

# ALLEN COUNTY CHIP

## 2023-2026

Allen County's 3-year Community Health Improvement Plan to promote optimal health and well-being for all in Allen County



OCTOBER 2023-SEPTEMBER 2026  
CREATED: JULY 2023

## Dedication

This Community Health Improvement Plan is dedicated to Jackie Fox, 1965-2023, former CEO of West Ohio Community Action Partnership (WOCAP) and tireless advocate for economically disadvantaged people in Allen County.

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## Executive Summary

This executive summary provides an overview of the Community Health Improvement Plan (CHIP), outlining key objectives, strategies, and anticipated outcomes. The CHIP focuses on addressing the health needs of our community through a collaborative and data-driven approach.

We are dedicated to enhancing the overall well-being of Allen County by prioritizing the following priority areas:

**Thriving communities.** We are working toward goals that are hallmarks of thriving communities: more housing that is affordable, transportation to work and medical appointments accessible for people with the greatest need, and green spaces within walking distance to relax and play. By improving these community conditions, we aim to ensure a foundation of good health for all community members.

**Mental health and wellness.** Recognizing the significant impact of mental health on overall well-being for youth and adults, we are committed to enhancing access to mental health services, promoting awareness, and implementing assessment and mental health prevention services to youth.

**Supports for healthy living.** We are working to increase environments that make healthy living the easy choice by increasing access to healthy food and fresh produce, reducing secondhand smoke and increasing tobacco cessation services, having destinations that are walk and bike-friendly, and access to prevention services for children, and for adults with chronic diseases.

**Maternal and infant health.** We are working to ensure that parents have the support they need to give their infants a healthy start in life through breastfeeding support, safe sleep environments for infants, and access to resources and education.

To achieve these goals, this CHIP incorporates collaborative partnerships, data-driven decision-making, community engagement and empowerment and evaluation and continuous improvement.

We will establish, strengthen, and expand partnerships among community stakeholders, including healthcare providers, community organizations, schools, and local government agencies. By working together, we can leverage resources, expertise, and shared goals for greater impact.

We believe in engaging community members as active participants in their own health. Through community forums, surveys, and focus groups, we will gather input, ensure representation, and empower residents to take ownership of their well-being.

Our plan is grounded in comprehensive data analysis identifying the health needs and disparities within our community. These data inform the development of targeted interventions and ensures that resources are allocated efficiently.

Regular evaluation of the plan's progress is essential. We have established key performance indicators, and will track outcomes and make necessary adjustments to maximize our impact and sustain long-term improvements.

## How we got here

The Community Health Improvement Plan (CHIP) has gone through various stages of development and assessment in Allen County since 2013. Data informing this version of the CHIP was based on data from the May 2022 [Community Health Assessment](#), from the website [www.AllenCountyHealthAtlas.org](http://www.AllenCountyHealthAtlas.org), and community conversations held with focus groups and community leaders.

From January to June 2023, CHIP partners met to review achievements thus far, examine data and emerging priorities, and update the Allen County Community Health Improvement Plan. The partners agreed to continue the goal of eliminating disparities and inequities in each CHIP strategy going forward.

October 2023 marks the start of a new cycle. CHIP partners will meet quarterly to discuss progress. As a living document, the work plan will be adjusted annually based on successes and lessons learned.

Allen County is fortunate to have a dedicated group of community members overseeing the implementation and evaluation of the CHIP until the next planning cycle in 2026.

# Allen County CHIP Strategies 2023-2026

The following is an overview of our priorities, goals and strategies for 2023-2026 CHIP. Key measures will be tracked on the [Allen County Health Atlas](#) website.

## Priority 1: Thriving Communities

**Key measures:** Hardship Index; Housing Cost Burden; Rent Burdened Households; Potential Lead Paint Indicator

### Housing Affordability and Quality

1. Increase homeownership and decrease housing cost burden.
2. Advocate for a rental registration program for the City of Lima.
3. Reduce lead exposure.
  - a. Increase lead testing of children at the highest risk of exposure.
  - b. Ensure lead hazard removal in homes of children with high lead levels.

### Parks and Green Spaces

1. Establish three new pocket parks.
2. Increase current park usage through enhancements prioritized by community input.

### Access to Transportation

1. Increase public transportation access for priority groups as well as for the general public.
2. Improve overall transportation coordination in Allen County.

## Priority Area 2: Mental and Behavioral Health

**Key measures:** Depression, Suicide Deaths; Unintentional Drug Overdose Deaths

### Mental Health for Adults

1. Increase mental health resources and services, and awareness of services:
  - a. Increase awareness of resources through a 211-outreach plan and Mental Health Dashboard.
  - b. Hire a community navigator to serve under-resourced neighborhoods.
  - c. Increase Mental Health First Aid trainings for adults, and adults responding to youth.
  - d. Hold suicide prevention training to adult and high school participants.
  - e. Increase the number of employees who utilize the Employee Assistance Program.
  - f. Increase the usage of the free mental health screening tools on the [www.WeCarePeople.org](http://www.WeCarePeople.org) website.

### Mental Health for Youth

1. Utilize surveys to understand the highest Mental Health needs among youth.
2. Provide evidenced-based substance use, suicide, and violence prevention programs in schools.

### Prevent Overdose Deaths

1. Ensure individuals at high risk of overdose have access to Naloxone.
2. Establish an overdose fatality review board.

### Priority Area 3: Supports for Healthy Living

**Key measures:** Coronary Heart Disease, Diagnosed Diabetes, Food Stamps (SNAP); Obesity; Active Transportation to Work; Cigarette Smoking Prevalence

#### **Increase Access to Healthy Food**

1. Assist with SNAP enrollments for people who qualify.
2. Increase access to fresh produce.
3. Expand the Green Prescription program.
4. Create a new resource that will increase access to healthy food in a high need community.

#### **Support Walk and Bike Friendly Communities**

1. Develop capacity for infrastructure, education, and evaluation.

#### **Support Tobacco Free Living**

1. Increase referrals to and participation in tobacco cessation services.
2. Reduce youth vaping.

#### **Create Healthy Environments**

1. Create environments that support healthy businesses, schools, child care centers, neighborhoods, and faith communities through Activated Challenges.

