Community Health Assessment Report & Action Plan

Selby General Hospital

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Executive Summary

Purpose

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

Data Sources

Multiple data sources were used to construct this report with varied data collection time periods and methodologies. All were chosen based on data integrity, sponsoring agency, and repetition of study. Every effort was made to cross reference data points and integrate findings in the present report. All sources are listed at the end of this document.

Key Findings

- Washington County has and older population than the state or national average and the elderly population of Ohio is projected to continue growing more quickly than the rest of the country
- There is a higher than average number of grandparents serving as primary caregivers to children in Washington County
- The per capita income in Washington County is lower than the state and nation
- 22% of the children in Washington County live in poverty
- 11.1% of county residents lack health insurance
- There has been a reduction in the number of adult protective services cases since 2011
- Washington County has a higher rate of obesity, in both adults and youth, than the state or nation
- There is a higher percentage of smokers, both adults and youth, in Washington County than in the state
- There are fewer physicians and dentists per resident in the county that in Ohio
- Washington County has an aging physician population
- In Washington County, cancer is the leading cause of death followed by heart disease
- The rate of colon, rectum and prostate cancer has declined while the rate of breast cancer has increased
- Local perceptions of access to medical treatment and physicians in the county has improved since 2011
- From 2011 to 2104, mental health and addiction services and treatment remained the top two services that Washington County residents seek outside the county
- The top health concerns for adults, children and teens changed very little since 2011 with an emphasis on mental health, substance abuse, obesity/poor nutrition, poor physical health and lack of physical activity
- While employment and access to mental health services remained top community concerns again in 2014, access to healthcare fell out of the top three concerns and was replaced by housing
- Chronic disease is resulting in more poor health days in Ohio and often leads to unnecessary hospitalizations due to a lack of appropriate disease management

Community Profile

Statistical data about the general and elderly populations of Washington County, including age, race, education, employment, and poverty

The total population of Washington County is 61,475. Over 61% of the population is between the ages of eighteen and sixty-four, and 17.47% of the population is over the age of sixty-five. The majority race is white at 96.6%, and only 0.9% of the population is Hispanic. 48.83% of the residents are male and 51.17% are female.

Nearly 18% of the population in Washington County is 65 years or older, which is higher than both the state and national percentages.

${\tt Demographic\ Information^1}$

		Washington County	Ohio	United States
	Total Population	61,778	11,536,504	308,745,538
	Under 5 Years	5.25%	6.0%	6.4%
Ago	5-17	15.70%	17.1%	17.1%
Age	18-64	61.58%	62.1%	62.8%
	65 Years and Over	17.47%	14.8%	13.7%
	White	96.6%	83.4%	77.9%
	African-American	0.9%	12.5%	13.1%
Race*	Native American	0.1%	0.3%	1.2%
Kace.	Asian	0.7%	1.8%	5.1%
	Pacific Islander	0.0%	-	0.2%
	Other	0.4%	2.0%	2.4%
Ethnicity	Hispanic (all races)	0.9%	3.3%	16.9%
Condor	Male	48.83%	48.9%	49.2%
Gender	Female	51.17%	51.1%	50.8%

^{*}Race alone or in combination with one or more other races

Demographic Information 1 continued

The majority of households in Washington County are family households, meaning there is a head of household and one or more other people related to the householder by birth, marriage, or adoption. The average household size is 2.34 people and the average family size is 2.84 people. 5.7% of all

Of the grandparents living with their own grandchildren in Washington County, nearly 50% are primary caregivers.

households do NOT have a vehicle, compared to 8.2% in Ohio and 9.2% in the U.S.

English is the primary language, with only 1.8% of the population speaking a different language at home. While55.2% of the population in Washington County is married, 12.5% is divorced. 23.95% of residents have never been married, which is lower than the state and national percentages.

Household Information¹

		Washington County	Ohio	United States
Household Size ¹	Average Household Size	2.34	2.44	2.58
Houselloid Size	Average Family Size	2.84	3.01	3.14
	Total Households	25,587	4,603,435	116,716,292
Household Type ¹	Family Households	66.8%	65.0%	66.4%
	Nonfamily Households	33.2%	35.0%	33.6%
Households Without a Vehicle	No Vehicle Available	5.7%	8.2%	9.2%

0.9% of residents in Washington County are African-American, compared to 12.5% in Ohio and 13.1% in the U.S. Hispanic/Latinos make up only 0.9% of the population in Washington County, which is lower than the percentage in Ohio (3.3%) and much lower than the national percentage (16.9).

Grandparents as Caregivers	Grandparents who are living with and are responsible for their own grandchildren under the age of 18	49.9%	46.9%	39.8%
	English Only 98.2%		93.4%	79.5%
Language Spoken at Home	Speak a Language Other than English at Home	1.8%	6.6%	20.5%
	Never Married	23.95%	30.45%	31.90%
	Now Married	55.20%	49.40%	49.25%
Marital Status	Separated	1.33%	1.80%	2.15%
	Widowed	7.10%	6.45%	5.90%
	Divorced	12.50%	11.80%	10.75%

Education Level²

10.9% of Washington County residents aged twenty-five and over have not graduated from high school. This percentage is lower than the percentage in Ohio (11.8%) and the U.S. (14.2%).

		Washington County	Ohio	United States
	No High School	3.2%	3.3%	6.0%
	Some High School	7.7%	8.5%	8.2%
	High School Graduate	44.3%	34.9%	28.2%
Education Level*	Some College	20.0%	20.9%	21.3%
	Associate's Degree	8.9%	7.7%	7.7%
	Bachelor's Degree	11.0%	15.6%	17.9%
	Graduate or Professional Degree	4.9%	9.1%	10.6%

^{*}Population 25 years and over

Nearly 90% of Washington County residents, who are 25 years and older, have graduated from high school and 15.9% have a bachelor's degree or higher.

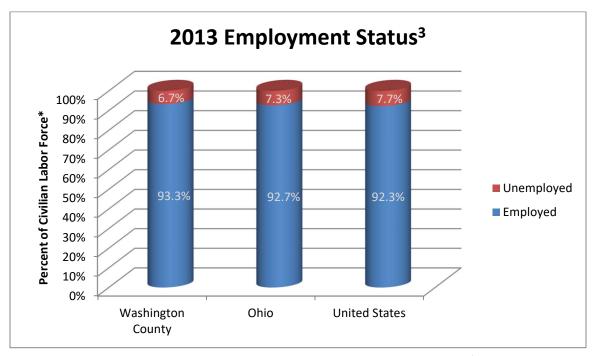
Employment Status²

		Washington County	Ohio	United States
	Not in Labor Force	42.2%	35.7%	35.3%
	In Labor Force	57.8%	64.3%	64.7%
Employment	(1) Civilian Labor Force	57.7%	64.2%	64.2%
Status*	(a) Employed	52.6%	58.0%	58.2%
	(b) Unemployed	5.1%	6.2%	6.0%
	(2) Armed Forces	0.0%	0.1%	0.5%

^{*}Population 16 years and over

Employment Status³, continued

In 2013 6.7% of those 16 years and older in the civilian labor force are unemployed in Washington County. This is lower than the percentage in Ohio (7.3%) and the U.S. (7.7%).



*Population 16 years and over

Employment by Occupation & Industry²

The leading employment industries in Washington County include Educational Services and Health Care & Social Assistance, and Manufacturing. The industry that employs the least amount of the population is Information.

The highest
percentage of
Washington
County residents
are employed in
Management,
Business, Science,
and Arts or related
occupations.

Employment by Occupation & Industry², continued

		Washington County	Ohio	United States
	Management, Business, Science, and Arts Occupations	28.4%	34.0%	35.9%
	Sales and Office	25.2%	24.8%	24.9%
Employment	Service	18.3%	17.7%	17.8%
Occupations ²	Production, Transportation, and Material Moving	18.1%	15.6%	12.1%
	Natural Resources, Construction, and Maintenance Occupations	9.9%	7.9%	9.3%
	Educational Services and Health Care & Social Assistance	23.1%	24.2%	22.9%
	Manufacturing	16.1%	15.4%	10.6%
	Retail Trade	11.4%	11.7%	11.6%
	Arts, Entertainment, & Recreation, and Accommodation & Food Services	8.6%	8.7%	9.2%
Faculty was and	Professional, Scientific, & Management, and Administrative & Waste Management Services	6.2%	9.2%	10.7%
Employment Industry ²	Construction	6.2%	5.3%	6.5%
industry	Public Administration	6.1%	4.0%	4.9%
	Finance & Insurance, and Real Estate & Rental & Leasing	5.6%	6.5%	6.7%
	Transportation & Warehousing, and Utilities	5.6%	4.9%	5.0%
	Other Services, Except Public Administration	5.4%	4.6%	4.9%
	Agriculture, Forestry, Fishing & Hunting, and Mining	2.5%	1.0%	1.9%
	Wholesale Trade	1.9%	2.8%	2.8%
	Information	1.5%	1.8%	2.2%

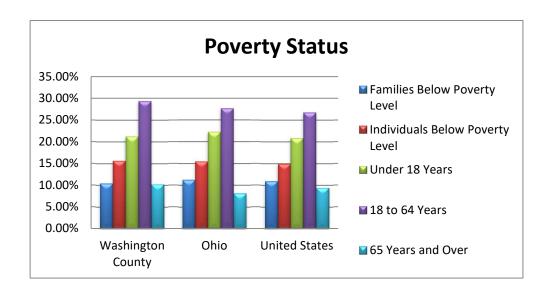
Washington County has a greater percentage of people employed in Manufacturing and Agriculture, Forestry, Fishing & Hunting, and Mining industries (18.6%) than both Ohio (16.4%) and the U.S. (12.5%). However, Washington County employs fewer people in the Professional, Scientific, & Management, and Administrative & Waste Management Services industry.

