key community members who can implement mental wellness interventions to high-risk populations (e.g. youth groups, senior services, veterans' organizations) and/or areas (e.g. rural communities).
Write sample intervention strategies and messaging, and outline mental wellness resources for key community members based on results from the needs assessment.
Disseminate guidebook to key community members.
MID-TERM OBJECTIVE: By December 31, 2017, train 50 primary care providers serving Hendricks County on behavioral health screening and coordination of care with mental health care providers as reported by QSource.
STRATEGIES
Identify primary care providers in Hendricks County working with high-risk populations who have limited interaction with mental health care providers in Hendricks County.
Develop or identify screening tools and training protocols for primary care providers.
Identify training methods (e.g. in-person, webinar), schedule training dates and times, and train primary care providers on behavioral health screening and coordination of care.
Add messaging to provider-based intervention portion of the mental wellness guidebook on available training.
LONG-TERM OBJECTIVE: By December 31, 2018, train 100 Hendricks County community members working with high-risk populations on mental health first aid and support services as reported by The Hamilton Center.
STRATEGIES
Review key community members working with high-risk populations and/or areas.
Schedule training dates and train members on mental health first aid, how to develop support services within their organization, and available mental health resources in Hendricks County.
Develop messaging for members to distribute to their clients/patrons explaining where they can go or who they can contact about mental health help.
Add messaging to community-based intervention portion of the mental wellness guidebook.

GOAL: By December 31, 2018, decrease the rate of suicide in Hendricks County from 10.9 deaths per 100,000 to 10.5 deaths per 100,000 as reported by the Centers for Disease Control and Prevention.
SHORT-TERM OBJECTIVE: By August 31, 2017 (changed from December 31, 2016), train at least one (changed from five) staff members in each of the middle and high schools in Hendricks County on mental health first aid

and QPR as reported by the Mental Wellness work group.

STRATEGIES
Meet with school officials to explain QPR training and identify staff working with high-risk students.
Schedule training dates and train staff on QPR and available suicide prevention and intervention services in Hendricks County.
Research messaging for schools to distribute to students and parents explaining who students can talk to about suicide and where they can go for help.
Add messaging to school-based intervention portion of the mental wellness guidebook.
MID-TERM OBJECTIVE: By December 31, 2017, train 50 primary care providers serving Hendricks County on suicide prevention screening and immediate referral as reported by the Mental Wellness work group.
STRATEGIES
Identify populations at high-risk of committing suicide and identify primary care providers serving those populations.
Develop or identify screening tools, crisis intervention services, and training protocols for primary care providers.
Identify training methods (e.g. in-person, webinar), schedule training dates and times, and train primary care providers on mental health crisis screening and referral.
Add messaging to provider-based intervention portion of the mental wellness guidebook.
LONG-TERM OBJECTIVE: By December 31, 2018, train 100 Hendricks County community members working with high-risk populations on QPR and crisis referral services as reported by Mental Health America of Hendricks County.
STRATEGIES
Review data on populations at high-risk of committing suicide and identify community members (e.g. faith-based organizations, law enforcement officers, senior services, veterans clubs) serving those populations.
Schedule training dates and train members on QPR and available suicide prevention and intervention services in Hendricks County.
Develop messaging for members to distribute to their clients/patrons explaining they are equipped to talk to about suicide and can refer to available crisis services for help.
Add messaging to community-based intervention portion of the mental wellness guidebook.

SUBSTANCE ABUSE

WHY SUBSTANCE ABUSE?

