COMMUNITY HEALTH NEEDS ASSESSMENT

2021

Memorial Health System

401 Matthew Street, Marietta, OH 45750

PURPOSE

The purpose of this report was to collect and analyze relevant data to prioritize community health needs within Washington County, Ohio and the surrounding region, and to help Memorial Health System (MHS), the Washington County Health Partners, and their members develop and implement action plans to meet those needs and improve current programs and services. This Community Health Needs Assessment is a joint assessment completed by Marietta Memorial Hospital (MMH) and Selby General Hospital (SGH), both located in Marietta, Ohio.

DATA SOURCES AND METHODOLOGY

This report focuses on Washington County, Ohio, as the primary source for data collection. MHS serves a wider service area, but MMH and SGH are located in Washington County, and, due to the homogeneous nature of the community, it is representative of the wider region. Additionally, data for the state of Ohio was readily available and produced in a timely manner for this report. Multiple data sources with varied data collection time periods and methodologies were used to construct this report. In conjunction with the Washington County Health Partners, data was collected using the Mobilization for Action Through Planning and Partnerships (MAPP) Model. All sources were chosen based on data integrity and sponsoring agency. Every effort was made to cross-reference data points and integrate findings in this report. All sources are listed at the end of this document.

KEY FINDINGS

- Washington County has a significant senior population. » 35.9%
- The per capita income in Washington County is lower than the state median, and 14.2% of the overall county population is below the poverty line. »
- Of the children in Washington County, 18.4% live in poverty. »
- In the county, 8.3% of the residents lack health insurance. »
- Of the children in Washington County, 37.4% reside in single-parent households. »

- There is a higher-than-average number of grandparents who serve as primary caregivers to children in Washington County. »
- There is a higher percentage of smokers in Washington County than in the state or nation. »
- Washington County has a higher rate of obesity than the state or nation »
- Washington County has a lower rate of individuals who walk or ride a bicycle to work and less overall physical activity than the state or nation. »
- The county has a higher percentage of the population that self-reports a poor or fair health status compared to individuals across the state or nation. »
- The mortality rates for unintentional injury, lung disease, and stroke are higher in Washington County than the state or national average. »
- Washington County has higher rates of heart disease, diabetes, and high blood pressure than the state or nation. »
- Breast cancer and lung cancer rates are higher in Washington County than for the state. »
- Primary care provider rates are adequate for adults in Washington County, however there is a deficit of pediatricians on a per population basis. »
- There is a severe deficit of OB/GYN providers in Washington County on a per population basis. »
- Within the report area, there are approximately 44 physicians (Full Time Equivalents) over the age of 65 and therefore at risk of retiring. The majority of these are in primary care and located in Marietta. »
- Cost of services, location and availability of providers, and the perception of available resources are environmental factors that affect access to healthcare in rural and Appalachian communities. Other key drivers that create challenges for these community members to access care include poverty, education, insurance, and employment. »
- Community members rate cost and availability of healthy food, healthcare concerns (cost, inadequate access), personal obligations/priorities, and social barriers as the top challenges that make them less healthy than they’d like to be. »

- Survey respondents report that increased community support, transportation improvements, and education on healthy living would help them live a healthier life.

COMMUNITY PROFILE

MHS is located in Marietta, Washington County, at the confluence of the Ohio and Muskingum Rivers in the southeastern part of Ohio. Marietta is a rural community that is approximately 120 miles southeast of the state capital of Columbus. The 2019 population is estimated to be 60,426 (United States Census Bureau, 2019). The median age in 2019 was 44.3 years. The population age 18 years or older was 48,538 (or 80.3% of the population). The population age 65 or older was 12,376 (or 19.7%).

2019 Population by Age

Age	Population Estimate	Percentage of Population
Under 5 years	2,961	4.90%
5 to 9 years	2,831	4.70%
10 to 14 years	3,919	6.50%
15 to 19 years	3,654	6.00%
20 to 24 years	3,768	6.20%
25 to 29 years	3,538	5.90%
30 to 34 years	3,300	5.50%
35 to 39 years	3,662	6.10%
40 to 44 years	3,136	5.20%
45 to 49 years	3,777	6.30%
50 to 54 years	4,130	6.80%
55 to 59 years	4,743	7.80%
60 to 64 years	4,631	7.70%

65 to 69 years	4,118	6.80%
70 to 74 years	2,744	4.50%
75 to 79 years	2,647	4.40%
80 to 84 years	1,389	2.30%
85 years and over	1,478	2.40%
Total Population	**60,426**	**100%**

(United States Census Bureau, 2019)

Population by Gender

	Total Population		Population Age 18+		Population Age 65+	
	Population Estimate	**Percentage**	**Population Estimate**	**Percentage**	**Population Estimate**	**Percentage**
Male	29,883	49.50%	23,781	49.00%	5,495	44.40%
Female	30,543	50.50%	24,757	51.00%	6,881	55.60%
Total	**60,426**	**100.00%**	**48,538**	**100.00%**	**12,376**	**100.00%**

(United States Census Bureau, 2019)

Washington County has a low degree of ethnic diversity. In 2019, 95.8% of the population identified as belonging to a single race (United States Census Bureau, 2019).

Population by Ethnicity, 2019

Ethnicity	Total Population	Percentage
White	57,903	95.80%
Black or African American	781	1.30%
Asian	387	0.60%
American Indian and Alaska Native	272	0.50%
Native Hawaiian and Other Pacific Islander	0	0.00%
Some other race	157	0.30%
Multiethnic	926	1.50%
	60,426	**100.00%**

(United States Census Bureau, 2019)

Hispanic vs. Non-Hispanic Population, 2019

2019 Hispanic vs. Non-Hispanic Population (United States Census Bureau, 2019)	Total Population	Percentage
Not Hispanic or Latino	59,761	98.90%
Mexican	181	0.30%
Puerto Rican	95	0.20%
Cuban	44	0.10%
Other Hispanic or Latino	345	0.60%
Hispanic or Latino (of any race)	665	1.10%
	61,091	101.20%

(United States Census Bureau, 2019)

The county had a total of 28,218 housing units available in 2019 (United States Census Bureau, 2019). The reported citizen voting age population was 48,064, reflecting a recorded adult noncitizen population of less than 0.8%.

Total Adult Population vs. Citizen Adult Population, 2019

Gender	Total Population Age 18+		Citizen Voting Age 18+ Population	
	Population Estimate	**Percentage**	**Population Estimate**	**Percentage**
Male	23,781	49.00%	23,431	48.70%
Female	24,757	51.00%	24,633	51.30%
Total Population	**48,538**	**100%**	**48,064**	**100.00%**

(United States Census Bureau, 2019)

Median household income for Washington County in 2019 was reported as $50,021 compared to $56,602 for the state of Ohio overall. Compared to 13.1% statewide, 14.2% of the overall county population is estimated to be below the poverty level (US Census Bureau, 2019).

As of April 2021, there were 26,953 individuals in the Washington County labor force, and 25,543 were employed (US Bureau of Labor Statistics, 2021). Industry in Washington County consists primarily of chemical factories along the Ohio River, the oil and gas industry, and agriculture. Per the Benefeature website, the top employers in Washington County as of 2018 are Marietta Memorial Hospital (2,833), Kraton Polymers (1158), Peoples Bank (918), Alliance Industries (359), Magnum Magnetics (344), Marietta Healthcare Physicians, Inc (273), Lang Masonry Contractors (209), and Leslie Equipment Company (204). Other large employers include Pioneer Group (700+), Thermo Fisher Scientific (450+), and Solvay Advanced Polymers (300+).

According to the U.S. Bureau of Labor Statistics, unemployment as of April 2021 was reported to be 1,410 individuals at a non-adjusted unemployment rate of 5.2%. A number of state and federal workforce programs are available to provide workforce training, job opportunity matching, and financial assistance to community members, including youth, adults, and qualified veterans (Ohio Department of Job and Family Services, June, 2021).

The Federal Poverty Level is determined annually by the Department of Health & Human Services based on the national poverty level, and people between 100% and 400% of the level are eligible for federal and state financial assistance. Poverty is considered a key driver of health status. This indicator is important because poverty creates barriers to accessing vital services, such as health services, healthy food, and other necessities, which can contribute to a poor health status.

People Living Below the Federal Poverty Level

Location	Median Household Income	Total Percentage in Poverty	Children in Poverty	Families in Poverty	65 Years+
Washington County	$50,021	14.20%	19.30%	10.80%	9.10%
Ohio	$56,602	13.10%	18.40%	9.20%	8.30%
United States	$62,843	12.30%	16.80%	8.60%	9.40%

(United States Census Bureau, 2019)

Educational attainment is one of the strongest predictors of health, linking higher educational attainment to more positive health outcomes. While the percentage of Washington County high school graduates is similar to that of Ohio, there are significantly less county residents receiving

a bachelor's degree compared to the state. Both the county and state graduation rates are higher than the national average.

Educational Attainment

Location	High School Graduate or Higher	Bachelor's Degree or Higher
Washington County	90.60%	18.80%
Ohio	90.40%	28.30%
United States	88.60%	32.10%

(United States Census Bureau, 2019)

Special populations are important to identify in the community because they are often more vulnerable to health inequities and disparities. The "non-English-speaking persons" indicator reports the percentage of the population age five and older who speak a language other than English at home and speak English less than "very well." Veterans refers to civilians who served on active duty for any branch of the armed forces of the United States. Veterans are more likely to have lower-quality healthcare and poorer health outcomes. The "persons without high school diploma" indicator reports the percentage of the population age 25 or older without a high school diploma (or equivalency) or higher. Research shows that individuals with less educational attainment have less positive health outcomes. The "persons without health insurance" indicator reports the percentage of adults age 18 to 65 without health insurance coverage. The lack of health insurance is considered a key driver of health status because lack of insurance is a primary barrier to healthcare access, including preventive and regular primary care, specialty care, and other health services, which can contribute to a poor health status. The "children in single-parent households" indicator refers to the percentage of all children in family households who live in households headed by a single parent (male or female with no spouse present). Research shows that children in single-parent households are less likely to have access to good healthcare and more likely to have emotional or behavioral difficulties as compared to children in nuclear families (two heads of household who are married and have custody of the children).

Special Populations

Population	Washington County	Ohio	United States	Source
Non-English Speaking Persons	0%	295,489 (2.6%)	Data not available	Migration Policy Institute; US Census Bureau ACS and Decennial Census, 2019
Veterans	4,909	709,287	18,230,322	US Census Bureau, 2019
Persons without high school diploma (age 25 and over)	3,331 (7/7%)	519,830 (6.5%)	14,743,856 (6.6%)	US Census Bureau, 2019
Persons without health insurance (under age 65)	8.30%	7.80%	9.50%)	US Census Bureau, 2019
Children in single parent households	37.4%	920,642 (% percentage not available)	Data not available	US Census Bureau, 2019

HEALTH OF COMMUNITY

The overall health of a community and its individuals can be measured through several contributing factors. This section of the Community Health Needs Assessment evaluates key indicators for Washington County that contribute to the overall health and wellness of its population.

Quality of Life

Quality of Life (QOL) is a construct that “connotes an overall sense of well-being when applied to an individual” and a “supportive environment when applied to a community” (Moriarty, 1996). While some dimensions of QOL can be quantified using indicators, research has shown QOL to be related to determinants of health and community well-being. Other valid dimensions of QOL

include perceptions of community residents about aspects of their neighborhoods and communities that either enhance or diminish their quality of life.

1. Violent Crime

This indicator reports the rate of violent crime offenses reported by law enforcement per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravate assault. This indicator is relevant because it assesses community safety.

Violent Crimes

	Total Population	Violent Crimes	Violent Crime Rate per 100,000 population
Washington County	60,426	34	281.2
Ohio	11,689,100	32,872	290
United States	328,239,523	10,829,974	380

(Federal Bureau of Investigation, 2019)

2. Recreation and Fitness Facility Access

This indicator reports the number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors, which reduce the risk of chronic disease.

Recreation and Fitness Facility Access

	Total Population	Number of Establishments	Rate per 100,000
Washington County	60,426	7	11.58
Ohio	11,689,100	1,191	10.19
United States	328,239,523	39,297	11.97

(United States Census Bureau, 2019)

3. Grandparents as Caregivers

This indicator reports the number and percentage of grandparents who are living with and are responsible for their own grandchildren under the age of 18. It is important because caregivers are at higher risk of stress-related health issues, financial burden, and other negative factors.

Grandparents as Caregivers

	Number	Percentage
Washington County	699	48%
Ohio	86,502	41%
United States	2,335,355	33%

United States Census Bureau, 2019)

Behavioral Risk Factors

Risk factors in this category include behaviors that are believed to cause, or to be contributing factors to, injuries, disease, and death during youth and adolescence and be significant causes of mortality in later life.

1. Substance Use and Abuse

Substance abuse refers to the misuse of harmful psychoactive substances including, but not limited to tobacco, alcohol, and illicit drugs. Public health policies and interventions on the local and national level can address patterns of use, accessibility of the substances, and ultimate rehabilitation of the health of affected individuals. Initial use of substances is considered preventable.