#### **Ensure Children have a Healthy Start in Life**

1. Increase the percentage of children who receive at least one well child visit by age 15 months
2. Protect children from serious childhood illnesses

#### **Support Healthy Lifestyles through Chronic Disease Self-Management**

1. Provide evidence-based chronic disease self-management programs.

### Priority Area 4: Maternal and Infant Health

**Key measures:** Preterm Births; Breastfeeding Rates at Hospital Discharge; Infant Mortality

#### **Support Breastfeeding**

1. Increase the rate of women who exclusively breastfeed at hospital discharge

#### **Ensure Safe Sleep for Infants**

1. Ensure families that have the highest need have access to safe sleep environments for their infants

#### **Provide Smoke-Free Environments**

1. Explore the feasibility of expanding a Moms Quit for 2, and a father's program to the Moms Quit for 2 Program in Allen County

#### **Increase Referrals to Services**

1. Increase the percentage of eligible women or children who receive support services

#### **Prevent Maternal Mortality**

1. Provide training on urgent prenatal and post birth warning signs



## Vision Statement

*“A vibrant environment where health, safety, and overall wellness are the priority and a place where we value our differences and diversity.”*

## CHIP Framework

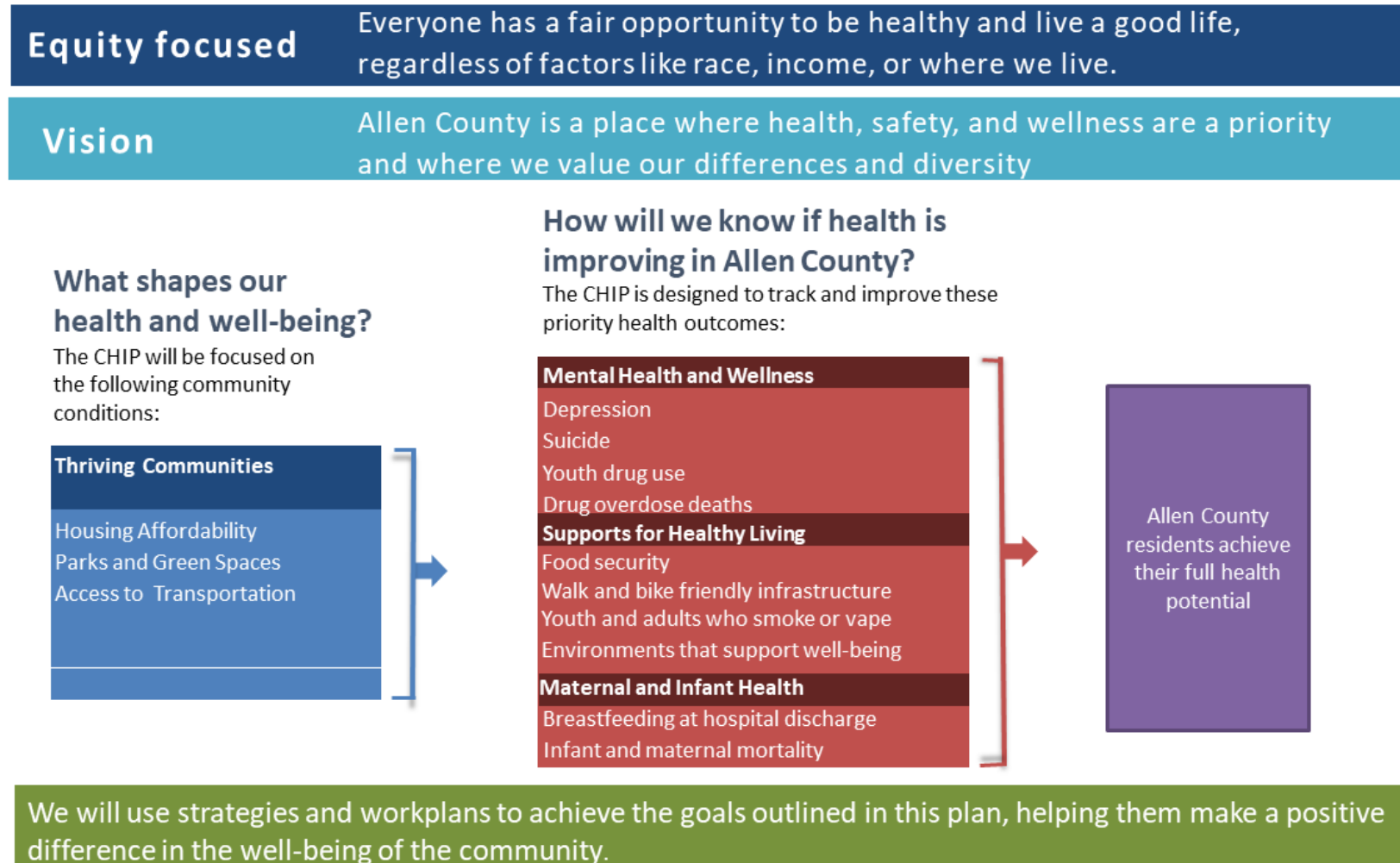


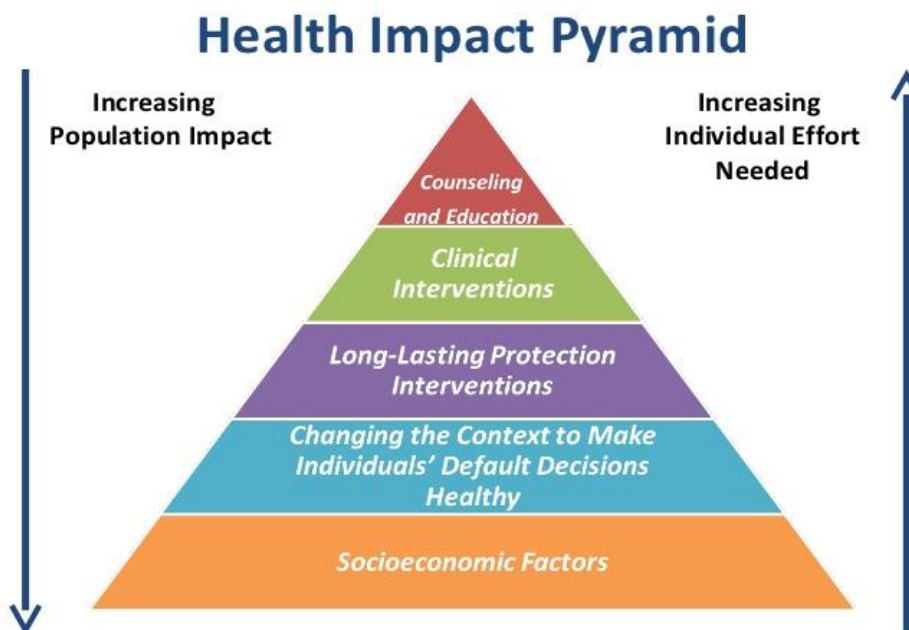
FIGURE 1: CHIP FRAMEWORK

## Work Plan Overview

In the next part of the CHIP (Community Health Improvement Plan), you'll find a summary of the reasons why the priorities were chosen and how we will work with the assets in our community to create change.

The work groups responsible for implementing the plan have updated their work plans to address these priorities over the next three years. When creating these plans, the groups carefully considered the following factors to ensure they are effective in achieving the set goals and objectives.

### The Health Impact Pyramid



Frieden T. American Journal of Public Health | April 2010, Vol 100, No. 4

**FIGURE 2: ALLEN COUNTY CHIP ALIGNMENT WITH STATE AND NATIONAL PRIORITIES.**

The Health Impact Pyramid describes the effectiveness of different types of public health interventions. Interventions focusing on socioeconomic factors, at the base of the pyramid, have the greatest potential to improve health. Although interventions at the higher levels have less of an impact on health, the likelihood of long-term success is maximized when intervention occurs at all levels.