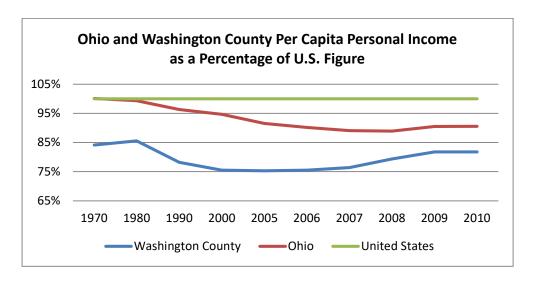
Income & Poverty^{1,2,8}

In 2013, a family of 3 was considered at or below 100% of poverty with an annual household income of \$19,530.00. A full-time job must pay at least \$9.39/hr to reach this level, 18% higher than the new minimum wage (\$7.95/hr).

The per capita income in Washington County is lower than both the state and national averages.

In Washington County, the median household income is \$43,829, which is lower than the median in both Ohio and the nation.





		Washington County	Ohio	United States
	Per Capita Income	\$23,137	\$25,857	\$28,051
Income	Median Household Income	\$43,829	\$48,246	\$53,046
	Mean Household Income	\$55,899	\$63,996	\$73,034
	Families Below Poverty Level	10.4%	11.2%	10.9%
	Individuals Below Poverty Level	15.6%	15.4%	14.9%
Poverty Status	Under 18 Years	21.2%	22.2%	20.8%
	18 to 64 Years	29.3%	27.6%	26.7%
	65 Years and Over	10.2%	8.1%	9.4%





2012

Income & Poverty³, continued

Washington County Household Income	2000	2010
Total Households	25,162	24,975
Less than \$10,000	9.9%	8.3%
\$10,000 - \$14,999	8.0%	6.5%
\$15,000 - \$24,999	17.2%	12.7%
\$25,000 - \$34,999	15.9%	12.8%
\$35,000 - \$49,999	17.2%	16.4%
\$50,000 - \$74,999	18.5%	19.1%
\$75,000 - \$99,999	7.5%	10.7%
\$100,000 - \$149,999	3.9%	9.2%
\$150,000 - \$199,999	0.9%	2.1%
\$200,000 or more	1.1%	2.1%

Ohio Works First (OWF) is the financial-assistance portion of the state's Temporary Assistance to Needy Families (TANF) program, which provides cash benefits to needy families for up to 36 months. Currently, 5 out of every 1,000 residents in Washington County received cash benefits through OWF during SFY 2013.

Cash Assistance	SFY 2011		SFY	2012	SFY 2013	
(CA)	Washington County	Ohio	Washington County	Ohio	Washington County	Ohio
Average Monthly Adult Recipients	23	138,085	23	110,936	8	72,573
Average Monthly Child Recipients	294	283,338	278	245,825	271	193,976
Total # of Recipients (Annual Unduplicated)	317	421,423	301	356,167	279	266,549
Percent of Population	0.5%	3.7%	0.5%	3.1%	0.5%	2.3%
Net Expenditures	\$477,219	\$466,826,098	\$476,643	\$392,535,664	\$463,562	\$321,177,604
Average Annual CA Payment per Recipient	\$1,505	\$1,108	\$1,584	\$1,102	\$1,662	\$1,205

Income & Poverty²²⁻²⁵, continued

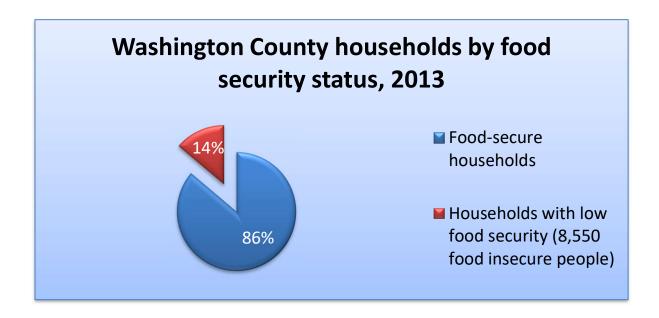
Ohio Direction Card/ Food Assistance Program	January 2000	2000- 2005	January 2005	2005- 2008	January 2008	2008- 2010	January 2010	2010- 2012	January 2012
Number of ODC/FA Recipients in Washington County	3,555		5,590		5,513		7,959		8,210
Percent Change		57.2%个		1.4%↓		44.4%↑		3.2%个	
Increase 2000- 2012									130.9%

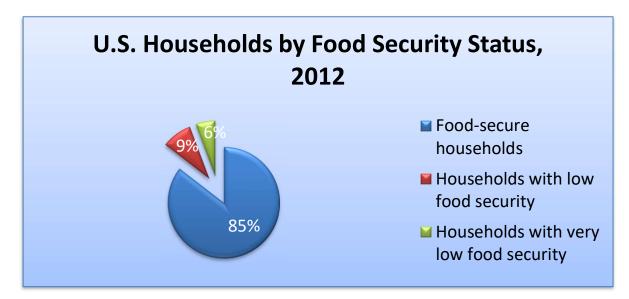
The Food Assistance program is designed to raise nutritional levels, to expand buying power and to safeguard the health and wellbeing of individuals and families whose gross monthly income is within 130 percent of the federal poverty guideline.

Food Assistance	SFY	2011	SFY	2012	SFY 2013		
(FA)	Washington County	Ohio	Washington County	Ohio	Washington County	Ohio	
Adult Recipients	6,837	1,377,173	7,178	1,472,746	7,043	1,421,518	
Child Recipients	4,496	953,014	4,780	1,029,621	4,683	979,415	
Total # of Recipients (Annual Unduplicated)	11,333	2,330,187	11,958	2,502,367	11,726	2,400,933	
Percent of Population	18.4%	20.2%	19.4%	21.7%	19.1%	20.8%	
Net Expenditures	\$12,233,349	\$2,959,815,232	\$12,495,288	\$2,983,899,907	\$12,144,823	\$2,972,410,717	
Average Monthly FA Payment per Recipient	\$1,079	\$1,270	\$1,054	\$1,247	\$1,036	\$1,238	

Income & Poverty^{5,36}, continued

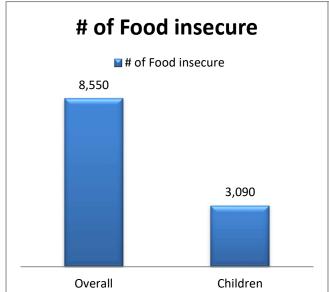
Food insecurity is defined by the USDA as "meaning that the food intake of one or more household members was reduced and their eating patterns were disrupted at times during the year because the household lacked money and other resources for food."

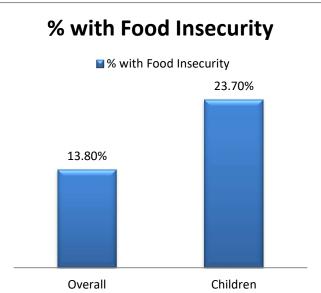




Source: Calculated by ERS using data from the December 2012 Current Population Survey Food Security Supplement.

Income & Poverty⁴, continued





Washington County ranked 49th (tied with Knox County) out of Ohio's 88 counties, in 2012, for children living in poverty.

	2010		201	1	2012	
	Washington County	Ohio	Washington County	Ohio	Washington County	Ohio
Child Population	12,941	2,730,751	12,699	2,693,092	12,547	2,663,674
Children in Poverty	22.7%	23.1%	21.7%	23.9%	24.2%	23.6%
Children Receiving SNAP	25.8%	28.0%	26.3%	28.4%	28.0%	29.6%
Children in Foster Care	76	21,697	66	22,304	59	21,994
Children Abused and Neglected	184	23,811	116	23,356	101	21,372

Income & Poverty^{3,26}, continued

TANF Work Participation Programs

Federal law requires that families eligible to receive cash assistance through Ohio Works First (OWF) participate in work activities. At least 50% of all able-bodied adults receiving benefits are required to participate in work activities at least 30 hours a week. For households with two able-bodied parents receiving benefits, at least 90% are required to participate in work activities at least 35 hours a week, or 55 hours a week if they are using subsidized child care. Allowable work activities may include on-the-job training, community service and education directly related to employment.

During 2010, in Washington
County, the TANF Subsidized
Employment Program provided
wage subsidies to area
employers who gave jobs to
eligible participants. Total
funding for this program was
\$222,875 which served 27
people.

Health Insurance

Among those with health insurance in Washington County, the majority have private health insurance. Approximately 5% of Washington County children under the age of eighteen lack health insurance which is lower than both Ohio and the U.S.

11.1% of residents in Washington County lack health insurance, which is slightly lower than the percentage in Ohio (11.6%), and much lower than the national percentage (14.9%).

		Washington County	Ohio	United States
	With Health Insurance Coverage	88.9%	88.4%	85.1%
	With Private Health Insurance (of those with coverage)	68.5%	70.6%	66.9%
Insurance Status*	With Public Health Insurance (of those with coverage)	36.2%	30.2%	29.4%
	No Health Insurance Coverage	11.1%	11.6%	14.9%
	No Health Insurance Coverage – Under 18 Years	5.1%	5.9%	8.1%
	No Health Insurance Coverage – 18-64 Years	16.1%	16.2%	18.6%

^{*}Among civilian non-institutionalized population

Disability & Veteran Status²

Among those sixty-five and over, in Washington County, 39.8% have a disability.

Civilian veterans account for about 11% of the population, which is higher than the state and national percentages.

18.7% of the Washington County population has a disability, with most of those individuals being 65 or older.

