2021

COMMUNITY HEALTH ASSESSMENT

WASHINGTON COUNTY, OHIO

Tewkesbury, M. Rural SE Ohio. 2021

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Introduction

The purpose of this community health assessment (CHA) is to provide an accurate view of the health status, needs, and resources in Washington County, Ohio. A community health assessment is a collaborative process that involves collecting and analyzing data and information about our community that can be used to make decisions that improve the health of our residents. Community health assessments are conducted in partnership with organizations across the community and community members.

The results of the assessment provide a clear picture of key demographics, socioeconomic characteristics, quality of life factors, community resources, behavioral factors, environmental factors, and other determinants of health status. This information serves as a foundation for setting priorities and taking action to improve health in our community. The assessment results can inform community health program planning, coordination of community resources, policy changes, funding opportunities, as well as individual and group behaviors.

In June 2019, a collaborative group of stakeholders from Marietta Memorial Hospital (MMH), Selby General Hospital (SGH), Marietta/Belpre Health Department (MBHD), Washington County Health Department (WCHD), and WashCo Health Partners embarked on a process to assess the health status and needs of Washington County Ohio. The group used the Mobilizing for Action through Planning and Partnerships (MAPP) framework to complete the assessment. MAPP is a nationally recognized, best practice approach for community health assessment and improvement planning. The MAPP framework is the backbone of this report. The community health assessment process was designed to fulfill the requirements for the Hospital Systems' Community Health Needs Assessment (CHNA) required by the Internal Revenue Service and the Local Health Departments' (LHD) Community Health Assessment (CHA) required by the Public Health Accreditation Board.

Executive Summary

"It is health which is real wealth and not pieces of gold and silver. " – Mahatma Gandhi

The Process

The Washington County Community Health Assessment (CHA) evaluates our community's overall health through an approach that illuminates the complex factors that affect health outcomes. The CHA makes clear priority focus areas and serves as a catalyst for the Community Health Improvement Plan (CHIP). Crucial to the development of the CHA is the input of many community partners and stakeholders, ensuring that all voices within the community are heard and have an opportunity to share both barriers and successes related to improving health. Results obtained help craft programs and services, policies and procedures that all share one common goal – to improve the health of Washington County residents.

The Priorities

The Community Health Assessment incorporated several research methods including focus group interviews, in-person and online surveys, community partner meetings, and workshops. As a result of this research, four priority areas emerged:

- Priority Area 1: Access to Healthcare and Healthcare-Related Programs
- Priority Area 2: Prevention and Management of Chronic Disease
- Priority Area 3: Health Education/Community Outreach
- Priority Area 4: Mental/Behavioral Health and Addiction

One common finding resonated across all platforms; Washington County trails both the state and the nation in many of the leading indicators of healthy communities due to higher rates of heart disease, tobacco use and obesity. One in five Washington County residents self-reports fair/poor health. Perhaps the most significant finding from the CHA was the insufficiency of mental health support within the County. Both national and Ohio provider to population ratios are one mental health provider to every 380 residents (1:380). Washington County has a provider to population ratio ***more than double*** the state and national level at 1:820.

The Pandemic

The multiple restrictions related to the COVID-19 pandemic certainly impacted the development of the Assessment. Health concerns related to conducting meetings and research had to be addressed, and delays occurred. Many local health partners were overwhelmed and community resources drained. However, the importance of the four priority areas above did not lessen as a result of the pandemic. In fact, access to healthcare, health education and mental health treatment became even more vital components of pandemic management and recovery. The pandemic did highlight the crucial role public health plays in our communities and how quickly and efficiently partners can convene in order to address health crises.

The Plan

As a result of the CHA, the community health sector will develop a Community Health Improvement Plan (CHIP) that focuses on developing and contributing to policies that help mitigate these risk factors, education and programming that encourages residents to implement preventative care, and improvements within local environments that will allow individuals and families to pursue and participate in healthier activities.

Community health programs address disparities by ensuring equitable access to health resources. Particular attention will be paid to social determinants of health in the design of programs including challenges that arise from living in an isolated rural area with limited healthcare providers or being unable to afford health insurance. Health improvement programs will be offered county-wide to directly address these barriers, including case management, affordable health screenings and facilitating access to healthcare services. Health education plays a critical role in improving and extending the reach of activities that improve the health of Washington County residents. It is the responsibility of a health-focused community to ensure that a collaborative effort to provide health education through community outreach is effective and far-reaching.

Alignment with Requirements

This process was designed to fulfill the requirements for the Hospital Systems' Community Health Needs Assessment (CHNA) and the Local Health Departments' (LHD) Community Health Assessment (CHA) .

Hospital Requirements - Internal Revenue Service (IRS)

This assessment fulfills national mandated requirements for hospitals in the county. The H.R. 3590 Patient Protection and Affordable Care Act (ACA), enacted in March 2010, added new requirements in Part V, Section B, on 501 (c)(3) organizations that operate one or more hospital facilities. Each 501 (c)(3) hospital organization must conduct a Community Health Needs Assessment and adopt an implementation strategy at least once every three years in order to maintain tax-exempt status. To meet these requirements, the hospital shifted their definition of "community" to encompass the entire county, and collaboratively completed the Community Health Assessment. This approach increased collaboration and resource sharing between local public health and local hospital systems.

Public Health Accreditation Board (PHAB) Requirements

This assessment fulfills requirements from Ohio Revised Code (ORC) and the Public Health Accreditation Board (PHAB) requirement that Tribal, state, local, and territorial public health departments be assessed regularly. The Public Health Accreditation Board requires that Community Health Assessments be completed at least every five years, however, Ohio Revised Code (ORC 3701.981) requires that health departments and non-profit hospitals collaborate to create a Community Health Assessment every 3 years. The CHA is the measurement of health department performance against a set of nationally recognized, evidence-based standards. The goal of the national accreditation program is to improve and protect the health of the public by advancing the quality and performance of public health departments.

Mobilizing for Action through Planning and Partnerships Approach

The Mobilizing for Action through Planning and Partnerships (MAPP) framework was used to complete the assessment. MAPP is a nationally recognized, best practice approach for community health assessment and improvement planning. This six-phase approach was designed by the National Association of City and County Health Officials (NACCHO). The six phases of MAPP are represented in Figure 1 and described here:

1. Organizing - identification of who should be involved in and the approach to partnership through the process.

2. Visioning - a collaborative approach to developing a shared community vision.

3. Assessments - use of four distinct assessments to gather quantitative and qualitative data providing a comprehensive view of the community.

4. Identify Strategic Issues - results of the four assessments are analyzed to identify the most pressing strategic issues to improve community health.

5. Formulate Goals and Strategies - when the action plan for addressing those strategic issues is drafted.

6. Action Cycle - when the strategies drafted in phase 5 are planned, implemented, and evaluated in a continuous cycle until the next MAPP begins.

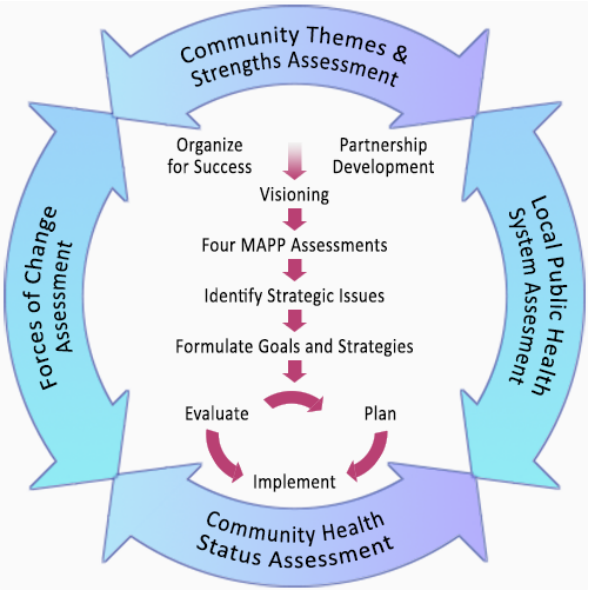


Figure 1: MAPP Framework by NACCHO

There are four key assessments used in the MAPP process that collectively provide an informed view of the health of our community including health issues, contributing factors that impact health outcomes, community factors, and assets that can be mobilized to improve population health:

- Community Health Status Assessment (CHSA)
- Community Themes and Strengths Assessment (CTSA)

- Local Public Health System Assessment (LPHSA)
- Forces of Change Assessment (FOCA)

The CHA/CHNA team convened a broad range of local agencies representing a variety of sectors of the community to plan and complete the four assessments from 2019 to 2021. The assessments were completed using a combination of in-person community meetings, online and written surveys, and the collection of data from existing secondary data sources. In addition to the standard MAPP assessments, the local public health system participated in the development of and utilized evidence from the Rural Health Care Access Research Report (RHCA) in the assessment process. A description of each of the assessments and the results of those assessments are contained in this report.

Social Determinants of Health

The U.S. Department of Health and Human Services (2021) defines social determinants of health (SDOH) as "the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." These determinants have a powerful impact on health outcomes. The interplay of multiple factors including poverty, environmental threats, inadequate access to health care, individual and behavioral factors, and educational inequalities lead to worse health status, particularly among marginalized populations. The uneven distribution of social and economic resources across populations leads to health inequities (Braveman et al., 2017).

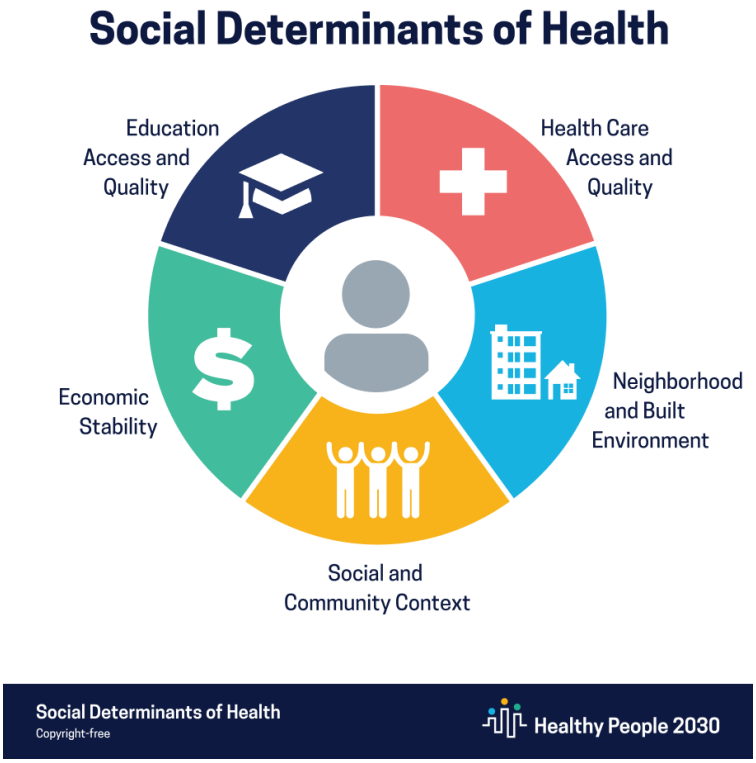


Figure 2. Source: U.S. Department of Health and Human Services

SDOH Key Findings - Washington County

The CHA provides an opportunity to examine the differences in health status within our community, examine the underlying factors that lead to poorer health outcomes, and work to reduce those burdens through policy change, community collaboration, and a stronger engagement with vulnerable populations. This section will highlight key findings from across the CSHA, CTSA, LPHSA, FOCA, and RHCAR related to the social determinants of health, behavioral health factors, and poorer health outcomes within Washington County.

Economic Stability

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, 19.3% live in poverty.

Health Care Access and Quality

In the county, 8.3% of the residents lack health insurance.

81% of local residents feel there are not enough behavioral and mental health services in Washington County.

8.2% of Washington County residents are Veterans who benefit from health care professionals trained to meet the physical, mental and behavioral health needs of those who have served.

Local community health partners identify the cost of services, location and availability of providers, and the perception of available resources as factors that affect access to healthcare in rural and Appalachian communities.

There is a severe deficit of OB/GYN providers and pediatricians in Washington County on a per population basis.

Education Access and Quality

Of Washington County residents age 25 or older, 9.4% do not have a high school diploma.

The local public health system has done significant work in informing and educating the public about health issues and services, but further improvements in these areas would lead to greater behavior change and use of services.

Social and Community Context

Of the children in Washington County, 37.4% reside in single-parent households.

In Washington County there are approximately 700 grandparents who are responsible for their grandchildren, representing a higher portion of the total population than in Ohio or the United States.

Washington County has a significant senior population - 21.6%.

15.3% of Washington County residents report experiencing a disability which is significantly higher than the percent reported in the state (10.0%) or nation (8.6%).

35.9% of youth (12-18 years old) in Washington County, report they do not have adults in their neighborhood they can talk with about something important.

Neighborhood and Built Environment

Local public health system partners identified a lack of safe and affordable housing for low-income residents as a leading barrier to health in Washington County.

Local residents and partners perceive a lack of transportation options as a significant barrier to accessing health care and support.

Community members rate the cost and availability of healthy food within their neighborhoods as a top challenge to making them less healthy.

Behavioral Factors

There is a higher percentage of smokers in Washington County than in 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.

Health Outcomes

Washington County has a higher rate of obesity than the state or nation.

Washington 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.

Washington County medicare beneficiaries experience higher rates of depression than the county, state, and national rates.

Washington County reports significantly higher suicide rates than national averages.

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.

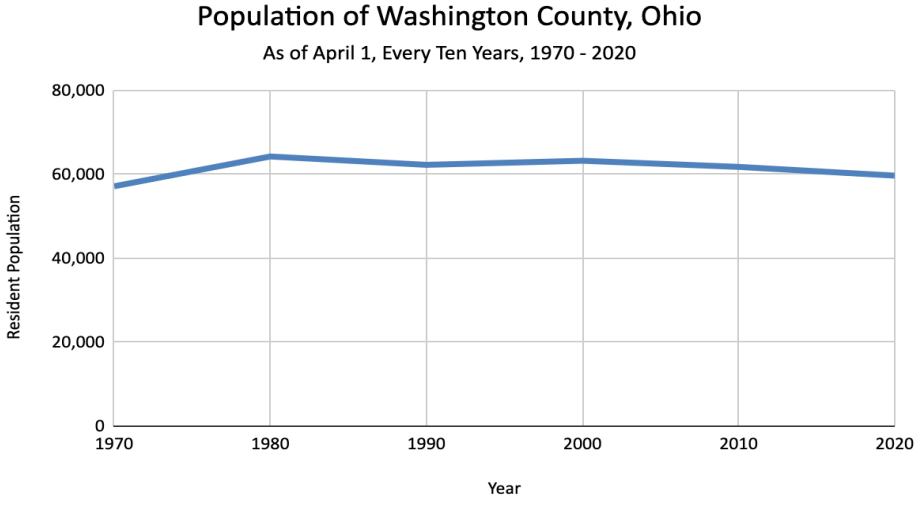
Breast cancer and lung cancer rates are higher in Washington County than for the state.