Across the United States, illegal drug use has increased, and heroin use and overdose deaths have risen to epidemic proportions.[19,20]Substance abuse was identified as the #1 public safety concern and #2 overall health concern by Hendricks County residents in the CHA Survey.[3] It was also identified by participants in the focus groups and town hall meetings as a top health concern in Hendricks County as part of their discussions around mental health.[5] Lastly, the Forces of Change Assessment participants identified substance abuse as one of the most influential forces impacting health in Hendricks County, identifying many threats (reduction in the cost of illegal substances and higher prescription drug use) and opportunities (new laws that provide opportunities for collaboration on substance abuse, faith community taking an active role in substance abuse awareness, and the growth of the county's Drug Court) surrounding the issue in Hendricks County.[6]

Additional primary and secondary data shows why substance abuse is a growing problem in Hendricks County. Drug overdose was the leading cause of injury death in the United States in 2013, and it claims about 16 lives per year in Hendricks County.[21,22]Additionally, 25% of all motor vehicle deaths were due to alcohol-impaired driving, and 15% of the adult population reports drinking excessively.[23,24] Substance abuse behaviors are also high among youth populations, with 17.9% of Central Indiana 12th grade students reporting monthly marijuana use; 30.4% alcohol use; and 5.4% prescription drug use.[25] The impact of substance abuse also stretches into public safety, as the Hendricks County Prosecutor's Office reported over 600 drug-related offenses in 2013.[26]

NATIONAL PRIORITIES

Below are the national priorities addressed by the goals, objectives, and strategies in the work plan.

SOURCE	TOPIC	OBJECTIVE
Healthy People 2020	**Substance Abuse**	SA-7: Increase the number of admissions to substance abuse treatment for injection drug use[27]
Healthy People 2020	**Substance Abuse**	SA-8.2: Increase the proportion of persons who need alcohol and/or illicit drug treatment and received specialty treatment for abuse or dependence in the past year[27]
Healthy People 2020	**Substance Abuse**	SA-9: Increase the proportion of persons who are referred for follow-up care for alcohol problems, drug problems after diagnosis, or treatment for one of these conditions in a hospital emergency department[27]
Healthy People 2020	**Substance Abuse**	SA-12: Reduce drug-induced deaths[27]
Healthy People 2020	**Substance Abuse**	SA-19.5: Reduce the past-year nonmedical use of any

		psychotherapeutic drug (including pain relievers, tranquilizers, stimulants, and sedatives) [27]

COMMUNITY RESOURCES AND ASSETS:

Below are some community resources and assets available to address substance abuse in Hendricks County.

RESOURCE/ASSET	SERVICE(S) PROVIDED
Cummins Behavioral Health Services	Provides substance abuse treatment
Fairbanks	Provides substance abuse treatment
The Hamilton Center	Provides substance abuse treatment
Hendricks County Substance Abuse Task Force	Coordinates local initiatives to reduce the burden of substance abuse on the Hendricks County community
The Willow Center	Provides substance abuse treatment
Hendricks County Drug Court	Provides substance abuse treatment and accountability for qualifying offenders
Office of U.S. Senator Joe Donnelly	Advocates for substance abuse resources at the national level and connects local, state, and national partners addressing substance abuse
Stopping Minors with Alcohol Response Team (SMART) Program	Conducts compliance checks on local businesses who sell or serve alcohol to prevent sale to minors and responds to social events involving minors and alcohol
Tox-Away Days	Collects unused and/or expired medications and sharps
Hendricks County Sheriff's Department	Collects unused and/or expired medications and sharps
Plainfield Police Department	Collects unused and/or expired medications and sharps
Avon Police Department	Collects unused and/or expired medications and sharps

2016-2018 WORK PLAN

PRIORITY AREA LEADER: Jenny Bates, Director of Wellness and Population Health
Hendricks Regional Health

PRIORITY AREA PARTNERS: Hendricks Regional Health, Hendricks County Sheriff's Department, Office of U.S. Senator Joe Donnelly, Hendricks County Health Department, Hendricks County Council