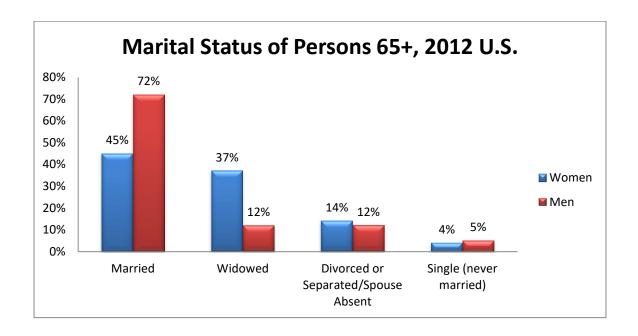
		Washington County	Ohio	United States
	Total With a Disability	18.7%	13.2%	12.0%
Disability Status	Under 18 Years With a Disability	5.9%	4.8%	4.0%
Disability Status	18 to 64 Years With a Disability	17.4%	11.3%	10.0%
	65 Years and Over With a Disability	39.8%	36.3%	36.8%
Veteran Status	Civilian Veterans	10.9%	10.1%	9.3%

Elderly Demographic

Between 2000 and 2011, the number of persons aged 65 and over increased only 9.26% in Ohio versus an 18.03% increase nationwide.

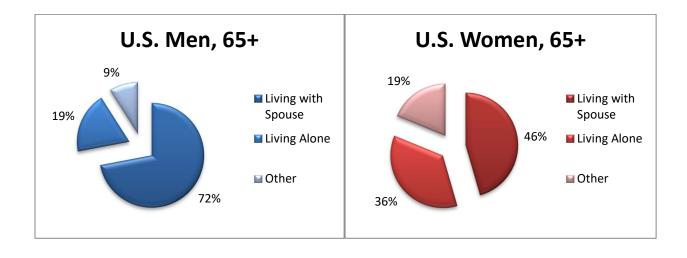
The 65+ Population, 2011													
Number of Persons 65 and Older Percent of All Ages from 2000 to				nt Below rty, 2011									
US Tot	tal (50 States +		41,394,141		.3.30%	18	18.03%		3.7%				
Ohio	0		Ohio		1,648,444		14.30% 9.26%		14.30%		26%	7	7.7%
Population Projections 2015-2025													
		2015			2020		2025						
	County	State	US	County	State	US	County	State	US				
Total	60,969	11,638,998	325,539,790	59,911	11,707,724	341,386,665	58,616	11,749,993	357,451,620				
65-69	3,983	615,903	15,812,320	4,470	695,011	17,860,508	4,761	763,452	19,957,495				
70-74	3,024	428,279	11,154,615	3,694	553,357	14,451,678	4,164	627,215	16,399,052				
75-79	2,304	315,018	7,901,475	2,658	366,292	9,655,969	3,266	476,515	12,597,588				
80-84	1,559	232,569	5,676,145	1,805	249,374	6,239,296	2,110	293,360	7,714,724				
85-89	990	163,488	3,785,758	1,035	158,997	3,817,293	1,220	173,644	4,278,105				
90-94	428	76,276	1,855,731	486	83,256	1,975,815	523	83,386	2,046,883				
95+	99	20,250	650,778	124	26,858	803,911	149	31,985	913,597				

Elderly Demographic, continued

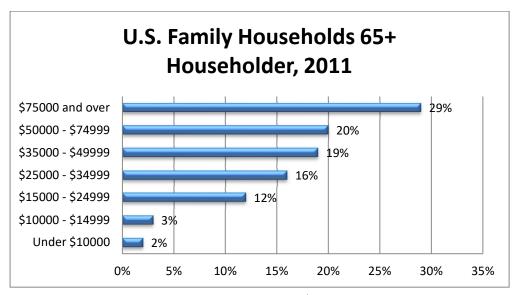


Among persons aged 65 and over, nearly twice as many woman (36%) than men (19%) live on their own.

Conversely, a much larger percentage of men (72%) than women (46%) live with a spouse.

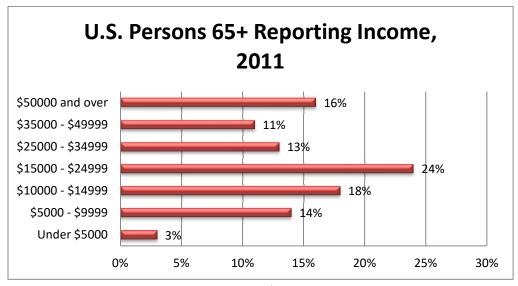


Elderly Demographic, continued



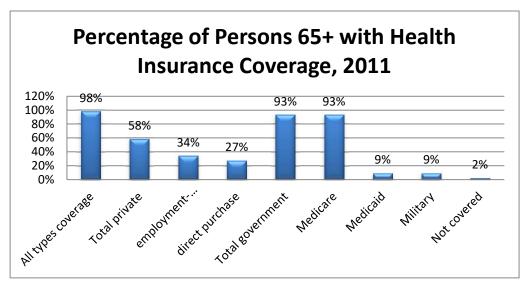
\$48,538 median for 14.4 million family households 65+

In 2011, 68% of families in the U.S. with a 65+ householder reported income of \$35,000 or more per year. The median income was \$48,538 among these families.



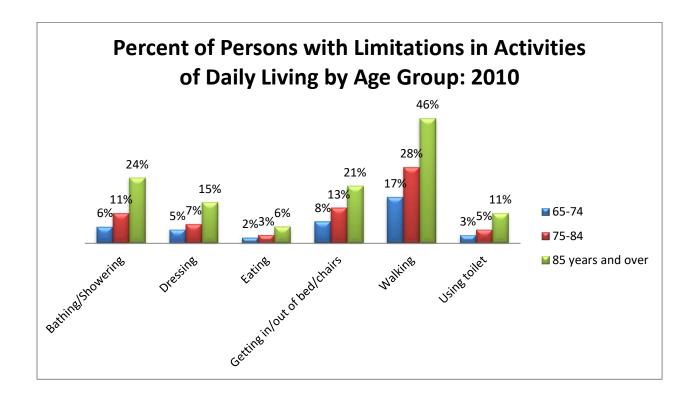
\$19,939 median for 40.2 million persons 65+ reporting income.

Elderly Demographic, continued



Note: Data are for the non-institutionalized elderly. A person can be represented in more than one category.

Only 2% of persons aged 65 and over were uninsured in 2011.



Elderly Demographic, continued

According to the Strategic Area Plan for 2011-2014, from the Buckeye Hills Area Agency on Aging 8, "funding reductions for Adult Protective Services at a time when the 60+ population is quickly growing will leave many abused, neglected or exploited elders with nowhere to turn as resources are dwindling."

Adult Protective Services (APS)									
	SFY 2010	SFY 2010 – SFY 2011		SFY 2011	. – SF	Y 2012	SFY 2012	2 – SI	FY 2013
	Washingt County		Ohio	Washingt County		Ohio	Washingt County		Ohio
Adult Cases	162		15,359	190		15,475	171		14,832
Cases Deemed Emergencies	31		549	31		511	27		424
Cases in Need of Protective Services	62		6,545	87		6,381	75		5,905
Cases Where Protective Services Not Available	1		86	1		81	2		88
								·	
	SFY 2011		SFY	′ 201	2	SF	/ 201	13	
	County	9	State	County		State	County		State
Expenditures	\$53,024	\$17	,548,663	\$128,196	\$17	,017,750	\$101,357	\$16	6,070,280

Behavioral Risk Factors

Behaviors that affect health, including physical activity, nutrition, alcohol and tobacco use, social & physical environment and, crime.

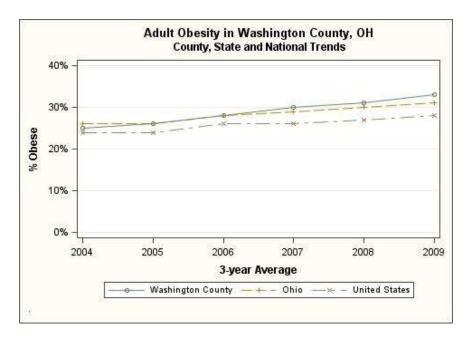
Washington County ranks 46 out of 88 counties in Ohio for Health Outcomes; 53rd for mortality, and 39th for morbidity.

Health Behaviors⁷

22% of Washington County adults and Ohio adults smoke; this is 9% higher than the national benchmark. Additionally, 33% of Washington County adults are considered obese which is slightly higher than the percentage in Ohio (30%) and much higher than the national benchmark percentage (25%).

Health Behaviors						
2013	Washington County	Ohio	National Benchmark*			
Adult Smoking	22%	22%	13%			
Adult Obesity	33%	30%	25%			
Physical Inactivity	24%	27%	21%			
Excessive Drinking	12%	18%	7%			
Motor Vehicle Crash Death Rate	15	11	10			
Sexually Transmitted Infections	144	422	92			
Teen Birth Rate	34	38	21			

*90th percentile, i.e., only 10% are better.



Social & Economic Factors

Washington County ranks 28 out of 88 counties in Ohio for Health Factors; 36th for health behaviors, 43rd for clinical care, 28th for social & economic factors, and 11th for physical environment.

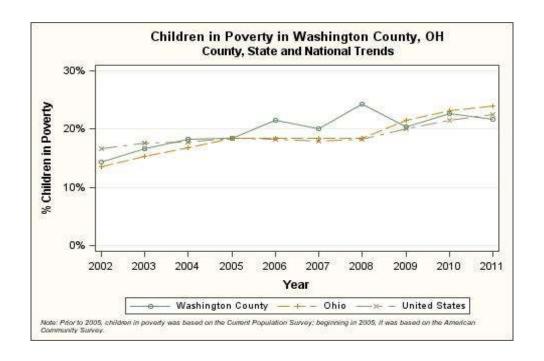
22% of Washington County's children live in poverty compared to the national benchmark of 14%, but better than the percentage for Ohio (24%).

Additionally, 27% of Washington County's children live in single-parent households which is much lower than the percentage for Ohio (34%) but higher than the national benchmark (20%).