Community Health Status Assessment (CHSA)

The Community Health Status Assessment is used to compile quantitative data on a broad range of health indicators, including quality of life, behavioral risk factors, and other measures that are related to health. Key questions answered include: "How healthy are our residents?" and "What does the health status of our community look like?" Sources of information for this assessment included the Robert Wood Johnson Foundation County Health Rankings, the US Census Bureau, and the United States Centers for Disease Control and Prevention, local health system primary data, along with numerous other sources of data relevant to Washington County. Comparisons to the state of Ohio and the United States are provided where that data was available and applicable. Data trend descriptions and representations are provided to determine whether a particular data point was worsening or improving.

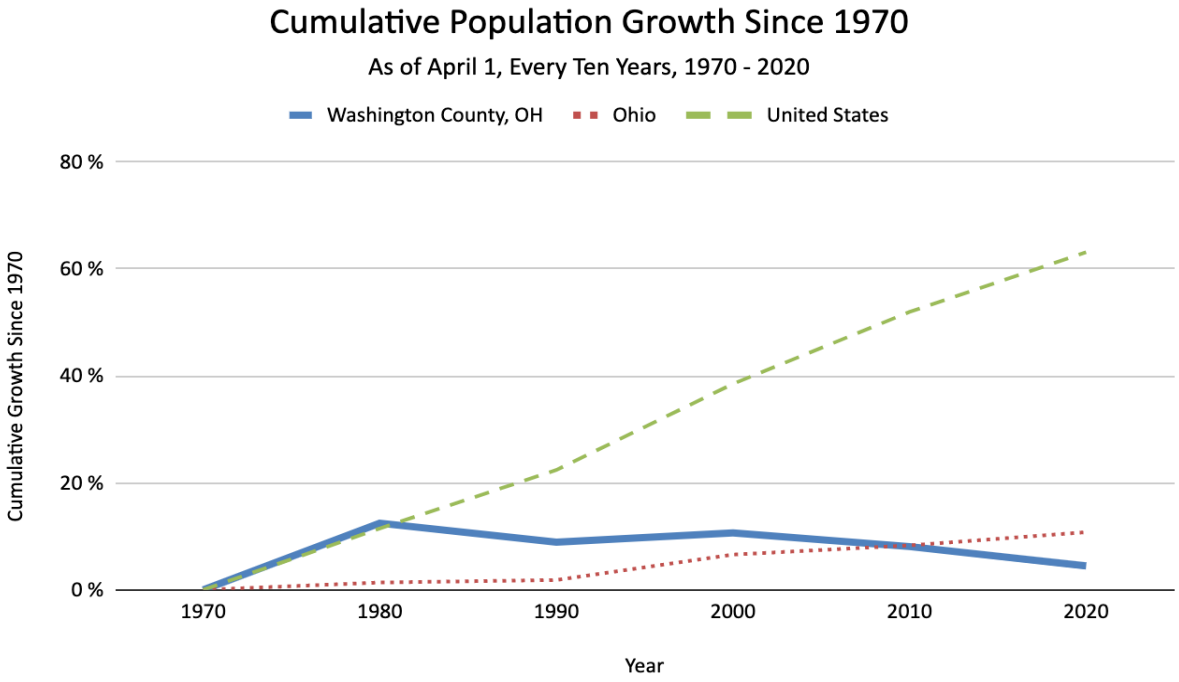
Community Profile

This section describes the demographic and population characteristics of the residents of Washington County, Ohio. Washington County is located at the confluence of the Ohio and Muskingum Rivers in the southeastern part of Ohio. It is a rural community that is approximately 120 miles southeast of the state capital of Columbus. As of the 2020 census, the population was 59,711 (United States Census Bureau, 2020).



(U.S. Census Bureau, Resident Population)

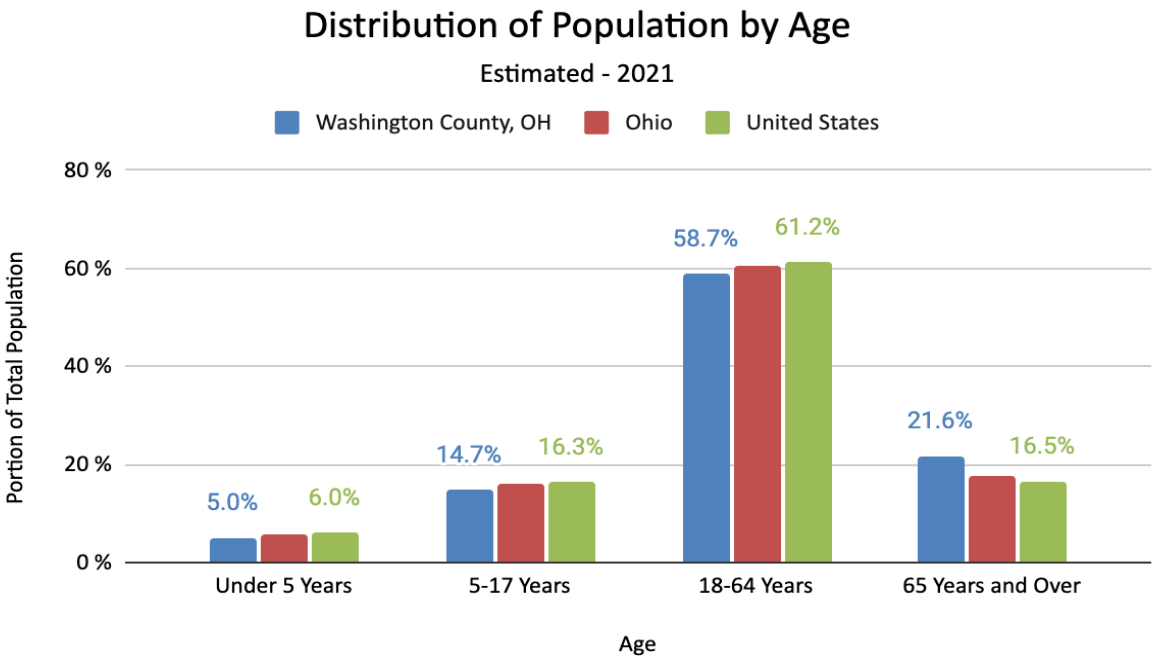
Since 1970, the population of Washington County has grown a cumulative total of 4.5 percent, about half the growth rate in the state of Ohio and far below the national growth of 63 percent. In the last two censuses, the County's population count has declined compared to the prior census.



(United States Census Bureau 2020, Resident Population)

Age

The median age in 2019 was 44.3 years in Washington County, compared to 39.4 years overall in the State of Ohio and 38.1 years in the United States as a whole. Individuals aged 65 years or older represent a larger portion of the population in Washington County than in all of Ohio or in the United States.



(United States Census Bureau 2020, American Community Survey 2021)

2019 Population by Age

Age	Population Estimate	Percentage of Population
Under 5 years	**2,961**	**4.9%**
5 to 9 years	**2,831**	**4.7%**
10 to 14 years	**3,919**	**6.5%**
15 to 19 years	**3,654**	**6.0%**
20 to 24 years	**3,768**	**6.2%**
25 to 29 years	**3,538**	**5.9%**
30 to 34 years	**3,300**	**5.5%**
35 to 39 years	**3,662**	**6.1%**
40 to 44 years	**3,136**	**5.2%**
45 to 49 years	**3,777**	**6.3%**
50 to 54 years	**4,130**	**6.8%**
55 to 59 years	**4,743**	**7.8%**
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)

Gender

50.5% of the population are female while 49.5% are male.

Population by Gender

	Total Population		Population Age 18+		Population Age 65+	
	Population Estimate	Percentage	Population Estimate	Percentage	Population Estimate	Percentage
Male	29,883	49.5%	23,781	49.0%	5,495	44.4%
Female	30,543	50.5%	24,757	51.0%	6,881	55.6%
Total	60,426	100.0%	48,538	100.0%	12,376	100.00%

(United States Census Bureau, 2019)

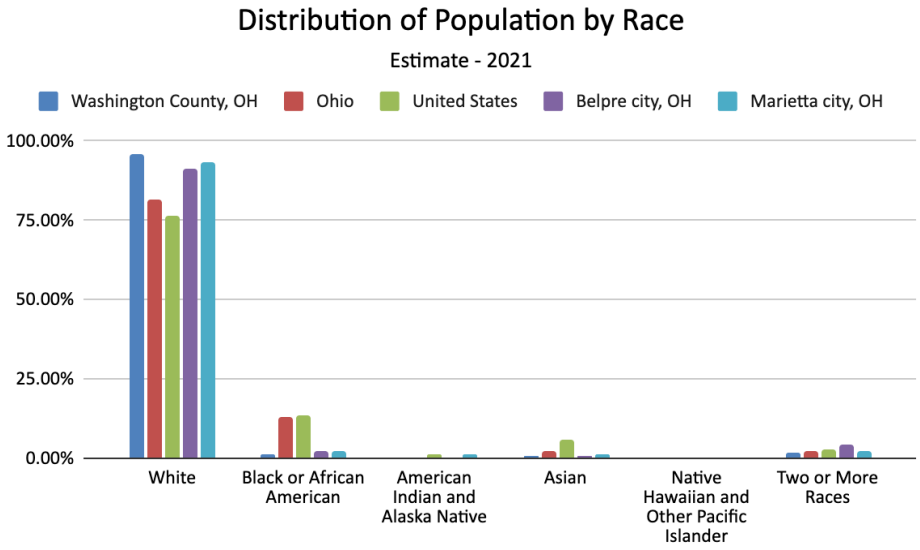
Race and Ethnicity

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

Population by Race, 2019

Race	Washington Co. Population	Washington Co. Percentage	Belpre City Percentage	Marietta City Percentage
White	57,903	95.8%	89.7 %	93.4%
Black or African American	781	1.3%	3.2%	1.8%
Asian	387	0.6%	1.0%	1.2%
American Indian and Alaska Native	272	0.5%	0.2%	1.6%
Native Hawaiian and Other Pacific Islander	0	0.0%	0.0%	0.1%
Some other race	157	0.3%	2.1%	1.3%
Multiethnic	926	1.5%	3.3%	2.0%
	60,426	100.00%	100.00%	100.00%

(United States Census Bureau, 2019)

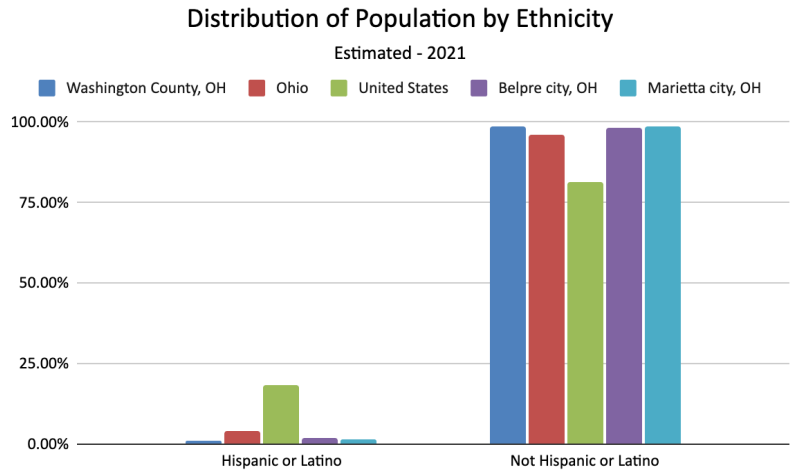


(United States Census Bureau 2020, American Community Survey 2021)

Hispanic vs. Non-Hispanic Population, 2019

2019 Hispanic vs. Non-Hispanic Population	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%**
Total	**61,091**	**101.20%**

(United States Census Bureau, 2019)



(United States Census Bureau, 2020)

Citizenship

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%.

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)

Employment Status

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), Pioneer Group (700+), Thermo Fisher Scientific (450+), Alliance Industries (359), Magnum Magnetics (344), Solvay Advanced Polymers (300+), Marietta Healthcare Physicians, Inc (273), Lang Masonry Contractors (209), and Leslie Equipment Company (204).

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).

Income and Poverty

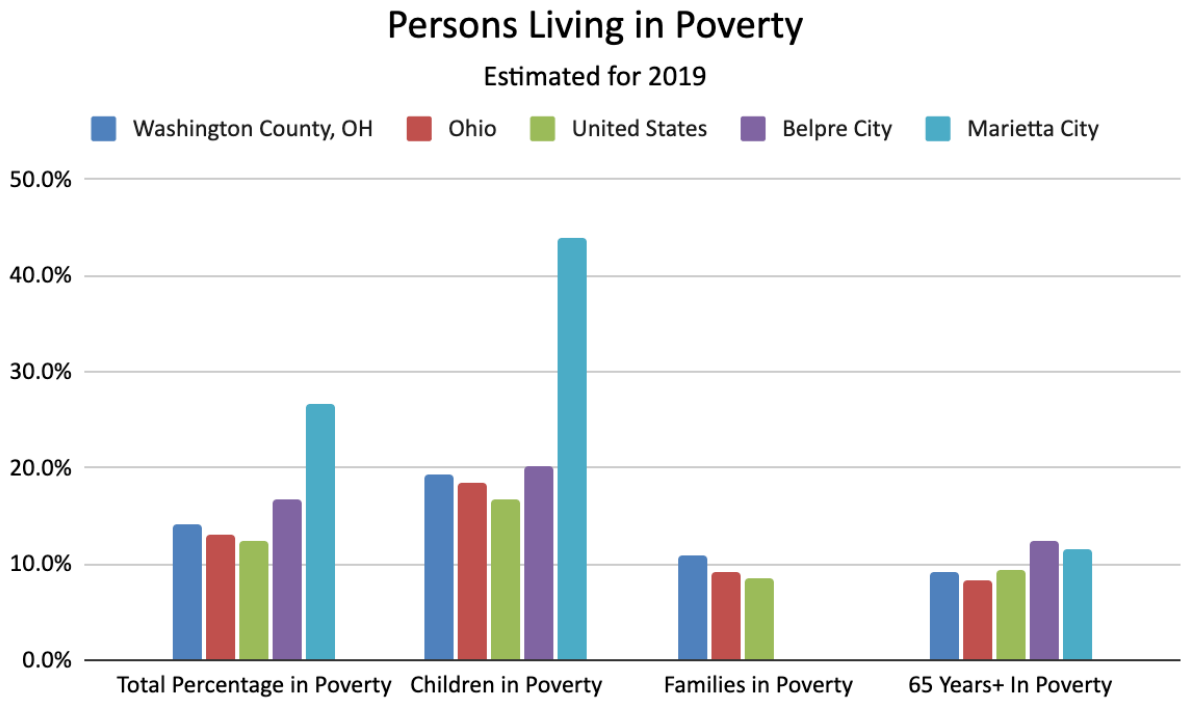
The Federal Poverty Level is determined annually by the Department of Health & Human Services based on the national poverty level, and people between 100% and 400% of the

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.