### Policy, System, and Environmental Changes

These are changes in laws, rules, and the environment that impact the health of a community and change the context to make the healthy choice the default choice. Policy, systems and environmental changes are sustainable and long lasting. In particular, work groups considered policy changes that would most greatly impact vulnerable populations and address the causes of higher risks on those populations.

### Evidence Based Public Health Practices

These are tested programs, policies, and interventions that are proven to be most effective in successfully changing behavior. They create sustainable changes to improve health.

The following pages summarize the work plans for each of the priority areas. See Appendix E for the complete work plans.

## Priority 1: Thriving Communities



Access to quality affordable housing, access to transportation, and walking distance to green spaces are public health issues in Allen County. Poor housing conditions are associated with many health problems, including asthma, lead poisoning, and injury; reduced access to public transportation affects quality of life, including the ability to access jobs, education, and medical care. Local green spaces sustain vibrant neighborhoods.

We want to promote safe, accessible, appropriate, and affordable housing to sustain healthy residents and neighborhoods, and to assure that people needing transportation services have access to them. To this end, we will capitalize on community organizations and partnerships to increase the community's investment in housing stock, green spaces and public transportation.

### **Why it's important in Allen County:**

#### Housing

- Poor housing conditions are associated with many health problems, including asthma, lead poisoning, and injury.
- Key stakeholders and community members interviewed in the Fall of 2022 noted that quality and affordable housing was considered a major community concern.
- 14% of households reported having at least one of the following problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities *Source: 2021 Allen County Health Risk and Community Needs Assessment*
- 1 in 3 (33%) Lima households, compared to fewer than 1 in 4 (23%) Allen County households spend 30% or more of their income on rent *Source: Housing Cost Burden based on data from American Community Survey 2005-2021 available on Allen County Health Atlas (<https://allencountyhealthatlas.org>)*

#### Green Spaces

- 1 in 2 Lima residents (54%) live within a 10-minute walk of a park. *Source: Trust for Public Land, 2023* (<https://parkserve.tpl.org/mapping/#/?CityID=3943554>)

#### Transportation

- Reduced access to public transportation affects quality of life, including the ability to access jobs, education, and medical care.
- Key stakeholders and community members interviewed in the Fall of 2022 noted that adequate transportation to jobs and medical appointment continue to be a major community concern.

## Priority 2: Mental and Behavioral Health



Substance use, specifically opioid use, and mental health, specifically suicide, continue to be major community health issues in Allen County. The stigma associated with both mental health concerns and substance use, a lack of accountability to complete treatment, and high turnover among providers contribute to underutilized resources and a treatment system that is not as effective as it could be. We want to see a community where all residents can easily access behavioral health services. Community leaders are engaged in prevention efforts and working together through the Allen County Opioid Action Commission to address many of these issues.

As early intervention is the best prevention, this CHIP will focus on leveraging our existing community partnerships to improve access to mental health services for youth, and increase substance use prevention efforts for youth in Allen County.

### **Why it's important in Allen County:**

- Five percent (5%) of youth who completed the survey reported that someone had offered, sold, or given them an illegal drug on school property\*
- Eight percent (8%) of youth used medications that were not prescribed for them or took more than prescribed to feel good or get high at some time in their lives\*
- Nearly 1 in 3 (32%) of youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities\*
- Forty-seven (47) Allen County residents died from drug overdose in 2022.

*\*Source: 2021 Allen County Health Risk and Community Needs Assessment*

### Priority 3: Supports for Healthy Living



Chronic diseases like heart disease, diabetes, and obesity are major health problems in Allen County. We want to make it easier for people to be healthy by making changes to our policies and surroundings by improving options to walk or bike to destinations, increase affordable healthy food choices, and create environments that are free from tobacco.

We want to build upon existing efforts to improve wellness and prevent chronic diseases in our community by making long-term changes to policies and helping Allen County residents lead healthier lives.

#### **Why it's important in Allen County:**

- One in five (21%) of adults ate 0 servings of fruits (16%) or vegetables (5%) per day. \*
- Nearly three-fourths (73%) of Allen County adults were either overweight (34%) or obese (39%) by Body Mass Index (BMI). \*
- 34% of residents have been diagnosed with high blood pressure. \*
- Almost one-fifth (18%) of Allen County adults are current smokers, \* increasing to 44% of adults with annual incomes less than \$25,000.

**Vulnerable Population(s) Impacted by CHIP:** Low-income residents (food insecure, reduced access to transportation)

*\*Source: 2021 Allen County Health Risk and Community Needs Assessment*

## Priority 4: Maternal & Infant Health



### Why it's important in Allen County:

- During their last pregnancy within the past five years, Allen County women experienced the following:
  - Got a prenatal appointment in the first 3 months (49%) \*,
  - Took a multi-vitamin with folic acid during pregnancy (68%) \*,
  - Received WIC benefits (11%) \*,
  - Received opioid replacement therapy (3%) \*

*\*Source: 2021 Allen County Health Risk and Community Needs Assessment*

## Next Steps and Call to Action

We will continue to monitor the CHIP at least quarterly over the next three years. The work plans located in Appendix E includes the agencies and individuals responsible for implementing each of the objectives outlined in this CHIP. Activate Allen County will collect quarterly updates from each responsible party in order to gauge the progress of the CHIP. Goals and objectives will be monitored to assure that timeframe targets are being met. To allow the CHIP to evolve with the community, goals and objectives will be adjusted or amended if needed. Activate Allen County and Allen County Public Health will publicly release an annual update, highlighting the success of the CHIP and providing any information about major changes that have been made.

This CHIP represents the work of a dedicated group of community representatives. If you or your agency are interested in becoming involved with CHIP initiatives and community health improvement planning in Allen County, please contact:

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Kayla Monfort, Activate Allen County  
[kmonfort@activateallencounty.com](mailto:kmonfort@activateallencounty.com)

Monica Harnish, Allen County Public Health  
[mharnish@allenhealthdept.org](mailto:mharnish@allenhealthdept.org)

## Appendix A: List of Key Terms

**AAC – Activate Allen County**

**ACPH – Allen County Public Health**

**CHA – Community Health Assessment;** the collection, analysis, and distribution of information on the health status and health needs of the community, including statistics on health status, community health needs/gaps/problems, and assets.

**CHIP – Community Health Improvement Plan;** a long-term and systematic plan to address health priorities that were drafted as a result of the CHA.

**MAPP – Mobilizing for Action through Planning and Partnerships;** a community-driven strategic planning process for improving community health.

**EBPHP – Evidence Based Public Health Practice;** the implementation, and evaluation of effective programs and policies in public health through application of principles of scientific reasoning, including systematic uses of data and information systems, and appropriate use of behavioral science theory and program planning models.

**HIP – Health Impact Pyramid;** An organization of health interventions that places greater public value on interventions that impact socioeconomic factors, and less public value on individual education.

**HP2030 – Healthy People 2030;** the federal government’s prevention agenda that is updated every 10 years.

**National Prevention Strategy –** From the office of the Surgeon General, lays out a prevention-oriented society where communities work together to achieve better health for all Americans.