GOAL: By December 31, 2018, reduce the drug poisoning death rate in Hendricks County from 10.2 per 100,000 population to 9.7 per 100,000 population as reported by the County Health Rankings.
SHORT-TERM OBJECTIVE: By December 31, 2016, develop a comprehensive substance abuse prevention and intervention guidebook for key community members in Hendricks County as reported by the Substance Abuse work group.
STRATEGIES
Conduct a needs assessment of the community to assess current substance abuse prevention and intervention activities, gaps in services, and available resources.
Identify key community members (e.g. law enforcement, schools, public health practitioners, faith-based organizations) working with populations at high risk of substance abuse.
Outline resources for use by key community members based on results from the needs assessment.
Disseminate resource guide to key community members and the general public.
MID-TERM OBJECTIVE: By December 31, 2017, add two new medication and/or sharps drop-off sites in underserved areas of Hendricks County as reported by the Substance Abuse work group.
STRATEGIES
Assess current data on service and resource gaps, and map current asset locations.
Identify possible locations for drop-off sites and determine resource needs for developing new drop-off sites.
Acquire resources and set-up drop-off sites.
Develop awareness and education messaging and add to the substance abuse guidebook for distribution.
LONG-TERM OBJECTIVE: By December 31, 2018, train 125 of Hendricks County law enforcement officers and/or laypersons in need of Naloxone on recognizing and responding to opioid overdose and equip them with needed overdose resources as reported by the Substance Abuse work group.
STRATEGIES
Assess all law enforcement agencies and community agencies in Hendricks County on need for opioid overdose response training and overdose medications.
Develop training materials on recognizing and responding to opioid overdose.
Train and distribute equipment to participating individuals.
Develop awareness and education messaging about training and add to the substance abuse guidebook.

PHYSICAL ACTIVITY AND NUTRITION

WHY PHYSICAL ACTIVITY AND NUTRITION?

Being physically active and eating a healthy diet helps prevent chronic diseases and excess weight gain.[28]Respondents to the CHA Survey identified obesity as the #1 overall health concern and chronic disease as the #4 overall health concern facing Hendricks County.[3]Participants in the focus groups and town hall meetings repeatedly identified a poor nutrition environment and physical inactivity as top concerns facing the county. Many stated that a healthy community included one with walking and biking trails, parks, and access to reasonably-priced recreation facilities and produce, but felt Hendricks County lacked in these areas.[5]

Additional primary and secondary data suggest physical inactivity, poor nutrition, and the built environment are problems in Hendricks County. Over 70% of respondents to the CHA Survey report that they use parks, rivers, lakes, and/or woods for recreation and physical activity, but nearly half of residents live more than a half-mile from a park and one mile from a recreational facility.[3,29] This may be contributing to 28% of adults who report participating in no leisure-time activity and the 34% obesity rate in the county.[30,31]Additionally, about 10% of residents face food insecurity, and 25% indicated that the cost and lack of healthy foods are top factors in keeping them from a healthy weight.[32,3] About 76% of adults do not eat the recommended amount of fruits and vegetables.[33]

NATIONAL PRIORITIES

Below are the national priorities addressed by the goals, objectives, and strategies in the work plan.

SOURCE	TOPIC	OBJECTIVE
Healthy People 2020	**Physical Activity**	PA-1: Reduce the proportion of adults who engage in no leisure-time physical activity[34]
Healthy People 2020	**Physical Activity**	PA-13: Increase the proportion of trips made by walking[34]
Healthy People 2020	**Physical Activity**	PA-14: Increase the proportion of trips made by bicycling[34]
Healthy People 2020	**Physical Activity**	PA-15.1: Increase community-scale policies for the built environment that enhance access to and availability of physicalactivityopportunities[34]
Healthy People 2020	**Nutrition and Weight Status**	NWS-6.3: Increase the proportion of physician visits made by all child or adult patients that include counseling about nutrition or diet[35]
Healthy People 2020	**Nutrition and Weight Status**	NWS-14: Increase the contribution of fruits to the diets

		of the population aged 2 years and older[35]
Healthy People 2020	**Nutrition and Weight Status**	NWS-15.1: Increase the contribution of total vegetables to the diets of the population aged 2 years and older[35]

COMMUNITY RESOURCES AND ASSETS:

Below are some community resources and assets available to address physical activity and nutrition in Hendricks County.