Social & Economic Factors					
2013	Washington County	Ohio	National Benchmark*		
High School Graduation**	89%	78%	-		
Some College	55%	61%	70%		
Unemployment	8.2%	8.6%	5.0%		
Children in Poverty	22%	24%	14%		
Inadequate Social Support	19%	20%	14%		
Children in single-parent households	27%	34%	20%		
Violent Crime Rate	108	332	66		

*90th percentile, i.e., only 10% are better.

^{**} Data should not be compared with prior years due to changes in definition



Social & Economic Factors, continued

The amount of daily fine particle matter in Washington County (13.1) is slightly lower than that of Ohio (13.4), but much higher than the national benchmark (8.8).

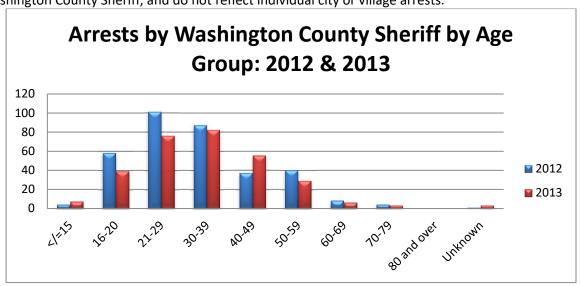
Washington County has a much higher percentage (60%) of fast food restaurants than the national benchmark (27%) and slightly higher than the state percentage (55%).

Physical Environment						
2013	Washington	Ohio	National			
2015	County	Offic	Benchmark*			
Daily Fine Particle Matter	13.1	13.4	8.8			
Drinking Water safety	0%	2%	0%			
Access to Recreational Facilities	13	10	16			
Limited Access to Healthy Foods**	3%	6%	1%			
Fast Food Restaurants	60%	55%	27%			

^{*90&}lt;sup>th</sup> percentile, i.e., only 10% are better.

Crime

The majority of crimes in Washington County, are committed by persons between the ages of 16 and 60, with the 21-40 age groups leading the way. Data shown here is only from arrests made by the Washington County Sheriff, and do not reflect individual city or village arrests.



^{**} Data should not be compared with prior years due to changes in definition.

Health Burden²⁷

The indicators below make up the health burden of a community, because of their chronic characteristics. These indicators create a financial burden on individuals as well as healthcare providers and communities.

Health Burden					
Indicator	Ohio	United States			
HIV Diagnosis Rate (2010) Rate of persons diagnosed with HIV infection per 100,000 population	11.6	19.4			
Hepatitis B Cases (2009) Number of new cases of acute hepatitis B (per 100,000 population)	88	3,371			
Hepatitis C Cases (2009) Number of new hepatitis C (per 100,000 population)	26	781			
Adult Obesity (2011) Percent of adults (age 18+) who are obese (BMI > 30)	29.7%	27.8%			
Youth Obesity (2011) Percent of high school students who are obese (BMI > the 95 th percentile for age/sex)	14.7%	13.0%			
Diagnosed Diabetes (2011) Percent of adults (age 18+) ever told by health professional that they have diabetes	10.0%	9.5%			
Diagnosed High Cholesterol (2011) Percent of adults who have had their blood cholesterol checked and have been told it was high	38.9%	38.4%			
Diagnosed Hypertension (2011) Percent of adults (age 18+) ever told by health professional that they have high blood pressure	32.7%	30.9%			
Teen Birth Rate (2010) Birth Rate for teens ages 15-19 per 1,000 female population.	34.1	34.2			

Between 2010 and 2013 the HIV diagnosis rate in Ohio dropped from 11.6 to 9.5.

Risk Factors²⁷

Risk Factors						
Indicator	Ohio	United States				
Adult Smoking (2011) Percent of adults (age 18+) who currently smoke cigarettes	25.1%	21.1%				
Youth Smoking (2011) Percent of high school students who smoked cigarettes on at least 1 or more days in the last 30 days	21.1%	18.1%				
Adult Physical Activity (2011) Percent of adults that participated in 150 minutes or more of Aerobic Physical Activity per week	51.6%	51.6%				
Youth Physical Activity (2011) Percent of high school students that are physically active at least 60 minutes per day on five or more days	44.9%	49.5%				
Adult Nutrition (2009) Percent of adults that consume fruits and vegetables five or more times per day	21.0%	23.5%				
Youth Nutrition (2011) Percent of high school student that ate fruits and vegetables five or more times per day	11.2%	15.3%				
Adult Binge Drinking (2012) Percent of Adults (age 18+) who are binge drinkers (males having five or more drinks on one occasion, females having four or more drinks on one occasion)	20.1%	18.3%				
Youth Binge Drinking (2011) High school students reporting having five or more drinks of alcohol in a row within a couple of hours on at least 1 day in last 30 days (adolescents grades 9-12)	23.7%	21.9%				
Observed Seat Belt Use (2012) Percent of observed seat belt use among front seat occupants based on probability samples in all 50 states	83.8%	85.0%				
Youth Seat Belt Use (2011) Percent of high school students who wore a seat belt sometimes, most of the time, or always	83.3%	92.3%				
Preventative Services						
Colorectal Cancer Screening (2010) Percent of persons age 50+ who have ever had a sigmoidoscopy or colonoscopy	64.0%	64.2%				
Influenza Vaccination Coverage (2011) Percent of persons aged 6 months and older who received a seasonal influenza vaccination with the past year	43.7%	41.8%				
Child Vaccination Coverage (2011) Percent of children aged 19 to 35 months receiving the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella and PCV.	74.7%	68.5%				

Health of Community

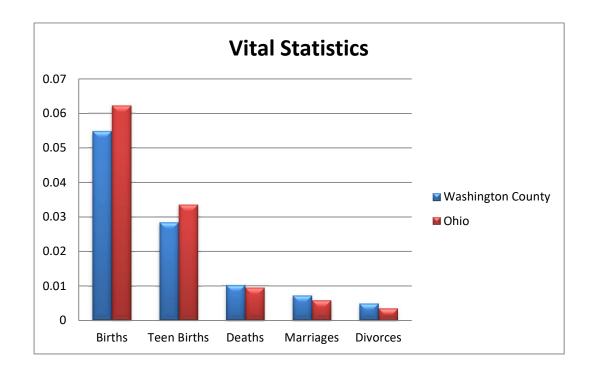
Statistical data about vital statistics, mortality, chronic illnesses, communicable diseases, injuries, and child-related issues.

Vital Statistics¹⁴

81.9% of Washington County's pregnant women received first trimester prenatal care compared with only 73.0% of all Ohio pregnant women.

However, 21.4% of pregnant women in Washington County reported smoking during pregnancy, which is much higher than the state percentage (17.8%).

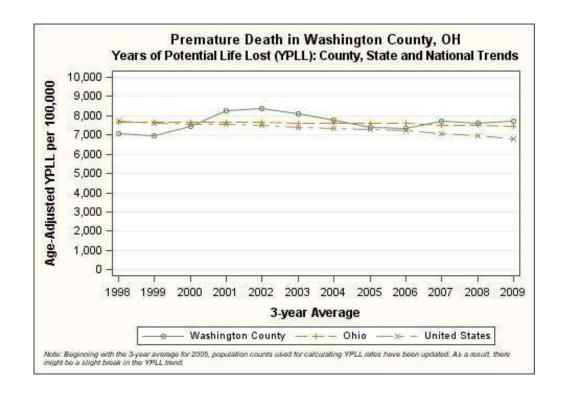
2010	Washington County	Ohio
Total births	602	139,034
% Low Birth Weight	7.5%	8.6%
% Very Low Birth Weight	1.7% (10)	1.6%
% Preterm	13.5%	12.5%
% Very Preterm	2.7% (16)	2.4%
% Maternal Smoking	21.4%	17.8%
% 1rst Trimester Prenatal	81.9%	73.0%
% Unmarried	41.1%	43.7%
Teen Birth Rate (15-17)	6.3	15.7
Infant Mortality Rate	5.0 (3)	7.7



$Mortality^7$

Health Outcomes						
2013	Washington County	Ohio	National Benchmark*			
Mortality						
Premature Death	7,737	7,457	5,317			
Moi	bidity					
Poor or Fair Health	15%	15%	10%			
Poor Physical Health Days	4.4	3.6	2.6			
Poor Mental Health Days	3.2	3.8	2.3			
Low Birth Weight	7.8%	8.6%	6.0%			

*90th percentile, i.e., only 10% are better.



^{**} Data should not be compared with prior years due to changes in definition.

Mortality 27 , continued

The incidence of premature death in Washington County (7,737) is slightly higher than that of Ohio (7,457) and much higher than the national benchmark (5,317).

15% of both Washington County and Ohio residents report poor or fair health compared to the 10% national benchmark.

7.8% of Washington County babies had a low birth weight; this is lower than the state percentage (8.6%) but higher than the national benchmark (6.0%).

Death Rates (2010)							
Indicator	Washington County	Ohio	United States				
Infant Mortality Rate per 1,000 live births	-	7.7	6.1				
Heart Disease Death Rate*	155.4	192.4	179.1				
Stroke Death Rate*	36.0	42.6	39.1				
Suicide Death Rate*	-	12.4	12.2				
Homicide Death Rate*	-	5.1	5.3				
Drug Poisoning Death Rate*	-	15.9	12.4				
Motor Vehicle Death Rate*	-	9.4	10.6				

-Indicates no data available

In 2010, cancer was the leading cause of death in Washington County, while heart disease took the top spot in Ohio. Other leading causes of death (in order of prevalence in Washington County) were heart disease, chronic lower respiratory disease, stroke, unintentional injury, and Alzheimer's disease.