**Objective -**Targets for achievement. Are time limited and measurable, and will enable the CHIP Coalition to determine if progress is being made towards addressing each priority.

**ODH – Ohio Department of Health**

**SHIP – State Health Improvement Plan;** a CHIP completed at the State level.

**Strategy -** Strategies are collections of actions which have a reasoned chance of improving results. Strategies are made up of our best thinking about what works, and they include the contributions of many partners.

No single action by any one agency can create the improved results we want and need.



## Appendix B: List of Community Partners

Josh Unterbrink Kayla Monfort	Co-Directors	Activate Allen County
Dre White Ashlin Toland Stefanie Motter	Population Health Coordinator Health Education Coordinator Mobility Manager	Allen County Agency on Aging
Theresa Schnipke Rachel Staley	Superintendent Director of Early Intervention Program	Allen County Board of DD
Sofia Clifton	Programs Coordinator	Allen County Commissioners
Brandon Fischer Monica Harnish  Bri Buzard  Sarah Misiakiewicz  Lori Nester	Health Commissioner Director, Health Planning Services Health Educator, Creating Healthy Communities Program Health Educator, Project DAWN & Cribs for Kids Breastfeeding Coordinator, Allen County WIC	Allen County Public Health
Karen Garland  Brian Wildermuth	Administration & Capital Director Operations Director	Allen County RTA
Craig Kupferberg	Superintendent	Allen County Schools
Jane Wood	President	Bluffton University
Chris Jackson	Executive Director	Bradfield Community Center
Sharetta Smith Shane Coleman  Andria Perkins Carmilla Zion  Sydni Winkler	Mayor Chief of Staff Director, Housing and Neighborhoods Deputy Director of Housing and Neighborhoods Neighborhood Specialist	City of Lima
Margaret Lawrence	Chief Officer	Coleman Professional Services
Linda Theil	Director of Marketing and Provider Recruitment	Community Health Services
Erin Burkholder  Carla Thompson	Director of Outreach and Prevention Violence Prevention Educator/ Neighborhood Resource Navigator	Crime Victim Services  Crime Victim Services/Mercy
Carole Enneking	Director	Family and Children First Council

Janis Sunderhaus	Director	Health Partners of Western Ohio
Jed Metzger	President	Lima Allen County Chamber of Commerce
Tara Reynolds-Bales Shaunna Basinger	Executive Director Public Outreach and Community Program Planner	Lima Allen County Regional Planning Commission
Laura Ball	Adult Basic and Literacy Education Program Coordinator	Lima City Schools
Jeff Utz  Amy Schmidt	Executive Director, Lima Memorial Physicians Director Primary Care and Specialty Services	Lima Memorial Health Systems
Tammie Colon Kate Walker	Executive Director Clinical Director	Mental Health and Recovery Services Board of Allen, Auglaize and Hardin Counties
Beth Keehn Tyler Smith  Ann Stiles Jennifer Kiene	Director, Government and Community Affairs Director, Community Health – Lima Community Impact Center Community Specialist Director, Help Me Grow Program	Mercy Health, St. Rita's Medical Center
Rick Skilliter	Executive Director	Prevention Awareness Support Services (PASS)
Erin Hardesty	President	United Way of Greater Lima
Jackie Fox	CEO	West Ohio Community Action Partnership
Tommie H Dena Hedrick	Director Program/Compliance Manager	West Ohio Food Bank

## Appendix C: Work Plans

### Priority # 1: Thriving Communities

**Key Measures:** Housing cost burden, proximity to parks, commute to work

1.1 Housing Affordability and Quality				
<b>Strategy:</b> Increase homeownership and decrease housing cost burden <b>Priority group:</b> Census tract 129 <b>Partners:</b> City of Lima, Project 129 LLC, WOCAP, Mercy Health, Habitat for Humanity <b>Community co-ownership:</b> A navigator has been hired to connect residents to community resources. <b>Evidence for this strategy:</b> <a href="#">Housing cost burden</a> is linked to worse mental health and an increased risk of disease. Housing cost burden for Allen County is 23%, compared to 53% for Census Tract 129.				
Homeownership		Baseline	Target	Coordinator
1.1.1 By December 2025, increase home ownership by 5%, decrease rent burden by 5% and increase homeownership/ financial education classes by 10% in Census Tract 129.				Mercy Health – St. Rita’s Medical Center
1. Increase homeownership by 5%.		300 (2023)	307	
2. Decrease housing cost burden by 5%. (Households spending more than 30% of income on housing) <i>Source: Housing Burden for census tract 129 based on data from American Community Survey 2005-2021, available on Allen County Health Atlas (<a href="https://allencountyhealthatlas.org">https://allencountyhealthatlas.org</a>)</i>		53%	48%	
3. Increase participation in financial education classes by 10%.		Establish by Feb 2024	TBD	
<b>Action Steps:</b> 1. Identify housing needs in Census Tract 129. 2. Work with Project 129 LLC to acquire and rehabilitate homes to provide homeownership and improved rental options. 3. Work with local agencies to increase participation in financial education classes by first gathering data on who is hosting classes and how many residents are attending. 4. Once baseline for financial education classes is obtained, we will work with agencies to promote services to target populations including banks, schools, service agencies, etc.				
Annual report status	Date	Update		
Rental Registration				
<b>Strategy:</b> Advocate for a rental registration in the city of Lima <b>Priority group:</b> City of Lima <b>Partners:</b> City of Lima, WOCAP, Met Housing, Mercy Health, Lima Memorial Health System, Allen County Public Health				

<b>Evidence for this strategy:</b> Registries provide a pathway for legal remedy to rental housing that meets minimum habitability standards. See <a href="#">Ohio Rental Registries</a> for more information.			
	<b>Baseline</b>	<b>Target</b>	<b>Coordinator</b>
1.1.2: Through December 2025, consider feasibility and advocate for establishing a rental registration program.	0	Rental registration program established	City of Lima - Deputy Director of Housing and Neighborhoods
<b>Action Steps:</b> <ol style="list-style-type: none"><li>1. Review 3 other communities who have rental registration.</li><li>2. Create draft legislation.</li><li>3. Bring to Lima City Council for a vote.</li><li>4. If passed, establish effective components of a registration program.</li></ol>			
<b>Annual report status</b>	<b>Date</b>	<b>Update</b>	
<b>Lead Exposure</b>			
<b>Strategy:</b> Prevent lead poisoning <b>Priority group:</b> Children at high risk for exposure <b>Partners:</b> Mercy Health Physicians; Lima Memorial Physicians; Health Partners of Western Ohio, WOCAP Head Start, Allen County WIC, Schools, Health Partners <b>Community co-ownership:</b> Parents of children participating in WIC, Head Start, well-child visits <b>Evidence:</b> Children at high risk for exposure are required by <a href="#">Ohio law</a> to be tested.			
<b>Lead Testing</b>	<b>Baseline</b>	<b>Target</b>	<b>Coordinator</b>
1.1.3. By September 2026, increase the number of Allen County children ages 0-6 years tested for lead by 10% from baseline. Data source: <a href="#">Ohio PH Data Warehouse</a>	868 – 2021 962 – 2022	2023- 1058 2024 – 1164 2025 - 1280	Allen County Public Health
<b>Action Steps:</b> <ol style="list-style-type: none"><li>1. Ensure systems are established for screening children at risk of lead exposure.</li><li>2. Ensure providers follow <a href="#">medical management recommendations</a>.</li></ol>			
<b>Status:</b>	<b>Date</b>	<b>Update</b>	
<b>Lead Removal</b>	<b>Baseline</b>	<b>Target</b>	<b>Coordinator</b>
1.1.4. By September 2026, provide lead hazard removal to 4 homes in the City of Lima.	7	11	City of Lima WOCAP