Tobacco Usage of Current Smokers

	Total Population Age 18+	Percentage Population Smoking Cigarettes (age adjusted)
Washington County	35,953	25%
Ohio	8,464,801	20.5%
United States	330,000,000	16.1%

(2019 Online State Health Assessment, Ohio Department of Health)

This indicator reports the percentage of adults age 18 and older who self-report smoking cigarettes, and it is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease. Additionally, there has been an increase in recent years in youth use of nicotine products, such as e-cigarettes and vaping devices. This is significant because research has demonstrated that youth who vape or use e-cigarettes are more likely to use cigarettes later in life. (CDC, Smoking and Tobacco Use Facts)

Prevalence of Tobacco Use Among High School Students

	Youth All Tobacco Use	Youth E- cigarettes or other vaping product
Washington County	County data not available.	County data not available
Ohio	21.3%	10.5%
United States	23.6%	19.6%

(2019 Online State Health Assessment, Ohio Department of Health)

Alcohol Consumption

	Percent of Adults Reporting Binge Drinking
Washington County*	16%
Ohio*	19%
United States**	16%

(*County Health Rankings and Roadmaps, 2016 data

**Ohio State Health Assessment, 2018 data)

This represents the percent of adults who report binge drinking (four or more [women] or five or more [men] drinks on one occasion in the past 30 days) or heavy drinking (eight or more [women] or 15 or more [men] drinks per week). This indicator is relevant because current behaviors are determinants of future health, and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, alcohol poisoning, hypertension, acute myocardial infarction, and untreated mental and behavioral health needs.

Drug Overdoses

	Number of Drug Overdoses
Washington County	12
Ohio	3,980
United States	67,367

(Centers for Disease Control and Prevention, 2018)

Drug overdose deaths are the number of deaths due to drug poisoning per 100,000 people. These include any accidental, intentional, and undetermined poisoning by and exposure to a number of drugs. The United States is currently experiencing an epidemic of drug overdose deaths, particularly by opioid pain relievers, heroin, and fentanyl. This indicator is important because it is the leading cause of injury-related death in Ohio. While state and national overall deaths have increased since 2015, county deaths have dropped by over 50%.

2. Fruit and Vegetable Consumption

In the reported area, an estimated 60-80% of adults over the age of 18 are consuming less than five servings of fruits and vegetables each day. This indicator is relevant because current behaviors are determinants of future health, and unhealthy eating habits may cause significant health issues, such as obesity and diabetes.

Fruit and Vegetable Consumption

	Percentage of adults who consume fruit <1 time daily	Percentage of adults who consume vegetables <1 time daily
Washington County	County data not available.	County data not available
Ohio	42.7%	20.2%
United States	39.2%	21.0%

(Centers for Disease Control and Prevention, 2019)

Diets high in fruits and vegetables reduce the risk of many chronic diseases such as type 2 diabetes, obesity, heart disease and stroke. Consumption of three or more fruits and vegetables lowers the chances of premature death. Roughly half of adults in the United States suffer from one or more preventable chronic diseases related to poor diet and physical inactivity. The Dietary Guidelines for Americans recommend that adults consume two cups of fruits and two and a half cups of vegetables per day. The economic benefit of healthy eating is estimated to be $114.5 billion per year in the United States. This benefit includes medical savings, increased productivity, and the value of prolonged life. (America's Health Rankings, 2020 Edition).

3. Adult Obesity and Overweight Status

Of adults age 20 and older, 36% self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the report area (Washington County). This indicator is important because excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues, such as cardiovascular diseases, diabetes, and high blood pressure.

Adult Obesity

	Percentage of Adults with BMI> 30 kg/m2	Percentage of Adults with BMI 25>30 kg/m2
Washington County	36%	Data not available
Ohio	34.8%	34.5%
United States	31.4%	35.2%

(County Health Rankings; Centers for Disease Control, 2019)

In Ohio, the percentage of adults with a BMI ranging between 25 and <30 kg/m2 is estimated at 34%, which is slightly lower than that of the nation. Most recent county data available is from 2012 and indicates that Washington County was estimated at just under 27% during that time period. Overweight status is significant because excess weight may indicate an unhealthy lifestyle, and puts the individual at risk for further health issues, such as obesity, cardiovascular disease, and diabetes.

4. Walking to Work

This indicator reports the percentage of the population that commutes to work by walking. It is important because physical activity is advantageous for both physical and mental health, as opposed to the sedentary activity of driving a car.

Population Walking to Work

	Working Age Population (16+) Walked to work	Percentage of Population Walking to work
Washington County	1,016	3.8%
Ohio	127,235	2.3%
United States	4,153,050	2.6%

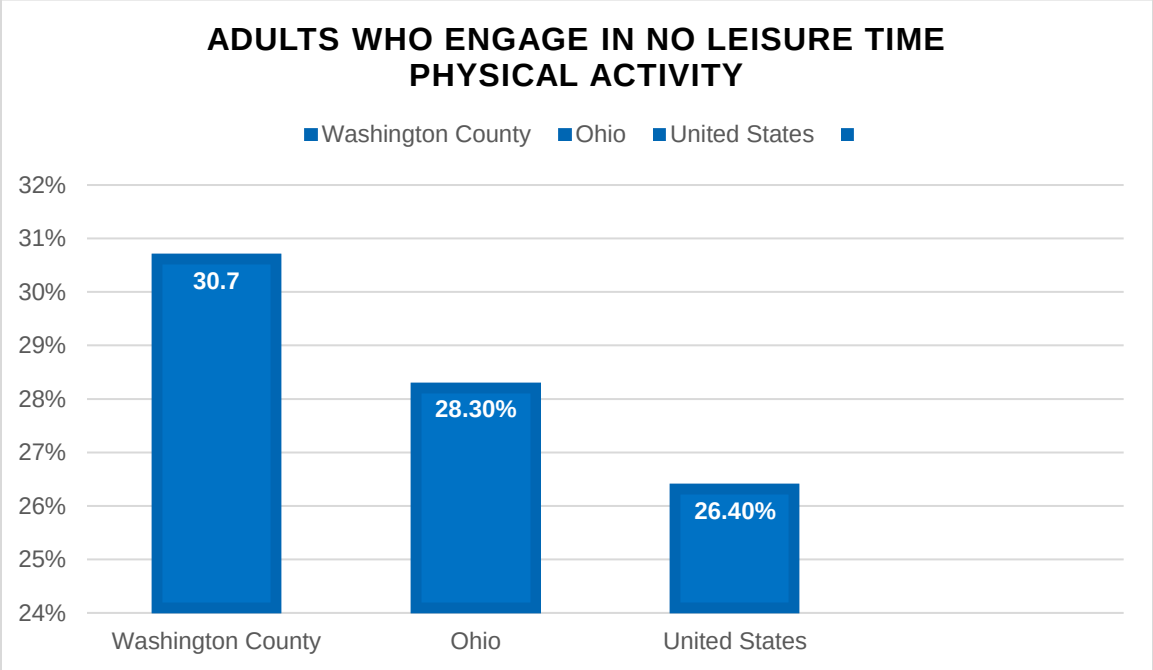
(United States Census Bureau, 2019)

"Other" means of transportation reported by the US Census Bureau, not including walking or motor vehicles, is estimated at .7% for the county, 1.2% across the state, and 1.8% nationally. This may include biking to work, which is also advantageous for physical and mental health. (US Census Bureau, 2019).

5. Physical Inactivity

Within the report area, approximately 28% self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" This indicator is relevant because current behaviors are determinants of future health, and this

indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.



(America's Health Rankings, United Health Foundation 2019; County Health Rankings, University of Wisconsin Health Institute 2017)

6. Preventive Health Screenings

This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Preventive Health Screenings

	Washington County	Ohio	United States
Mammography (Ages 65-74 receiving annual screening)	43%	43%	42%
Pap Smear Test (Ages 18 and over with a Pap Smear in the past 3 years)	Data pending	71%	72%
Colorectal Cancer Screening (Adults 50 and older)	Data pending	68%	61%
Prostate PSA (Men ages 50 and older who have been screened in the past year)	Data pending	Data not available	39%
Diabetic Monitoring (Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1C monitoring)	85%	85%	Data not available

(County Health Rankings, 2021; BRFSS 2018; American Cancer Society, 2018)

7. Environmental Health

The physical environment directly impacts health and quality of life. Clean air and water, as well as safely prepared food, are essential to public health. Exposure to environmental substances such as lead or hazardous waste increases the risk for preventable disease. Unintentional home, workplace, or recreational injuries affect all age groups and may result in premature disability or mortality.

a) Food Insecurity Rate

Food insecurity refers to the USDA's measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the report year; food insecure households are not necessarily food-insecure at all times. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food, which can be detrimental to physical and mental health, particularly for children. It may reflect a household's need to make trade-offs between important basic needs, such as housing or medical bills, and purchasing nutritionally adequate foods.

Food Insecurity Rate

	Total Population	Food Insecure Population	Total Food Insecurity Rate
Washington County	60,418	8,640	14.3%
Ohio	11,658,609	1,748,791	15%
United States	328,239,523	37,227,000	13%

(Online State Health Assessment, 2019 – Ohio Department of Health; Feeding America.org, Map the Meal Gap 2018)

Access to healthy food

	Total Population	Food Insecure Population	Total Food Insecurity Rate
Washington County	60,418	8,640	14.3%
Ohio	11,658,609	1,748,791	15%
United States	328,239,523	37,227,000	13%

(Online State Health Assessment, 2019 – Ohio Department of Health; Feeding America.org, Map the Meal Gap 2018)

b) Food Environment Index

“The County Health Rankings measure of the food environment accounts for both proximity to healthy foods and income. This measure includes access to healthy foods by considering the distance an individual lives from a grocery store or supermarket, locations for health food purchases in most communities, and the inability to access healthy food because of cost barriers.

There is strong evidence that food deserts are correlated with high prevalence of overweight, obesity, and premature death as supermarkets traditionally provide healthier options than convenience stores or smaller grocery stores. Additionally, those with low income may face barriers to accessing a consistent source of healthy food. Lacking consistent access to food is related to negative health outcomes such as weight gain, premature mortality, asthma, and activity limitations, as well as increased health care costs.”

County Health Rankings and Roadmaps, 2019

Food Environment Index

	Overall Value
Washington County	7.5
Ohio	6.8
United States	7.8

(2021 County Health Rankings used data from 2015 – 2018 for this measure)

Social and Mental Health

This category represents social and mental factors and conditions that directly or indirectly influence overall health status and individual and community quality of life. Mental health conditions and overall psychological well-being and safety may be influenced by substance abuse and violence within the home and within the community.

1. Self-Reported Poor or Fair General Health

Within the report area, 18.3% of adults age 18 and older self-report having poor or fair health in response to the question: “Would you say that in general your health is excellent, very good, good, fair or poor?” This indicator is relevant because it is a measure of general health status.

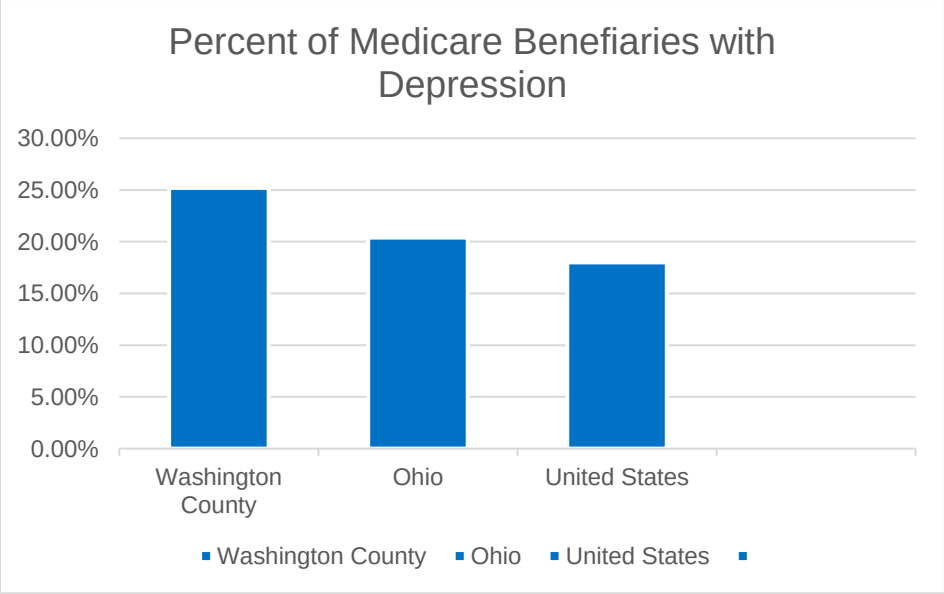
Self-Reported Poor or Fair General Health

	Total Population	Age-adjusted percentage of self-reported poor/fair health
Washington County	60,418	18.3%
Ohio	11,658,609	17%
United States	328,239,523	16%

(Ohio State Health Assessment, 2019)

a. Depression: Medicare Beneficiaries

This indicator refers to Medicare fee-for-service beneficiaries who have depression. It is important because depression may lead to physical disorders, disability, and premature mortality.



b. Depression: Adults and Youth

All adult and youth depression

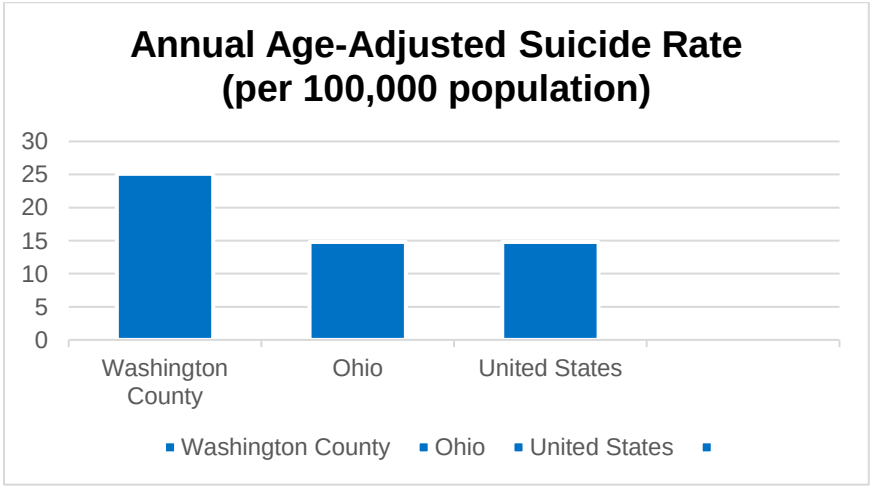
	Crude Percentage, Adults (2018 Data)	Crude Percentage, Youth (2013-2014)
Washington County	**Data not available***	**Data not available***
Ohio	20%	10.3%
United States	19.6%	11%

(Ohio State Health Assessment, 2019)

*Although crude percentage of adults in Washington County with diagnosed depression is unavailable, according to the US News and World Report Healthiest Communities report from 2021, approximately 17% of adults in the county report having frequent mental distress.