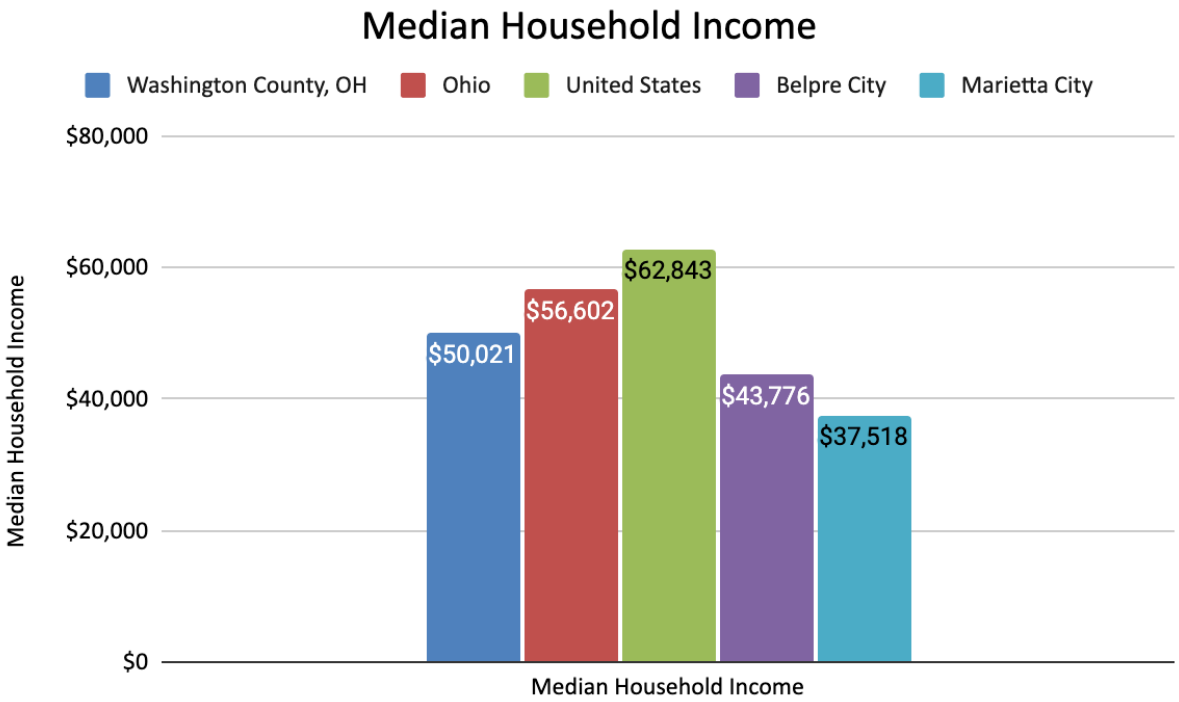
People Living Below the Federal Poverty Level

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%
Belpre City	$43,776	16.8 %	20.1%	Data not available	12.4%
Marietta City	$37,518	26.6%	44%	Data not available	11.5%
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)



(United States Census Bureau, 2019; Note: Estimates for Families in Poverty are not available for Belpre and Marietta Cities.)



(United States Census Bureau, 2019)

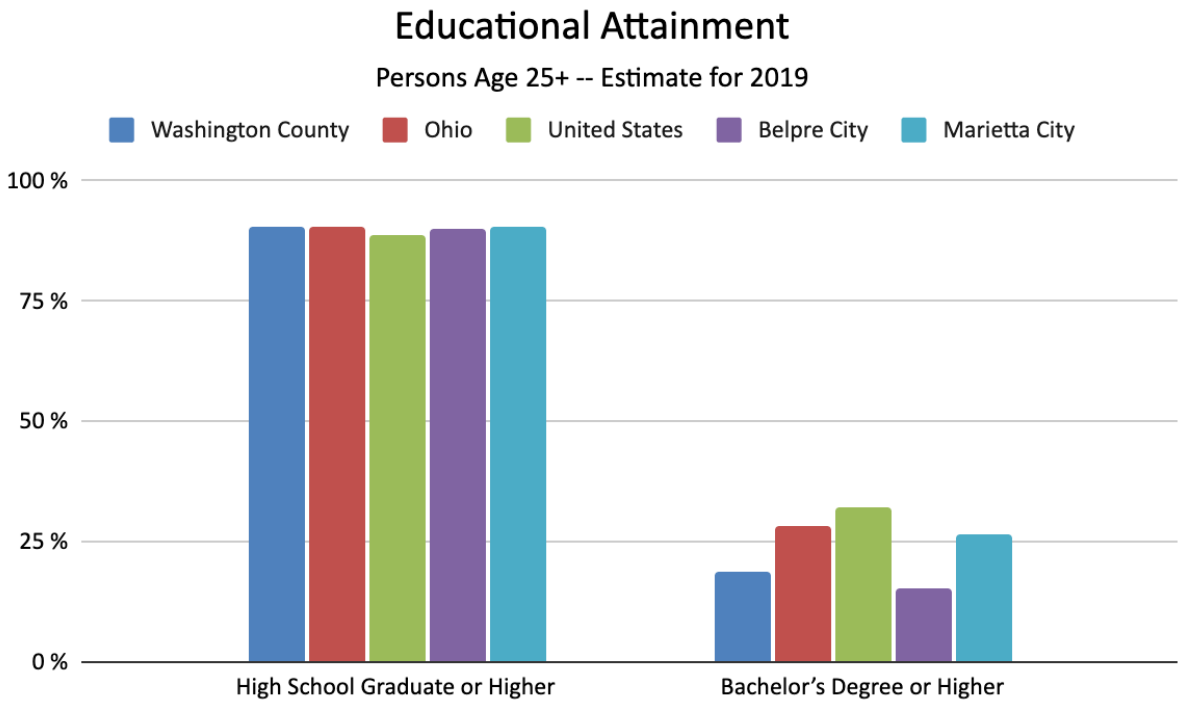
Education

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
Persons Age 25+

Location	High School Graduate or Higher	Bachelor's Degree or Higher
Washington County	**90.6%**	**18.8%**
Belpre City	**89.9%**	**15.2%**
Marietta City	**90.2%**	**26.4%**
Ohio	**90.4%**	**28.3%**
United States	**88.6%**	**32.1%**

(United States Census Bureau, 2019)



Special Populations

Special populations are important to identify in the community because they are often more vulnerable to health inequities and disparities. As noted above educational attainment, income, race and gender are among key qualities that can have a strong bearing on health outcomes. This section examines additional key factors that can make particular populations more vulnerable to experiencing poor health.

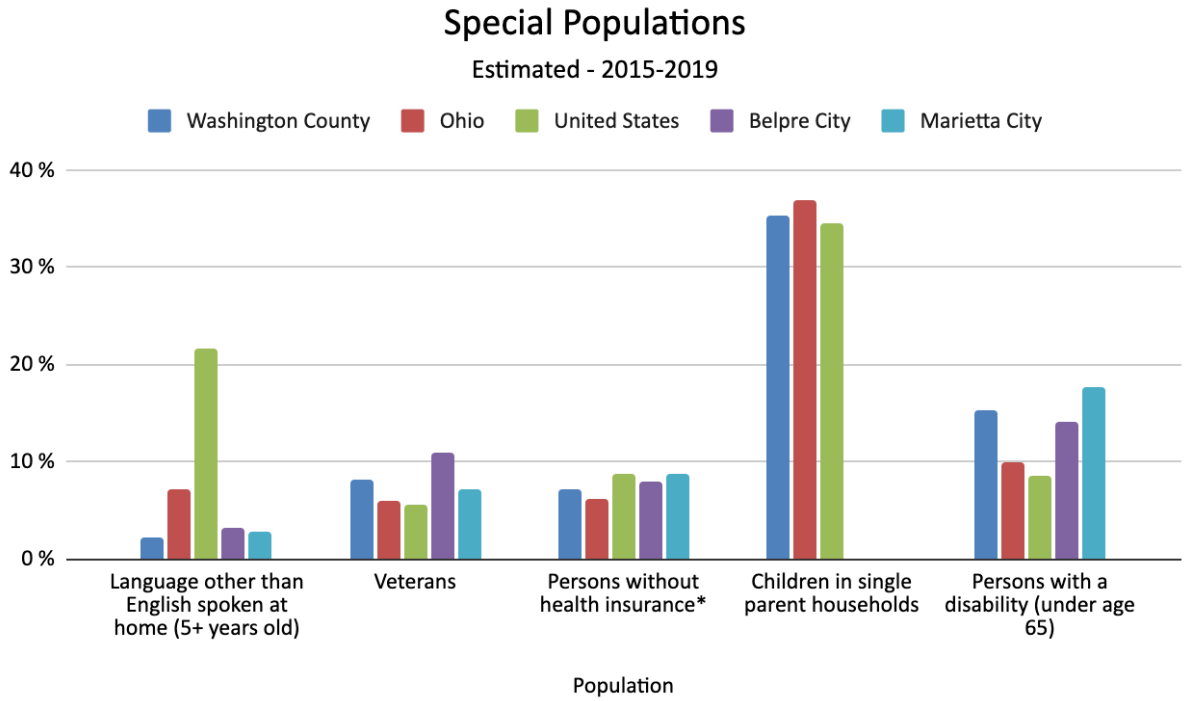
The "non-English-speaking persons" indicator reports the percentage of the population aged five and older who speak a language other than English at home. "Veterans" refers to civilians age 18 or over who have served on active duty for any branch of the armed forces of the United States. Veterans are more likely to have lower-quality healthcare and poorer health outcomes. Access to health care is a heightened challenge for "persons with disabilities." As noted by the United States Department of Health and Human Services, disabilities take behavioral, developmental, emotional, intellectual, or physical forms. Disabilities may be visible or invisible and affect all walks of life. The "persons without health insurance" indicator reports the percentage of adults aged 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
Estimated – 2015-2019

Population	Washington County	Ohio	United States	Belpre City	Marietta City
Language other than English spoken at home (age 5+)	2.1%	7.2%	21.6%	3.2%	2.7%
Veterans	8.2%	6.0%	5.5%	11.0%	7.1%
Persons without health insurance*	7.2%	6.1%	8.8%	7.9%	8.7%
Children in single parent households	35.3%	36.9%	34.4%	Not Available	Not Available
Persons with a disability (under age 65)	15.3%	10.0%	8.6%	14.1%	17.7%

* Non-institutionalized civilian population of all ages



* Non-institutionalized civilian population of all ages

(US Census Bureau American Community Survey)

Washington County is home to a higher than average percentage of Veterans (8.2%) when compared to the state (6.0%) and nation (5.5%). In particular, 11% of the Belpre, Ohio residents have Veteran status. The Centers for Disease Control documents that Veterans tend to experience disproportionately high rates of mental health disorders, substance use disorders, post-traumatic stress, and traumatic brain injury compared to the average civilian. It is critically important that our local health care professionals are trained to assess the complex needs of Veterans and ensure they are connected with mental and behavioral health support services when needed.

15.3% of Washington County residents report experiencing some type of disability which exceeds state (10.0%) and national percentages (8.6%). To address the needs of this population, information and services must be accessible for people with disabilities through accommodations, aids, and connections to appropriate health insurance and resources.

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 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 defined by the World Health Organization as "individuals' perceptions of their position in life in the context of their culture and value systems in which they live, and in relation to their goals, expectations, standards and concerns." 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 including the prevalence of violence, access to recreation facilities, and support from caregivers and neighbors.