RESOURCE/ASSET	SERVICE(S) PROVIDED
Hendricks Regional Health	Provides nutrition education, physical activity, and physical therapy services
IU Health West	Provides nutrition education, physical activity, and physical therapy services
Hendricks Regional Health YMCA	Provides nutrition education, physical activity, and physical therapy services
Plainfield Recreation and Aquatic Center	Provides physical activity and recreation services
Danville Athletic Club	Provides physical activity and recreation services
Purdue Extension – Hendricks County	Provides nutrition education and coordinates local food pantry coalition
Hendricks County Food Pantry Coalition	Facilitates collaboration among food pantries in Hendricks County to reduce food insecurity
Brownsburg Farmers Market	Provides vendor space for local farmers to sell fresh produce
Danville Farmers Market	Provides vendor space for local farmers to sell fresh produce
Pittsboro Farmers Market	Provides vendor space for local farmers to sell fresh produce
Avon Farmers Market	Provides vendor space for local farmers to sell fresh produce
Hendricks County Parks and Recreation	Provides trails and other outdoor facilities for physical activity
Brownsburg Parks and Recreation	Provides fitness classes, trails, and other facilities for physical activity
Danville Parks and Recreation	Provides trails and other outdoor facilities for physical activity
Avon Town Hall Park	Provides trails and other outdoor facilities for physical activity
Plainfield Parks and Recreation	Provides trails and other outdoor facilities for physical activity
Washington Township Park	Provides fitness classes, trails, and other facilities for physical activity
Hummel Park	Provides trails and other outdoor facilities for physical activity

Hendricks County Senior Services	Provides exercise equipment and fitness classes at the Hendricks County Senior Center
Vandalia Trail	Provides walking and biking trails across parts of Hendricks County
B&O Trail	Provides walking and biking trails across parts of Hendricks County

2016-2018 WORK PLAN

PRIORITY AREA LEADER: Kayla Northcutt, Wellness Director
Hendricks Regional Health YMCA, Avon

PRIORITY AREA PARTNERS: Danville High School, Danville Middle School, Central Indiana Center on Aging, Jump IN for Healthy Kids, Hendricks Regional Health, Purdue Extension – Hendricks County, Top 10 Coalition

PHYSICAL ACTIVITY GOAL: By December 31, 2018, decrease the percentage of Hendricks County residents who are physically inactive from 29.3% to 28.8% as reported by the Centers for Disease Control and Prevention.	
SHORT-TERM OBJECTIVE: By December 31, 2016, enroll a total of 10 hospital systems, and/or health care providers, and/or employers in Hendricks County into the physical activity referral system as reported by Hendricks Regional Health.	
STRATEGIES	
Identify hospital personnel, health care providers, and employers to participate in the referral network.	
Assess current mechanisms for referring and/or addressing physical activity among patients/employees and determine gaps in services at identified hospitals, health care providers, and employers.	
Develop and implement referral mechanisms for each participating referring partner. (Distribute the previously created prescription pads instructing recipients on recommended physical activity requirements.)	
Develop evaluation measures and evaluate effectiveness of the referral system. (Track how many referral prescription pad sheets have been given. Start with giving these referrals in HRH wellness coaching appointments and distributing at food pantries.)	
MID-TERM OBJECTIVE: By December 31, 2017, increase the percentage of Hendricks County schools with shared use policies to 90% as reported by the Top 10 Coalition.	
STRATEGIES	
Assess current shared use policies and procedures at all Hendricks County schools/districts.	
Find already written sample policies for schools without shared use policies and assist all schools with adopting and implementing policies.	
Assist schools in developing messaging and marketing of the shared use policy within their schools and community.	
Develop evaluation measures and evaluate effectiveness of the policies.	

LONG-TERM OBJECTIVE: By December 31, 2018, increase the number of Hendricks County municipalities with a Complete Streets policy from 0 to 1 as reported by the Physical Activity and Nutrition work group.	
STRATEGIES	
Meet with each municipality and identify one municipality interested in adopting or pursuing Complete Streets.	
Host an Active Living Weekend within the municipality.	
Conduct walk audits, photo voice, and other activities at locations identified during the Active Living Weekend as needing review and write a report about how Complete Streets would benefit those areas.	
Draft model Complete Streets policy and present to municipality policymakers.	