2. Suicide Rate

This indicator refers to the rate of persons committing suicide per 100,000 population. This information is important because factors such as mental illness and other disorders are linked to suicide, and identification of these factors can decrease suicide mortality rates.



(Ohio State Health Assessment, 2019; America's Health Rankings, 2018)

3. Mentally Unhealthy Days; Adults

This indicator refers to the average number of reported mentally unhealthy days per month among adults age 18 years and over. Data was collected from respondents who answered the question: “Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?” This is important because it is a risk factor for mental illness and other disorders.

Mentally Unhealthy Days

	Average Days per Month
Washington County	Data not available
Ohio	4.8
United States	4.1

(County Health Rankings, 2021)

Maternal and Child Health

One of the most significant areas for monitoring and comparison relates to the health of a vulnerable population: infants and children. This category focuses on birth data and outcomes, as well as mortality data for infants and children. Because maternal care is correlated with birth outcomes, measures of maternal access to, and/or utilization of, care are included. The number of teen mothers delivering babies is a critical indicator of increased risk for both mother and child.

1. Babies with Low Birth Weights

This indicator reports the percentage of live births where the infant weighed less than 2,500 grams (approximately 5 pounds, 8 ounces). This data is important because it may represent risks to both the mother's and the infant's current and future health.

Very Low Birth-Weight Infants

	Percentage of Very-Low-Birth-Weight Infants
Washington County	7.3 % (2016-2019 average)*
Ohio	9%
United States	8.3%

(*March of Dimes.org; 2019 Online State Health Assessment – Ohio Department of Health)

2. Neonatal Mortality: Infants under 28 Days of Age

This indicator refers to the number of deaths of infants age 27 days and under. Infants are the most vulnerable group, and their health is often used as an indicator to measure the health and well-being of the mother and the community in which they live in.

Neonatal Mortality: Infants under 28 Days of Age

	Rate of Deaths – Infants under 28 days of age
Washington County	Data Unavailable
Ohio	5.00%
United States	3.9%

(2019 Online State Health Assessment, Ohio Department of Health; America's Health Rankings 2020)

3. Post Neonatal Mortality Rate, Five-Year Moving Averages

This indicator shows the post neonatal mortality rate in deaths per 1,000 live births for infants between 28 and 364 days of age. This data is important because infants are the most vulnerable group, and their health is often used as an indicator to measure the health and well-being of both the mother and the community they live in.

Post Neonatal Mortality Rate (Five-Year Moving Averages)

	Mortality Rate
Washington County	Data unavailable
Ohio	2.2 per 1,000 live births
United States	1.85

(2019 Online State Health Assessment – Ohio Department of Health; Ohio Public Data Warehouse; National Center for Health Statistics -Third Quarter 2020)

4. Infant Mortality

This indicator reports the mortality rate in deaths per 1,000 live births for infants within the first year of life. Infants under 365 days of age are the most vulnerable group, and their health is often used as an indicator to measure the health and well-being of the entire nation.

Infant Mortality

	Infant Mortality Rate
Washington County	6.2 – 7.3% (This is a five year average, 2015 – 2019)
Ohio	7.4% (2016)
United States	5.9% (2016)

(2019 Online State Health Assessment – Ohio Department of Health; 2019 Ohio Department of Health, Infant Mortality Report)

5. Mothers Who Received Early Prenatal Care

This indicator reports the number of births to females receiving adequate prenatal care beginning in the first trimester of their pregnancy. Prenatal visits to healthcare providers for examinations are important in order to ensure the health of the fetus and mother.

Mothers Who Received Early Prenatal Care

	Percentage Receiving Prenatal Care
Washington County	Data Unavailable
Ohio	74.80%
United States	75.50%

6. Teen Births

This indicator reports the rate of total births to women age 15 to 19 per 1,000 female population age 15 to 19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Teen Births

	Births to Mothers Age 15-19	Teen Birth Rate per 1,000 Population
Washington County	1,733	6.6% (15-17 years old, 2018) 43.1% (18-19 years old, 2018)
Ohio	371,956	20.8% (2017)
United States	10,322,313	18.8% (2017)

(American Community Survey 2019; Ohio Teen Birth Fact Sheet 2018 – Ohio Department of Health; 2019 Online State Health Assessment – Ohio Department of Health)

Death, Illness, and Injury

Health status in a community is measured in terms of mortality (rates of death within a population) and morbidity (rates of the incidence and prevalence of disease). Mortality may be represented by crude rates or age-adjusted (AA) rates, by degree of premature death (years of potential life lost [YPLL]), and by cause (disease–cancer and non-cancer or injury–intentional/–unintentional). Morbidity may be represented by age-adjusted (AA) incidence of cancer and chronic disease.

1. Mortality: Premature Death

This indicator reports years of potential life lost (YPLL) before age 75 per 100,000 population for all causes of death, age-adjusted to the 2000 standard. YPLL measures premature death and is calculated by subtracting the age of death from the 75-year benchmark. This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status

Mortality: Premature Death

	Premature Deaths YPLL 2020 America's Health Rankings	Total Years of Potential Life Lost, 2014-2017 Average	Year of Potential Life Lost before age 75, Rate per 100,000 Population
Washington County	data unavailable	94.9	data unavailable
Ohio	7,910	76	81.2
United States	7350	66	data unavailable

(2017 Ohio State Assessment – County Comparison Metric; 2012-2014 Ohio State Health Assessment)

2. Mortality: Unintentional Injury

This indicator reports the rate of death due to unintentional injury (accident) per 100,000 population. Figures are reported as crude rates and age-adjusted to year 2000 standard. Rates are resummarized for report areas from county-level data where data is available. This indicator is relevant because accidents are a leading cause of death in the United States. The Healthy People 2020 target is for this rate to drop to below 36 age-adjusted deaths per 100,000 nationally.

Mortality: Unintentional Injury

	Total Population	Years of Potential Life Lost	Age-Adjusted Death Rate per 100,000 Population
Washington County	60,418	19.2	77.8
Ohio	11,658,609	18.8	75.1
United States	328,239,523	data unavailable	52.7

(2019 Ohio State Health Assessment; CDC – Center for Health Statistics)

3. Mortality: Motor Vehicle Accident

This indicator reports the rate of death due to motor vehicle crashes per 100,000 population, which include collisions with another motor vehicle, a non-motorist, a fixed object, or a non-fixed object, as well as an overturn and any other non-collision. This indicator is relevant because motor vehicle crash deaths are preventable, and they are a cause of premature death.

Mortality: Motor Vehicle Accidents

	Total Population	Number of deaths	Age-Adjusted Death Rate per 100,000 Population
Washington County	60,418	County level data unavailable	Data unavailable
Ohio	11,658,609	1,003*	10.7
United States	328,239,523	36,096*	11.5

(Ohio State Highway Patrol, 2021; Insurance Institute for Highway Safety, 2019)

4. Mortality: Heart Disease

According to the 2019 Ohio State Health Assessment, the age-adjusted mortality rate of residents in Ohio, per 100,000 population was 186.1, using data from 2017. From 2014-2017, the average for years of potential life lost due to heart disease for the state of Ohio was 11.1. For Washington County, the age-adjusted mortality rate for 2017 was 138.7, while the years of potential life lost was 10.1.

This indicator is relevant because heart disease is a leading cause of death in the United States.

5. Mortality: Lung Disease

This indicator reports the rate of death due to chronic lower respiratory disease per 100,000 population. According to the World Health Organization, Chronic Lower Respiratory Disease, or CLRD, includes diseases of the airways and other structures of the lung. Specifically, Chronic Obstructive Pulmonary Disease (COPD), Asthma, occupational lung diseases, and Pulmonary Hypertension are included in the CLRD data. Figures are reported as age-adjusted to year 2000 standard. This indicator is relevant because lung disease is a leading cause of death in the United States.

Mortality: Lung Disease

	Total Population	Age-adjusted Death Rate per 100,000 Population
Washington County	60,418	41.4
Ohio	11,658,609	48.4
United States	328,239,523	40.9

(2019 Online State health Assessment – Ohio Department of Health;
Centers for Disease Control – 2019 – pressroom)

6. Mortality: Stroke

Within the report area, there are an estimated 42 deaths due to cerebrovascular disease (stroke) per 100,000 population. This is greater than the Healthy People 2020 target of less than or equal to 33.8. Figures are reported as age-adjusted to year 2000 standard. This indicator is relevant because stroke is a leading cause of death in the United States. The Healthy People 2020 target is for this rate to drop to below 33.8 age-adjusted deaths per 100,000 nationally.

Mortality: Stroke

	Age Adjusted Death Rate per 100,000 Population
Washington County	41.5
Ohio	42.9
United States	37.0

(2019 Online State health Assessment –
Ohio Department of Health)

7. Cancer Mortality

The most recent year for which reported incidence and mortality data are available lags 2 to 4 years behind the current year due to the time required for data collection, compilation, quality control, and dissemination. Therefore, we **projected** the numbers of new cancer cases and deaths in the United States in 2019 to provide an estimate of the contemporary cancer burden.

Cancer Mortality

(All Cancers)

	Number of New Invasive Cases (Incident Rate per 100,000)	Number of Cancer Deaths (Incident Rate per 100,000)	Mortality Rate per 100,000
Washington County	Data Unavailable	Data Unavailable	181.4
Ohio	Data Unavailable	25,643	171.2
United States	1,762,450 (projected by ACS)	599,601	146.2

(American Cancer Society, 2019)

Chronic Disease

1. Heart Disease Incidence

Of adults age 18 and older in Washington County, 7.2% have been told by a doctor that they have coronary heart disease or angina. This indicator is relevant because coronary heart disease is a leading cause of death in the United States and is also related to high blood pressure, high cholesterol, and heart attacks.

Heart Disease Prevalence

	Adults 18 and older with Coronary Heart Disease or angina
Washington County	7.20%
Ohio	6.70%
United States	6.70%

(U.S.News & World Report, Healthiest Communities Report, June 2021)

2. Diabetes Incidence

This indicator reports the percentage of adults age 20 and older who have been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the United States; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. Diabetes prevention and reduction has been a primary focus area for Memorial Health System in recent years and continues to be included as a priority area.

Diabetes prevalence

	Population Age 20 and Older	Adults 20 and older with Diabetes
Washington County	Data unavailable	10.7%
Ohio	8,786,821	12.2%
United States	245,184,769	11%

(US News & World Report, 2021; Ohio State Health Assessment, 2019 – Ohio Department of Health)

3. High Blood Pressure

Of adults age 18 and older in the state, almost 35% have been told by a doctor that they have high blood pressure or hypertension. This indicator is important because high blood pressure is a risk factor for developing more serious health conditions.

High Blood Pressure

	Total Population Age 18+	% Adults with High Blood Pressure
Washington County	48,538	Data unavailable
Ohio	9,096,117	34.7
United States	253,768,092	32.3

(Ohio State Health Assessment, 2019 – Ohio Health Department)

Centers for Disease Control – 2017-2019 -Interactive Atlas of Heart Disease and Stroke)

Cancers

1. All Cancers

This indicator examines the number of new invasive cancer cases and the age-adjusted incidence rates (per 100,000 population), along with the number of total cancer deaths and the age-adjusted mortality rates. This indicator is relevant because cancer is a leading cause of death, and it is important to identify cancers separately to better target interventions.