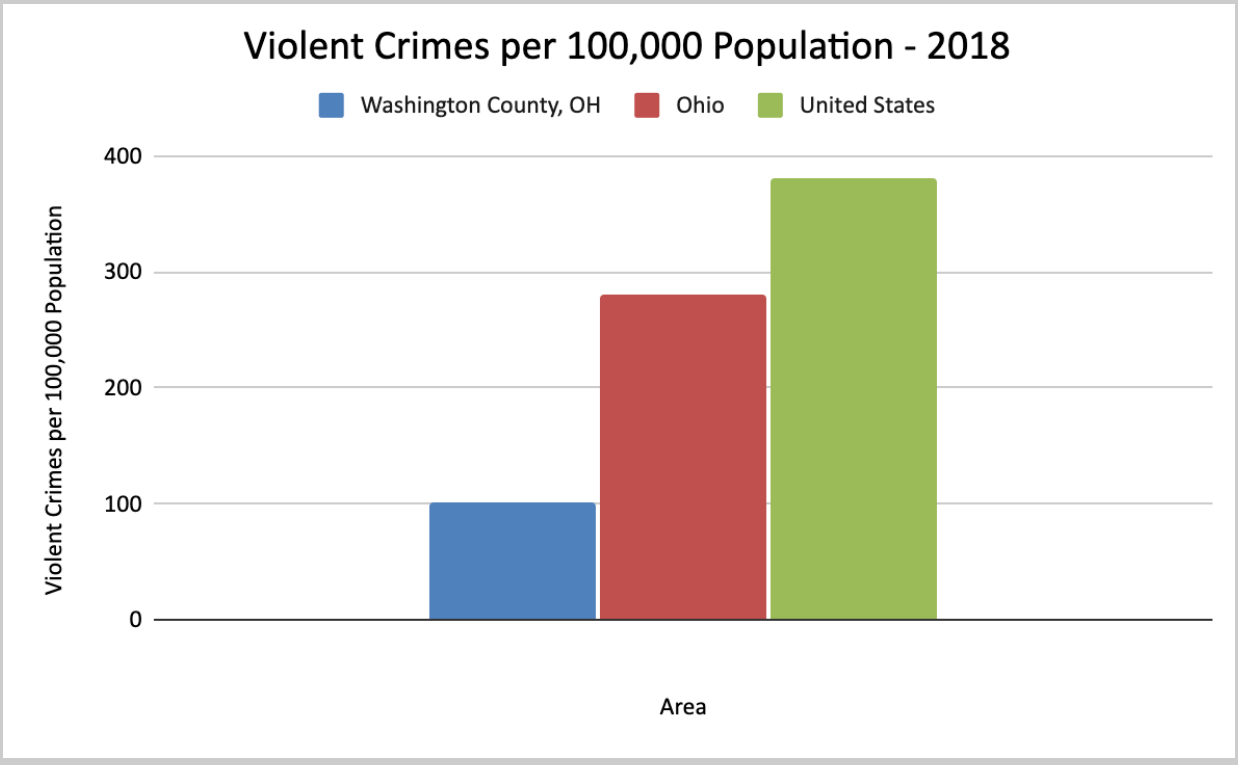
1. Violent Crime

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 Reported - 2018

	Total Population	Violent Crimes	Violent Crime Rate per 100,000 population
Washington County	**60,111**	**61**	**101.5**
Ohio	**11,689,442**	**32,723**	**279.9**
United States	**327,167,434**	**1,245,065**	**380.6**

(Federal Bureau of Investigation, *Crime in the United States* 2018)



(Federal Bureau of Investigation, *Crime in the United States*)

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)

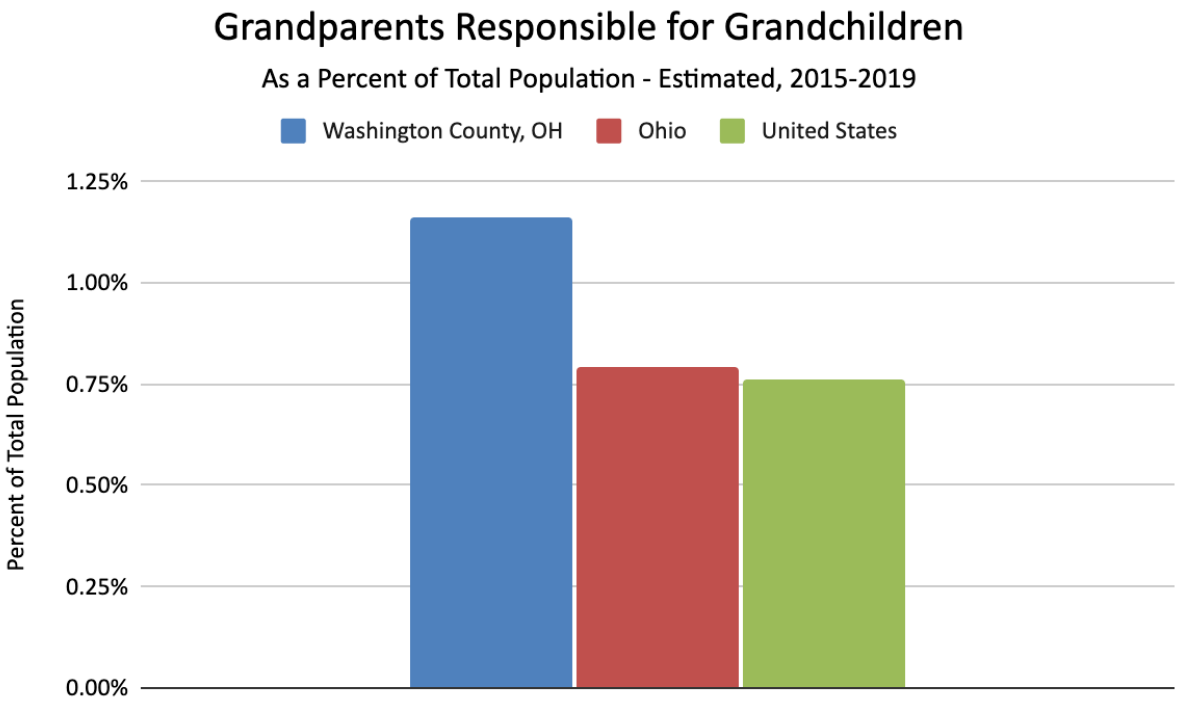
3. Grandparents as Caregivers

This indicator reports the number of grandparents who are living with and are responsible for their own grandchildren under the age of 18, and what portion of the total population they represent. It is important because caregivers are at higher risk of stress-related health issues, financial burden, and other negative factors. In Washington County, such grandparents represent a noticeably higher portion of the population than in Ohio or the country as a whole.

Grandparents Responsible for Grandchildren

	Number	Percentage of Total Population
Washington County	**699**	**1.16%**
Ohio	**91,845**	**0.79%**
United States	**2,467,425**	**0.76%**

(United States Census Bureau, American Community Survey, 2015-2019 estimate)



4. Adverse Childhood Experiences (ACEs)

ACEs are divided into two areas: 1) abuse and family, and 2) household challenges. ACEs are associated with violence and victimization, perpetration, and health and opportunity across the lifespan. The higher the number of ACEs a person experiences, the greater likelihood of negative outcomes. The following table displays the percentages of Washington County youth ages 12-18 who have experienced at least one ACE. These percentages draw attention to the need for interventions at the root level to improve mental and behavioral health, education, and increase options for reducing poverty and family stressors to prevent ACEs. Additionally, health services and community improvements to help children heal who have experienced these traumas are critical.

Adverse Childhood Experiences (ACEs)

ACE by Category	Washington County Percentage	Ohio Percentage
Physical Abuse	7.2%	7.3%
Emotional Abuse	**30.9%**	28.8%
Sexual Abuse	**6.8%**	5.8%
Witnessed Domestic Violence	**10.0%**	8.7%
Household Mental Illness	26.2%	26.4%
Household Substance Abuse	**26.8%**	24.7%
Parental Separation or Divorce	**45.6%**	41.7%
Incarcerated Household Members	**17.4%**	16.2%

(OhYes! Ohio Healthy Youth Environment Survey, 2019)

5. Parental and Peer Perception of Risk Behavior

The Ohio Healthy Youth Environments Survey gauged the health behaviors and perceptions of youth in Washington County and other counties across Ohio. Local youth (12-18 yrs old) responded to the following prompts "How wrong do your parents feel it would be for you to smoke tobacco?" and "How wrong do your peers feel it would be for you to smoke tobacco?" Parental and peer beliefs are a key factor in youth tobacco use decision making as they provide social context and a reference point for evaluation of the behavior. The responses for Washington County participants are documented in the table below (see full results and limitations here: https://ohyes.ohio.gov/Results). Youth perceive that peers are more accepting of tobacco use than parents. More than one-quarter of youth surveyed felt that peers did not believe it was wrong or very wrong to use tobacco.

Parental and Peer Perception of Youth Tobacco Use

Rating	Parent	Peer
Not at all wrong	**3.54%**	**11.8%**
A little bit wrong	**4.70%**	**14.64%**
Wrong	**14.68%**	**31.03%**
Very wrong	**77.08%**	**42.53%**

(OhYes! Ohio Healthy Youth Environment Survey, 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.

This indicator reports the percentage of adults age 18 and older who self-report smoking cigarettes. Tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

Tobacco Usage of Current Smokers

	Total Population Age 18+	Percentage Population Smoking Cigarettes (age adjusted)
Washington County	**35,953**	**25.0%**
Ohio	**8,464,801**	**20.5%**
United States	**330,000,000**	**16.1%**

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

Additionally, there has been an increase in recent years in youth use of nicotine products, such as e-cigarettes and vaping devices. 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). County level data was not available in the Online State Health Assessment about youth tobacco use; however, the Ohio Healthy Youth Environments Survey indicated that 9.96% of Washington County youth participants (12-18 yrs old) had smoked a cigarette in the past 30 days (see: https://ohyes.ohio.gov/Results). Of those youth who reported tobacco use, 44% “bummed” the cigarette from someone else, 25% gave someone money to buy them cigarettes, and 23% took cigarettes from a family member. Importantly, many youth who use tobacco products also indicate experiencing higher levels of depression and

poorer mental health than non-users (CDC, Smoking and Tobacco Use Facts). The indicator below reports tobacco use among high school students in the state and nation.

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)

The next table 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). 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.

Alcohol Consumption

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

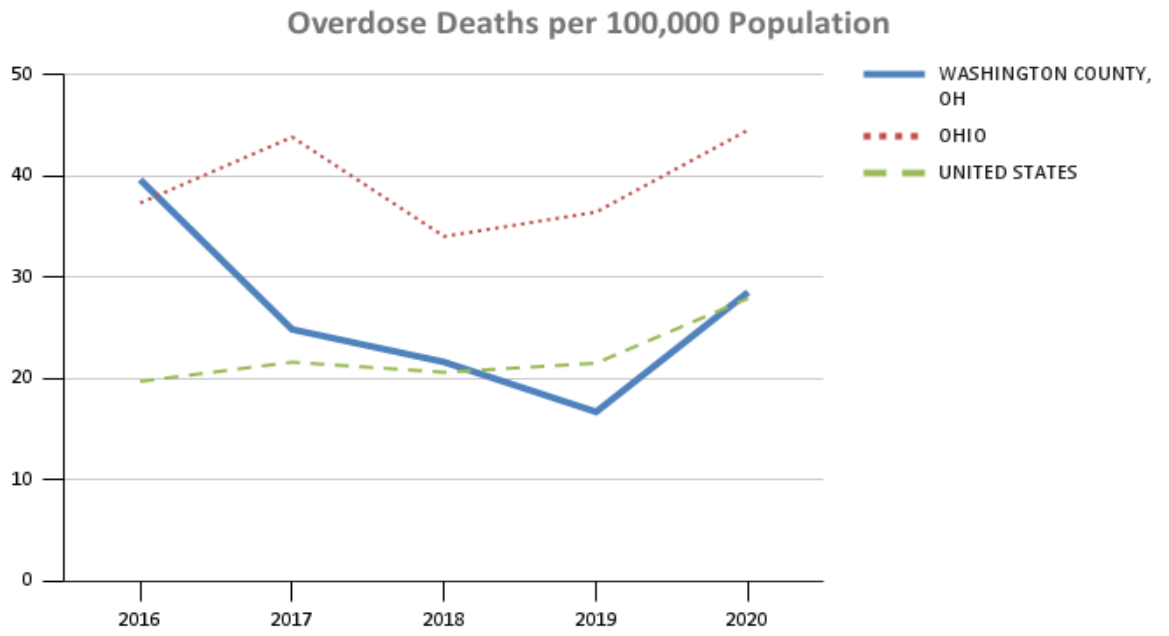
(*County Health Rankings and Roadmaps, 2016 data; **Ohio State Health Assessment, 2018 data)

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. Drug overdose deaths are the leading cause of injury-related death in Ohio.

Drug Overdoses

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

(Centers for Disease Control and Prevention, 2018)



(National Center for Health Statistics)

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 2019; 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. 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%**

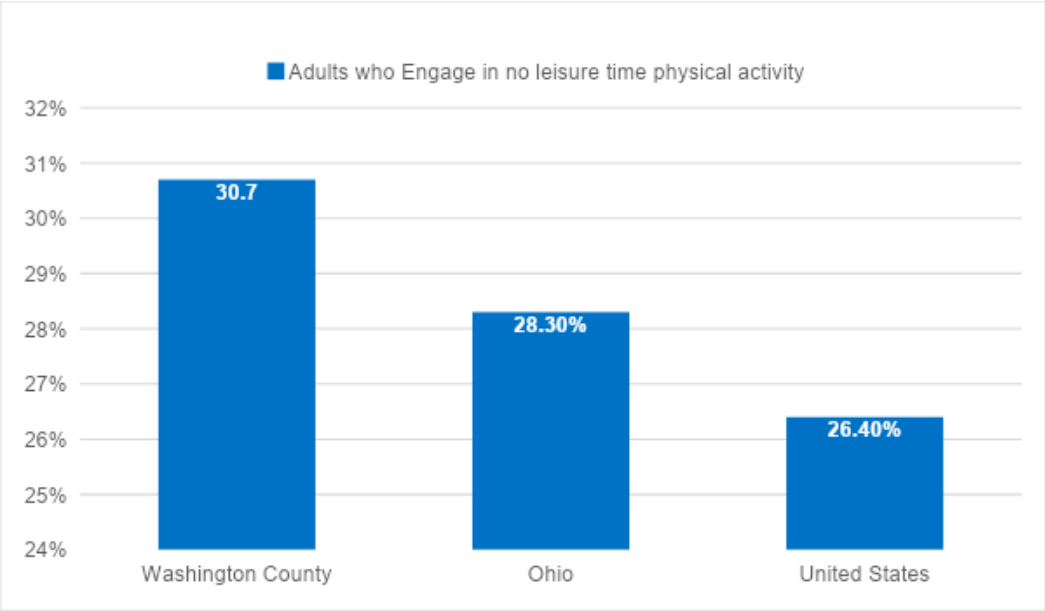
(United States Census Bureau, 2019)

"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 31% 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 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

Engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can 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**	**15.0%**
United States	**328,239,523**	**37,227,000**	**13.0%**

(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, para. 1

The Food Environment Index assesses factors that contribute to a healthy food environment on a scale of 0 (worst) to 10 (best).

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)

c) **Air Quality Hazard**

This measure assesses the potential risk of developing serious respiratory complications over the course of the lifetime due to air quality in the community. Smaller values indicate a reduced risk.

Air Quality Hazard

	Overall Value
Washington County	.37
Ohio	.34
United States	.34

(2021 US News & World Report)

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 aged 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.