NUTRITION GOAL: By December 31, 2018, decrease the percentage of Hendricks County residents with inadequate fruit and vegetable consumption from 75.9% to 75.4% as reported by the Behavioral Risk Factor Surveillance System.	
SHORT-TERM OBJECTIVE: By December 31, 2016, enroll 10 hospital systems, and/or health care providers, and/or employers in Hendricks County into the nutrition referral system as reported by Hendricks Regional Health.	
STRATEGIES	
Identify hospital personnel, health care providers, and employers to participate in the referral network.	
Assess current mechanisms for referring and/or addressing nutrition among patients/employees and determine gaps in services at identified hospitals, health care providers, and employers.	
Develop and implement referral mechanisms for each participating referring partner. Distribute the previously created prescription pads instructing recipients on recommended fruit and vegetable intake requirements.	
Develop evaluation measures and evaluate effectiveness of the referral system. Track how many referral; prescription pad sheets have been given. Start with giving these referrals in HRH wellness coaching appointments and distributing at food pantries.	
MID-TERM OBJECTIVE: By December 31, 2017, increase the percentage of Hendricks County residents who grow their own food from 12% to 14% as reported by the Physical Activity and Nutrition Workgroup.	
STRATEGIES	
Identify and map all community garden locations in Hendricks County.	
Assist organizations who operate community gardens in developing marketing and messaging to	

increase participation in the gardens.	
Identify locations in the county with limited land to use for gardens and provide at least one container/urban gardening class within those locations.	
LONG-TERM OBJECTIVE: By December 31, 2018, assist 12 Hendricks County food establishments in identifying and marketing produce options and consumption as reported by Purdue Extension-Hendricks County.	
STRATEGIES	
Partner with Purdue Extension's "Make It Crunch Time" initiative.	
Identify food establishments to participate in the program.	
Assist food establishments in identifying produce options in their menus that adhere to the program requirements and implementing program materials.	
Develop marketing and messaging samples to promote the program and food establishments using it to residents.	

TOBACCO USE

WHY TOBACCO USE?

Tobacco use is the leading preventable cause of death in the United States, contributing to an increase in the development of cancers and cardiovascular and respiratory diseases.[36]Tobacco use was identified as the #3 overall health concern and chronic disease as the #4 overall health concern in Hendricks County by respondents to the CHA Survey.[3] Additionally, focus group and town hall meeting participants identified the low tax on tobacco products and allowances for smoking establishments as top concerns facing Hendricks County.[5] Lastly, participants in the Forces of Change Assessment identified the shift from traditional tobacco use and rise in electronic vaping device usge as a force impacting public health, and identified the lack of regulation for electronic vaping devices as a threat in Hendricks County.[6]

Additional primary and secondary data show that tobacco use is still an issue in Hendricks County. Currently, 18% of the adult population and about 8% of pregnant women in Hendricks County smoke.[37,38]The quit attempt rate in Hendricks County is slightly lower than the state rate as well (56% versus almost 58%).[39]Additionally, the second most commonly used drug amongmiddle and high school students in central Indiana is electronic vaping devices, with nearly 25% of 12th graders in central Indiana reporting their use.[25] Lastly, Hendricks County has only one municipality, Plainfield, with a comprehensive smoke-free air ordinance, which prohibits smoking in all public spaces including bars, restaurants, and work places.[40]

NATIONAL PRIORITIES

Below are the national priorities addressed by the goals, objectives, and strategies in the work plan.