^{*} Per 100,000 population

Mortality, 6,13 continued

Top Ten Leading Causes of Death and Corresponding Age-Adjusted Death Rates

		United States		Washington County 2004-2006		Ohio 2004-2006	
Rank ¹	Cause of Death	2010	2011	Rank ¹	Rate	Rank ¹	Rate
1	Diseases of Heart	179.1	173.7	2	194.7	1	225.3
2	Malignant Neoplasms	172.8	168.6	1	210.0	2	198.8
3	Chronic Lower Respiratory Diseases		42.7	3	51.3	4	49.2
4	Cerebrovascular Diseases	39.1	37.9	5	38.9	3	48.6
5	Accidents (Unintentional Injuries)	38.0	38.0	6	38.9	5	37.6
6	Alzheimer's Disease	25.1	24.6	9	12.9	7	25.6
7	Diabetes Mellitus	20.8	21.5	4	44.6	6	29.7
8	Influenza and Pneumonia	15.1	15.7	7	18.9	8	17.2
9	Nephritis, Nephrotic Syndrome and Nephrosis	15.3	13.4	8	17.9	9	14.5
10	Intentional Self-Harm (Suicide)	12.1	12.0	Septicemia 10	12.6	Septicemia 10	11.2

¹Rank based on number of deaths.

Diabetes^{9,10,12}

According to the 2011 Ohio
Behavioral Risk Factor Surveillance
System, about 62.4% (5.5 million) of
Ohio adults (18 years or older) are
classified as either overweight or
obese. Additionally, according to a
2013 report by the Ohio Diabetes
Prevention and Control Program, due
to the strong relationship between
overweight/obesity and type-2
diabetes, a reduction in BMI would
serve as an effective treatment

According to the 2012 Diabetes Fact Sheet, the 2011 Diabetes Prevalence by Sex was higher in Southeast Ohio than that of all Ohio, (male 11.7% and female 10.5% Southeast Ohio, versus 10.1 and 10.0% in all of Ohio).

strategy. BMI is measured by weight (lbs)/height (in) 2* 703. Underweight BMI <18.5, normal BMI = 18.5-24.9, overweight BMI = 25.0-29.9, and obese BMI = 30.0 and above.

Diagnosed Diabetes Prevalence for Ohio Adults (18+)							
	20	2011					
	Number	Number Percent					
Male	437,410	10.3%	10.1%				
Female	458,161	10.0%	10.0%				
18-44 Years	167,388	4.1%	8.6%				
45-64 Years	389,403	12.4%	27.2				
65-74 Years	183,872	22.0%	20.8%				
75+	154,677	20.1%	20.6%				
White, non-Hispanic	734,501	9.9%	9.6%				
Black, Non-Hispanic	124,034	12.7%	14.9%				
Hispanic	26,829	13.2%	6.3%				
Other	16,044	7.0%	7.8%				

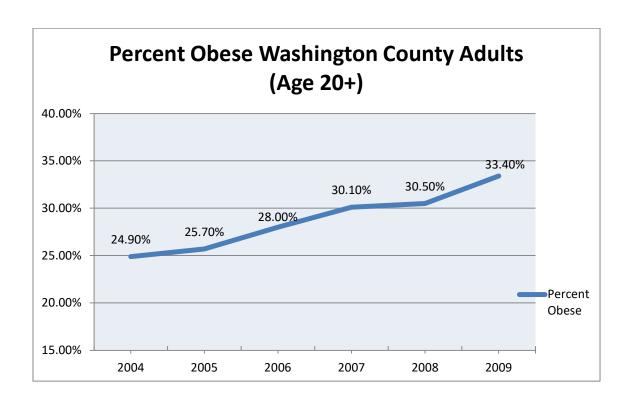
Overweight and Obesity 11

Lack of physical activity is a risk factor for overweight and

According to the American Cancer Society, up to one-third of all cancer deaths (about 186,000 lives) could be saved every year if people maintained a BMI less than 25.

obesity, which may increase the risk of developing certain cancers.

Overweight and obesity are usually characterized by body mass index (BMI).



Cancer²¹

The total incidence rate of new invasive cancers in Washington County is lower than that of the state for colon & rectum cancers as well as prostate cancer, but higher overall. Additionally, the incidence rate increased significantly during the 2006-2010 time frame for breast cancer in Washington County.

During 2003-2007, only colon & rectum and prostate cancer death rates were lower in Washington County than the death rates for those cancers in the state. Overall, the cancer death rate for Washington County (212.9) was much higher than the rate for Ohio (199.6).

Average Annual Number of New Invasive Cancer Cases and Age-Adjusted Incidence Rates for Washington County and Ohio¹

	Washington County		Ohio						
	Male		Fen	Female		Male		Female	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	
		All Sites				s/Types			
2003-2007	210	608.6	180	441.4	29,591	548.4	28,545	418.6	
2006-2010	208	563.7	184	449.7	30,618	534.3	29,386	418.5	
	Colon & Rectum								
2003-2007	21	63.5	18	40.8	3,184	60.0	3,186	44.5	
2006-2010	19	54.4	16	37.9	3,009	53.5	2,983	40.5	
				Lung & E	Bronchus				
2003-2007	40	112.3	26	61.6	5,142	96.3	4,152	59.8	
2006-2010	39	101.8	26	58.9	5,129	90.5	4,307	59.8	
	Breast								
2003-2007	N/A	N/A	45	112.3	N/A	N/A	8,073	119.9	
2006-2010	N/A	N/A	50	125.8	N/A	N/A	8,268	119.1	
	Prostate								
2003-2007	56	155.0	N/A	N/A	7,961	145.5	N/A	N/A	
2006-2010	48	124.0	N/A	N/A	8,224	139.7	N/A	N/A	
	Higher than State Rate Lower than State Rate						1		

¹ Average annual rate per 100,000, age-adjusted to the 2000 US standard population.

Cancer, 21 continued

Average Annual Number of Cancer Deaths and Age-Adjusted Incidence Rates for Washington County and Ohio, 2003-2007¹

		,	Washington County				Ohio				
		Ma	Male		Female		Male		Female		
		Cases	Rate	Cases	Rate	C	ases	Rate	Cases	Rate	
All Sites/T	ypes	88	260.2	79	181.3	12	2,859	248.4	12,058	167.9	
Colon & Rectum		9	27.0	7	15.3	1	,203	23.5	1,252	16.7	
Lung & Bro	Lung & Bronchus		87.7	22	51.5	4	,224	80.2	3,187	45.2	
Breast		N/A	N/A	13	32.3	1	N/A	N/A	1,875	26.5	
Prostate		8	25.8	N/A	N/A	1	,232	26.2	N/A	N/A	
		Higher tha	Higher than state rate			Lower than state rate					

¹ Average annual rate per 100,000, age-adjusted to the 2000 US standard population.

Heart Disease and Stroke,

Heart disease and stroke were the 1^{st} and 4^{th} , respectively, leading causes of death in the United States during 2010 and 2011.

Heart Disease Mortality**								
	Washingto	on County	Ohio					
	# of Deaths	Rates	# of Deaths	<u>Rates</u>				
Age-adjusted Males Females All	75 80 155	236.3 163.4 194.7	14,029 14,588 28,617	282.4 182.6 225.3				
Age-specific (years)	0 4 21 130	0.0 20.9 172.8 1,307.9	72 1,399 3,829 23,317	1.9 34.9 188.8 1,526.4				

^{**}Average annual number of death and age-adjusted and age-specific mortality rates (per 100,000 population), 2004-2006.

Stroke Mortality*								
	Washingt	Washington County Ohio						
	# of Deaths	Rates	# of Deaths Rates					
Age-adjusted Males Females All	14 18 31	42.8 35.1 38.9	2,350 3,833 6,183	48.8 47.8 48.6				
Age-specific (years)	0 1 3 27	0.0 4.8 25.1 275.0	21 208 552 5,403	0.5 5.2 27.2 353.7				

^{*}Average annual number of death and age-adjusted and age-specific mortality rates (per 100,000 population), 2004-2006.

Heart Disease and Stroke, continued

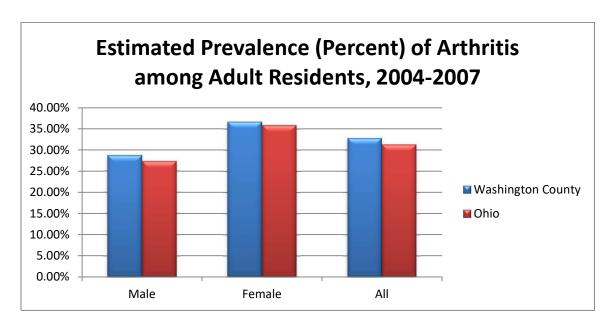
Heart Attack and Stroke Symptom Recognition and Response*							
	Washington County/ Southeast Region			Ohio			
	Male	Female	All	Male	Female	All	
Recognize all 5 symptoms of heart attacks	30.2%	42.2%	36.4%	31.0%	42.6%	37.0%	
Recognized all 5 symptoms of strokes	46.7%	45.3%	46.0%	41.1%	48.2%	44.6%	
Know to call 911 in response to someone having a heart attack or stroke	83.9%	85.4%	84.7%	88.4%	91.2%	89.9%	

Heart Attack, Coronary Heart Disease or Stroke*							
	Washington County/ Southeast Region			Ohio			
	White	Black	All	White	Black	All	
Ever told had a heart attack	8.5%	5.1%	6.8%	6.0%	3.6%	4.7%	
Ever told had angina or coronary heart disease	7.6%	6.3%	7.0%	5.5%	4.2%	4.8%	
Ever told had a stroke	3.8%	3.1%	3.4%	2.6%	3.0%	2.8%	

Cholesterol and Blood Pressure Awareness*							
	Washington County/ Southeast Region				Ohio		
	Male	Female	All	Male	Female	All	
Cholesterol checked within last 5 years	46.2%	37.6%	41.7%	71.0%	75.3%	73.2%	
Ever told cholesterol was high	69.6%	73.5%	71.6%	39.9%	36.2%	37.9%	
Ever told blood pressure was high	37.6%	31.6%	34.6%	27.9%	27.4%	27.6%	

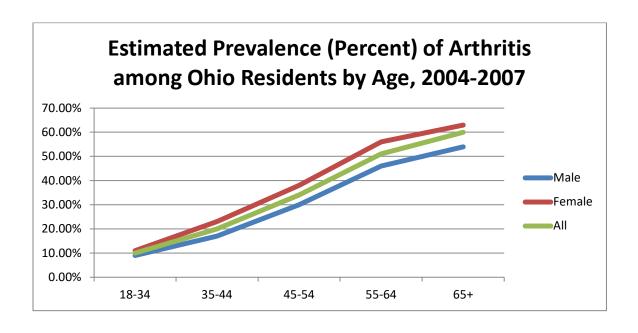
^{*}Estimated prevalence (percentage) among adult Washington County residents with comparison to Ohio, 2004, 2006, 2007.