All Cancers

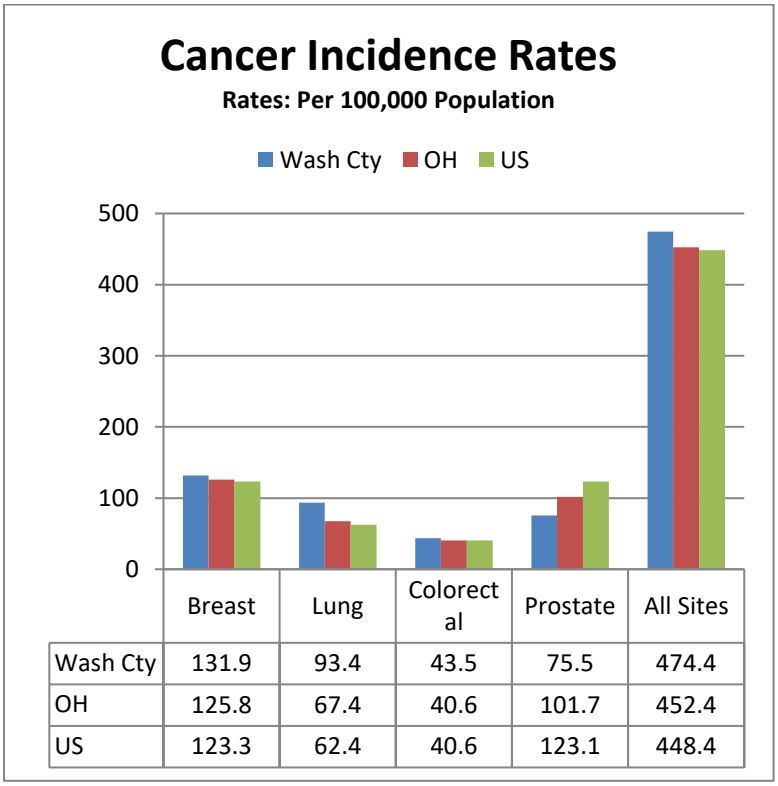
	Number of New Invasive Cases	Number of Cancer Deaths	Mortality Rate per 100,000
Washington County	Data Unavailable	Data Unavailable	181.4
Ohio	Data Unavailable	25,643	171.2
United States	1,762,450	599,601	146.2

(Ohio State Health Assessment, 2019; CDC National Center for Health Statistics, 2017; CDC Update on Cancer Deaths, 2019)

In 2015, Memorial Health System saw 751 new cases of cancer. The top 5 sites that are seen at MHS include:

- Breast
- Lung
- Colorectal
- Melanoma
- Lymphoma

Data from the 2015 MMH Cancer Registry and the 2016 Ohio Annual Cancer Report from the Ohio Department of Health revealed the incidence of cancer per 100,000 population in various sites are as follows:



	Breast	Lung	Colorectal	Prostate	All Sites
Wash Cty	131.9	93.4	43.5	75.5	474.4
OH	125.8	67.4	40.6	101.7	452.4
US	123.3	62.4	40.6	123.1	448.4

It is also important to explore the stage at diagnosis, age, and payer source for each case of cancer. This information helps determine areas of focus for outreach education and screening activities, which may reduce the risk of developing cancer or may help diagnose at earlier stages, thus improving outcomes. The following charts present these details:

Site	Number of analytic cases	Stage 0	Stage I	Stage II	Stage III	Stage IV	Unknown N/A
Breast	143	19 (13%)	69 (48%)	37 (26%)	10 (7%)	7 (5%)	1 (1%)
Lung	128	1 (1%)	33 (26%)	10 (8%)	34 (26%)	47 (37%)	3 (2%)
Colorectal	89	1 (1%)	21 (24%)	21 (24%)	20 (22%)	20 (22%)	6 (7%)
Melanoma	43	20 (47%)	15 (35%)	4 (9%)	0 (0%)	2 (5%)	2 (5%)
Lymphoma	38	0 (0%)	9 (24%)	3 (8%)	13 (34%)	9 (24%)	4 (10%)
All Cancers	751	44 (6%)	225 (30%)	114 (15%)	111 (15%)	137 (18%)	120 (16%)

Age at Diagnosis

Age at diagnosis	Breast Cancer	Lung Cancer	Colorectal Cancer	Melanoma	Lymphoma	All Cancers
0-29	0 (0%)	0 (0%)	3 (3%)	1 (2%)	1 (3%)	15 (2%)
30-39	6 (4%)	0 (0%)	2 (2%)	4 (9%)	2 (5%)	23 (3%)
40-49	19 (14%)	5 (4%)	7 (8%)	3 (7%)	3 (8%)	53 (7%)
50-59	27 (19%)	25 (20%)	11 (12%)	8 (19%)	7 (18%)	133 (18%)
60-69	40 (28%)	41 (32%)	26 (29%)	11 (26%)	12 (32%)	216 (29%)
70-79	36 (25%)	41 (32%)	21 (23%)	12 (28%)	7 (18%)	204 (27%)
80-89	9 (6%)	16 (13%)	16 (18%)	4 (9%)	6 (16%)	92 (12%)
90+	5 (4%)	0 (0%)	4 (5%)	0 (0%)	0 (%)	15 (2%)
Avg.	63	67	66	61	63	65

Insurance/Payer Status at Cancer Diagnosis

Site	Private Insurance	Medicaid	Medicare/ Fed. Govt.	Not Insured	Unknown
Breast	52 (37%)	8 (6%)	79 (56%)	1 (1%)	0
Lung	18 (14%)	13 (10%)	95 (74%)	2 (2%)	0
Colorectal	21 (24%)	10 (11%)	55 (62%)	2 (2%)	1 (1%)
Melanoma	14 (33%)	3 (7%)	26 (60%)	0	0
Lymphoma	10 (26%)	8 (21%)	19 (50%)	1 (3%)	0
All Cancers	192 (26%)	70 (9%)	472 (63%)	12 (2%)	3 (<1%)

Finally, MHS has utilized the Ohio Comprehensive Cancer Control Plan for 2015-2020. This strategic plan focuses on prevention and reduction of the cancer burden for all Ohioans. The plan has the following state-wide goals:

- Primary prevention
- Early detection
- Patient-centered services

Additional details on cancer care at MHS can be found in the 2019 Strecker Cancer Center Needs Assessment and Report.

Communicable Disease

Measures within this category include diseases that are usually transmitted through person-to-person contact or shared use of contaminated instruments/materials. Many of these diseases can be prevented through a high level of vaccine coverage of vulnerable populations or through the use of protective measures, such as condoms for the prevention of sexually transmitted diseases.

1. Flu Vaccinations

Flu Vaccinations for Adults Age 65+ This indicator examines the number of adults age 65 and over who report having a pneumococcal vaccine.

Flu Vaccinations

	% Age 6 months and older receiving flu vaccination	% of Adults 65 and older receiving flu vaccination	% of all Adults who received flu vaccination in the past 12 months
Washington County	Data unavailable	Data unavailable	Data unavailable
Ohio	42.80%	51%	42.80%
United States	41.70%	48%	43.70%

(County Health Rankings 2021; America's Health Rankings 2020)

2. Sexually Transmitted Diseases

Chlamydia Infection

	Total Population	Chlamydia Infection Rate per 100,000 Population
Washington County	60,426	Data Unavailable
Ohio	11,689,100	529
United States	328,239,523	529

(2019 Online State Health Assessment – Ohio Department of Health)

HIV/AIDS Prevalence

	Population Age 18+	HIV/AIDS Rate per 100,000 Population
Washington County	48,538	Data Unavailable
Ohio	9,096,117	202.3
United States	253,768,092	306.6

(2019 Online State Health Assessment – Ohio Department of Health)

Gonorrhea Incidence

	Total Population	Total Gonorrhea Infections	Gonorrhea Infection Rate per 100,000 Population
Washington County	60,426	67	111.5
Ohio	11,689,100	26,160	224
United States	328,239,523	616,392	180*

(2019 Online State Health Assessment – Ohio Department of Health;
Centers for Disease Control)

Syphilis Infection Rate

	Syphilis Infection Rate per 100,000 Population
Washington County	5.0
Ohio	17.3
United States	39

(2019 Online State Health Assessment – Ohio Department of Health;
Centers for Disease Control)

3. COVID-19

In December of 2019, the first case of COVID-19 was discovered in Wuhan, China. Shortly afterward, it was declared a global pandemic, and was determined to be caused by the novel coronavirus 2 (SARS Co-V-2), which is an acute respiratory syndrome. Since then, there have been more than 84 million cases identified worldwide, which has resulted in nearly 2 million deaths.

These figures and indicators are important, because the virus affects people in different ways, and the severity of symptoms varies greatly, ranging from asymptomatic to severely ill and/or resulting in death.

In December of 2020, Emergency Use Authorization (EUA) of the first COVID vaccine was granted to 2 manufacturers, BioNTech - Pfizer, and Moderna - NIAID. Healthcare workers and emergency responders were the first group of individuals eligible for the 2-dose vaccines. Shortly after, Johnson and Johnson (Jensen) was also given EUA for its one-dose vaccine.

Below is county, state, and national data for number of cases of COVID-19, number of deaths, infection rate per 100,000 population, and vaccination status.

COVID-19 Cases

	Number of Cases Reported	Total Deaths	Cases per 100,000 Population
Washington County	5,502	111	9,220
Ohio	1,390,015	21,820	11,892
United States	42,850,746	686,639	13,073

(CDC COVID-19 Data Tracker)

COVID-19 Vaccinations

	Number Vaccinated	Percentage of 12+ Population Fully Vaccinated
Washington County	27,866	53.3%
Ohio	5,843,731	58.43%
United States	183,755,493	64.8%

(Centers for Disease Control and Prevention COVID Data Tracker; Ohio Department of Health COVID-19 Dashboard)

Both the CDC and the Ohio Department of Health (ODH) use interactive dashboards to collect and report indicators. Numbers are up-to-date as of September 28th, 2021.

4. Tuberculosis Incidence

This indicator reports the incidence rate of tuberculosis cases per 100,000 population. This indicator is relevant because tuberculosis is communicable, difficult to treat, and can be fatal to those infected.

Tuberculosis Incidence

	Infection rate per 100,000 population
Washington County	0.0
Ohio	1.3
United States	2.7 (National Average)

(Ohio Department of Health, 2018)

5. Sentinel Events

Sentinel events are those cases of unnecessary disease, disability, or untimely death that could be avoided if appropriate and timely medical care or preventive services were provided. These

include vaccine-preventable illness, late-stage cancer diagnosis, and unexpected syndromes or infections. Sentinel events may alert the community to health system problems such as inadequate vaccine 32 coverage, lack of primary care and/or screening, a bioterrorist event, or the introduction of globally transmitted infections.

6. Measles Incidence

This indicator reports the incidence of measles infections per 100,000 population. Measles is a viral respiratory disease that is highly contagious, and it can be fatal when contracted by children. In Washington County, there were no cases of measles in 2012 (Ohio Department of Health, Bureau of Infectious Diseases, 2012).

According to the CDC, From January 1 to December 31, 2019, 1,282 individual cases of measles were confirmed in 31 states.

This is the greatest number of cases reported in the U.S. since 1992. The majority of cases were among people who were not vaccinated against measles. Measles is more likely to spread and cause outbreaks in U.S. communities where groups of people are unvaccinated. In Ohio, zero cases of measles were reported during this time.

7. Mumps Incidence

This indicator reports the incidence of mumps infections per 100,000 population. Mumps is a viral disease that is highly contagious. In Washington County, there were no cases of measles in 2012 (Ohio Department of Health, Bureau of Infectious Diseases, 2012).

Although the number of cases of Mumps decreased in 2020, likely due to social distancing during the Covid-19 pandemic, From April 1, 2020 to December 31, 2020, 32 health departments reported 142 mumps cases. During this time, 5 cases of Mumps were reported in the state of Ohio. County level data is unavailable.

Health Resource Availability

The availability of healthcare and health resources represents factors associated with health system capacity, which may include both the number of licensed and credentialed health personnel and the physical capacity of health facilities. In addition, the category of health resources includes measures of access, utilization, cost and quality of healthcare, and prevention services. Service delivery patterns and roles of public and private sectors as payors and/or providers may also be relevant.

Providers within MHS

In 2021, ECG Management Consultants conducted a Physician Needs Assessment for Memorial Health System to better understand:

- The composition of its medical staff in relation to the total provider population.
- Physician geographic and succession risks.
- The ratio of physicians to advanced practice providers (APPs).

According to ECG, in addition to providing MHS with a comprehensive inventory of physician supply and demand (both currently and within the next five years), the assessment will identify the specialties that are vulnerable to attrition and better position MHS to explore the strategic opportunities for expansion within its service lines.

Access to Primary Care

This indicator reports the number of licensed primary care physicians per 100,000 people, and it is relevant because a shortage of health professionals contributes to access and health status issues. Doctors classified as “primary care physicians” by the American Medical Association include general family medicine MDs and DOs, general practice MDs and DOs, general internal

medicine MDs, and general pediatric MDs. Physicians age 75 and over and physicians practicing subspecialties within the listed specialties are excluded

Active Primary Care Providers

This includes general practice, family practice, obstetrics and gynecology, pediatrics, geriatrics, internal medicine, physician assistants and nurse practitioners. Measured per 100,000 population:

	Primary Care Providers per 100,000 Population
Washington County	Data Unavailable
Ohio	261.8
United States	241.9

(America's Health Rankings Report, 2021)

According to the methodologies used by ECG, there is no shortage of adult primary care in the region; however there is a shortage of pediatricians, which will be a focus of MHS in the immediate future. There is also an estimated 15-provider shortage of OB/GYNs in the surrounding area.

Other shortage areas in the region include the medical specialties of neurology, oncology, and cardiology. Additionally, there are significant shortages in key community needs areas of urology, endocrinology, and rheumatology.

For surgical specialties, there is a shortage of cardiac/thoracic/vascular surgeons in the region. MHS will focus efforts on recruitment in this area, in an effort to support the cardio-thoracic surgery department/clinic that was started in 2020.

Population to Provider Ratios

	Primary Care Physicians	Dentists	Mental Health Providers
Washington County	1,290:1	1,770:1	820:1
Ohio	1,300:1	1,560:1	380:1
United States	1,320:1	1,400:1	380:1

(2021 Ohio County Health Rankings)

Percentage of Adults without a Regular Primary Care Physician

This indicator reports the percentage of adults age 18 and older who self-report that 8they do not have at least one person who they think of as their personal physician or healthcare provider. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits.

	Percentage of Adults without a Regular Primary Care Physician
Washington County	Data Unavailable
Ohio	20.4%
United States	241.923.3%

(Centers for Disease Control and Prevention –
2013-2019 Behavioral Risk Factor Surveillance System)

Memorial Health System utilizes a population health and chronic disease management software known as CareBridge to identify and engage high risk patients in our system. In a report from

2020, of 107,995 total adult patients seen at MHS, 94.2% reported having some type of personal doctor, and 36% reported specifically having a Primary Care Provider.

Population Receiving Medicaid

This indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This indicator is relevant because it assesses vulnerable populations that are more likely to have multiple health access, health status, and social support needs; when it is combined with poverty data, this measure can be used by providers to identify gaps in eligibility and enrollment.