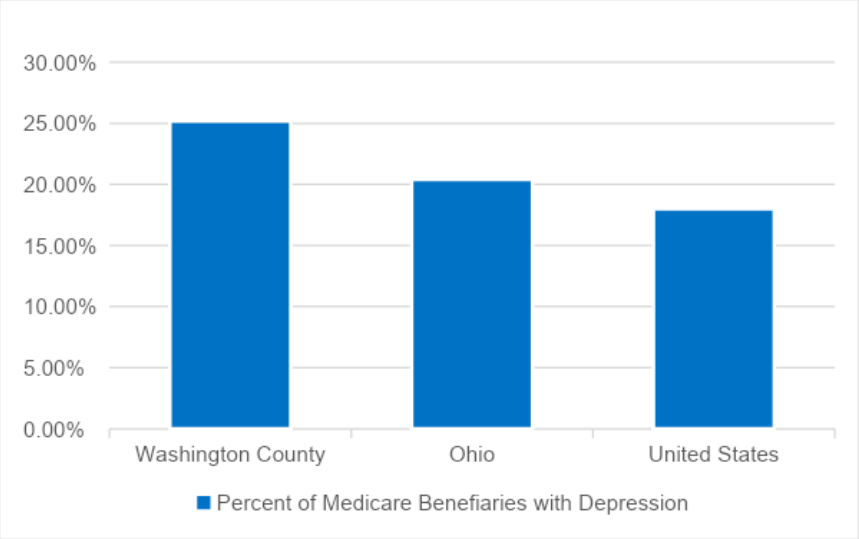
Self-Reported Poor or Fair General Health

	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. Depression may lead to physical disorders, disability, and premature mortality.



b. Depression: Adults and Youth

All adult and youth depression

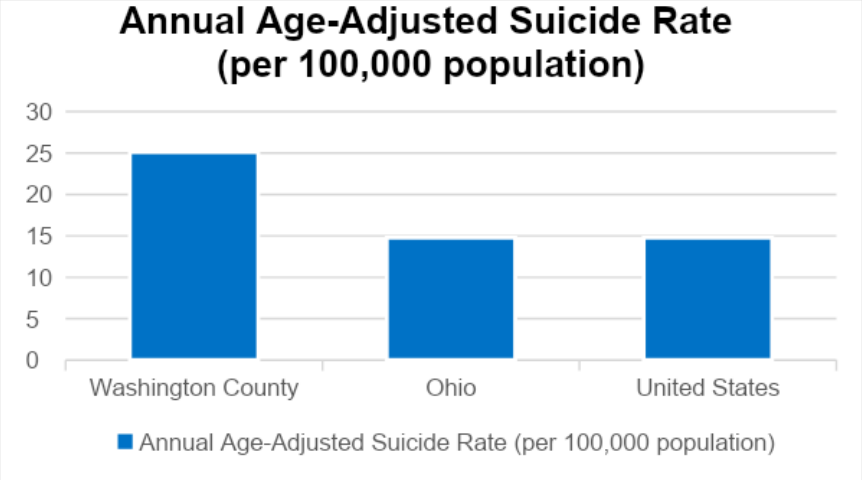
	Crude Percentage, Adults (2018 Data)	Crude Percentage, Youth (2013-2014)
Washington County	**Data not available***	**Data not available***
Ohio	**20%**	**10.3%**
United States	**19.6%**	**11%**

(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. Factors such as mental illness and other disorders are linked to suicide, and identification of these factors can decrease suicide mortality rates. Washington County suicide rates exceed those of both the state and the nation.



(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	5.2
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 aged 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.

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; 2020 America's Health Rankings)

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 in which they live.

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	74.8%
United States	75.5%

(March of Dimes, 2019)

6. **Teen Births**

This indicator reports the rate of total births to women aged 15 to 19 per 1,000 female population aged 15 to 19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support needs. 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; Online State Health Assessment – Ohio Department of Health, 2019)

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**

(Ohio State Assessment – County Comparison Metric, 2017; America's Health Rankings, 2020)

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 the year 2000 standard. Rates are re-summarized 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 was 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**

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

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. 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	6	12.0
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. 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 the 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

(Online State Health Assessment – Ohio Department of Health, 2019;
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 the year 2000 standard. 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. **Mortality: Cancer**

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. National rates provided are for 2018 (American Cancer Society). Rates by county and state are for all cancers combined from 2014-2018 (Bureau of Vital Statistics - ODH).

Cancer Mortality (All Cancers)

	Number of New Cases (Incident Rate per 100,000)	Number of Cancer Deaths (Incident Rate per 100,000)
Washington County	517.6	176.8
Ohio	467.5	172.3
United States	450.5	155.5

(American Cancer Society, 2019; Bureau of Vital Statistics - ODH, 2020)

As reported by the Ohio Department of Health, counties in the southern region of Ohio tended to have higher age-adjusted mortality rates for all cancers combined from 2014-2018. In 2018, lung and bronchus cancer was the leading cause of new cases and of cancer deaths in both the state and Washington County.

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	7.2%
Ohio	6.7%
United States	6.7%

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

2. **Diabetes Incidence**

This indicator reports the percentage of adults aged 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	47,061	10.7%
Ohio	8,786,821	12.2%
United States	245,184,769	11.0%

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

3. **High Blood Pressure**

Of adults aged 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

All Cancers

As reported above, 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. Rates provided are for all cancers combined from 2014-2018 (American Cancer Society, 2019; Bureau of Vital Statistics - ODH, 2021).

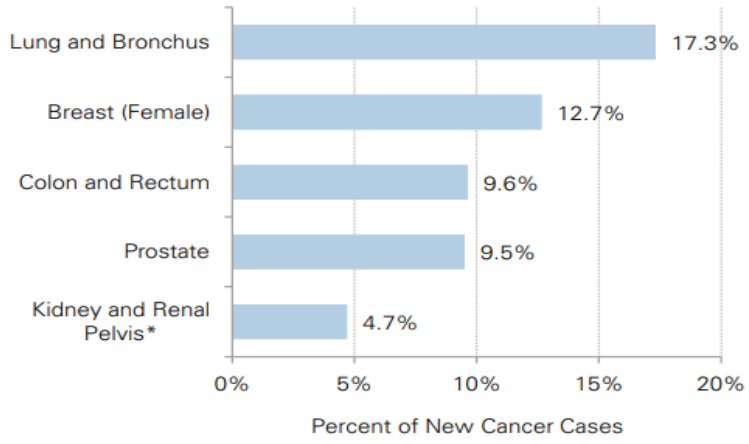
Cancer (All Cancers)

	Number of New Cases (Incident Rate per 100,000)	Number of Cancer Deaths (Incident Rate per 100,000)
Washington County	**517.6**	**176.8**
Ohio	**467.5**	**172.3**
United States	**450.5**	**155.5**

(American Cancer Society, 2019; Bureau of Vital Statistics - ODH, 2021)

The Bureau of Vital Statistics of the Ohio Department of Health reports that between 2014-2018, an average of 450 new invasive cancer cases and 163 deaths occurred each year among Washington County residents. Cancer mortality in Washington County between 2014-2018 was greatest for the following types of cancer: lung and bronchus, colon and rectum, pancreas, female breast, and leukemia. These types of cancer accounted for 59% of all deaths in the county.

New Invasive Cancer Cases by Type
(Washington County 2014-2018)



Source: Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2021.
*Bladder cancer also accounted for 4.7% of cancer cases in Washington County in 2014-2018.

The leading sites/types of cancer incidence in Washington County in 2014-2018 were lung and bronchus, female breast, colon and rectum, prostate, and kidney and renal pelvis which account for 54% of all new invasive cancer cases as represented in the graph above.

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 based upon 2015 Ohio Cancer Surveillance data and Memorial Health System (MHS) data as part of the Ohio Comprehensive Cancer Control Plan (see the Ohio Cancer Atlas, 2019).

Stage at Diagnosis

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

	% 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	52%	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	Total Chlamydia Cases for 2019	Chlamydia Infection Rate per 100,000 Population
Washington County	60,426	169	280
Ohio	11,689,100	65,393	559.4
United States	328,239,523	1,808,703	552.8

(2019 Online State Health Assessment–Ohio Department of Health, 2019 Washington County EPI Report, 2019 CDC STD Surveillance)

HIV/AIDS Prevalence

	Population Age 18+	HIV/AIDS Rate per 100,000 Population
Washington County	48,538	92.2
Ohio	9,096,117	214.6
United States	253,768,092	306.6

(2019 Online State Health Assessment – Ohio Department of Health; Ohio Dept of Health, 2020)

Gonorrhea Incidence

	Total Population	Total Gonorrhea Infections	Gonorrhea Infection Rate per 100,000 Population
Washington County	60,426	66	109
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, 2019 Washington County EPI Report)

Syphilis Infection Rate

	Syphilis Infection Rate per 100,000 Population
Washington County	23
Ohio	17.3
United States	39

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

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 (Centers for Disease Control, 2021).

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 (Janssen) 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 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 (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. 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 Memorial Health System

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).

In addition to providing MHS with a comprehensive inventory of physician supply and demand (both currently and within the next five years), the assessment identifies 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:

Active Primary Care Providers

	Primary Care Providers per 100,000 Population
Washington County	236.6
Ohio	261.8
United States	241.9

(America's Health Rankings Report, 2021; Ohio Gov. Office of Research, 2021)

Population to Provider Ratios

	Primary Care Physicians (MD/DO Only)	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)

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.

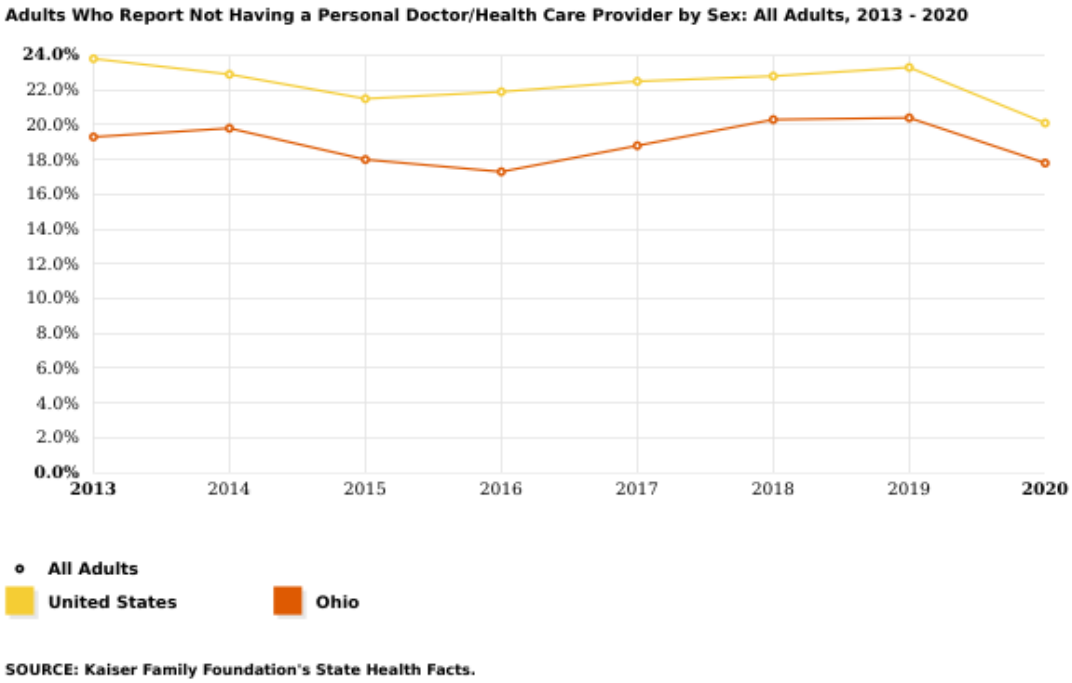
For surgical specialties, there is a shortage of cardiac/thoracic/vascular surgeons in the region. MHS will focus efforts on recruitment in this area, in an effort to support the cardio-thoracic surgery department/clinic that was started in 2020.

Percentage of Adults without a Regular Primary Care Physician

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

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. State and national percentages of adults who reported having a regular care provider are indicated in the graph below showing a downward trend in the past year (Kaiser Family Foundation State Health Facts, 2020).



Lack of Health Insurance Coverage

Having health insurance helps people gain entry into the healthcare system. Lack of adequate coverage makes it difficult for people to get the health care services they need and, when they do get care, burdens them with large medical bills. 8.3% of Washington County residents under the age of 65 lack health insurance. Uninsured persons are:

- More likely to have poor health status.
- Less likely to receive medical care.
- More likely to be diagnosed later.
- More likely to die prematurely.

(see https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services for references)

Population Receiving Medicaid

This indicator reports the percentage of the population 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	**21.0%**
United States	**19.8%**

(Data USA, 2019; Kaiser Family Foundation; Congressional Research Services Report, 2021 – US Health Care Coverage and Spendin,g 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 aged 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 from 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.

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

Preventable hospital events for ambulatory care-sensitive conditions include patient hospital visits for 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 measures the number of preventable hospitalizations, and aids in identifying how access to better primary care resources for people could reduce hospitalizations. Washington County rates far exceed state and national rates.

Preventable Hospitalizations

	# of Preventable Hospitalizations per 100,000 population
Washington County	**7,423**
Ohio	**5,075**
United States	**4,589**

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

Community Themes and Strengths Assessment (CTSA)

The Community Health Status Assessment (CHSA) collects qualitative information on how community members perceive their health, quality of life, and awareness of community resources and assets. Residents are asked the following questions: "What is important to our community?" "How is the quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?" To conduct this assessment, the "World Café" methodology was used. The World Café methodology is based upon design principles intended to create a meaningful large-group dialogue about important issues. The method uses five components: setting, welcome and introduction, small-group rounds, questions, and harvest. Each component provides context, encourages thoughtful reflection in participants, and ensures dialogue among participants (see worldcafe.com for additional detail).