Arthritis



Arthritis is the nation's most common cause of disability (CDC, 2008).

Arthritis is not just one disease, but more than 100 different diseases and conditions. The most frequently occurring is osteoarthritis. Other common forms include rheumatoid arthritis, lupus, fibromyalgia, and gout (CDC, 2008).



Communicable Diseases 16,17,18,19,20

Communicable Diseases							
HIV	Washingto	on County	Oł	nio			
	Rate	Number	Rate	Number			
Diagnoses of HIV as of June 30, 2013	*	3	9.5	1,101			
Persons Living with HIV as of June 30, 2013	53.7	33	154.3	17,807			
Other STDs	January – Dec		January – December Cases 2012		January – September Cases 2013		
Other STDs	Washington County	Ohio	Washington County	Ohio	Washington County	Ohio	
Chlamydia	63	52,671	100	53,309	83	40,050	
Gonorrhea	12	16,736	8	16,551	14	12,350	
Syphilis	2	960	1	1,149	0	822	
Congenital Syphilis	0	13	0	17	0	15	

Asterisk (*) indicates rate not calculated for case count <5 due to unstable rates.

Unintentional Injuries

Unintentional Fatal Injury: All*						
2004-2006	Washingto	on County	Ohio			
2001 2000	# of Deaths	Rates	# of Deaths	Rates		
Age-adjusted						
Males	16	52.1	2,775	51.3		
Females	10	27.5	1,698	25.2		
All	26	38.9	4,473	37.6		
Age-specific (years)						
<u>≤</u> 24	5	25.6	714	18.3		
25-49	9	43.4	1,524	38.0		
50-64	5	39.0	711	35.0		
65+	7	70.4	1,524	99.8		

Unintentional Injury Mortality: Falls*

	Washingto	on County	Ohio		
	# of Deaths	Rates	# of Deaths	Rates	
Age-adjusted					
Males	2	6.5	421	8.6	
Females	<1	0.8	400	5.0	
All	2	3.1	821	6.5	
Age-specific (years)					
<u><</u> 24	0	0.0	11	0.3	
25-49	<1	1.6	51	1.3	
50-64	1	5.6	99	4.9	
65+	1	13.4	661	43.3	

Unintentional Injury Mortality: Poisonings*

	Washingto	on County	Ohio		
	# of Deaths	Rates	# of Deaths	Rates	
Age-adjusted					
Males	4	13.8	733	13.0	
Females	1	3.3	379	6.5	
All	5	8.4	1,112	9.7	
Age-specific (years)					
<u>≤</u> 24	1	6.8	115	3.0	
2 5-49	3	16.1	735	18.3	
50-64	<1	2.8	221	10.9	
65+	0	0.0	41	2.7	

Unintentional Injury Mortality: Motor Vehicle Traffic Crashes*						
	Washingt	on County	Ol	hio		
	# of Deaths	Rates	# of Deaths	Rates		
Age-adjusted						
Males	6	18.2	904	16.2		
Females	6	17.6	416	6.8		
All	11	17.7	1,321	11.4		
Age-specific (years)						
<u>≤</u> 24	3	13.6	370	9.5		
25-49	5	22.5	506	12.6		
50-64	3	25.1	217	10.7		
65+	1	10.1	228	14.9		

*Rates per 100,000 population, 2004-2006.

Intentional Injuries,

Intentional Fatal Injury: Homicide*					
2004-2006	Washingto	on County	Ohio		
2004-2000	# of Deaths	<u>Rates</u>	# of Deaths	<u>Rates</u>	
Age-adjusted					
Males	0	0.0		5.5	
Females	1	2.0		8.4	
All	1	1.0	150	2.6	
Age-specific (years)					
<u><</u> 24	0	0.0	211	5.4	
25-49	<1	1.6	315	7.8	
50-64	<1	2.8	63	3.1	
65+	0	0.0	31	2.0	
Inte	entional Fa	tal Injury:	Suicide*		
	Washingto	on County	Ol	nio	
	# of Deaths	Rates	# of Deaths	Rates	
Age-adjusted					
Males	5	151.6	1,053	18.8	
Females	1	2.4	266	4.4	
All	6	8.9	1,319	11.3	
Age-specific (years)					
<u>≤</u> 24	<1	1.7	192	4.9	
25-49	4	17.7	616	15.3	
50-64	1	11.1	312	15.4	
65+	<1	3.4	200	13.1	

Chronic Disease and Hospital Readmissions

Washington County residents experience more "poor health" days than the state and national average and also have higher rates of many chronic diseases. This can lead to higher rates of hospitalization with unnecessary readmissions.

Child-Related Issues

40.4% of Washington County third graders were considered obese in 2010 which is much higher than the state percentage of 34.7%

Overweight Third Graders, 2010					
Washington County Ohio					
% Overweight	40.4%	34.7%			
Children and Teens (10-17) Overweight or Obese, 2011-2012					
	Ohio United Stat				
% Overweight	31%	31%			

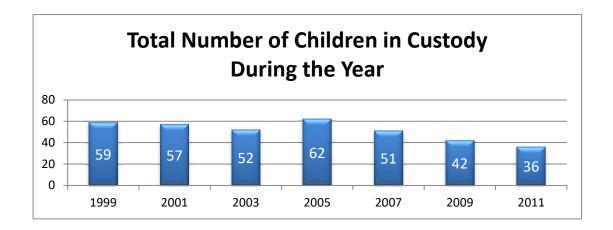
In 2008, only 0.6% of the children tested had elevated blood lead levels in Washington County, as opposed to 1.6% with elevated lead levels in Ohio.

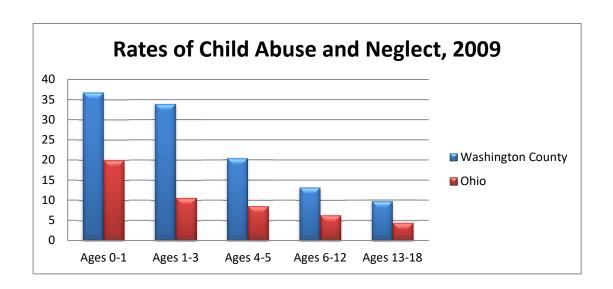
Lead Testing, 2008					
Washington County Ohio					
# Children Lead Screened	629	159,239			
% Elevated Blood Lead Level	0.6%	1.6%			

Child-Related Issues, continued

Child & Custody Profiles							
	Temporary Custody	Permanent Custody	Planned Permanent Living Arrangement	Total			
Children in Custody on 1/1/12:	27	5	4	36			
0-5 Age 6-11 12+ White Race Af/Am Other	52% 11% 37% 63% - 47%	20% 40% 40% 80% 20%	- 100% 100% - -	42% 14% 44% 69% 3% 28%			
Total Years 0-2 in Custody 2-4 4+	89% 11% -	60% 40% -	50% 50% -	81% 19% -			
Primary F	Reason for F	Removal					
 Neglect Dependency Physical Abuse Sexual Abuse Delinquency/Unruly Other 	55% 19% 4% 4% 11% 7%	- 40% 20% - - 40%	50% - - - - 50%	47% 19% 6% 3% 8% 17%			
Placement Type							
 Licensed Foster Home Approved Relative/Kinship Home Group/Residential Care Adoptive Placement Independent Living Placement/Other 	82% 4% 7% - 7%	80% - - 20% -	75% - 25% - -	80% 3% 8% 3% 6%			

Child-Related Issues, continued





Maltreatment/Child Abuse, 2009				
	Washington County	Ohio		
Reports/Investigations – Allegations of Child Abuse and Neglect Cases	522	79,906		
Number of Maltreatment Cases	112	15,358		
Percentage of Children with No Recurrence of Maltreatment	88.4%	92.7%		

Health Resource Availability

Health care professionals, health care beds, and emergency department visits, and recruitment needs and succession planning, as well as assistance programs.

Healthcare Practitioners, Hospital Beds and Healthcare

In Washington County there were about 1,340 people for every one primary care physician, compared to only 940 people per primary care physician in Ohio.

Coverage^{15,28,35}

Generally speaking, Washington County has fewer physicians per resident than does Ohio. However, the ratios for hospital and nursing home beds per resident are lower than those of the state.

Health Care					
	Washingtor	n County	Ohio		
	Total	Ratio	Total	Ratio	
Physicians (MDs & DOs)	140	439:1	32,145	359:1	
Registered Hospitals Number of beds	2 250	246:1	221 45,604	253:1	
Licensed Nursing Homes Number of beds	5 <i>547</i>	112:1	940 91,882	126:1	
Licensed Residential Care Number of beds	3 <i>208</i>	296:1	608 45,684	253:1	
Adults with Employer-based Insurance	59.0%	N/A	62.5%	N/A	
Children with Employer-based Insurance	59.2%	N/A	63.6%	N/A	
Primary Care Physicians*	46	1,339:1	12,158	943:1	

^{*}Figures based on 2007 data.