Population Receiving Medicaid

	% of Population Receiving Medicaid
Washington County	17.8%
Ohio	21%
United States	19.8%

(Data USA, 2019; Kaiser Family Foundation; Congressional Research Services report, 2021 – US Health Care Coverage and Spending 2019)

Dental Care, Unmet Needs

Dental care and unmet needs are important to track, because engaging in preventive behaviors decreases the likelihood of developing future problems. This data can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

In the United States, an average of 4.4% of adults age 18-64 with dental coverage needed dental care but couldn't afford it in the 2014-2017 timeframe. Based on data collected from the National Center for Health Statistics, Ohio was not significantly different than that national average. (US Department of Health and Human Services, CDC, National Center for Health Statistics, 2019). County level data was not available for this indicator.

1. **Children with unmet dental needs**

For Ohio, the percentage of children ages 3-17 with unmet dental care needs in 2017 was 5%. This was according to the Ohio Medicaid Assessment survey and the Ohio State Health Assessment. No county level data was available for this indicator.

Preventable Hospital Events

This indicator reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions that could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows for demonstrating a possible "return on investment" from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

Preventable Hospitalizations

	# of Preventable Hospitalizations
Washington County	7,423
Ohio	5,075
United States	4,589

(US News & World Report Healthiest Communities Report, 2021)

Community Health Stakeholder Input

Beginning in November 2019, a collaborative group of community agencies and non-profit organizations gathered to begin assessing the overall health needs of the community. This collaborative group was termed “WashCo Wellness Partners,” and began meeting regularly to gather stakeholder input. Key informants as well as community residents were interviewed via surveys, focus groups, and meetings, in order to collect as much data as possible for the assessment. The group was later renamed, and is currently known as the Washington County Health Partners group.

The model used for carrying out the collaborative assessment was Mobilizing for Action through Planning and Partnership (MAPP). This included 4 main components or assessments, including:

1. Community Themes and Strengths Assessment
2. Local Public Health System Assessment
3. Community Health Status Assessment
4. Forces of Change Assessment

Together, the data collected was used to generate this comprehensive report, to identify priority areas, and to establish health improvement strategies moving forward.

Community Themes and Strengths Assessment

This assessment provides a deeper understanding of the issues that residents feel are important. It answers the questions: “What is important to our community?” “How is quality of life perceived in our community?” and “What assets do we have that can be used to improve community health?”

1. Qualitative Data Collected at Creating Healthy Communities (CHC) Coalition Meeting

40 community members took part in “World Café” conversations facilitated at the CHC meeting on November 21, 2019 at Buckeye Hilles Regional Council. As individuals, each participant was asked to identify the three most important qualities of a healthy community. Not everyone was

able to participate in this activity, since some were late in arriving. Secondly, in small groups, participants were asked to respond to three questions: What challenges and barriers do you experience that make you less healthy than you'd like? What's available here in Washington County that helps you live a healthy life? And What else do you need to live a more healthy life? Below are the findings from both activities:

2. Qualitative Health Communities Data from Community Members

Demographic information from participants (10 questions total)
Question 1: Place of residence
Marietta – 57.5% (23)
Belpre – 10% (4)
Elsewhere in Washington County – 27.5% (11)
Elsewhere in Ohio – 0%
West Virginia – 5% (2)
Prefer not to say – 0%

Question 2: Age
<18 years of age – 12.5% (5)
18-25 years old – 17.5% (7)
26-35 – 5% (2)
36-45 – 10% (4)
46-55 – 17.5% (7)
56-65 – 22.5% (9)
66-75 – 12.5% (5)
76 and older – 0%
Prefer not to say – 2.5% (1)

Question 3: Education
Answer choices and responses

8th grade or less – 0%
Some high school – 27.5% (11)
High school diploma/GED – 2.5% (1)
Some college – 12.5% (5)
Associate's degree – 12.5% (5)
Bachelor's degree – 30% (12)
Master's, doctorate, professional – 15% (6)
Prefer not to say – 0%

Question 4: Ethnicity (choose all that apply)
Answer choices and responses
Asian – 0%
Black/African – 0%
Caucasian – 90% (36)
Hispanic/Latinx – 2.5% (1)
Native American – 0%
Pacific Islander – 0%
Prefer not to say – 2.5% (1)
Other – 5% (2)

Question 5: Marital Status
Answer choices and responses
Married – 47.5% (19)
Single but living together – 5% (2)
Single – 47.5% (19)
Prefer not to say – 0%

Question 6: Gender
Answer choices and responses
Female – 80% (32)

Male – 17.5% (7)
Nonbinary – 0%
Prefer not to say – 2.5% (1)
Other, please specify – 0%

Question 7: Do you consider yourself transgender
Yes – 0%
No – 100%
Prefer not to say – 0%

Question 8: Household income
Answer choices and responses
Under $25,000 – 2.5% (1)
$25,000-49,999 – 20% (8)
$50,000 – 74,999 – 30% (12)
$75,000 – 99,999 – 15% (6)
$100,000 or more – 15% (6)
Prefer not to say – 17.5% (7)

Question 9: Disability status
Answer choices and responses
Answered – 13 Skipped - 27
Autism spectrum – 0%
Blind or low vision – 7.69% (1)
Chronic health condition – 46.15% (6)
Deaf or hard of hearing – 0%
Learning disability – 7.69% (1)
Mental health condition – 7.69% (1)
Physical disability – 0%
No disability – 0%

Prefer not to say – 30.77% (4)

Question 10: Insurance Status (choose all that apply)

Answer choices and responses

No insurance – 2.5% (1)

Insurance through employer – 55% (22)

Insurance through Health Insurance Marketplace – 17.5% (7)

Medicaid – 2.5% (1)

Medicare – 10% (4)

Children with medical handicaps – 2.5% (1)

MediShare – 2.5% (1)

Prefer not to say – 12.5% (5)

What are the most important qualities of a health community?

Answered: 33

Skipped: 13

First choice answers:

1. Equal and better access to healthcare, prevention, quality healthcare, rehab services, outreach - VIII
2. Community collaboration/working with residents/working together – III
3. Access to healthy foods/food – III
4. Safe and healthy homes/good living conditions - II
5. Clean air – II
6. Active living/place to enjoy nature and scenery – II
7. Safe roads and walkways – II
8. Strong schools, good schools - II
9. Support – II
10. Communication
11. Clean water
12. Health care education
13. Sugar epidemic and education on no sugar options for obesity and dental health
14. Young people
15. Relationships
16. Programs for all walks of life

Second choice answers:

1. Access to adequate healthcare/options for affordable healthcare, preventive services, rural health clinics – VII
2. Low crime/safety/safe travel/safe schools – V
3. Strong schools, local schools in residential areas, good education program/schools/teachers, community education – V
4. Access to food/healthy food – II
5. Connection/partnerships – II
6. Future for children/sustainability – II
7. Jobs/more professions closer – II
8. Safe, clean, affordable housing - II
9. Availability of resources and support
10. Quality of service providers
11. Mental health resources
12. More care for those with disability
13. Transportation

Third choice answers:

1. Education/good/better schooling, strong, safe schools – IIII
2. Good living conditions/heat/safe, affordable housing – III
3. All having access to the same healthcare/variety of medical care/affordable healthcare – III
4. Structured activities, variety of activities, family activities – III
5. Collaboration through community – II
6. Access to healthy food/food - II
7. Clean water – II
8. Variety of needed services, resources, programs available – II
9. Fitness availability, local recreation centers (parks, playgrounds) – II
10. Transportation system, transportation for elderly – II
11. Place to meet people and talk about how you feel, like a church
12. Safety
13. Mental health resources
14. Think outside the box thinkers
15. Most things within walking distance

Compiled answers, overall top responses and themes:

1. Healthcare access, etc. – 18
2. Strong, safe schools/education -11
3. Activities, programs, services, resources, support – 9
4. Community collaboration – 7
5. Access to healthy food/food – 7
6. Safe, affordable, quality housing access – 7
7. Low crime, safety/safe areas – 6
8. Clean air and water – 5
9. Transportation, roads and walkways – 5
10. Mental health and disabilities support – 4

Question 3:

What challenges and barriers do you experience that make you less healthy than you'd like?

1. Healthy food more expensive than unhealthy – 6
2. Food category (other than answer number 1) - 11
    a. Dining out
    b. Accessible food choices
    c. Too many fast-food restaurants
    d. Food desserts
    e. Limited choices for convenient, healthy food options or quick and healthy food options
    f. Limited choices for healthy family meals – end up eating to-go meals in the car
    g. Exposure to better food options
    h. Vending machines (i.e. in schools) have unhealthy options
    i. Faster to buy cheaper unhealthy foods
    j. Healthy food choices at fast food restaurants
    k. Fresh food options
3. Healthcare concerns – 9
    a. Healthcare price
    b. Vision/dental health is a luxury
    c. Access to healthcare
    d. Health disparity for specialist care (2 hour drive)
    e. Access to specialists (dentists, dermatologists, surgeons)
    f. Only 1 hospital with limited insurance choices (doesn't accept ACA)
    g. Only 1 game in town, MMH – customers have no leverage because there is no competition
    h. Healthcare access

    i. Long waits for appointments
4. Family, job, work, school obligations, priorities, time, kids – 9
5. Social barriers, homelessness, language options, judgement, peer pressure, habits, lack of diversity, low economic area predators – 8
6. Lack of awareness of activities, lack of health education, exposure to choose better options – 5
7. Risky behaviors, unhealthy substances – 5
8. Money, cost of items, private fitness facilities too costly (limited inexpensive options) – 4
9. Lack of resources, rural vs. urban access, limited hours of availability – 3
10. Lack of transportation, transit options – 3
11. Lack of motivation – 3
12. Safe walkways, bike paths, bike/pedestrian access – 2
13. Addiction, stigma for rehab and recovery – 2
14. Other miscellaneous – no plan, communication, stress, dollar stores, values, hospital smartphone check-in process

Top themes:

Healthy food and food accessibility – 17 responses

Various healthcare concerns – 9 responses

Priorities and obligations – 9 responses

Social barriers – 8 responses

Question 4:

What's available here in Washington County that helps you live a healthy life?

3 or more mentions:

1. Senior centers and senior programs/assistance – 9
2. Community based organizations (YMCA, Betsy Mills, Boys and Girls Club, Americorps, Job and Family Services, etc) - 9
3. Trail system/bike and hiking rails – 7
4. Educational opportunities/colleges/continuing education – 7
5. Healthcare providers/programs – 6
6. Go Packs – 5
7. Building Bridges to Careers/mentoring/Health Professions Affinity Community – 5
8. The Right Path – 4
9. Sports and recreation – 4
10. Fitness opportunities – 4

11. Farmer's Market – 4
12. Behavioral Health Board/levy – 4
13. Food pantries – 4
14. Healthy lifestyle and healthy food education – 4
15. Community meetings (Marietta Main St., Main St. West, etc)
16. Community garden/greenhouse – 3
17. Rivers for outdoor activities – 3
18. Community Action – 3

Top themes:
Senior programs
Community organizations
Trail system
Educational opportunities
Healthcare providers/programs

2 mentions:
Family and Children First
Caring Connection
Rehab/Recovery facilities
Teen Institute
The Laundry Project
Head Start Program
Free/reduced lunch and breakfast

Miscellaneous other programs and services mentioned in response to question 4:

Aquatic Center, Public libraries, Marietta Adventure Company, Rebound program for kids, grocery stores, alternate meds/medical marijuana, Tabby's Closet, Crossroads Program, close to interstate, different theaters, availability of rentals, Marietta Hygiene Drive, BCMH (Bureau for Children with Medical Handicaps), organized sporting events, Horseman Association, and outreach programs.

Question 5:

What else do you need to live a more healthy lifestyle?

Top themes: 3 or more mentions:

1. More affordable healthy foods/better food opportunities – 6
2. Community support (adult, family, peer) – 5
3. Transportation options/improvements – 5
4. Education on healthy living – 5
5. Increased awareness of community activity – 3

2 Mentions:

Mental health basic needs

Specialized medical care for children (physical and behavioral)

Motivation to change to positive health/self-control

Fostering independence and self-reliance

More job opportunities

Time

To be heard/have conversations in community

Increased hours of availability to access programs/resources/services

Affordable healthcare

Miscellaneous other responses mentioned 1 time for question 5:

Finances, collaboration, free access to physical fitness, dental/vision for Medicaid, resources outside of Marietta, better technology for schools, diversity of curriculum/teach life skills, more resources like Go Packs, private chef, more public playgrounds, affordable/safe/clean housing, road improvements, specialized medical care for adults, services in Marietta to meet basic needs.

Compiled answers, questions 2-5 (top themes):

1. Healthcare access, etc. (18), various healthcare concerns (9), healthcare providers/programs
2. Strong, safe schools/education –(11), educational opportunities, education on healthy living (5)

3. Activities, programs, services, resources, support (9), senior programs, community organizations, community support (adult, family, peer) – increased awareness of community activities (3)
4. Access to healthy food/food – (7), healthy food and food accessibility (17), more affordable healthy foods/better options (6)
5. Safe, affordable, quality housing access – 7
6. Priorities and obligations – 9 responses
7. Social barriers – 8 responses
8. Trail system
9. Transportation options/improvements – 5
10. Community collaboration – 7

Across all questions, survey respondents focused on the following priority areas:

1. Healthcare access and healthcare programs/providers
2. Access to affordable, healthy food options
3. Resources and support systems
4. Education/schools

A. Qualitative Data Collected on Access to Care

Additionally, key informants addressed the topic of Access to Health Care through a project initiated by Ohio University's Rural Health Institute (ARHI) in 2019. This project had 2 components:

a) Facilitated discussion/session with local health care providers, health department representatives, and numbers community partners. This group focused on Access To Care strategies targeted to rural communities and then rated them on impact and feasibility for Marietta/Belpre and Washington County as a whole.
b) Community survey. The team modified an existing ARHI survey previously used to assess access to care across Ohio. Through multiple venues, we disseminated the survey link through social media and other means, as well as conducting the survey in real-time at community events. Residents were asked if there were enough medical and behavioral health care services locally, what services they travelled outside the county to get, and their support for specific Access to Care strategies (the same as addressed in the facilitated session described above).