Figure 3. World Café Participants

Forty participants including community members, local partners, health educators, and public health nurses took part in "World Café" conversations facilitated at the Creating Healthy Communities meeting on November 21, 2019 at Buckeye Hills Regional Council. Participants were recruited by community partners and by open invitation to ensure a representative sample of our county was included. Demographic data showing the cross-section of our population can be found in Appendix A with variation in levels of income, age, disability status and other key determinants of health represented. At the

meeting, participants were provided an overview of the purpose of the workshop including background on the community health assessment (see meeting powerpoint https://www.washingtongov.org/DocumentCenter/View/3931/Washington-County-Creating-Healthy-Communities-2019-Quarter-4-Minutes-PDF). As individuals, each participant was asked to identify the three most important qualities of a healthy community. Secondly, in small groups, participants were asked to respond to three questions by discussing, listening for patterns and insights, and linking ideas. They recorded their answers and insights on large sheets. The three guiding questions were:

- 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?
- What else do you need to live a more healthy life?

Participants' answers and insights were recorded during the harvest phases of the workshop. Responses were analyzed using Content Analysis, a technique for systematically identifying certain words, themes, and concepts within texts (Berelson, 1952; Hsieh & Shannon, 2005). Code categories, definitions of key categories within which the text can be organized (for example, food or transportation), were identified by the CHA/CHIP team. The data was analyzed to examine the occurrence of selected terms and images and code them into their category. This approach allowed the team to see the frequency with which particular concepts emerged in the data, and provided nuance in terms of the types of ideas expressed within those concept categories.

Community Themes and Strengths Assessment (CTSA) Results

Participants' responses were coded into categories for each round of this assessment. Key findings are provided below which show the critical need to consider the social determinants of health in public health efforts with access to healthy food options, healthcare, and education identified as leading necessities for a health community.

Top Three Key Priorities Across All Rounds

Analysis of the categories that emerged across all rounds of the World Café Assessment highlight key qualities that are both necessities for a health community and areas in which participants experience barriers to achieving optimal health.

Category	Number of Responses Per Category
Access to Affordable, Healthy Food Options	**30**
Health Care Access, Programs, and Providers	**27**
Education on Health and Safe Schools	**16**

Round 1: *What are the three most important qualities of a healthy community?*

Participants' responses were coded into categories with ten categories emerging as most important for a healthy community. The top three categories include the following areas: Health care access, strong, safe schools/education systems, and a conglomeration of health promoting activities, programs, services, resources, and support. The additional seven categories are represented to show the close distribution of other key qualities identified by participants needed to create a culture of health.

Category	Number of Responses Per Category
Health Care Access	**18**
Strong, Safe Schools/Education System	**11**
Activities, Programs, Services, Resources, Support	**9**
Community Collaboration	**7**
Food/Access to Healthy Food	**7**
Access to Safe, Affordable, Quality Housing	**7**
Low Crime, Safety/Safe Areas	**6**
Clean Air and Water	**5**
Transportation, Roads and Walkways	**5**
Mental Health and Disabilities Support	**4**

Improvement of health care access including ensuring equitable access for all to high quality preventative health care, specialists, and behavioral health care emerged consistently in participants' responses making it the leading quality. Participants also recognized the critical importance of safe, effective educational systems in the community in boosting health, as well as having accessible health programs, activities, services, resources, and support embedded in the fabric of the community.

Round 2: Large-Group Discussion Using Three Guiding Questions

The second round of the World Café workshop involved large-group brainstorming, discussion, and the recording of responses to three guiding questions about challenges to and resources for healthy living.

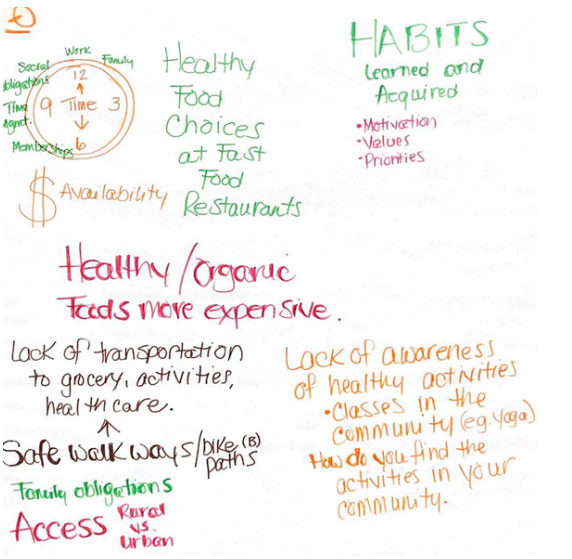


Figure 4: Work Group Brainstorming

Question 1: What challenges and barriers do you experience that make you less healthy than you'd like?

Participants' responses were coded into categories with four categories emerging as the greatest challenges and barriers to health.

Category	Number of Responses Per Category
Healthy Food/Food Accessibility	**17**
Various Health Care Concerns	**9**
Priorities and Obligations	**9**
Social Barriers	**8**
Lack of Education/Awareness of Healthier Options	**5**

A clear leading barrier was related to access to and affordability of healthy food options. Responses included attention to healthy options in our schools, in local food establishments, and obtaining cost-effective yet healthy fresh foods. The second leading barrier included challenges from the cost of health care, disparities in access to specialist care, and a lack of a competitive hospital market. The third leading barrier to health included priorities and obligations that took short term precedence over investing in long-term health; especially family and child care obligations and work responsibilities.

Question 2: What's available here in Washington County that helps you live a healthy life?

Participants' responses were coded into categories with five categories emerging as the most helpful resources in Washington County for living a healthy life.

Category	Number of Responses Per Category
Senior Programs	**9**
Community Organizations	**9**
Trail System	**7**
Educational Opportunities	**7**
Healthcare Providers/Programs	**6**

Participants recognized strength in the senior programs offered to support our population. With a larger than average senior population in our community these programs are crucial. Participants recognized the social and health benefits of community organizations, and also the worth of a public trail system that provides greater accessibility for physical activity through walking, use of mobility devices, and biking.

Question 3: What else do you need to live a more healthy life?

Participants' responses were coded into categories with five categories emerging as the most needed to live a more healthy life.

Category	Number of Responses Per Category
More Affordable Healthy Food/Better Food Opportunities	**6**
Community Support (Adult, Family, Peer)	**5**
Transportation Options/Improvements	**5**
Education on Healthy Living	**5**
Increased Awareness of Community Activity	**3**

Improvements to our healthy food accessibility continue to be a leading barrier. Community agencies are working to improve options through programs in our schools, farmer's markets, and SNAP options at various locations. Making community members aware of how to access healthy options is another key element to encourage full use of available resources. In addition to healthy food, the support of fellow community members and programs are needed to guide people in making healthier choices including supportive adult, family, and peer relationships that can buffer challenges with safety, child care, mental health, and physical resources. As a rural community, transportation improvements are vitally necessary to reduce health disparities. Many residents struggle to have adequate transportation options to reach health services and also the social and educational connections necessary for health.

Local Public Health System Assessment (LPHSA)

The Local Public Health System Assessment (LPHSA) examines how well public health system partners collaborate to provide public health services based on nationally recognized performance standards. The Local Public Health System (LPHS) is made up of all organizations (public, private, and voluntary) that contribute to the delivery of public health services within Washington County. The LPHSA employs the National Public Health Performance Standards tool which was created by the United States Centers for Disease Control and Prevention (CDC). The LPHSA answers the questions: "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?" The 10 Essential Essential Services in Public Health (ESPH) guide the assessment and are listed below:

1. Monitor health status to identify community health problems.

2. Diagnose and investigate health problems and health hazards in the community.

3. Inform, educate, and empower people about health issues.

4. Mobilize community partnerships to identify and solve health problems.

5. Develop policies and plans that support individual and community health efforts.

6. Enforce laws and regulations that protect health and ensure safety.

7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

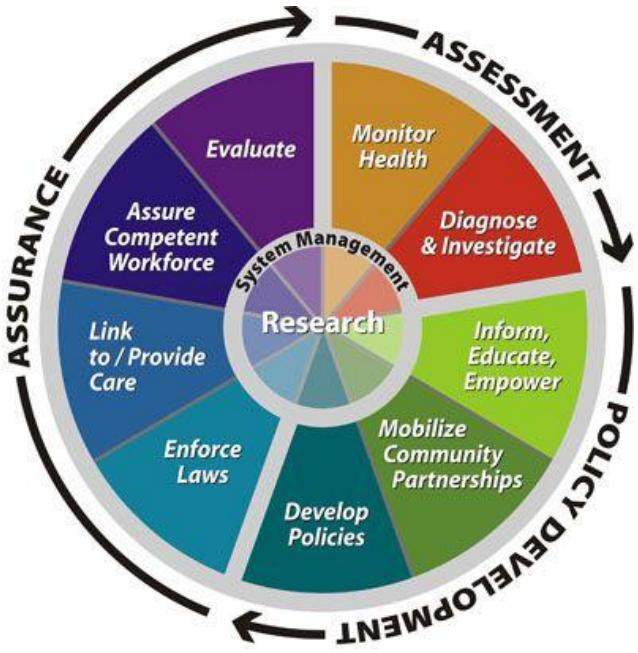


Figure 5: Essential Services, Source: CDC

8. Assure a competent public health and personal health care workforce.

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

10. Research for new insights and innovative solutions to health problems.

The LPHSA instrument is organized by the 10 Essential Services depicted in Figure 5 above. Each Essential Service has several components referred to as Model Standards. A total of 30 Model Standards describe key aspects of an optimally performing local public health system. Performance Measures determine the level at which the system performs related to the Model Standard. These measures are posed as questions to which participants respond. Each Model Standard lists two to five Performance Measures for a total of 108 questions that receive a specific score that is based on the ratings of LPHS partners. In February 2020, Community partners in Washington County were provided the tool via online survey and asked to rank the community's level of activity in each Performance Standard and Measure. For each statement, participants were asked to rate the LPHS measures on a sliding scale with values from 0-100 indicating the level of activity demonstrated by the local health system. Three anchor points were provided to guide the rater - No Activity, Moderate Activity, Optimal Activity - though raters could select any score between 0 and 100 to rate the measure. Participants rated the department's activity level in response to the prompt "How well do we [hospitals, schools, civic groups, health departments, etc.]…" for each service.

The results of this measure assess the functioning of the entire health system, not just one agency, and can be useful in strengthening interconnectedness amongst partners to improve public health.

Figure 6: Local Public Health System Depiction, Source: CDC

Each EPHS score can be interpreted as the overall degree to which the Washington County public health system meets the performance standards (quality indicators) for each Essential Service.

The guidelines below are used to make sense of participants' scoring of each level of activity of on the Performance Measures that make up each Essential Service:

Optimal Activity (76-100%) - Greater than 75% of the activity described within the question is met.

Significant Activity (51-75%) - Greater than 50% but no more than 75% of the activity described in the question is met.

Moderate Activity (26-50%) - Greater than 25% but no more than 50% of the activity described in the question is met.

Minimal Activity (1-25%) - Greater than zero but no more than 25% of the activity described within the question is met.

No Activity (0%) - 0% or absolutely no activity

Local Public Health Assessment Results

Based on the responses provided during the assessment, an average was calculated for each of the Ten Essential Services. The table below displays the average score for each EPHS, along with an overall average assessment score of activity level across all ten Essential Services.

10 Essential Services		Average Score
1	Monitor health status to identify community health problems.	**62%**
2	Diagnose and investigate health problems and health hazards in the community.	**65%**
3	Inform, educate, and empower people about health issues.	**63%**
4	Mobilize community partnerships to identify and solve health problems.	**59%**
5	Develop policies and plans that support individual and community health efforts.	**58%**
6	Enforce laws and regulations that protect health and ensure safety.	**64%**
7	Link people to needed personal health services and assure the provision of health care when otherwise unavailable.	**51%**
8	Assure a competent public health and personal health care workforce.	**65%**
9	Evaluate effectiveness, accessibility, and quality of personal and population-based health services.	**48%**
10	Research for new insights and innovative solutions to health problems.	**40%**
Overall Score		**58%**

The table below displays all ten Essential Services in rank order from highest performance to lowest based upon the average score for each EPHS.

10 Essential Services Rank-Ordered by Activity Level		Average Score	Level of Activity
2	Diagnose and investigate health problems and health hazards in the community.	**65%**	**Sig**
8	Assure a competent public health and personal health care workforce.	**65%**	**Sig**
6	Enforce laws and regulations that protect health and ensure safety.	**64%**	**Sig**
3	Inform, educate, and empower people about health issues.	**63%**	**Sig**
1	Monitor health status to identify community health problems.	**62%**	**Sig**
4	Mobilize community partnerships to identify and solve health problems.	**59%**	**Sig**
5	Develop policies and plans that support individual and community health efforts.	**58%**	**Sig**
7	Link people to needed personal health services and assure the provision of health care when otherwise unavailable.	**51%**	**Sig**
9	Evaluate effectiveness, accessibility, and quality of personal and population-based health services.	**48%**	**Mod**
10	Research for new insights and innovative solutions to health problems.	**40%**	**Mod**
Overall Score		**58%**	**Sig**
Key: Optimal Activity= **Opt,** Significant Activity=**Sig,** Moderate Activity=**Mod,** Minimal Activity=**Min,** No Activity=**No**			

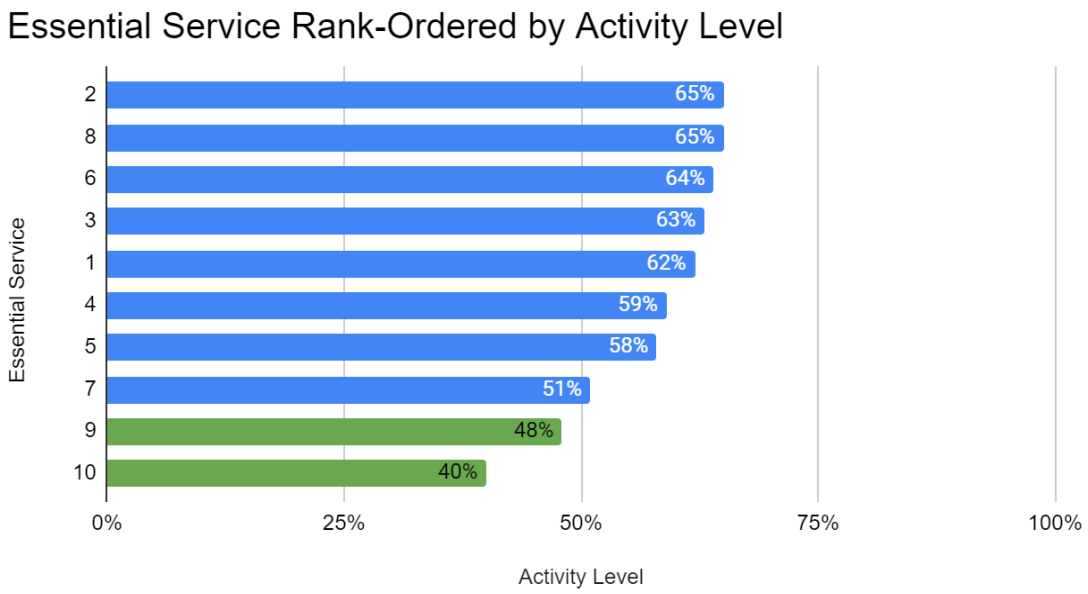
Highest Ranked: EPHS 2 (Diagnose and investigate health problems and health hazards) was assessed as Significant activity. This is the same activity level as the Washington County 2017 LPHSA assessment.