<b>Action Steps:</b> <ol style="list-style-type: none"> <li>1. Determine homes that will be provided this service based on the timeline and funds available</li> <li>2. Work with partners to complete the lead hazard removal and document progress</li> <li>3. Tell the story of this work to the community through media partners and via the City of Lima's plan of communication</li> </ol>		
<b>Status:</b>	<b>Date</b>	<b>Update</b>

<b>1.2 Parks and Green Spaces</b>			
<b>Strategy:</b> Increase the number of green spaces available to the community, and utilization of parks/green spaces <b>Indicator:</b> Percentage of Lima residents who live within a 10-minute walk of a park. Baseline: 54%; Target 59%. Data Source: <a href="#">Trust for Public Land</a> <b>Priority group:</b> City and Allen County residents <b>Partners:</b> City of Lima, Mercy Health, Lima Memorial Health System, WOCAP, Allen County Public Health, Creating Healthy Communities Program <b>Community co-ownership:</b> Input from neighborhood residents on park features and amenities <b>Evidence:</b> <a href="#">Green spaces</a> provide physical and mental health benefits.			
<b>Establish Pocket Parks</b>	<b>Baseline</b>	<b>Target</b>	<b>Coordinator</b>
1.2.1 By, September 2026, open three new pocket parks in Census tracts 129, 134, and 141.	0	3	Mercy Health – St. Rita's Medical Center
<b>Action Steps/Benchmarks, based on <a href="#">Issue Brief</a></b> <ol style="list-style-type: none"> <li>1. Secure community input and commitment</li> <li>2. Choose a site</li> <li>3. Develop site plan</li> <li>4. Schedule work days</li> <li>5. Plan celebration event</li> <li>6. Implement maintenance plan</li> </ol>			
<b>Annual report status</b>	<b>Date</b>	<b>Update</b>	
<b>Increase park usage</b>	<b>Baseline</b>	<b>Target</b>	<b>Coordinator</b>
1.2.2 By, September 2026, surveys and observations will indicate increase in utilization of MLK Park and a 10% increase in physical activity in the 6 <sup>th</sup> Ward of Lima.	Zip-45804 63.9% exercised	73.9% participating in exercise	Allen County Public Health, Creating Healthy Communities Program
<b>Action Steps/Benchmarks</b> <ol style="list-style-type: none"> <li>1. Assess park assets.</li> <li>2. Gather feedback from neighborhood on potential enhancements</li> <li>3. Implement enhancements based on feedback</li> </ol>			

4. Conduct information campaign		
5. Measure utilization and physical activity.		
<b>Annual report status</b>	<b>Date</b>	<b>Update</b>

1.3 Access to Transportation			
<b>Strategy:</b> Increase utilization and coordination of transportation services <b>Priority groups:</b> All residents, older adults, people with disabilities, non-English speaking <b>Partners:</b> RTA, Lima Allen County Regional Planning, Agency on Aging, Council on Aging, Allen County Board of DD, Future of Accessible-Coordinated Transportation Services (FACTS) Coalition <b>Community co-ownership:</b> Community conversations noted access to transportation as a priority <b>Evidence:</b> <a href="#">Public transportation</a> is likely to increase physical activity, reduce vehicle miles, and reduce emissions.			
Public Transportation	Baseline	Target	Coordinator
1.3.1 By September 2026, increase ridership of RTA to the general community by 3% each year.	# 212,800 (2022)	2023-219,184 2024-225,759 2025-232,531 2026-239,506	RTA
1.3.2 By September 2026, increase RTA utilization on UP LIFT routes by priority groups by 1% each year. a. Older adults b. People with disabilities c. Non-English speaking	Will be established in 2024.	Established in 2024	RTA
<b>Action Steps/Benchmarks</b> 1. Develop and market an RTA app. a. Gather input from community b. Develop app c. Market app d. Track usage data by priority groups 2. Develop RTA maps that are accessible to priority groups. a. Gather input from community b. Develop maps c. Market maps d. Track usage by priority groups			
<b>Annual report status</b>	<b>Date</b>	<b>Update</b>	

Transportation Coordination		Baseline	Target	Coordinator
1.3.3. By September 2026, improve overall transportation coordination in Allen County through increasing the number of new Future of Accessible-Coordinated Transportation Services (FACTS) coalition members.		47 members (2022)	2023-50 2024-52 2025-55 2026-58	Area Agency on Aging 3 Mobility Manager
<b>Action Steps/Benchmarks</b> <ol style="list-style-type: none"> <li>1. Continue to identify stakeholders. <ol style="list-style-type: none"> <li>a. Educate the community on available transportation options and gaps in service.</li> <li>b. Invite stakeholders with transportation needs to attend FACTS Coalition meetings.</li> <li>c. Invite transportation providers to attend FACTS Coalition meetings.</li> </ol> </li> <li>2. Increase community participation of those individuals over the age of 60 and those of any age with a disability. <ol style="list-style-type: none"> <li>a. Hold focus groups with community members to identify gaps in service.</li> <li>b. Market FACTS Coalition meetings via public notice and social media.</li> </ol> </li> </ol>				
Annual report status	Date	Update		

## Priority # 2: Mental Health and Behavioral Health

**Key Measures:** Youth and adult suicide rate; unintentional drug overdose death rate

### 2.1 Mental Health for Adults

**Strategy:** Increase knowledge of and accessibility of resources and services related to mental health, especially through public systems

**Priority group:** adults

**Partners:** Mental Health and Recovery Services Board, PASS, United Way, Lima Memorial Health System, Mercy Health

**Evidence-based strategies:** Mental Health First Aid is a training course to help laypeople know how to assist individuals with mental health problems – evidence rating is based on the likelihood of achieving increased knowledge of mental health and reduced stigma. QPR is an evidence-based suicide prevention training program.

