Washington County
Comprehensive
Community Health Assessment

WashCo Wellness Partners
February 2017

Our Vision

"A respectful and encouraging community that advocates for health equity, collaboration, and inclusiveness between leaders, organizations, and individuals who strive together to make Washington County the healthiest county in Ohio."

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CHA Participants

American Red Cross
Chris Marrero

Buckeye Hills- Area Agency on Aging
Mindy Cayton

City of Marietta
Cathy Harper

Corporation for Ohio Appalachian Development
Jennifer Loman

Cutler Community Center
Bruce Kelbaugh

EVE
Ann Stewart

Family and Children First
Cindy Davis

GoPacks
Heather Warner

Marietta College Physician Assistant Program
Miranda Collins

Marietta Convention & Visitors Bureau
Jeri Knowlton

Marietta City Health Department
Barb Bradley
Jonni Tucker
Vickie Kelly
Kelly Miller

Memorial Health System
Shawn Bail
Cindy Neubert

Ohio Valley Educational Service Center
Chris Keylor

O'Neill Center
Connie Huntsman
Ann Stewart

Proactive Health Solutions
Darren Swartz

Retired and Senior Volunteer Program (RSVP)
Lisa Valentine

The Right Path
Cathy Harper

Washington County Behavioral Health Board
Miriam Keith

Washington State Community College
Heather Kincaid

Washington County Children Services
Jamie Vuksic

Washington County Health Department
Betty King
Angela Lowry
Amy Nahley
Michaela Schoeffler
Jody Alden
Richard Wittberg
Court Witschey

Washington County Emergency Management Agency
Jeff Lauer

Washington County Sheriff's Office
Greg Nohe
Sheriff Larry Mincks

Washington-Morgan Community Action
David Brightbill

YMCA
Suzy Zumwalde

Executive Summary

In March of 2016, the Washington County Health Department, the Marietta City Health Department, and Memorial Health System convened to discuss collaborating on a Community Health Assessment for Washington County, Ohio. With a desire to learn more about the behavior, health, and needs of the community, and to implement programs accordingly, these three organizations began to hold public meetings. Stakeholders and community members were invited through e-mail, postings to Facebook, and general word-of-mouth. The meetings were open to the public and participants were always encouraged to bring new people.

Within the first few meetings, the group of participants became the WashCo Wellness Partners. The coalition is responsible for this Community Health Assessment. Meetings were discussion-oriented, with different facilitation methods used to encourage open dialogue and feedback. Most meeting discussions highlighted strengths, weaknesses, and gaps in Washington County's resources. And each meeting was a great way to learn about all the many programs, activities, and resources in Washington County.

The WashCo Wellness Partners completed the Community Health Assessment in December of 2017 using the Mobilizing for Action through Planning and Partnerships process. The Community Health Assessment, a product of four different assessments, helped the WashCo Wellness Partners to choose four strategic issues to take forward into the Community Health Improvement Plan.

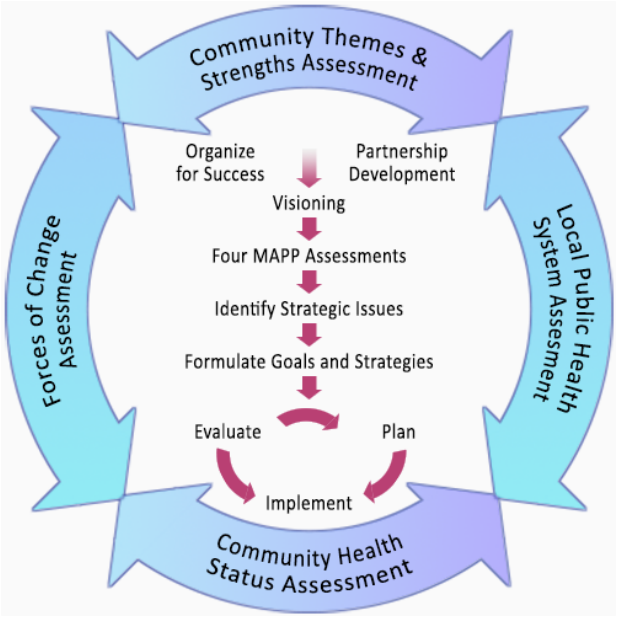
This report contains a summary of each assessment's purpose, process, and results. The data in this report was collected from surveys taken by Washington County residents and organizations, key informant interviews, the 2016 County Health Rankings, the U.S. Census Bureau, the Center for Disease Control, and other reputable sources.

Methodology

The WashCo Wellness Partners used the Mobilizing for Action through Planning and Partnerships (MAPP) process to conduct this Community Health Assessment. MAPP is a community-driven strategic planning framework that assists communities in improving their community's health. To further this goal, the MAPP process helps communities to prioritize their public health issues and then develop and implement efforts around these prioritized issues. Finally, the MAPP process strives to achieve a healthier community by identifying and using the community's resources wisely.