Lowest Ranked: EPHS 10 (Research for new insights and innovative solutions to health problems) was assessed as Moderate activity. This is the same activity level as the 2017 LPHSA assessment.

Overall Performance: The average of all EPHS scores resulted in a ranking of Significant activity which is an improvement over the EPHS 2017 overall performance of Moderate

activity. No EPHSs were rated at the Optimal activity level providing opportunity for further improvement. No EPHSs were rated at the Minimal or No Activity levels which is favorable.

The following graphs depict the same data as in the table above providing a visual depiction of activity level.



Discussion of Scores by Essential Public Health Service

In this section, scores are organized by EPHS and its corresponding Model Standards and Performance Measures. Included is a description of the Essential Service, each Model Standard, and Performance Measure it encompasses. The individual score of each Performance Measure and an overall average score for each Model Standard rounded to the nearest percent are provided. Demographic data of respondents for each Essential Service can be found in Appendix B. A summary of qualitative responses to open-ended questions posed in the LPHSA are provided after the tables. Qualitative responses were coded by the CHA team. The coding process (see Lindlof & Taylor, 2011) involved sorting units of information (i.e. phrases, key words, or ideas) into categories that share a common theme (for example, “informing the public”). The summaries below each table highlight the key themes identified. Where data was too limited to identify themes, no summary is available.

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

Forty-one respondents rated activity levels for EPHS1 and qualitatively provided strengths and areas for improvement related to the EPHS. The results are provided below.

Model Standard	Performance Measure	% Score
1.1 CHA		**65%**
	1.1.1 Conduct regular (Community Health Assessment) CHAs?	68
	1.1.2 Update the CHA with current information continuously?	63
	1.1.3 Promote the use of the CHA among community members and partners?	64
1.2 Current Technology		**60%**
	1.2.1 Use the best available technology and methods to display data on the public's health?	59
	1.2.2 Analyze health data, including geographic information, to see where health problems exist?	60
	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)?	60
1.3 Registries		**62%**
	1.3.1 Collect timely data consistent with current standards on specific health concerns in order to provide the data to population health registries?	63
	1.3.2 Use information from population health registries in CHAs or other analyses?	61

Qualitative Responses

Strengths

For the prompt "Please describe what our community does **well** for the services above," the following themes emerged:

- Informing public of health issues impacting them
- Information sharing among partners
- Public health screenings

Areas for Improvement

For the prompt “Please describe how our community can **improve** upon the services above,” the following themes emerged:

- Make detailed information and educational materials about community health status easier to find for the public
- Continue to engage health system providers and partners to ensure strong representation in health assessments and shared information

Essential Service 2: Diagnosing and Investigating Health Problems and Health Hazards

Twenty-three respondents rated activity levels for EPHS2 and qualitatively provided strengths and areas for improvement related to the EPHS. The results are provided below.

Model Standard	Performance Measure	% Score
2.1 Identification and Surveillance		**63%**
	2.1.1 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?	61
	2.1.2 Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies, and emerging threats (natural and manmade)?	66
	2.1.3 Ensure that the best available resources are used to support surveillance systems and activities including information technology, communication systems, and professional expertise?	62
2.2 Emergency Response		**66%**
	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?	68
	2.2.2 Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	70
	2.2.3 Designate a jurisdictional Emergency Response Coordinator?	64
	2.2.4 Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	72
	2.2.5 Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?	59
	2.2.6 Evaluate incidents for effectiveness and opportunities for improvements (such as After Action Reports, Improvement Plans, etc)?	62

Qualitative Responses

Strengths

For the prompt “Please describe what our community does **well** for the services above,” the following themes emerged:

- MHS has effectively communicated with the public throughout the COVID-19 pandemic especially on standards being used
- Education of the public about emergency response plans and sharing of information, particularly related to COVID-19 is strong

Areas for Improvement

For the prompt “Please describe how our community can **improve** upon the services above,” the following themes emerged:

- Engage in more education of the public to demonstrate advice and reporting are aligned with evidence-based practices
- Continue to grow collaboration within health system

Essential Service 3: Informing, Educating, and Empowering People about Health Issues

Thirty-one respondents rated activity levels for EPHS3 and qualitatively provided strengths and areas for improvement related to the EPHS. The results are provided below.

Model Standard	Performance Measure	% Score
3.1 Health Education and Promotion		**62%**
	3.1.1 Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?	60
	3.1.2 Coordinate health promotion and health education activities at the individual, interpersonal, community, and societal levels?	64
	3.1.3 Engage the community throughout the process of setting priorities, developing plans, and implementing health education and health promotion activities.	61
3.2 Health Communication		**60%**
	3.2.1 Develop health communication plans for media and public relations and for sharing information among our local public health system organizations?	61
	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?	63
	3.2.3 Identify and train spokespersons on public health issues?	55
3.3 Risk Communication		**66%**
	3.3.1 Develop emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?	70
	3.3.2 Make sure resources are available for a rapid communication emergency response?	68
	3.3.3 Provide risk communication training for employees and volunteers?	60

Qualitative Responses

Strengths

For the prompt "Please describe what our community does **well** for the services above," the following themes emerged:

- Use of various media, including social media and Washington County Alert System, to communicate with the public about
    - Community health status issues
    - Community health clinics and services
    - Health education activities
    - Access to health care information
- Emergency operation plan and systems

Areas for Improvement

For the prompt "Please describe how our community can **improve** upon the services above," the following themes emerged:

- Engage in more education of the public to calm fears regarding COVID-19 response
- Improve collaboration and coordination of services across health care organizations to ensure
    - Efforts compliment one another well to provide well-rounded services
    - Consistent and clear information about health issues and services are offered to the public
    - Coordinated sharing of the effectiveness of programs and services offered across the local health care system to ensure quality
- Focus on key population health issues including mental health

Essential Service 4: Mobilizing Community Partnerships to Identify and Solve Health Problems

Twenty-five respondents rated activity levels for EPHS4 and qualitatively provided strengths and areas for improvement related to the EPHS. The results are provided below.

Model Standard	Performance Measure	% Score
4.1 Constituency Development		**58%**
	4.1.1 Maintain a complete and current directory of community organizations?	59
	4.1.2 Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	53
	4.1.3 Encourage constituents to participate in activities to improve community health?	63
4.2 Community Partnerships		**59%**
	4.2.1 Create forums for communication of public health issues?	55
	4.2.1.1 Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?	67
	4.2.1.2 Establish a broad-based community health improvement committee?	61
	4.2.1.3 Assess how well community partnerships and strategic alliances are working to improve community health?	52

Qualitative Responses

Strengths

For the prompt "Please describe what our community does **well** for the services above," the following themes emerged:

- Partners working together to advance individual missions and community health
- Maintenance of a directory

Areas for Improvement

For the prompt "Please describe how our community can **improve** upon the services above," the following themes emerged:

- Further develop alliances between community organizations with like missions to share resources and engage in planning for public offerings (particularly related to transportation and mental health)
- Continue to develop and publicize a community resource guide to make clear what health issues are being addressed within the community and by whom

Essential Service 5: Developing Plans and Policies that Support Individual and Community Health Efforts

Fourteen respondents rated activity levels for EPHS5 and qualitatively provided strengths and areas for improvement related to the EPHS. The results are provided below.

Model Standard	Performance Measure	% Score
5.1 Governmental Presence		**54%**
	5.1.1 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?	52
	5.1.2 See that the local health department is accredited through PHAB's voluntary, national public health department accreditation program?	58
	5.1.3 Ensure that the local health department has enough resources to do its part in providing essential health services?	51
5.2 Policy Development		**58%**
	5.2.1 Contribute to public health policies by engaging in activities that inform the policy development process?	55
	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?	56
	5.2.3 Review existing policies at least every 3-5 years?	63
5.3 CHIP/Strategic Planning		**56%**
	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?	63
	5.3.2 Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	52
	5.3.3 Connect organizational strategic plans with the Community Health Improvement Plan?	52

5.4 Emergency Plan		67%
	5.4.1 Support a work group to develop and maintain emergency preparedness and response plans?	68
	5.4.2 Test the plan through regular drills and revise the plan as needed, at least every 2 years?	65

Qualitative Responses

Strengths

For the prompt "Please describe what our community does **well** for the services above," the following theme emerged:

- Work together for drills to ensure preparedness for actual emergencies

Areas for Improvement

For the prompt "Please describe how our community can **improve** upon the services above," the following theme emerged:

- Boost collaboration and communication (across partners/government) to ensure everyone is receiving necessary information and prepared to respond effectively to emergencies and other health issues

Essential Service 6: Enforcing Laws and Regulations that Protect Health and Ensure Safety

Twelve respondents rated activity levels for EPHS6 and qualitatively provided strengths and areas for improvement related to the EPHS. The results are provided below.

Model Standard	Performance Measure	% Score
6.1 Review Laws		**70%**
	6.1.1 Identify public health issues that can be addressed through laws, regulations, or ordinances?	63
	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?	71
	6.1.3 Review existing public health laws, regulations, and ordinances at least once every three to five years?	71
	6.1.4 Have access to legal counsel for technical assistance when reviewing laws, regulations, and ordinances?	73
6.2 Improve Laws		**59%**
	6.2.1 Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?	63
	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?	59
	6.2.3 Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	55
6.3 Enforce Laws		**62%**
	6.3.1 Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?	63
	6.3.2 Ensure that a local health department has the authority to act in public health emergencies?	63
	6.3.3 Ensure that all activities related to public health codes are done within the law?	66
	6.3.4 Educate individuals and organizations about relevant	61

	laws, regulations, and ordinances?	
	6.3.5 Evaluate how well local organizations comply with public health laws?	57

Qualitative Responses

Strengths

For the prompt "Please describe what our community does **well** for the services above," the following theme emerged:

- Laws exist to protect health and ensure safety

Areas for Improvement

For the prompt "Please describe how our community can **improve** upon the services above," the following themes emerged:

- Ensure governmental agencies take an educated approach to decision making and communication
- Ensure partners all receive communication about laws to ensure consistency

Essential Service 7: Linking People to Needed Personal Health Services and Ensuring the Provision of Healthcare when Otherwise Unavailable

Thirty-eight respondents rated activity levels for EPHS7 and qualitatively provided strengths and areas for improvement related to the EPHS. The results are provided below.

Model Standard	Performance Measure	% Score
7.1 Personal Needs		**51%**
	7.1.1 Identify groups of people in the community who have trouble accessing or connecting to personal health services?	52
	7.1.2 Identify all personal health service needs and unmet needs through the community?	52
	7.1.3 Define partner roles and responsibilities to respond to the unmet needs of the community?	47
	7.1.4 Understand the reasons that people do not get the care they need?	52
7.2 Assure Linkage		**51%**
	7.2.1 Connect or link people to organizations that can provide the personal health services they may need?	50
	7.2.2 Help people access personal health services in a way that takes into account the unique needs of different populations?	47
	7.2.3 Help people sign up for public benefits that are available to them (e.g. Medicaid, or medical and prescription assistance programs)?	57
	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?	48

Qualitative Responses

Strengths

For the prompt "Please describe what our community does **well** for the services above," the following themes emerged:

- Collaborate across agencies effectively to connect people with services
- Effective at identifying unmet needs in populations
- Hospitals and health agencies effective at signing eligible people up for benefits
- Awareness of unique challenges and opportunities in community related to access to care
- Passed behavioral health levy and have good JFS system

Areas for Improvement

For the prompt "Please describe how our community can **improve** upon the services above," the following themes emerged:

- Transportation services needs improved to link people to health services including
    - Servicing people in rural areas
    - Servicing people outside normal business hours
- Reduce stigma and communicate with respect
    - Educate public about who is eligible for services and encourage them to use services for which they are eligible
        - Particularly those in the low-moderate income level who may not realize support is available
- Provide additional services for Seniors
    - Transportation
    - Education (not only through media)

    - Housing

- Regular meetings of community agencies to
    - Identify needs and coordinate services
    - Identify barriers to our community for participating in programs or attending healthcare appointments and then build systems to address those barriers
    - Coordinate communication about services available and ensure messages reach targeted populations

Essential Service 8: Ensuring a Competent Public and Personal Healthcare Workforce

Thirty-eight respondents rated activity levels for EPHS8 and qualitatively provided strengths and areas for improvement related to the EPHS. The results are provided below.

Model Standard	Performance Measure	% Score
8.1 Workforce Assessment		**67%**
	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?	66
	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?	68
	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?	66
8.2 Workforce Standards		**67%**
	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?	69
	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?	67
	8.2.3 Base the hiring and performance review of members of the public health workforce in public health competencies?	65
8.3 Continuing Education		**63%**
	8.3.1 Identify education and training needs and encourage the public health workforce to participate in available education and training?	71
	8.3.2 Provide ways for public health workers to develop core skills related to the 10 Essential Public Health Services?	62

	8.3.3 Develop incentives for workforce training, such as tuition reimbursement, time off for attending class, and pay increases?	60
	8.3.4 Create and support collaboration between organizations within the Local Public Health System for education and training?	56
	8.3.5 Continually train the public health workforce to deliver services in a culturally competent manner and understand the social determinants of health?	64
8.4 Leadership Development		**66%**
	8.4.1 Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	63
	8.4.2 Create a shared vision of community health and Local Public Health System welcoming all leaders and community members to work together?	62
	8.4.3 Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	63
	8.4.4 Provide opportunities for the development of leaders who represent the diversity of the community?	75

Qualitative Responses

Strengths (too few responses to produce meaningful summaries)

For the prompt "Please describe what our community does **well** for the services above," the following theme emerged:

- Memorial Health Systems ensures a competent workforce

Areas for Improvement

For the prompt "Please describe how our community can **improve** upon the services above," the following theme emerged:

- Make others aware of community workforce assessment

Essential Service 9: Evaluating Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

Seven respondents rated activity levels for EPHS9 and qualitatively provided strengths and areas for improvement related to the EPHS. The results are provided below.