211 Resource	Baseline	Target	Coordinator
2.1.1 By September 2026, more adults will utilize 211 to seek treatment and community support services.	Number of calls, TBD	TBD	Area Agency on Aging 3 United Way of Greater Lima

#### Action steps

1. Develop 211 outreach plan that includes multi-lingual messaging.
2. Develop system to track how people found out about 211

Annual report status	Date	Update

Mental Health Dashboard	Baseline	Target	Coordinator
2.1.2 By September 2026, create a mental health dashboard/ website.	TBD by 2024	TBD	MHRBSB Ascend

Annual report status	Date	Update

Community Navigator	Baseline	Target	Coordinator
2.1.3 By September 2026 – hire a community navigator to serve under-resourced neighborhoods.	No navigator	1 Navigator hired	MHRBSB

Annual report status	Date	Update



Mental Health First Aid		Baseline	Target	Coordinator
2.1.4 By September 2026, increase the number of held offerings of Mental Health First Aid for adults, and adults responding to youth by 15.		4	19	PASS
Annual report status	Date	Update		
Suicide Prevention Training		Baseline	Target	Coordinator
2.1.5 By September 2026, hold suicide prevention trainings (Question, Persuade, Refer – QPR high school student and adult participants		0	Number of training sessions, TBD	PASS
Annual report status	Date	Update		
Employee Assistance Program		Baseline	Target	Coordinator
2.1.6 By September 2026, increase the number of employees utilizing the Employee Assistance Program.		Baseline: 2,021 employees served in 2022  2022: Utilization rates TBD		MHR SB
Annual report status	Date	Update		
Mental Health Screening		Baseline	Target	Coordinator
2.1.7 By September 2026, increase the usage of free Mental Health Screening Tools on the WeCarePeople.org website by 10% each year.		Baseline: 438 screened in 2022	2023- 481 2024- 529 2025- 581	MHR SB
<b>Action steps</b> <ol style="list-style-type: none"> <li>Promote free resource on social media, at community events and through partner support.</li> <li>Monitor site usage</li> <li>Report usage on an annual basis</li> </ol>				
Annual report status	Date	Update		

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## 2.2 Mental Health for Youth

**Evidence-based strategies:** Assess youth mental health and Implement youth well-being, prevention, and resiliency programming

**Measure:** 16% of Allen county youth surveyed seriously considered attempting suicide (2021 OHYES Report)

**Priority group:** Youth – Elementary through High School

**Partners:** PASS, Mental Health and Recovery Services Board, Crime Victim Services, school administrators and teachers in Allen County, Lima Memorial Health System, Mercy Health

**Community member co-ownership:** Gatekeepers

**Evidence:** Mental Health First Aid, RRR, Class Action and QPR are evidence-based programs

Youth Input		Baseline	Target	Coordinator
2.2.1	By September 2024 facilitate at least one survey with in-school high youth in the Gatekeeper program to understand the top stressors impacting their mental health.	0	1 summary report	PASS
<b>Action Steps/Benchmarks</b> <ol style="list-style-type: none"> <li>1. Create survey tool- tool will be created with assistance from students, AAC, PASS and MHR SB</li> <li>2. Contact Gatekeepers</li> <li>3. Administer survey</li> <li>4. Coordinate distribution</li> <li>5. Summarize results</li> <li>6. Utilize results to inform program priorities.</li> </ol>				
Annual report status	Date	Update		
Youth Prevention Programs		Baseline	Target	Coordinator
2.2.2	Through September 2026, establish and maintain the rate of Allen County middle and high school students participating in evidence-based substance use, suicide, and violence prevention programs at 85% by the end of each school year.  Program examples: (not limited to but could include)	0	85%	PASS, Crime Victim Services

Annual report status	- RRR – Refuse, Remove, Reasons drug abuse prevention for HS students.			
	- QPR – Question, Persuade, Refer Suicide Prevention for High school			
	- Violence prevention – Crime Victim Services			
	<b>Action Steps/Benchmarks</b> 1. Determine baseline 2. Report at least annually on progress			
Annual report status	Date	Update		

2.3 Prevent Overdose Deaths				
<b>Evidence-based strategies:</b> <ul style="list-style-type: none"> <li>- Ensure naloxone is provided to people at high risk of experiencing or witnessing previous overdose. <a href="#">Link here</a></li> <li>- Establish fatality review board to identify system gaps and innovative community-specific prevention and intervention strategies.</li> </ul> <b>Indicator:</b> Unintentional drug overdose deaths Baseline: 44 deaths in 2022; Target – 5% decrease <b>Priority group:</b> youth and adults at risk <b>Partners:</b> Mental Health and Recovery Services Board, Opioid Commission; Review board: coroner, Health Department, Mental Health Board, County Commissioners <b>Community member co-ownership:</b> Family members				
Distribute naloxone for people at risk of overdose		Baseline	Target	Coordinator
2.3.1 Through September 2026, ensure that 50% of naloxone distributions are to individuals in the Allen County zip codes with the highest number of overdoses.		60% Q1 2023	At least 50% quarterly	Allen County Public Health
Annual report status	Date	Update		
Establish an overdose fatality review board		Baseline	Target	Coordinator

2.3.2 By September 2026, establish an Overdose Fatality Review Board.		No board	2023 – Board Established 2024 - 50% 2025- 75% 2026 – 100% of cases reviewed	Mental Health and Recovery Services Board and Allen County Public Health
Annual report status	Date	Update		

### Priority # 3: Supports for Healthy Living

**Key measures:** Food insecurity, bike and pedestrian infrastructure; percent of youth and adults who smoke or vape

3.1 Access to Healthy Food				
<b>Strategies:</b> Increase food security, Increase access to healthy food <b>Key Measure:</b> Food insecurity rate in Allen County (Feeding America, 2021) 12.1% <b>Priority group:</b> Allen County residents with low food access <b>Partners:</b> West Ohio Food Bank (WOFB), Chamber of Commerce, United Way, Children’s Hunger Alliance, volunteer groups, Bradfield Community Center, Allen County Public Health (WIC & CHC Program), WOCAP <b>Evidence:</b> Objective 1: SNAP enrollment reduces food security: Iowa <a href="#">report</a> Objective 2: Fruit and vegetable <a href="#">incentive programs</a> (produce bucks): Scientifically supported (CHR - highest rating) Objective 3: Healthy food prescription reduces food insecurity (CHR - promising, <a href="#">more studies needed</a> ) Objective 4: Healthy food in <a href="#">pantries</a> : (CHR- some evidence, trends positive overall)				
SNAP Enrollments for People Who Qualify		Baseline	Target	Coordinator
3.1.1 By September 2026, increase Allen County SNAP enrollments through West Ohio Food Bank assistance by 15/year.		0	2023: 15 2024: 30 2025: 45 2026: 60	West Ohio Food Bank
<b>Action Steps:</b> <ol style="list-style-type: none"> <li>Recruit and train volunteers to assist with SNAP enrollments.</li> <li>Enroll eligible Allen County residents to receive SNAP benefits.</li> </ol>				
Annual report status	Date	Update		
Access to Fresh Produce		Baseline	Target	Coordinator
3.1.2 Through September 2026, increase the unique number of residents accessing fresh produce using Produce Perks, WIC Coupons, and Senior Farmer’s Market Nutrition Program (SFMNP) by 10%.		Produce Perks– 188 WIC – \$545 SFMNP - \$100	Produce Perks-283 WIC – \$600 SFMNP - \$110	Activate Allen County/ Lima Allen County Chamber of Commerce,
Annual report status	Date	Update		