Healthcare Practitioners, Hospital Beds and Healthcare Coverage, continued

Even though the physician-to-population ratio may show no need for a certain specialty, the need may still be present due to physician age, appointment availability and practice payor restrictions.

Current Recruitment Needs				
Physician Type	Recommended Number Needed			
Internal Medicine	2			
Emergency Medicine	3			
Radiology	2			
Obstetrics/Gynecology	2			
Psychiatry	3			

Healthcare Practitioners, Hospital Beds and Healthcare Coverage, continued

Research shows that nearly half of the physicians age 50 or older plan practice changes within a three year window.

3% of SGH physicians are 50 or older

18% of SGH physicians are 55 or older.

Succession Planning Risks (based on physician age)			
Primary Care – Family Medicine	Neurology	Psychiatry	
Primary Care – Internal Medicine	Ophthalmology	Pulmonology/Critical Care Medicine	
Emergency Medicine	Orthopedic Surgery	Radiation Oncology	
Anesthesiology	Otolaryngology		
Infectious Disease	Physical Medicine & Rheumatology		
Neurosurgery	Podiatry Urology		

Clinical Care⁷

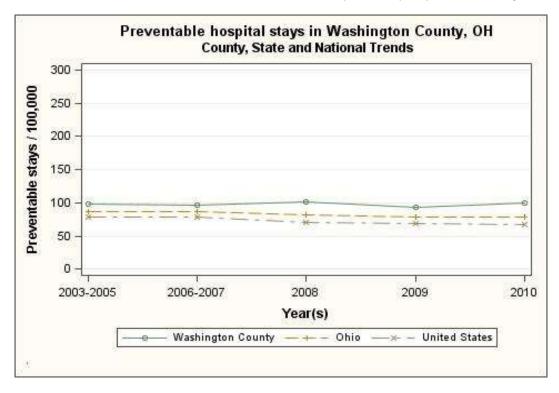
In 2013, the number of preventable hospital stays in Washington County was more than twice that of the national benchmark.

There are two main components of clinical care, access to care and quality of care. Access of care consists of availability to pay (insurance coverage), and physician availability, while quality of care consists of the number of preventable hospital stays, and the number and types of screenings available.

Clinical Care				
2013	Washington	Ohio	National	
	County	Offic	Benchmark*	
Uninsured	15%	14%	11%	
Primary Care Physicians**	1,371:1	1,348:1	1,067:1	
Dentists**	2,761:1	1,928:1	1,516:1	
Preventable Hospital Stays	100	79	47	
Diabetic Screening	83%	83%	90%	
Mammography Screening	66%	63%	73%	

*90th percentile, i.e., only 10% are better.

^{**} Data should not be compared with prior years due to changes in definition.



Assistance Programs²⁶

Washington County Department of Jobs and Family Services 2010 Expenditures			
Cash Assistance – Ohio Works First (OWF)	\$495,171		
Disability Assistance (Aged, Blind, Disabled)	97,420		
Food Assistance Program	11,873,637		
Medicaid	89,915,721		
Non-Emergency Transportation (NET)	215,785		
Prevention, Retention & Contingency (PRC)	30,772		
Subsidized Child Care Assistance	756,495		
TANF & Title XX Funded Programs	1,429,883		
TOTAL EXPENDITURES YEAR ENDING DECEMBER 31, 2010	\$104,814,884		

In 2010, Washington County Department of Jobs and Family Services reported \$89,915,721 in Medicaid expenses, \$495,171 in cash assistance and \$1,428,883 in TANF and related programs expenditures.

Assistance Programs, continued

According to a report by The Henry J. Kaiser Family Foundation, 2010 Medicaid enrollment in Ohio equated to 20% of the state population which was less than that of the United States (21%).

Medicaid Enrollment; SFY 2009*				
	Washington County	Ohio		
Residents enrolled in Medicaid	13,057	2,407,572		
Average members per year**	9.991	1,883,288		
Percent of members enrolled***	21.2%	21.0%		
Residents enrolled in Medicaid (Ages 0-17)	6,059	1,218,390		
Average members per years (Ages 0-17)	4,796	982,283		
Percent of members enrolled (Ages 0-17)	46.8%	44.6%		
Annual Medicaid expenditures ⁺	\$64,812,420	\$13,162,469,167		
Total cost of coverage per member per year	\$6,487	\$6,989		

*SFY stands for State Fiscal Year (July 1st to June 30th)

**Average members per year = Member months/12

**8Percent of members enrolled = Members/population enrolled

According to a 2012 Fact Sheet from the Ohio Hospital Association, 76% of Medicaid beneficiaries are low-income children and their parents and 24% are of aged, blind and disabled Ohioans. Additionally, the OHA Fact Sheet states that Ohio Medicare enrollment INCREASED 16.5% between 1999 and 2012, growing from 1.69 million to 1.97 million.

⁺Expenditures reflect payments made directly to providers as well as capitation payments to HMOs.

Community Health Stakeholder Survey Results

Input from representatives of the Washington County Community Health Council on local health care needs.

The Community Health Council participated in a survey conducted by the Memorial Health System (Marietta Memorial Hospital and Selby General Hospital) as part of our Community Health Assessment. Stakeholders of each participating agency were asked to complete the survey. The survey was distributed electronically on February 27th and also made available in paper form on February 28th. Data collection was completed by March 10, 2014 with 29% of the member agencies participating. The hospital then tallied the results and provided feedback to the Community Health Council members.

Participating Agencies

Buckeye Hills-Area Agency on Aging 8

City of Belpre

Community Action Health Services

In-Patient Geri-Psych at MMH

O'Neill Center

The Right Path

Washington County Commissioners

Washington County Family & Children First

Washington County Free Clinic

Washington County Harvest of Hope

Washington County Health Department

Washington County Home

Washington County Community Health Council

Anonymous

Non-responding Agencies

Ameri Corps Vista Homeless Project; RSVP

American Red Cross

Care Source

Children Services

EVE, Inc

Family Health Services

Glenwood Community

L & P Services, Inc.

Marietta Area Chamber of Commerce

Marietta Area Recycling Center

Marietta City Health Dept.

Marietta College

Marietta Community Food Pantry

Marietta Community Foundation

Marietta Family YMCA

Marietta HHC

Marietta Home Health & Hospice

Marietta VA Outpatient Clinic

Mid-Ohio Valley Fellowship Home, Inc

Ministerial Association

Muskingum Valley Chamber of Commerce

OSU Extension Service

Paramount Advantage

RSVP

The Caring Connection

United Healthcare Community Plan

Washington County Board of Developmental Disabilities

Washington County Commissioners

Washington County Job & Family Services

Washington County Sheriff Dept.

Washington-Morgan Community Action

WCBDD; Wasco/Ewing

WCMHAR Board

Washington State Community College, Dean of Health Sciences

Health Care Access								
	Very	Easy	Somewhat Easy		Not Very Easy		Not At All Easy	
	2011	2014	2011	2014	2011	2014	2011	2014
Is access to medical treatment and services in Washington County	14.3%	28.6%	42.9%	50.0%	14.3%	14.3%	28.6%	7.1%
Is access to mental health treatment and services in Washington County				14.3%	28.6%	42.9%	71.4%	42.9%
Is access to a physician in Washington County		7.1%	57.1%	78.6%	28.6%	14.3%	14.3%	

Services Sought Outside of Washington County

The services are presented in rank order with the most often cited service appearing first. Services mentioned only once are not included.

Services Sought Outside of Washington County					
Adults Teenagers Children					
Mental health *	Addiction services/ treatment *	Specialized pediatric care/neonatal care			
Addiction services/ treatment*	Mental health*	Mental health			
Access to specialist care (e.g. cardiology, diabetes, MS, neurology, GI, open heart, etc.)		Addiction services/treatment			

*Denotes a tie

Top Health Concerns of the Community

	Top Health Concerns						
Rank	Adult		Adult Child and Teen			Community	
Name	2011	2014	2011	2014	2011	2014	
1	Mental Health	Mental Health	Mental Health	Mental Health	Employment	Access to mental health services	
2	Obesity	Substance Abuse	Substance Abuse	Poor Nutrition	Access to mental health services	Employment	
3	Physical Health	Physical Health	Obesity	Substance Abuse	Access to Healthcare	Housing	
4	Substance Abuse	Poor Nutrition	Lack of physical activity/exercise	Lack of physical activity/exercise			

Data Gap

Seventy one percent of the Community Health Council members did not participate in the survey thereby limiting the locally sourced data. Despite the lack of input all Council members receive the full report and are encouraged to develop their own implementation plans.

Washington County is home to Marietta College and Washington State Community College. Health information is not readily available for this student population.

S.W.O.T. Analysis

Part of the survey contained a S.W.O.T. Analysis, which list the strengths, weaknesses, opportunities and threats within the community.

within the community.	
Strengths	Weaknesses
Local hospitals/health services MHS Cancer Center Wide variety of services Services accessible – ED, Urgent Care Physicians Excellence Primary care physicians Specialists Community support/collaboration O'Neill Center	Lack mental health care/resources Community mental health is private/for profit; access dependent on insurance Lack of funding Lack of substance abuse treatment No inpatient services Physician Issues Primary care doctors not taking new patients Limited access to specialists; some specialties not available Uninsured/underinsured/Medicare Limited services without 3 rd party payer New services aimed at Medicare population Free clinic not open enough hours Transportation Community Health System/Services Relationship Lack coordination for prevention and health promotion; health education Lack knowledge of available services Good housing/Lack homeless shelter
Opportunities	Threats
Expansion of Clinics and Free Services	Financial
 Specialty Care Eye clinic Dental clinic Coordination and Cooperation Community health providers Develop evidence based disease prevention Health education Expansion of care under Affordable Care Act Mental Health Services Inpatient psych/detox Recruit psychiatrists Geri-psych Providers/access More use of NPs and PAs Multiple facilities After hours care 	 Program funding Cuts in Medicare Affordable Care Act Taxes/fees Failure to adjust Mental Health/Substance Abuse Lack psychiatrists to recruit Unhealthy behavior/drug influence Environmental quality Economy Generational poverty Population/culture Declining population Educational experience Community perception Difficulty recruiting specialists Local healthcare system Lack inpatient space for expansion System focused on treatment not prevention Providers not accepting all insurance Elimination of dental clinic

2011 - 2014 Action Plan and Accomplishments

Details about steps taken since the last CHNA.