Model Standard	Performance Measure	% Score
9.1 Evaluation of Population Health		**49%**
	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?	51
	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?	53
	9.1.3 Identify gaps in the provision of population-based health services?	46
	9.1.4 Use evaluation findings to improve plans, processes, and services?	45
9.2 Evaluation of Personal Health		**49%**
	9.2.1 Evaluate the quality, accessibility, and effectiveness of personal health services?	44
	9.2.2 Compare the quality of personal health services to established guidelines?	49
	9.2.3 Measure user satisfaction with personal health services?	52
	9.2.4 Use technology, like the internet or electronic health records, to improve quality of care?	51
	9.2.5 Use evaluation findings to improve services and program delivery?	48
9.3 Evaluation of LPHS		**46%**
	9.3.1 Identify all public, private, and volunteer organizations	47

	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?	49
	9.3.3 Assess how well the organizations in the Local Public Health System are communicating, connecting, and coordinating services?	43
	9.3.4 Use the results from the evaluation process to improve our Local Public Health System?	44

Qualitative Responses

Strengths

For the prompt "Please describe what our community does **well** for the services above," the there were too few responses to identify themes:

- *No responses*

Areas for Improvement

For the prompt "Please describe how our community can **improve** upon the services above," the following theme emerged:

- Create a strategic round table for all health care providers in the community that meets on an ongoing basis to collaborate

Essential Service 10: Researching New Insights and Innovative Solutions to Health Problems

Six respondents rated activity levels for EPHS10 and qualitatively provided strengths and areas for improvement related to the EPHS. The results are provided below.

Model Standard	Performance Measure	% Score
10.1 Foster Innovation		**42%**
	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?	31
	10.1.2 Suggest ideas about what currently needs to be studied in public health to organizations that conduct research?	41
	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?	51
	10.1.4 Encourage community participation in research, including deciding what will be studied, conducting research, and sharing results?	45
10.2 Academic Linkages		**43%**
	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?	44
	10.2.2 Partner with colleges, universities, or other research organizations to conduct public health research, including community-based participatory research?	44
	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?	41
10.3 Research Capacity		**37%**
	10.3.1 Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?	43
	10.3.2 Support research with the necessary infrastructure and	39

	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.?	31
	10.3.4 Evaluate Public Health Systems research efforts throughout all stages of work, from planning to effect on local public health practice?	34

Qualitative Responses

Strengths

For the prompt "Please describe what our community does **well** for the services above," there were too few responses to identify themes:

- *No Responses*

Areas for Improvement

For the prompt "Please describe how our community can **improve** upon the services above," the following theme emerged:

- Improve research capacity by coordinating strategically across all of the health care providers in the community

Forces of Change Assessment (FOCA)

The Forces of Change Assessment (FOCA) 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. This assessment 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 of 2019. The CHA/CHIP team and members of their individual governing entities were asked to complete this assessment via SurveyMonkey©, an online survey system. Eighteen individuals participated. Participants indicated residing in Marietta (n=10), other locations in the county (n=6), and outside the county (n=2).

Forces of Change Assessment (FOCA) Results

CHA/CHIP 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 most common **forces of change** reported (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 the 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.

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 is it a concern?
Summary of Responses: 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 a quickly growing epidemic.
Qualitative Responses Verbatim
• 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.
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?
Summary of Responses: Improvement in treatment facilities (quality and number), finding root cause, use of programs that assist those with addiction for a longer period of time to ensure their future success.

Qualitative Responses Verbatim
• 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 products 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

2. Force of change: Housing and Homelessness
Why is it a concern?
Summary of Responses: 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.
Qualitative Responses Verbatim
• 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 increased so much that even people who obtain HUD vouchers cannot find housing within the limit of that voucher. It is often a long wait to get housing assistance • We have a great deal of homeless individuals; we have no shelters or 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

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

3 answered Marietta
5 answered entire county

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

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

Qualitative Responses Verbatim

- 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

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

Why is it a concern?

Summary of Responses: 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.

Qualitative Responses Verbatim

- 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.

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

1 answered Marietta
6 answered entire county
1 skipped

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

Summary of Responses: 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.

Qualitative Responses Verbatim

- Build an industrial park and bring industry. Increase transportation routes and improve roads.
- Create programs inside of schools that expose youth to 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.

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

Why is it a concern?

Summary of Responses: 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.

Qualitative Responses Verbatim

- 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.

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

All answered entire county

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

Summary of Responses: 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.

Qualitative Responses Verbatim
• 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

5. Force of Change: Prevention of chronic diseases
Why is it a concern?
Summary of Responses: 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.
Qualitative Responses Verbatim
• 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.

Does this concern apply to a particular city, or entire county:
All answered entire county
If you had unlimited resources, what could be done to address the force of change?
Summary of Responses: 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.
Qualitative Responses Verbatim
• 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.

Rural Health Care Access Report (RHCA)

The RHCA report is compiled from community-based studies of Appalachian health needs and disparities (published Jan. 2019; updated Jun. 2019). The Appalachian Rural Health Institute (ARHI) led the study. The ARHI is made up of a consortium of researchers and is within the College of Health Sciences and Professions (CHSP) at Ohio University. The main purpose of this rural health care research project was to assist local health departments in Ohio with public health accreditation documentation related to access to care. The objectives are as follows:

- To compile rural health priorities as identified in rural and Appalachian Counties in Ohio
- To focus on access to care (Domain 7) in the public health accreditation guidelines by collecting health care access data from community members, and assembling health care access data from secondary sources

The RHCA report documents rural health priorities by summarizing both primary data gathered through online surveying, telephone interviews with LHDs, meetings with LHDs and secondary sources including Census, Robert Wood Johnson Foundation, and Dartmouth Atlas of Healthcare as sources among others. The goal is to provide a picture of current access to care in rural Ohio, identify potential gaps in care, and strategize solutions.

As part of this project, twenty-five local public health stakeholders from Washington County, Ohio participated in an access meeting with ARHI researchers (see participant list in Figure 6). The goal of the meeting was to participate in a facilitated discussion on access to care strategies in rural communities including the rating of potential strategies on feasibility and impact for Washington County. Second, the public health stakeholders modified an existing ARHI survey previously used to assess access to care across Ohio. The local public health stakeholders disseminated the survey link through social media and other means, and administered the survey in person at community events. Residents were asked 1) if there were enough medical and behavioral health care services locally; 2) what services they travel outside the county to get; and 3) their support for specific access to care

strategies (the same access to care strategies addressed in the facilitated session described above).

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**

Figure 6: Health Care Access Meeting: Washington County Participant List

Rural Health Care Access Report (RHCAR) Results

- 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.
- 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.
- Survey respondents expressed the greatest support for Health Insurance Enrollment and Outreach as strategies to alleviate health care access issues.

(For full report visit

https://www.washingtongov.org/DocumentCenter/View/2544/Rural-Health-Report-PDF)

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Appendix A

Community Themes and Strengths Assessment Demographics

Question 1: Place of residence
Marietta – 57.5% (23)
Belpre – 10% (4)
Elsewhere in Washington Co. – 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
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)
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
Married – 47.5% (19)
Single but living together – 5% (2)
Single – 47.5% (19)
Prefer not to say – 0%

Question 6: Gender
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
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
Autism spectrum – 0%
Blind or low vision – 7.69% (1)
Chronic health condition – 46.15% (6)
Learning disability – 7.69% (1)
Mental health condition – 7.69% (1)
Deaf or hard of hearing – 0%
No disability – 0%
Prefer not to say – 30.77% (4)

Question 10: Insurance Status (choose all that apply)
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)

Appendix B

Local Public Health Assessment Demographics

Essential Service 1

ANSWER CHOICES		RESPONSES	
Belpre		41.46%	17
Marietta		85.37%	35
Washington County		75.61%	31
Behavioral Health		9.76%	4
Business		17.07%	7
Community Member		31.71%	13
Education		9.76%	4
Faith-Based		2.44%	1
Government		12.20%	5
Healthcare provider/Hospital		70.73%	29
Law Enforcement		0.00%	0
Media		0.00%	0
Non-Profit/Advocacy		21.95%	9
Other (please specify)	Responses	2.44%	1
Total Respondents: 41			

Essential Service 2

ANSWER CHOICES		RESPONSES	
Belpre		34.78%	8
Marietta		73.91%	17
Washington County		65.22%	15
Behavioral Health		8.70%	2
Business		17.39%	4
Community Member		21.74%	5
Education		4.35%	1
Faith-Based		0.00%	0
Government		13.04%	3
Healthcare provider/Hospital		56.52%	13
Law Enforcement		0.00%	0
Media		0.00%	0
Non-Profit/Advocacy		4.35%	1
Other (please specify)	Responses	8.70%	2
Total Respondents: 23			

Essential Service 3

ANSWER CHOICES	RESPONSES	
Belpre	35.48%	11
Marietta	67.74%	21
Washington County	70.97%	22
Behavioral Health	12.90%	4
Business	12.90%	4
Community Member	25.81%	8
Education	32.26%	10
Faith-Based	3.23%	1
Government	22.58%	7
Healthcare provider/Hospital	58.06%	18
Law Enforcement	0.00%	0
Media	0.00%	0
Non-Profit/Advocacy	9.68%	3
Other (please specify)	6.45%	2
Total Respondents: 31		

Essential Service 4

ANSWER CHOICES	RESPONSES	
Belpre	40.00%	10
Marietta	68.00%	17
Washington County	72.00%	18
Behavioral Health	8.00%	2
Business	8.00%	2
Community Member	32.00%	8
Education	28.00%	7
Faith-Based	4.00%	1
Government	16.00%	4
Healthcare provider/Hospital	52.00%	13
Law Enforcement	0.00%	0
Media	0.00%	0
Non-Profit/Advocacy	20.00%	5
Total Respondents: 25		

Essential Service 5

ANSWER CHOICES		RESPONSES	
Belpre		57.14%	8
Marietta		78.57%	11
Washington County		57.14%	8
Behavioral Health		0.00%	0
Business		28.57%	4
Community Member		21.43%	3
Education		7.14%	1
Faith-Based		0.00%	0
Government		7.14%	1
Healthcare provider/Hospital		64.29%	9
Law Enforcement		0.00%	0
Media		0.00%	0
Non-Profit/Advocacy		0.00%	0
Total Respondents: 14			

Essential Service 6

ANSWER CHOICES		RESPONSES	
Belpre		58.33%	7
Marietta		58.33%	7
Washington County		66.67%	8
Behavioral Health		0.00%	0
Business		25.00%	3
Community Member		25.00%	3
Education		8.33%	1
Faith-Based		0.00%	0
Government		16.67%	2
Healthcare provider/Hospital		50.00%	6
Law Enforcement		0.00%	0
Media		0.00%	0
Non-Profit/Advocacy		0.00%	0
Other (please specify)	Responses	8.33%	1
Total Respondents: 12			

Essential Service 7

ANSWER CHOICES		RESPONSES	
Belpre		34.21%	13
Marietta		65.79%	25
Washington County		84.21%	32
Behavioral Health		13.16%	5
Business		21.05%	8
Community Member		47.37%	18
Education		13.16%	5
Faith-Based		2.63%	1
Government		21.05%	8
Healthcare provider/Hospital		23.68%	9
Law Enforcement		2.63%	1
Media		0.00%	0
Non-Profit/Advocacy		28.95%	11
Other (please specify)	Responses	13.16%	5
Total Respondents: 38			

Essential Service 8

ANSWER CHOICES	RESPONSES	
Belpre	34.21%	13
Marietta	65.79%	25
Washington County	84.21%	32
Behavioral Health	13.16%	5
Business	21.05%	8
Community Member	47.37%	18
Education	13.16%	5
Faith-Based	2.63%	1
Government	21.05%	8
Healthcare provider/Hospital	23.68%	9
Law Enforcement	2.63%	1
Media	0.00%	0
Non-Profit/Advocacy	28.95%	11
Other (please specify)	13.16%	5
Total Respondents: 38		

Essential Service 9

ANSWER CHOICES	RESPONSES	
Belpre	57.14%	4
Marietta	71.43%	5
Washington County	85.71%	6
Behavioral Health	0.00%	0
Business	42.86%	3
Community Member	57.14%	4
Education	14.29%	1
Faith-Based	0.00%	0
Government	0.00%	0
Healthcare provider/Hospital	71.43%	5
Law Enforcement	0.00%	0
Media	0.00%	0
Non-Profit/Advocacy	14.29%	1
Other (please specify)	14.29%	1
Total Respondents: 7		

Essential Service 10

ANSWER CHOICES		RESPONSES	
Belpre		50.00%	3
Marietta		66.67%	4
Washington County		83.33%	5
Behavioral Health		0.00%	0
Business		50.00%	3
Community Member		50.00%	3
Education		16.67%	1
Faith-Based		0.00%	0
Government		0.00%	0
Healthcare provider/Hospital		83.33%	5
Law Enforcement		0.00%	0
Media		0.00%	0
Non-Profit/Advocacy		0.00%	0
Other (please specify)	Responses	16.67%	1
Total Respondents: 6			

Acknowledgements

This Community Health Assessment (CHA) was made possible by the collaborative efforts of multiple staff of Marietta/Belpre City and Washington County Health Departments, Memorial Health System, local stakeholders, partners, and community members. Their contributions of time, expertise, and resources played a critical role in the completion of this assessment. Thank you all for making this possible!

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Many organizations and individuals have graciously donated their time and expertise to the completion of this assessment.

Special thanks to the residents that participated in a focus group, interview, or survey. To maintain the anonymity of individuals, we have not listed their names, but without their expertise this assessment would not have been possible.

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The 2021 Washington County Community Health Assessment is available on the following websites:

Marietta/Belpre Health Department
https://mariettabelprehealth.org/

Washington County Health Department
https://www.washingtongov.org/137/Health-Department

Washington County Family and Children First Council
https://www.wcfcfc.org/