Expand the Green Prescription Program		Baseline	Target	Coordinator
3.1.3	By September 2026, increase the number of patients served by the Green Prescription Program by 15%	157 (January 2023)	2023: 157 2024: 180 2025: 207 2026: 238	Mercy Health
Annual report status	Date	Update		
Food Security		Baseline	Target	Coordinator
3.1.4	By September 2026, work with West Ohio Food Bank to create a new resource that will increase access to healthy food in a high need community.	57.9% low food access in 45801	52.9% low food access in 45801 New resource available	Allen County Public Health CHC Program
Annual report status	Date	Update		

3.2 Support Walk and Bike Friendly Communities			
<b>Strategy:</b> Implement strategies that support walk and bike friendly communities, outlined in the Lima Allen County Regional Planning Commission’s Allen County Active Transportation Plan.			
<b>Indicator:</b> % of adults, 18 and older, who reported no leisure time activity during the last 30 days			
<b>Priority group:</b> City of Lima and Allen County residents			
<b>Partners:</b> Allen County Bike and Pedestrian Task Force			
<b>Community co-ownership</b>			
<b>Evidence:</b> Transportation system interventions to increase street connectivity, sidewalk and trail infrastructure, bicycle infrastructure, or public transit infrastructure and access are associated with higher levels of physical activity – <a href="#">The Community Guide</a> .			
Active Transportation Plan	Baseline	Target	Coordinator
3.2.1 By September 30, 2026, the Allen County Bike and Pedestrian Task Force will implement the following supports for walk and bike friendly communities: <ul style="list-style-type: none"><li>• Bike and pedestrian infrastructure projects</li><li>• Education: skills training for children</li><li>• Evaluation: counts in new/pending infrastructure improvement areas</li></ul>	Ongoing	5 per year  1 per year  2 per year	Activate Allen County

<ul style="list-style-type: none"> <li>Resubmit and maintain Bronze Bike Friendly Community status for the City of Lima in 2024.</li> </ul>		Application submitted and awarded in 2024	
<b>Action Steps:</b> Incorporate bike and pedestrian infrastructure improvements based on the Lima Allen County Regional Planning Commission's Active Transportation Plan.			
<b>Status:</b>	<b>Date</b>	<b>Update</b>	

3.3 Support Tobacco-Free Living			
<b>Strategy:</b> Increase access to smoke/vape cessation services <b>Indicator:</b> Percentage of adults who smoke Baseline adults: 22.9% (2020) <b>Priority group:</b> Youth and adults who smoke and vape <b>Partners:</b> Activate Allen County, Mercy Health, Lima Memorial Health System, referral agencies, PASS, Allen County Schools <b>Evidence:</b> Participation in Quitlines increase the odds of 6-month abstinence from smoking by approximately 60%. I Mind consists of evidence informed education, and helps students return to school or after-school programs as quickly as possible after discipline measures.			
Ohio Tobacco Quitline	Baseline	Target	Coordinator
3.3.1 By September 2026, enroll 1% of people who smoke in Allen County to the Ohio Tobacco Quit Line.	35	96	Activate Allen County
<b>Action Steps/Benchmarks</b> 1. Establish a referral system with providers 2. Communicate referral system to providers 3. Market and promote the Ohio QuitLine to eligible community residents.			
<b>Annual report status</b>	<b>Date</b>	<b>Update</b>	
Youth Tobacco Suspension Alternative	Baseline	Target	Coordinator
3.3.2 By, September 2026, hold 15 I Mind student tobacco/vaping school education sessions.	8	15	Prevention Awareness Support Services (PASS)
<b>Annual report status</b>	<b>Date</b>	<b>Update</b>	

Youth Vaping			Baseline	Target	Coordinator
3.3.3 By September 2026, hold 15 “I can’t breathe” student vaping education sessions.					PASS Activate Allen County
Annual report status	Date	Update			
3.4 Create Healthy Environments In work, school, childcare, neighborhoods, and faith settings					
Strategy: Create healthy environments that support well-being Priority group: City and Allen County residents Partners: Activate Allen County, Mercy Health, participating organizations Community co-ownership: Challenge participants Evidence: The Activated challenges focus on policies, systems, and environmental changes that support mental and physical health.					
Activated Challenges			Baseline	Target	Coordinator
3.4.1 By September 2026, increase by 5% each year the number of organizations creating policy, systems or environmental changes by participating in Activated Challenges			74 projects	2023 – 77 2024 – 81 2025 – 85 2026 - 89	Activate Allen County
Action Steps:					
Activated Business Challenge					
1. Continue to recruit workplaces to join the challenge with the assistance of the Workplace Wellness Collaborative.					
2. Assess workplace applications and provide technical assistance for improvement					
3. Celebrate successes of new workplaces joining the challenge with an annual ceremony					
4. Evaluate and modify challenge as needed to meet the needs of the community and employers					
Activated School Challenge					
1. Recruit schools to participate in the challenge					
2. Provide technical assistance for schools to create feasible action plans					
3. Evaluate plans for funding with established core group, including Mercy Health as the funder					
4. Implement approved plans at schools					
5. Celebrate successes					
6. Evaluate and modify challenge as needed to meet the needs of funders and schools					
Activated Childcare Challenge					
1. Create application and guidelines for the challenged based off of current Activated School Challenge, previous childcare challenge and evidenced based resources					
2. Recruit childcare facilities to apply					
3. Provide technical assistance for childcare facilities to create feasible action plans					
4. Evaluate plans for funding with established core group, including Paramount as the funder					
5. Celebrate successes					
6. Evaluate and modify challenge as needed to meet the needs of funders and childcare facilities					



#### Activated Neighborhood Challenge

1. Create application and guidelines for the challenged based off of evidenced based resources, model communities and local needs
2. Recruit neighborhood partners/residents to apply
3. Provide technical assistance for neighborhoods to create feasible action plans
4. Evaluate plans for funding with established core group, including Paramount as the funder and LACNIP as a main partner in monitoring projects
5. Celebrate successes
7. Evaluate and modify challenge as needed to meet the needs of funders and community residents

#### Activated Faith Challenge

1. Create application and guidelines for the challenged based off of evidenced based resources, model communities and local needs
2. Recruit faith communities or organizations to apply
3. Provide technical assistance for faith communities to create feasible action plans
4. Evaluate plans for funding with partners
5. Celebrate successes

Evaluate and modify challenge as needed to meet the needs of funders and community residents

Status:	Date	Update

### 3.5 Ensure children have a healthy start in life

**Strategy:** Increase well child visits, and protect children from serious childhood illness

**Priority group:** Children ages 0 – 24 months

**Partners:** Lima Memorial Health System, Mercy Health, Health Partners, community providers

**Community co-ownership:** N/A

**Evidence:** Well-child visits are associated with reduced hospitalizations and emergency department use, and assist with ensuring that children are [vaccine protected](#) against serious diseases including whooping cough, measles and mumps.