The key findings include:

- Local residents were fairly evenly split regarding the availability of health care services in Washington County (48.5% responded there were enough, 51.5% reported there were not).

- Local residents overwhelmingly felt there were not enough behavioral or mental health services in Washington County (19% responding there were, 81% indicating there were not).
- Over 60% of residents used health care services/providers in Marietta in the past 12 months for all types of services except dietician, mental health, pediatric, specialty care, and telemedicine Services.
- At least 20% of respondents reported traveling outside the county for mental health, pediatric, specialty care, primary care, registered nurse, women's health, rehab, and telemedicine services.
- Among those accessing services in Belpre, they were primarily seeking emergency room care, urgent care, or primary care services.
- While facilitated session participants rated FQHCs (Federally Qualified Health Centers) highest for impact, they rated them lowest for feasibility.
- Facilitated session participants rated activity programs for older adults high for both impact and feasibility in both health jurisdictions (Marietta/Belpre City and Washington County). These activity programs were the only strategy rated high for feasibility in Washington County.
- Survey respondents expressed the greatest support for Health Insurance Enrollment and Outreach.

A full detailed report* is available in Appendix A.

Rural Health Care Access: Research Report

Appalachian Rural Health Institute

January 2019: Updated June 2019

Washington County, Cities of Marietta/Belpre Health Care Access Meeting Participants:

Name	Organization
Court Witschey	Washington County Health Department (WCHD)
Carla Rasmussen	WCHD
Jayne Call	WCHD
Mindy Cayton	Buckeye Hills Regional Council
David Browne	Washington County Behavioral Health Board (WCBHB)
Christine Berg	WCHD
Jamie Vuksic	Washington County Job and Family Services (WCDJFS)
Deeann Green	WCDJFS

Roxanne Jarell	WCHD
Fallo Caudill	Equitas Health (FQHC look-alike)
Robin Bozian	Southeastern Ohio Legal Services (SEOLS)
Hilles Hughes	WCBHB
Michele Sturgeon	WCBHB
Genesis Vaughn	Equitas Health
Stacy Kramer	Nationwide Children's Hospital
Randy Prince	Retired pharmacist
Laura Bays Flowers	WCHD
Bruce Kelbaugh	Volunteer
Gary Williams	Ely Chapman Education Foundation
Anne Goon	Marietta/Belpre City Health Department
Heather Warner	GoPacks
Amy Nahley	WCHD
Deanna Shuler	Memorial Health System
Lisa Valentine	Washington County Retired and Senior Volunteer Program (RSVP)
Cindy Davis	Washington County Family and Children First Council

Forces of Change Assessment

This assessment focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. It answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?"

This assessment was conducted in November 2019 using an online survey in Survey Monkey. CHA workgroup members and the members of their individual governing entities were asked to:

1. Identify the 3 forces of change in Belpre, Marietta, and/or Washington County that most concerned them;
2. Reasons why each of these forces concerned them;
3. If each concern was limited to a specific city or applied to the entire county; and
4. What could be done to address each force of change if they had unlimited time and resources.

The survey was completed by 18 individuals. Raw data from this assessment revealed that the most common **forces of change** were reported as (in order of rating, highest to lowest):

1. Addiction
2. Housing and homelessness
3. Good-paying jobs and economic development
4. Access to health insurance and affordable healthcare
5. Prevention of chronic disease

In addition to grouping the forces of change according to highest number of responses, forces were also grouped together according to whether the concerns were city-specific or countywide, and what ideas respondents had for addressing them.

Below are the questions and responses, along with a summary for the grouped/similar responses for each question.

Participants were also asked where they lived, and responses are included below:

In Belpre	0%	0 responses
In Marietta	56%	10 responses
Another location in Washington County	33%	6 responses
Outside Washington County	11%	2 responses

18 Answered

0 Skipped

Forces of Changes Assessment Questions and Responses, with Summaries:

Question 1: What 3 forces of change in Belpre, Marietta, and/or Washington County concern you most?

The most common forces of change were reported as:

1. Addiction
2. Housing and homelessness
3. Good-paying jobs and economic development
4. Access to health insurance and affordable healthcare
5. Prevention of chronic diseases

Other forces identified were:

1. Aging and disabled population
2. Environmental pollution
3. Health department stability
4. Poverty
5. Local political changes
6. Deterioration of family structure
7. Technology challenges
8. Transportation
9. Decreases in funding
10. Domestic violence
11. Childcare

Once these forces of change were identified, respondents were asked why the particular force of change concerned them, as well as if the concern is limited to a specific city (Marietta or Belpre), or does it apply to the entire county. Finally, respondents were asked to identify what could be done to address the force of change if there were unlimited time and resources. Below are the responses for the top 5 identified forces of change:

1. **Force of change: Addiction**

Why it is a concern:

- Growing population abusing and misusing drugs, such as heroin and cocaine
- Effects families/children, and community at large. The opioid epidemic creates individuals who are incapable of contributing to society in a positive way
- The disease is spreading quickly. More children being educated on how to purchase, make, and use drugs in the community than prevention curriculum being taught
- Drug use is a symptom of what is wrong, not the cause
- Seems to be more and more deaths, more people wandering the streets, more crime, and more people who need rehab
- More and more people of all ages dying of drug overdoses; families torn apart because of drugs
- Vaping is the gateway to other drugs and is already very bad; it's an indication that it could get worse before it gets better
- More and more people are using drugs at younger ages, families being torn apart, quality of life for everyone in community goes down
- Lack of mental health resources such as case managers, lack of mental health hospitals, closing of substance abuse facilities; more concerned with hiding community issues for appearance
- Other local communities put Marietta's mental health facilities to shame. Case workers are detrimental to the lives of others, especially low-income individuals. Helping bridge the transportation gap, find employment, mental health care, and healing, checking up on those without anyone to assist them and helping relieve feelings of loneliness and powerlessness to those who need help.

Summary: Increased use of drugs by varying ages, increased deaths, difficult on families and community. Not enough assistance (such as case managers) to address the root cause and get help to those who need it. Also not enough education to overcome quickly growing epidemic.

Does this concern apply to a particular city, or entire county:

2 answered Marietta

8 answered entire county

If you had unlimited resources, what could be done to address the force of change?

- Increase drug treatment facilities, allow them in our area, educate children and adults, provide free resources for families affected by drug use
- Don't legalize drugs, but decriminalize them; treat as public health issue instead of criminal issue. Decriminalizing creates an opportunity to regulate and create safer conditions for users and also removes the black market, crippling dealers who lace produces with dangerous substances. Create programs that teach users how to deal with the effects of trying to get off drugs. Create second chance programs that give them a cushion when finding jobs after being freshly sober so they can at least have a chance of holding down a job.
- Work with community to find the root cause and how we can better understand/work to change it
- Invest in rehabs that have thorough wrap around services that work with the person for longer than 30-60 days. Clean up the lower income housing – it's infested with drug and crime
- Unsure
- There is no simple solution. Many things would have to be done. The Hub is a good start.
- Open mental health facilities to help deal with the lack of and incompetence of some of the existing facilities.

Summary: Improvement in treatment facilities (quality and number), finding root cause, use of programs that assist those w/ addiction for a longer period of time to ensure their future success.

2. Force of change: Housing and Homelessness

Why it is a concern:

- Many individuals cannot afford housing on their own; if they make just a bit extra they can't get assistance
- Need to address this to decrease homelessness and improve physical and mental health. Rent has increase so much that even people who obtain HUD vouchers cannot find housing within the limit of that voucher. The is often a long wait to get housing assistance.
- We have a great deal of homeless individuals; we have no shelters of places for someone to escape the elements, build better lives, or feel safe.
- We have more and more homelessness
- People cannot afford housing. This forces women to enter into and stay in bad relationships, forces single mothers into relationships with men who shouldn't be around their children, leading to sexual, physical, and emotional abuse for children, and leaves

many without any place to go, or only with enough money to pay for the necessities in life, with no room for anything else.
- So many people living on the streets cause petty crime, fear, desolation, and apathy
- The young people are being forced into homelessness because of the high costs of housing and basic utilities

Summary: High cost of basic housing and utilities contributes significantly to homelessness and/or poor living conditions, including unsafe “family” structure and abuse. There is little assistance with shelters or adequate financial support.

Does this concern apply to an individual city or the entire county?

5 answered the entire county

3 answered city of Marietta

If you had unlimited resources, what could be done to address the force of change?

- Build or open a homeless shelter, lower the cost of rent for people and allow more to qualify for housing assistance
- Increase level of assistance on HUD vouchers, provide more vouchers, force all utility companies to accept a budget/PIP plan
- Provide a homeless shelter with opportunities for referrals to housing services, food, and other assistance and services.
- Make housing actually affordable and cap the amount that can be charged for apartments
- Unsure, something needs to be done however
- Raise minimum wage and cap the amounts charged for apartments
- Education of all citizens as to how we can all look for resources to empower those who feel hopeless

Summary: Open homeless shelters, increase amount and accessibility of assistance (i.e. HUD), cap the amount charged for apartments, and limit utility cost.

3. Force of Change: Good-paying jobs and economic development

Why it is a concern:

- We need jobs and opportunities for families struggling as a result of addiction or incarceration
- People cannot make enough to raise a family; professional people leave the area
- Hard to keep our young people here without good jobs
- Young people are being forced into homelessness because of the high costs of housing and basic utilities
- Kids are going into massive amounts of debt to enter a large pool of people competing for the same “good” jobs while there are tons of trade jobs and skilled work jobs going unfilled.
- Many educated and skilled professionals are leaving the area to work in larger cities with higher pay scales. Many workers are experienced and nearing retirement without younger persons to train to fill their roles. Many agencies are understaffed with employees filling many roles, leading to burnout and lower productivity.
- Many in our area are lower income, and are unable to leave the area, support their families, or have access to better jobs.

Summary: People leave the area to find better, higher-paying jobs that will support their families. Young people encounter massive debt in an attempt to get high paying jobs, although many trade/skilled jobs are available and people are needed to fill those roles. Low-income families aren’t able to leave for better jobs and have difficulty raising their families.

Does this concern apply to an individual city or the entire county?

6 answered entire county

1 answered Marietta

If you had unlimited resources, what could be done to address the force of change?

- Build an industrial park and bring industry. Increase transportation routes and improve roads.
- Create programs inside of schools that expose youth toe ALL of their options after they graduate. Offer students opportunities to visit colleges, trade schools, military recruiters, and explore all of their options so they aren’t guessing as to what they might do after graduation. Provide grants and resources for students to earn certifications, not just college credits, while still in high school. In college, teach students about what debt

actually is and how to avoid going into massive amounts of debt if they absolutely want to get a degree.
- Community education in the form of a door-to-door campaign
- Raise minimum wage and cap the amounts charged for apartments
- Provide better and more accessible resources to jobs in the community, as well as funding for trade schools and scholarships for college. Provide financial education and resources.
- Encourage companies to offer continuing education programs and opportunities to retain educated and skilled workers in the area.

Summary: Focus on educating youth about all options following graduation, including college, trade schools, military, etc. Open doors for financial assistance to trade schools, educate about debt so students can make informed decisions, provide continuing education opportunities and incentives to keep skilled and professional workers in the area.

4. Force of Change: Access to health insurance and affordable healthcare

Why it is a concern:

- Because not everyone has adequate healthcare they can afford, or medications
- People shouldn't have to choose between healthcare/prescriptions and food, utilities, etc. keeping people healthy improves our workforce
- Repeal in Medicaid expansion or federal marketplace insurance would have a major impact on a rural, low-income community that does not have means for insurance coverage. Medical bills will be in collections, provider offices will not be paid to retain appropriate care staff, people will not see medical attention prior to it being severe or life-threatening (therefore costing more to treat or may not be as effective to treat)
- Everyone needs and should be entitled to healthcare no matter the income
- When people are not able to afford preventive care, they only seek treatment when a catastrophic event happens, and treatment is nearly always way more expensive than prevention.
- Memorial Health System and Washington County Health Department are two examples of withdrawing from population health programs that engage with the community, provide health and disease management education and better outcomes for our residents. With being a rural area with limited resources, we have to have community programs to fill gaps and provide services to our county.

Summary: Everyone is entitled to affordable healthcare. When healthcare is too costly, people only seek it out when there is an emergency and this is almost always more costly and less effective than prevention. Community programs are needed that will provide education and disease management and lead to better outcomes for our residents.

Does this concern apply to an individual city or the entire county?

All answered entire county.

If you had unlimited resources, what could be done to address the force of change?

- People have funds/ability/knowledge of need/value of preventive healthcare; i.e immunizations, well child/annual physicals, etc. to prevent disease and illness before needing to treat them.
- Keep the Affordable Care Act active and lower medical costs and prescription costs
- Engage public and providers in education of services covered by Medicaid, track cost and utilization of services under preventive care vs. reactive care
- Engage with administration on the value of our services and educate on how our US health system has advanced into preventive care focused on quality versus reactive payment system that does not meet the needs of our rural community.
- Universal healthcare
- Universal healthcare

Summary: Focus on providing preventive care rather than reactive care, including education on its benefit and the cost comparison, utilize the Affordable Care Act policies to lower costs, and/or provide universal healthcare.