The following actions were undertaken by Selby General Hospital (SGH) in response to the 2011 Community Health Assessment and Community Health Council Stakeholder report.

- 1. Create consistent data sets to understand the trends in our community health needs and the impact of our actions over time.
 - a. Every three years we will update the current Community Health Assessment report and conduct the same Community Health Council Stakeholder survey.
 - Result: Assessments complete and shared with the Community Health Council.
 - b. We will share both data sets with Community Health Council to assist them with the broader community health planning.
 - Result: Assessment results and report shared with the Community Health Council.
- 2. Support the Community Health Council.
 - a. MMH committed resources to assist with the development of a communication toolbox for agencies, a community Resource Guide, and Social Media tools to address community health needs and to connect community members to available resources.
 - <u>Result:</u> The Community Health Council chose not to pursue this; however, several agencies added resource information to their websites, such as the Area Agency on Aging 8.
 - b. Marietta Memorial and Selby General Hospitals will provide opportunities for agencies of the Community Health Council to educate our employees on levy issues and agency needs. We will also lend marketing support to support health related levies and public campaigns initiated by the agencies of the Community Health Council.
 - Result: MMH and SGH provided education on levies and agency needs for the County Home, the O'Neill Senior Levy in 2011 (including development and use of outdoor board space), and we promoted Community Health Agency events

- 3. Promote disease detection and prevention in the community.
 - a. Develop a mechanism to offer an all-inclusive colonoscopy screening package at a lower combined cost.

<u>Results:</u> An all-inclusive, low fixed price for colonoscopy was introduced in 2012, with a price reduction of up to 30%. Communication Campaigns promoting it in March/April for the past three years (direct mail, radio, website, web banners, Community Health Line newsletter articles, Facebook posts).

b. Offer more prevention and wellness outreach services to local employers (e.g. health screenings, health education, exercise and nutritional services).

<u>Results:</u> The following is not an exhaustive list and only represents new offerings during the past three years.

- 1. Complete Health Improvement Plan CHIP is a lifestyle intervention education program that has been show to reverse and prevent chronic disease such as diabetes, cardiovascular disease, and hypertension to name a few. MMH and SGH offer a minimum of 3 community programs per year and offers a corporate program for businesses interested in offering an exclusive program for their employees. The program includes regular group sessions over several weeks, 3 blood draws and Health Risk Assessments, resources, education, practical experience, and reinforcement during and after the program in the form of an alumni group.
- 2. We provide ongoing communication to Marietta, Belpre and Mid Ohio Valley Chambers about services. New businesses since 2011 to provide screenings and education include Public Debt, Marietta City Schools and Washington Electric Co-Op. MHS also hosted the Belpre Chamber to promote heart disease prevention/healthgrades data.
- 3. SGH offers a community smoking cessation programming. Since 2011 we have averaged approximately 10 participants per month at bi-monthly classes and 5-7 brief counseling sessions per month. SGH aso offered educational services for approximately 5,000 children and we participate in events such as the Great American Smokeout, Relay for Life, Teen Dances, and various educational alternatives with local schools that have students who are tobacco users as an alternative to suspension.
- 4. MMH and SGH held a Heart lunch in Parkersburg and Business After Hours in Wood County on heart care.

4. Partner with Marietta College and People's Bank on a long term, community wide project to reduce hunger.

Results:

- 1. Since its formation more than a year ago, the Hunger Solutions Taskforce of the Mid-Ohio Valley has helped educate nearly 200 Marietta school children in 21 classrooms about the importance of proper nutrition and healthy living with the Live Healthy Kids program.
- 2. In addition to expansion of the Live Healthy Kids programming, the Taskforce will work to support our local food pantries by enhancing their purchasing power through a purchase program at the Southeastern Ohio Foodbank. This program could extend their buying power by 30 -50% thereby allowing them to serve a greater number of people in need. In addition we are establishing a "Calendar of Giving" by recruiting community businesses and organizations to donate to the local food pantries throughout the year to ensure a more consistent funding stream.
- 3. Since its formation we have recruited several other business partners all of whom have provided resources, both and financial to support Hunger Solutions. MHS has contributed \$16,000 and a tremendous amount of time to the taskforce.
- 5. Support mental health needs in the community.
 - a. Recruit psychiatrist(s)

Results: Recruited and hired Dr. Rochester, psychiatrist

b. Offer Intensive Outpatient Psych

<u>Results:</u> SGH added an Intensive Outpatient Psych program that opened in 2009. Since 2011, one hundred forty three patients have been served by this program.

c. Support other mental health initiatives through the Community Health Council such as levies and community awareness of resources.

Results:

- 1. SGH posted information on our website during Mental Health month.
- 2. Community Education Manager for Senior Behavioral Health attends Community Council meetings. She reports and distributes information regarding educational programming sponsored by Senior Behavioral Health, (open to the community as well as Memorial employees) as well as updated information regarding Senior Behavioral Health programming in the Memorial Health System.
- 3. Collaborated with the Community Health Council for Dave Brown, Director of the Washington county ADAMH board, to present during a council meeting prior to the ADAMH levy. We distributed a Mental Health and Substance Abuse resource booklet, created by Senior Behavioral Health staff, to increase community awareness of resources available in Washington county. This booklet was distributed at a Community Council meeting as well as multiple other events we participate in throughout the year.

Additional Actions

In addition to the formal action plan we also undertook other actions related to the 2011 Community Health Needs Assessment.

- 1. Access to Physicians We increased access to primary care through several avenues.
 - a. Increased PAs and NPs We have hired more Physician Assistants and Nurse Practitioners to help expand our primary care base. In addition, we are supporting more employees to pursue their NP degree through our tuition reimbursement program.
 - b. Care Connection Clinic We established a transitional clinic that sees patients for up to 90 days when they are seeking a new physician. The clinic not only provides care during this period but also works to match the patient to a permanent primary care physician.
 - c. Contact Center We established a Contact Center that makes our discharge calls and takes physician referral calls from patients seeking a physician. During discharge calls they actively work to ensure the patient has a follow up appointment made after hospitalization. They also work with our primary care physicians and Care Connection Clinic to place patients with physicians.
- 2. Access to HealthCare
 - a. Free Standing ED We will be opening a free standing ED in Belpre, OH to expand access to emergent care.

Health Need Priorities 2014

Top health priorities are reviewed.

The following priorities were identified by the hospital's administrative team based on the Community Health Needs Assessment report.

- 1. The Affordable Care Act requires the healthcare community shift focus and transform the care delivery model.
- 2. Cancer and heart disease are two leading causes of death with a recent increase in breast cancer.
- 3. Obesity, poor nutrition, lack of physical exercise and smoking put our population at higher risk for chronic diseases.
- 4. Lack of mental health and addiction services
- 5. Access to healthcare has improved but with aging physicians both succession planning and improved access to healthcare remain important.
- 6. Support of the growing elderly population.
- 7. Improvement in per capita income and reduction in poverty.

Selby General Hospital's action plan addresses all or portions of 5 of the 7 top priorities. The hospital has limited resources and/or ability to address all of the needs of the elderly population and has limited ability to impact economic development and improved standard of living. In addition, many health related issues are raised in the report that Selby General Hospital cannot impact at this time:

- 1. Educational attainment
- 2. Housing
- 3. Crime
- 4. Unintentional and intentional injury
- 5. Child custody, neglect, and abuse
- 6. Specialized pediatric and neonatal care
- 7. Addiction services

2014 -2017 Action Plan

Details about current findings and the plans for future improvements.

The following actions will be <u>continued</u> by the Memorial Health System (Marietta Memorial Hospital and Selby General Hospital) in response to the 2014 Community Health Assessment and Community Health Council Stakeholder report.

- 1. Create consistent data sets to understand the trends in our community health needs and the impact of our actions over time.
- 2. Support the Community Health Council.
- 3. Promote disease detection and prevention in the community.
 - a. Offer more prevention and wellness outreach services to local employers (e.g. health screenings, health education, exercise and nutritional services).
- 4. Partner with Marietta College and People's Bank to sustain the Hunger Solutions taskforce work to reduce hunger in the community.
- 5. Support mental health needs in the community.
- 6. Continue to provide smoking cessation program to the community.

After an MHS executive review of the findings the following actions are added as new endeavors to meet the health needs of the community based on the 2014 Community Health Needs Assessment.

- 1. Continued Development of the Contact Center
 - a. Add nurse triage
- 2. Develop a regional network to manage population health
 - a. Assist community and Post-Acute Care settings in transition to ACO
 - b. Reduce Hospital Readmissions
 - c. Chronic Disease Management
- 3. Provide insurance alternative designed to reduce healthcare spending of local businesses through shared risk model
- 4. Assist community members in signing up for insurance through the Affordable Care Act
- 5. Develop physician succession plans to ensure continued access to care in light of baby boomer retirements
- 6. Expand Breast Cancer treatment
- 7. Expand cardiovascular services.

Resources

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- 2013 Washington County Profile, ODJFS:
 https://ifs.ohio.gov/county/cntypro/pdf13/Washington.stm
- Children Abused and Neglected http://datacenter.kidscount.org/data/tables/6482-children-abused-and-neglected?loc=37&loct=5#ranking/5/any/true/868/any/13431
- 5. Map the Meal Gap, Food Insecurity in your County: http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx
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