SOURCE	TOPIC	OBJECTIVE
Healthy People 2020	**Tobacco Use**	TU-1: Reduce tobacco use by adults[41]
Healthy People 2020	**Tobacco Use**	TU-2: Reduce tobacco use by adolescents[41]
Healthy People 2020	**Tobacco Use**	TU-4.2: Increase smoking cessation attempts using evidence-based strategies by adult smokers[41]
Healthy People 2020	**Tobacco Use**	TU-6: Increase smoking cessation during pregnancy[41]
Healthy People 2020	**Tobacco Use**	TU-10: Increase tobacco cessation counseling in health care settings[41]
Healthy People 2020	**Tobacco Use**	TU-13: Establish laws in States, District of Columbia, Territories, and Tribes on smoke-free indoor air that prohibit smoking in public places and worksites[41]

COMMUNITY RESOURCES AND ASSETS:

Below are some community resources and assets available to address tobacco use in Hendricks County.

RESOURCE/ASSET	SERVICE(S) PROVIDED
Tobacco Free Hendricks County	Coordinates collaboration among local partners to reduce tobacco use and secondhand smoke exposure in Hendricks County
BABY & ME – Tobacco Free™ at the Hendricks County Health Department	Provides tobacco cessation services to pregnant women before and after birth
Indiana Tobacco Quitline	Provides free phone, web, and text-based tobacco cessation services
Indiana Tobacco Quitline Preferred Provider Network	Provides resources to health care providers, employers, and community agencies to refer patients and clients to the Indiana Tobacco Quitline and help them quit tobacco
Hendricks Regional Health	Provides screening and direct referral to the Indiana Tobacco Quitline via electronic medical records

2016-2018 WORK PLAN

PRIORITY AREA LEADER: Michael McDonald, Coordinator
Tobacco Free Hendricks County

PRIORITY AREA PARTNERS: Hendricks County Health Department, Hendricks Regional Health, Indiana State Department of Health, QSource

GOAL:By December 31, 2018, decrease the percentage of Hendricks County adults who smoke from 18% to 17% as reported by the County Health Rankings.
SHORT-TERM OBJECTIVE:By December 31, 2016, increase the number of calls, fax referrals, or other contact with the Indiana Tobacco Quitline by Hendricks County residents by 30% as reported by the Indiana State Department of Health.
STRATEGIES
Identify 10 health care providers, community agencies, and/or employers who are not currently Preferred Providers in the Indiana Tobacco Quitline.
Meet with potential Preferred Providers to discuss enrolling in the Quitline, developing policies for referral to the

Quitline, and assisting with implementation of policies for referral.
Host Quitline training for current Preferred Providers to provide updates on the Quitline and examples from other agencies to who successfully implemented referral policies and procedures.

Send quarterly newsletter to Preferred Providers telling them about Quitline enrollment numbers, successful referral sites, and other updates.
Develop messaging and marketing materials to share with Preferred Providers and the general public.
MID-TERM OBJECTIVE:By December 31, 2017, increase the number of municipalities with comprehensive smoke-free air ordinances from 1 to 2 as reported by Tobacco Free Hendricks County.
STRATEGIES
Assess municipalities' willingness or need for a comprehensive smoke-free air ordinance and identify one municipality to address.
Meet with policymakers to discuss need for a comprehensive smoke-free air ordinance and determine support level.
Gather at least 500 petitions from municipality residents, businesses, and organizations supporting the implementation of a comprehensive smoke-free air ordinance.
Draft language for the comprehensive smoke-free air ordinance.
Present ordinance, petitions, and additional community support to policymakers within the municipality.
LONG-TERM OBJECTIVE:By December 31, 2018, 75 Hendricks County pregnant women who smoke will quit smoking during pregnancy as reported by the Hendricks County Health Department.
STRATEGIES
Identify health care providers and community organizations working with pregnant women, educate them on the BABY & ME – Tobacco Free™ program, and enroll them as Referral Partners.
Enroll pregnant women who smoke into BABY & ME – Tobacco Free™ for home-based tobacco cessation services and fax refer them to the Indiana Tobacco Quitline for phone, web, or text-based support.
Send quarterly newsletter to Referral Partners telling them about BABY & ME – Tobacco Free™ enrollment numbers, successful referral sites, and other updates.
Develop messaging and marketing of BABY & ME – Tobacco Free™ for Referral Partners and the general public.

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