5. **Force of Change: Prevention of chronic diseases**

Why it is a concern:

- Memorial Health System and Washington County Health Department are two examples of withdrawing from population health programs that engage with the community, provide health and disease management education and better outcomes for our residents. With being a rural area with limited resources, we have to have community programs to fill gaps and provide services to our county
- There are many issues with obesity besides leading to numerous health problems. The military is having a difficult time finding recruits because of obesity rates. People have

less energy and are depressed. This is also because we work in conditions that don't allow movement and requires us to sit for long periods of time. It's also a product of poor diet and all of the junk foods we eat.
- Culture of unhealthy lifestyles in our community, such as diet, activity, addictions, lack of healthcare
- People are spending their lives watching screens and not living life. Have increased anti-social behaviors, increased loneliness, and the family unit is suffering.

Summary: The culture of unhealthy lifestyles, including poor diet/nutrition and lack of physical activity, combined with increased screen time and increased sedentary behavior contribute to many health problems. These problems affect many aspects of our community and beyond, including the military, jobs, healthcare, and family life.

Does this concern apply to an individual city or the entire county?

All answered entire county.

If you had unlimited resources, what could be done to address the force of change?

- Community-wide alliance to educate and support the needs of identified issues of greatest rated importance.
- Increased education on the problems associated with screen time for adults and children.
- Health foods are so much more expensive than junk food a lot of the time. There need to be conditions where families can maybe have an allowance that must be spend on certain healthy foods. There needs to be more recess time in schools; learning is important but so is movement and exercise. Our bodies are designed to move. There needs to be more education about things like mental illness and what contributes to symptoms and sometimes even the causes. There needs to be programming in schools and communities that address the lack of exercise and poor diet choices and their effect on mental health.
- Engage with administration on the value of our services and educate on how our US health system as advanced into preventive care focused on quality versus a reactive payment system that does not meet the needs of our rural community.

Summary: Focus on educating individuals and families on the problems associated with unhealthy lifestyles, and provide outlet for children at school. Provide programming in schools and communities to address sedentary behavior and poor nutrition habits. Ensure healthy foods are affordable and accessible.

2017-2020 Action Plan and Accomplishments

The following actions were continued or added by Memorial Health System in response to the 2017 Community Health Assessment and Community Health Council Stakeholder report. Noted in each section are the priority area from the 2014-2017 assessment, along with the strategy and actions associated with each need.

MHS Priority: Chronic Disease Management

1. **Develop Department of Community Health and Wellness to support chronic disease management education and programming**

   Results:

   a) Education classes and DEEP classes partnered with Washington & Athens Counties on this effort
   b) Implemented CareBridge population health and chronic disease management software to identify and engage high risk patients in our system.
      a. Many organization-wide initiatives have grown out of this effort, including real-time preventative care gaps being shown to providers at time of visit, supplemental data feeds going directly to payers, high risk patients being proactively identified and scheduled, etc.
   c) Implementing a Chronic Care Management (CCM) program within Primary Care. Patients will be identified as a candidate for the program utilizing CareBridge reports. CCM will provide comprehensive care plans and education material to support this effort.
2. **Develop Care Coordination model with focus on care transitions**

   Results:

   a) Contact Center implemented TCM call for patients discharged from facilities outside our hospital to prevent readmission and improve care transition
   b) Addition of CHF navigator to bridge inpatient and outpatient care with closer outpatient touch points and monitoring.

c) Identified high ED utilizers and applied machine learning algorithms to group patients into identified needs.
    a. Multiple initiatives for community engagement ensued, one of which was the Contact Center reaching out to establish primary care with those high utilizers who had no primary care provider on record. Very successful campaign with many patients establishing care and showing up for scheduled appointments.
d) Implementation of Physician Leadership Council Nursing Home subcommittee to work with care transitions and readmissions and Medical Directors of the facilities.
e) Chronic Care Management assists patients transitioning into nursing homes, assisting living, and Palliative Care, etc.

3. **Improve Smoking Cessation**

   Results:

   a) Tobacco Cessation grant for public education – worked with the Quit Hotline
   b) Tobacco Cessation program offered through employee health
   c) Financial assistance for prescriptions of Nicoderm, Nicorette, Chantix, etc
   d) Prior to surgery patient educated to stop smoking
   e) Provide non-smoking employees discount on health insurance premiums
   f) Respiratory therapy providing education in community
   g) Cessation education in physician clinics
   h) Tobacco Task Force created to work on stronger policies/tobacco-free environments, and to increase support for cessation services.
   i) Automating logic to identify and schedule patients for Low Dose CT scans used in lung cancer screenings.

4. **Reduce hospital readmissions**

   Results:

   a) Contact Center schedules follow up with PCP and/or specialist before discharge.
   b) Currently improving discharge process and Meds to Beds program
   c) Patient binders for high-risk patients
   d) Increased offering of Matter of Balance falls prevention program

5. **Provide and enhance cardiovascular services**

   Results:

   a) VasTrac vascular screening program
   b) Cardiovascular Seminar
   c) Post care/coumadin clinic established

d) Cardiac rehab education
e) Heart health luncheon for community education
f) Expansion for open heart services and creation of Cardiothoracic Surgery Department
g) Athens cardiac clinic
h) Full electrophysiology services for atrial fib, etc.
i) Utilizing CareBridge logic to automate notification of providers for follow up cardiac care related to patients on Tikosyn, Amiodarone, and others.
j) Implementation of CHF clinic including diuretic therapy in the infusion center.

6. **Improve nutritional choices of community**

   Results:

   a) The Changed Plate Restaurant opened on the Belpre Campus, offering wider variety of healthier options.
   b) The Changed Plate community cooking classes offered, with specific focus on diabetes, cancer, and heart disease
   c) The Changed Plate kids healthy cooking camp
   d) Pediatric Healthy Lifestyles Summer Program
   e) Primary sponsor of Hunger Solutions, supporting local food insecurity
   f) Traffic Light nutritional education program in MHS food service areas

7. **Increase physical activity of community**

   Results:

   a) Walk with a doc program for community
   b) The Fund Run annual 5k and 1 mile run/walk to raise money for Diabetes exercise, Bariatric exercise, and Stroke rehab support.
   c) Pediatric Healthy Lifestyles Summer Program
   d) Growth of 55 and over population use of Wellness Center
   e) Transitional exercise programs established for high risk patients participating in provider-referred programs (i.e. Cardiac Rehab and Bariatric surgical programs)
   f) Financial, promotional, and educational support for community adult playground
   g) Increased offering of group exercise classes to anyone age 18 and over
   h) Virtual/live stream exercise classes offered weekly at no cost
   i) Creation of Diabetes Exercise 6-week program; virtual options available
   j) Pre and post-natal exercise program
   k) Implemented injury prevention to reduce time out of sport to allow for no reduction in physical activity.
   l) Create advanced rehabs to decrease time out of sport following injury

8. **Decrease obesity of community**

Results:

a) Establish Bariatric Support Group and education sessions
b) Primary sponsor of Hunger Solutions
c) Breast Milk Donation station
d) Lifestyle Medicine practice created; two providers board certified by the American College of Lifestyle Medicine
    a. Individual and group appointments; in person on 4 campuses and virtual options, which support reduction in all forms of chronic disease
e) Provide opportunity for employees and community members to participate in Lifestyle Medicine research studies, such as Physical Activity Intelligence (PAI), and Mastering Diabetes.
f) Automating logic for patient follow up needs after completing bariatric surgery.

9. **Provide and enhance oncology services**

Results:

a) Oncology-focused cooking classes at The Changed Plate restaurant/teaching kitchen. Doesn't require payment for Cancer Center patients
b) Oncology community needs health assessment completed
c) Lung Cancer Screening offered to patients who meet criteria; use of low-dose CT scans
d) Skin Cancer Screening offered annually on multiple campuses
e) New Cancer Center in Belpre with CyberKnife technology
f) Bodies that Flow restorative chair yoga classes for cancer patients and survivors, as well as their support persons.
g) Cancer survivorship program growth through Cancer Committee
h) Building CareBridge logic into interface with Phreesia to show open care gaps directly to patients at time of electronic registration / check-in.

10. **Provide and enhance opportunities to educate patients**

Results:

a) Diagnosis-based patient education upon discharge from the Emergency Department
b) Educate Extended Care Facilities and Home Health Agencies on wound vacs and other wound treatments
c) Lactation Consultant Program offered free to nursing mothers
d) Increased total joint replacement education class from 50%-80% attendance.
e) Visual tools added to endoscopy for 1:1 patient education
f) Diagnosis-based patient education for athletes at time of injury

11. **Provide and enhance services, programs and education for diabetics**

    Results:

    a) Education classes and DEEP (Diabetes Education Empowerment Program) classes partnered with Washington & Athens Counties on this effort
    b) National Diabetes Prevention Program (Prevent TII) in Belpre
    c) Mastering Diabetes study through Lifestyle Medicine providers open to public.
    d) Proactively identifying and scheduling high risk diabetic patients for clinic appointments.
    e) Bundled community lab screening tests to automatically include HbA1c for all participants.
    f) Lifestyle Medicine practice focusing on treating Diabetics with individual and group appointments, including in person and virtual options.
    g) Established Diabetes Exercise Program; offering virtual options

MHS Priority: Access to Healthcare

12. **Expand access to primary care**

    Results:

    a) Contact Center provides healthcare information, schedules appointments, and contacts providers if necessary
    b) Established Family Medicine Residency program
    c) Expansion of appointments outside normal business hours
    d) Online scheduling
    e) Telehealth services offered by PCPs
    f) Primary Care Connect – same day/next day appointments and free telehealth urgent care services

13. **Ensure succession plans for aging physician population**

    Results:

    a) Family Medicine and Emergency Medicine residency programs established and continue to be accredited.
    b) Completed Physician Needs Assessment to create next 3-5 year recruitment plan

14. **Explore strategic partnerships to enhance clinical offerings in the region**

Results:

a) Akron Children's Hospital collaboration
b) Collaboration with 5 local high schools for sports medicine coverage
c) Behavioral Health telehealth partnership with 10 regional nursing homes

15. **Expand and enhance Contact Center programs and services**

Results:

a) Contact Center Nurse Line free telephone triage to patients within our system and to the community. Provides healthcare information, schedules appointments, and contacts providers if necessary
b) Contact Center schedules follow up with PCP and/or specialist before discharge.

MHS Priority: Community Outreach

16. **Expand community educational offerings**

Results:

a) Fliers posted in elevators and stairwells to notify community of upcoming educational events.
b) Community Healthline magazine mailed quarterly to over 14,000 community members, with education and resources.
c) Classes and event page on MHS website for info on upcoming programs.
d) Committee formed to plan community/outreach events
e) Monthly educational presentations at Belpre Senior Center
f) Stop the Bleed class offered to community and area businesses
g) Basic Life Support course offered to new parents
h) LiveMemorialWell Provider Series educational presentations on topics such as heart health, colon cancer awareness, and men's health.
i) Installation of Patient Point monitors in all departments and clinics in the health system to provide continuous education to patients and visitors.

17. **Explore partnerships that reduce duplication and improve health literacy**

Results:

a) HIV/Hepatitis B partnership

18. **Provide free or low-cost health screenings**

    Results:

    b) Monthly community health screens in 3 locations for blood pressure, blood glucose, weight, and pulse oximetry
    c) Free weekly screenings each Friday for blood pressure, blood glucose, weight and pulse oximetry
    d) Lung Cancer Screening program for identified patients who meet criteria; use of Low Dose CT
    e) Skin Cancer Screenings offered annually in multiple locations
    f) Health Fairs; hosted in various locations around the region and inclusive of local no-profits and agencies that support the mission of the health system, and with whom we frequently partner with.
    g) Annual free EKG screenings
    h) Free pre-participation physicals at 4 high schools

MHS Priority: Behavioral Health

19. **Increase internal education and response to patients with behavioral health concerns**

    Results:

    a) De-escalation class offered to ensure those responding to incidents feel adequately prepared to assist
    b) Annual education module added to all employees in health system for education on de-escalation, violent behavior, etc.
    c) Code BHERT established to respond to patients to de-escalate and avoid violent behavior
    d) Behavioral Health telehealth partnership with 10 regional nursing homes

20. **Reduce behavioral health related incidences of patient-on-staff physical violence in MHS facilities**

    Results:

    a) Developing a protocol for staff safety with collaborative care from nursing, psychiatry, security, and quality.

21. **Support community mental health initiatives**

    Results:

    b) Annual participation in medication take back day, hosted in several locations around the county.
    c) Social Skills Summer camp offered to youth
    d) Participation in Opioid Hub. Meetings take place quarterly and establish actionable items and needed follow up to complete tasks and move initiatives forward.

22. **Identify patients at risk for harming self or others to improve intervention and services**

    Results:

    a) Developing a protocol for staff safety with collaborative care from nursing, psychiatry, security, and quality.

MHS Priority: Poverty

23. **Expand services as an integrated health system in a broader geography**

    Results:

    b) Entrance into Athens County, OH with primary care and specialty services
    c) Purchased Sistersville General Hospital to avoid collapse and lack of community-based health care in Tyler County WV
    d) Caldwell Clinic under development

24. **Provide free and reduced cost programs and services**

    Results:

    a) Meal tickets vouchers for families in need
    b) Gas cards for families/cab vouchers
    c) Free Lifestyle Medicine virtual classes offered in lieu of billing patients directly
    d) Free Vastrac vascular screenings and imaging.
    e) Post-injury immediate care, evaluations, and rehabilitation provided by athletic trainers to athletes free of care.

f) Athletic trainers provided to high schools for reduced rate

Health Need Priorities 2021

Upon completion of the 2020 community Health Needs Assessment, the following top priorities were identified by the health system's administrative team:

1. Access to healthcare and healthcare programs
2. Prevention and management of chronic disease
3. Community Outreach
    a. Resources and support systems
4. Behavioral Health

MHS's action plan from 2014-2017 already addresses many of these priorities, as this assessment revealed similar areas of concern compared to the previous Community Health Needs Assessment. The programs, services, and initiatives currently in progress will continue to be reviewed, and new initiatives will be added as opportunities and resources become/are made available. All initiatives will be evaluated for effectiveness and feasibility, and adjustments will be made to maximize impact on the community. MHS will work collaboratively with community partners, such as the WashCo Wellness Partners Group, and make every effort to address the needs of the community identified in this report.