Well child visits	Baseline	Target	Coordinator
3.5.1 By September 2026, increase the percentage of children 15 months and younger receiving at least 1 well-child visit by 5%.	TBD	TBD	Activate Allen County

#### **Action Steps/Benchmarks**

1. Determine baseline
2. Develop and implement plan to increase the percentage of children receiving well-child visits and immunizations
3. Track data and evaluate for success

Date	Update

<b>Annual report status</b>			
<b>Protect children from serious childhood illness</b>	<b>Baseline</b>	<b>Target</b>	<b>Coordinator</b>
3.5.2 By September 2026, increase the percentage of Allen County children 24 months of age who have up-to-date vaccination coverage by 3%.	TBD by 2023	TBD	Allen County Public Health
<b>Action Steps/Benchmarks</b> <ol style="list-style-type: none"> <li>1. Determine tracking system to calculate baseline data.</li> <li>2. Develop and implement plan to increase the percentage of children who are up-to-date on immunizations</li> <li>3. Track data and evaluate for success</li> </ol>			
<b>Annual report status</b>	<b>Date</b>	<b>Update</b>	

<b>3.6 Support Healthy Lifestyles through Chronic Disease Self-Management</b>			
<b>Strategy:</b> Increase participation in evidence-based chronic disease self-management programs <b>Priority group:</b> Adults diagnosed with diabetes, high blood pressure, and other chronic diseases <b>Partners:</b> Allen County Agency on Aging, Allen County Council on Aging, health care partners, local fire and EMS departments, universities, volunteer groups <b>Community co-ownership:</b> Participants, lay leaders <b>Evidence:</b> Chronic disease self-management programs have been shown to help adults improve health and quality of life.			
<b>Provide Evidence-Based Chronic Disease Management Programs</b>	<b>Baseline</b>	<b>Target</b>	<b>Coordinator</b>
3.6.1 By September 2026, increase presence of evidence-based chronic disease self-management programming (EBP) within the community available to Allen County adults diagnosed with high blood pressure, heart disease, diabetes, and/or other chronic diseases.	<p>Currently no formal partnerships</p> <p>Pool of 9 active leaders/coaches (2022)</p>	<p>Secure new partnerships with community health systems, universities, fire departments, and emergency medical services.</p> <p>Pool of 25 active leaders/coaches to lead EBP by September 2026 2023: 13 2024: 17 2025: 21</p>	Area Agency on Aging 3

		113 individuals served by EBP (2022)	2026: 25  225 individuals served by EBP/year by September 2026 2023: 150 2024: 175 2025: 200 2026: 225	
<b>Action Steps/Benchmarks</b> <ol style="list-style-type: none"> <li>1. Strengthen community partnerships and build relationships with key stakeholders to increase awareness and better connect individuals who suffer from chronic diseases to the evidence-based self-management programs available within the community that provide education on self-management techniques and enhance overall health.</li> <li>2. Increase the number of volunteer leaders/coaches to lead evidence-based programming (EBP) throughout the community to a pool of 25 active leaders/coaches.</li> <li>3. Seek new collaborations with community health systems, universities, fire departments, and emergency medical services to develop systems to increase referrals to evidenced-based programs to reach 225 individuals served by EBP per year.</li> </ol>				
<b>Annual report status</b>	<b>Date</b>	<b>Update</b>		

## Priority # 4: Maternal and Infant Health

**Key measures:** Maternal and infant mortality; preterm births; breastfeeding rate at hospital discharge

Improve Maternal and Infant Health			
<b>Evidence-based Strategies:</b> <ul style="list-style-type: none"> <li>• Increase breastfeeding rates at hospital discharge</li> <li>• Ensure safe sleep environments for infants</li> <li>• Reduce tobacco exposure</li> <li>• Increase referral to services</li> <li>• Train moms on early prenatal or post birth warning signs</li> </ul> <b>Priority group:</b> Low income families <b>Partners: Maternal Infant Task Force</b> Mercy Health, Lima Memorial Health System, Health Partners, Allen County WIC, Help Me Grow, Family and Children First Council, Heartbeat of Lima			
4.1 Support Breastfeeding	Baseline	Target	Coordinator
4.1.1 By September 2026, increase the rate of women exclusively breastfeeding at hospital discharge by 4%.	Mercy (5/2023) – 44% (or may go with 2022 numbers) LMHS -	Increase: Year 1 – 1% Year 2 - 1% Year 3 – 2% increase	Allen County WIC and Maternal Infant Task Force
<b>Action Steps</b> <ol style="list-style-type: none"> <li>1. Develop data tracking system</li> <li>2. Develop a system to incorporate breastfeeding education into current and new provider training.</li> </ol>			
Annual report status	Date	Update	
4.2 Ensure Safe Sleep for Infants	Baseline	Target	Coordinator
4.2.1 By September 2026, ensure that families who have the highest need have safe sleep environments for their infants.	Crib Distribution in January-June 2023 in highest SVI CTs (129, 134, 141) = 21 cribs distributed Total Cribs 129 (16%)	At least 20% of cribs are distributed to families living in high social vulnerability census tracts.	Allen County Public Health
Annual report status	Date	Update	

4.3 Provide Smoke-Free Environments		Baseline	Target	Coordinator
4.3.1	Explore the feasibility of expanding a Moms Quit for 2 Program in Allen County.	No program	Program established	Activate Allen County
4.3.2	Explore the feasibility of adding a father's program to the Moms Quit for 2 Program in Allen County.	No program	Program established	Activate Allen County
Annual report status	Date	Update		
4.4 Increase Referrals to Services		Baseline	Target	Coordinator
4.4.1	Increase the number of Pre-natal referrals to community support services  *Support services include WIC, Embrace, and Help Me Grow	Annual Referral:  Help Me Grow - Embrace – WIC -	Yr. 1- review history to determine target # Yr. 2/3 report annual data	Maternal and Infant Task Force Activate Allen County
4.4.2	Track number of children (birth to age 3) enrolled in community support services  *Support services include WIC, Embrace, Early Intervention, Early Head Start, and Help Me Grow	TBD	Yr. 1- review agency reporting to determine baseline Yr. 2/3-	Maternal and Infant Task Force Activate Allen County
4.4.3	Expand Community outreach events and promotion of early childhood services. Such as community baby shower, pre-natal bags, QR codes on flyers	0	Yr. 1- single event; single kiosk location Yr. 2-3- 2 events per year/ add 2 kiosk location annually	Maternal and Infant Task Force

4.4.4	Increase number pregnant, SUD women have completed a Plan of Safe Care prior to delivery	Baseline: 2022	25% increase each year	Allen County Children Services
<b>Action Steps:</b> <ol style="list-style-type: none"> <li>1. Include QR code on promotional materials to lead clients to HMG Community Resource List</li> <li>2. On-site Kiosk at OBGYN Specialists to determine if additional locations can be identified</li> <li>3. Community events targeted toward pregnant women</li> </ol>				
Annual report status	Date	Update		
4.5 Prevent maternal mortality		Baseline	Target	Coordinator
4.5.1 By September 2024, hold 2 trainings on urgent prenatal and post birth warning signs.		0	2	Allen County Public Health WIC
Annual report status	Date	Update		