Areas of concern identified in this report that the health system may *indirectly* impact but have not been deemed top priorities include:

1. Good paying jobs and economic development
2. Education/school improvement
3. Addiction

Areas of concern identified in this report that the health system has limited capacity to impact at this time include:

1. Housing and homelessness
2. Access to affordable, healthy foods

References

2019 Online State Health Assessment, Ohio Department of Health
https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-Online-State-Health-Assessment

American Cancer Society, Cancer Facts & Figures 2020
https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2020.html

America's Health Rankings, 2020
https://www.americashealthrankings.org/learn/reports/2020-annual-report

Benefeature.com – www.benefeature.com

Centers for Disease Control and Prevention, Data & Statistics
https://www.cdc.gov/DataStatistics/

Federal Bureau of Investigation – Violent Crimes 2019, Ohio
https://ucr.fbi.gov/crime-in-the-u.s/2019/crime-in-the-u.s.-2019/tables/table-8/table-8-state-cuts/ohio.xls

March of Dimes, Research & Data
https://www.marchofdimes.org/advocacy/research-data.aspx

Ohio Department of Job and Family Services - https://jfs.ohio.gov/

United States Bureau of Labor Statistics - https://www.bls.gov/

United States Census Bureau - https://www.census.gov/

Appendix A

Introduction:

2020 Local Public Health System Assessment

The Washington County Health Partners need your input to assess our local public health system. Your responses will help guide future funding and services to improve the health of our community.

Why are we asking you for this input?

You are partner of the local public health system, which is made up of everyone that contributes to the health and well-being of our community. This includes individuals and organizations like hospitals, schools and colleges, civic organizations, businesses, employers, churches, health departments, law enforcement, medical and behavioral healthcare providers, and many others.

This assessment should take less than 5 minutes to complete. If a questions is not relevant, just skip to the next one. Please complete one or more of the following assessments. Thank you for your participation!

For each statement below, participants were asked to rate the LPHS on the following scale:

No activity Minimal Moderate Significant Optimal

Essential Service 1: Monitor Health Status to Identify Community Health Problems

Monitoring health status to identify community health problems:

Performance Measures for Model Standard 1.1, 1.2, and 1.3

How well do we, the Local Public Health System [hospitals, civic groups, health departments, schools, employers, media, etc.]:

1.1.1 Conduct regular CHAs?

1.1.2 Update the CHA with current information continuously?

1.2.3 Promote the use of the CHA among community members and partners?

1.2.1 Use the best available technology and methods to display data on the public's health?

1.2.2 Analyze health data, including geographic information, to see where health problems exist?

1.2.3 Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc)?

1.3.1 Collect timely data consistent with current standards on specific health concerns in order to provide the data to population health registries?

1.3.2 Use information from population health registries in CHAs or other analyses?

Essential Service 2: Diagnose and Investigate

Diagnosing and investigating health problems and health hazards.

Performance Measures for Model Standard 2.1 and 2.2

How well do we [hospitals, civic groups, schools, health departments, employers, media, etc…

1.1.1 Participate in a comprehensive surveillance system with national, state, and local partners to identify, monitor, and share information and understand emerging health problems and threats?

1.1.2 Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies, and emerging threats (natural and manmade)?

1.1.3 Ensure that the best available resources are used to support surveillance systems and activities including information technology, communication systems, and professional expertise?

2.2.1 Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?

2.2.2 Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?

2.2.3 Designate a jurisdictional Emergency Response Coordinator?

2.2.4 Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?

2.2.5 Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?
2.2.6 Evaluate incidents for effectiveness and opportunities for improvements (such as After Action Reports, Improvement Plans, etc)?

Essential Service 3: Inform, Educate, Empower

Informing, educating, and empowering people about health issues.

Performance Measures for Model Standard 3.1, 3.2, and 3.3

How well do we [hospitals, civic groups, schools, health departments, employers, media, etc…

3.1.1 Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?
3.1.2 Coordinate health promotion and health education activities at the individual, interpersonal, community, and societal levels?
3.1.3 Engage the community throughout the process of setting priorities, developing plans, and implementing health education and health promotion activities.
3.2.1 Develop health communication plans for media and public relations and for sharing information among our local public health system organizations?
3.2.2 Use relationships with different media providers (e.g. print, radio, television, the internet) to share health information, matching the message with the target audience?
3.2.3 Identify and train spokespersons on public health issues?
3.3.1 Develop and emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?
3.3.2 Make sure resources are available for a rapid communication emergency response?
3.3.3 Provide risk communication training for employees and volunteers?

Essential Service 4: Mobilize Community Partnerships

Mobilizing community partnerships to identify and solve health problems.

Performance Measures for Model Standard 4.1 and 4.2

How well do we [hospitals, civic groups, schools, health departments, employers, media, etc

4.1.1 Maintain a complete and current directory of community organizations?
4.1.2 Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?
4.1.3 Encourage constituents to participate in activities to improve community health?
4.1.4 Create forums for communication of public health issues?
   i. Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?
   ii. Establish a broad-based community health improvement committee?
   iii. Assess how well community partnerships and strategic alliances are working to improve community health?

Essential Service 5: Develop Policies

Developing plans and policies that support individual and community health efforts.

Performance Measures for Model Standard 5.1, 5.2, 5.3, and 5.4

How well do we [hospitals, civic groups, schools, health departments, employers, media, etc

7.1.1 Support the work of the local health department (or other governmental local public health entity) to make sure the 10 essential public health services are provided?
7.1.2 See that the local health department is accredited through PHAB's voluntary, national public health department accreditation program?
7.1.3 Ensure that the local health department has enough resources to do its part in providing essential health services?
5.2.1 Contribute to public health policies by engaging in activities that inform the policy development process?
5.2.2 Alert policy makers and the community of the possible public health effects (both intended and non-intended) from current and/or proposed policies?
5.2.3 Review existing policies at least every 3-5 years?

5.3.1 Establish a Community Health Improvement Plan with broad-based diverse participation, that uses information from the Community Health Assessment, including the perceptions of community members?

5.3.2 Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?

5.3.3 Connect organizational strategic plans with the Community Health Improvement Plan?

5.4.1 Support a work group to develop and maintain emergency preparedness and response plans?

5.4.2 Test the plan through regular drills and revise the plan as needed, at least every 2 years?

Essential Service 6: Enforce Laws

Enforcing laws and regulations that protect health and ensure safety.

Performance Measures for Model Standard 6.1, 6.2, and 6.3

How well do we [hospitals, civic groups, schools, health departments, employers, media, etc

6.1.1 Identify public health issues that can be addressed through laws, regulations, or ordinances?

6.1.2 Stay up-to-date with current laws, regulations, and ordinances that prevent health problems or that promote or protect public health on the federal, state, and local levels?

6.1.3 Review existing public health laws, regulations, and ordinances at least once every three to five years?

6.1.4 Have access to legal counsel for technical assistance when reviewing laws, regulations, and ordinances?

6.2.1 Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?

6.2.2 Participate in changing existing laws, regulations, and ordinances and/or creating new laws, regulations, and ordinances to protect and promote public health?

6.2.3 Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?

6.3.1 Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?

6.3.2 Ensure that a local health department has the authority to act in public health emergencies?

6.3.3 Ensure that all activities related to public health codes are done within the law?

6.3.4 Educate individuals and organizations about relevant laws, regulations, and ordinances?

6.3.5 Evaluate how well local organizations comply with public health laws?

Essential Service 7: Link or Provide Care

Linking people to needed personal health services and ensuring the provision of healthcare when otherwise unavailable.

Performance Measures for Model Standard 7.1 and 7.2

How well do we [hospitals, schools, civic groups, health departments, etc.]

7.1.1 Identify groups of people in the community who have trouble accessing or connecting to personal health services?

7.1.2 Identify all personal health service needs and unmet needs through the community?

7.1.3 Define partner roles and responsibilities to respond to the unmet needs of the community?

7.1.4 Understand the reasons that people do not get the care they need?

7.2.1 Connect or link people to organizations that can provide the personal health services they may need?

7.2.2 Help people access personal health services in a way that takes into account the unique needs of different populations?

7.2.3 Help people sign up for public benefits that are available to them (e.g. Medicaid, or medical and prescription assistance programs)?

7.2.4 Coordinate the delivery of personal health and social services so that everyone in the community has access to the care they need?

Essential Service 8: Assure Competent Workforce:

Ensuring a competent public and personal healthcare workforce

Performance Measures for Model Standard 8.1, 8.2

How well do we [hospitals, schools, civic groups, health departments, etc.]

8.1.1 Complete a workforce assessment, a process to track the numbers and types of Local Public Health System jobs – both public and private sector – and the associated knowledge, skills and abilities required of the jobs?

8.1.2 Review the information from the workforce assessment and use it to identify and address gaps in the Local Public Health System workforce?

8.1.3 Provide information from the workforce assessment to other community organizations and groups, including government bodies and public and private agencies, for use in their organizational planning?

8.2.1 Ensure that all members of the local public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and comply with legal requirements?

8.2.2 Develop and maintain job standards and position descriptions based on the core knowledge, skills, and abilities needed to provide the 10 Essential Public Health Services?

8.2.3 Base the hiring and performance review of members of the public health workforce in public health competencies?

8.3.1 Identify education and training needs and encourage the public health workforce to participate in available education and training?

8.3.2 Provide ways for public health workers to develop core skills related to the 10 Essential Public Health Services?

8.3.3 Develop incentives for workforce training, such as tuition reimbursement, time off for attending class, and pay increases?

8.3.4 Create and support collaboration between organizations within the Local Public Health System for education and training?

8.3.5 Continually train the public health workforce to deliver services in a culturally competent manner and understand the social determinants of health?

8.4.1 Provide access to formal and informal leadership development opportunities for employees at all organizational levels?

8.4.2 Create a shared vision of community health and Local Public Health System welcoming all leaders and community members to work together?

8.4.3 Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?

8.4.4 Provide opportunities for the development of leaders who represent the diversity of the community?

Essential Service 9: Evaluate:

Evaluating effectiveness, accessibility, and quality of personal and population-based health services.

Performance Measures for Model Standard 9.1, 9.2, and 9.3

How well do we [hospitals, schools, civic groups, health departments, etc.]

9.1.1 Evaluate how well population-based health services are working, including whether the goals that were set for programs and services were achieved?

9.1.2 Assess whether community members, including vulnerable populations, are satisfied with the approaches taken toward promoting health, and preventing disease, illness, and injury?

9.1.3 Identify gaps in the provision of population-based health services?

9.1.4 Use evaluation findings to improve plans, processes, and services?

9.2.1 Evaluate the quality, accessibility, and effectiveness of personal health services?

9.2.2 Compare the quality of personal health services to established guidelines?

9.2.3 Measure user satisfaction with personal health services?

9.2.4 Use technology, like the internet or electronic health records, to improve quality of care?

9.2.5 Use evaluation findings to improve services and program delivery?

9.3.1 Identify all public, private, and volunteer organizations that contribute to the delivery of the 10 Essential Public Health Services?

9.3.2 Evaluate how well our Local Public Health System activities meet the needs of the community at least every 3-5 years, using guidelines that describe a model Local Public Health System and involving all entities contributing to the delivery of the 10 Essential Public Health Services?

9.3.3 Assess how well the organizations in the Local Public Health System are communicating, connecting, and coordinating services?

9.3.4 Use the results from the evaluation process to improve our Local Public Health System?

Essential Service 10: Research

Researching new insights and innovative solutions to health problems

Performance Measures for Model Standard 10.1, 10.2, and 10.3

How well do we [hospitals, schools, civic groups, health departments, etc.]

10.1.1 Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work?

10.1.2 Suggest ideas about what currently needs to be studied in public health to organizations that conduct research?

10.1.3 Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?

10.1.4 Encourage community participation in research, including deciding what will be studied, conducting research, and sharing results?

10.2.1 Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?

10.2.2 Partner with colleges, universities, or other research organizations to conduct public health research, including community-based participatory research?

10.2.3 Encourage colleges, universities, and other research organizations to work together with our Local Public Health Systems organizations to develop projects, including field training and continuing education?

10.3.1 Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?

10.3.2 Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?

10.3.3 Share findings with public health colleagues and the community broadly, through journals, website, community meetings, etc.?

10.3.4 Evaluate Public Health Systems research efforts throughout all stages of work, from planning to effect on local public health practice?

Additionally, at the end of each Essential Service assessment, the following questions were asked:

Please describe what our community does well for the services above.

Please describe how our community can improve on the services above.

Please share any additional comments.

Please choose all of the categories that apply to you:

- Marietta
- Belpre
- Washington County
- Behavioral Health
- Business
- Community member
- Education
- Faith-based
- Government
- Healthcare provider/hospital
- Law enforcement
- Media
- Non-profit/advocacy
- Other (please specify)

***The Local Public Health System Assessment was done in conjunction with the WashCo Health Partners Group, and the data has not yet been made available to MHS, largely due to the COVID-19 Pandemic interrupting data collection and analysis. Once data becomes available, the CHNA will be updated accordingly.**