The MAPP process uses four assessments to generate critical insights into challenges and opportunities in the community. These four assessments are:

- **Community Themes and Strengths Assessment**- provides a deep understanding of the issues that residents feel are important. *This assessment was completed in September 2016.*
- **Forces of Change Assessment-** focuses on identifying forces (such as trends, factors, or events) that are or will be influencing the health and quality of life of your community. *This assessment was completed in June 2016.*
- **Local Public Health System Assessment-** involves a broad assessment of organizations and entities that contribute to the public health in the community. The assessment uses the Essential Public Health Services as its framework. *This assessment was completed in September 2016.*
- **Community Health Status Assessment-** uses data to analyze and identify priority community health issues and determines where the community stands in relation to other communities. *This assessment was completed in December 2017.*



The Community Health Assessment is the product of the above four assessments and is the foundation for the rest of the steps in the MAPP process. The remaining steps are:

- **Identify Strategic Issues-** During this phase, participants identify linkages between the MAPP assessments to determine the most critical issues that must be addressed for the community to achieve its vision.
- **Formulate Goals and Strategies-** Participants formulate goals and strategies for addressing each issue.
- **Action Cycle-** During this phase, participants plan, implement, and evaluate.

Community Themes and Strengths Assessment Overview

The Community Themes and Strengths Assessment (CTSA) results in a strong understanding of community issues, both strengths and weaknesses, and perceptions about quality of life of community members. During this phase, thoughts, opinions, concerns, and solutions are gathered – anything that provides insight into the health issues of the community.

The CTSA answers the questions:

- What is important to our community?
- How is quality of life perceived in our community?
- What assets do we have that can be used to improve community health?

Listening to and communicating with the community is essential to any community-wide initiative. By mobilizing and engaging the Washington County community to identify impressions and thoughts about the community's health, the WashCo Wellness Partners could better pinpoint important issues and highlight possible solutions. More importantly, by involving community residents and truly listening to their concerns, every participant had the opportunity to feel like an integral part of the process, which ensures greater sustainability and enthusiasm for the process.

The CTSA consisted of two separate and distinct methods to gather a broad range of data: Key Informant Interviews conducted at WashCo Wellness Partners meetings; and a survey completed by community residents.

The two WashCo Wellness Partners meetings were held on May 24th, 2016 and June 2nd, 2016, at the Washington County Emergency Operations Center. Of these two identical meetings, one was in the morning and one in the evening to allow for greater attendance by community partners. Two Public Health Accreditation Technicians from the Washington County Health Department facilitated the meetings.

The second outreach activity took place at the Washington County Fair which was held in Marietta, Ohio from September 2nd-6th, 2016. Public health officials from the Washington County Health Department engaged fair attendees with the paper survey at an appointed booth, resulting in 89 completed surveys. Surveys were collected on September 3rd from 9 A.M.-6 P.M., September 4th from 11 A.M.-5 P.M., and September 5th from 10 A.M.-5 P.M.

Additionally, this survey was advertised on the Washington County website, the Washington County Health Department's Facebook page, the WashCo Wellness Partners' Facebook page, and was sent to all Washington County employees.

The survey closed on September 7th, the total accumulation of which (both paper and online) was 244.

Survey Results

1. Participants were asked to select all the sources through which they are informed about community services and health information relevant to improving health. The major sources of this information, as indicated by survey data, are family and friends, doctor/healthcare provider, internet search, newspaper/magazine, television, and social media, respectively. The least utilized sources are United Way's 2-1-1, "I don't know where to get information," private agencies, food pantry, and mental health/behavioral health providers.
2. Participants were asked to select any and all variables they felt prevented themselves or others from accessing health services and resources in Washington County. Survey respondents indicated the top five preventative factors were cost, insurance coverage (inadequate or lack of), knowledge or information about services/resources (inadequate or lack of), availability, and uncomfortable asking for help, respectively. The five options voted least likely to prevent residents from accessing health services were provider shortage, substance abuse, housing (inadequate or lack of residential address), "I don't think anything prevents people in Washington County from accessing services," and "Don't know."
3. Participants were asked to rate each listed health factor in Washington County as one of four options: Strong, Adequate, Needs Improvement, or Don't know/no opinion.
    - The five weakest factors were substance abuse treatment, substance abuse prevention, the economy, sexual health and education, and mental health treatment, demonstrating a significant lack of services for three areas of community health. The five strongest factors were as follows: religious/spiritual values; residents; the community is a good place to raise children; good place to retire; and food availability. Followed closely behind these five was "family life," adding to the trend of family values.
4. Participants were asked to choose any and all of the health education topics that they would like to have more information about. The topics that were requested the least number of times included HIV/AIDS, rape and sexual assault, breastfeeding, sexual health and adult pregnancy planning, and domestic and relationship violence, followed closely by teenage pregnancy and then racism. The five topics which were most requested were nutrition and diet, overweight/obesity, physical activity, wellness and disease prevention, and cancers.
5. Participants were asked to choose which three health issues in Washington County they considered to have the most serious implications for the community. The three issues that received the least number of votes were low immunization rates, women and children's health (prenatal and postpartum care), and rape and sexual assault, followed closely by sexually transmitted diseases and then infectious diseases (i.e. hepatitis, TB, and the flu). The top three issues that received the most votes were substance abuse, unhealthy lifestyle (i.e. obesity, lack of physical activity, and poor nutrition), and chronic disease (cancer, diabetes, heart disease, etc.), followed closely by mental health and then lack of health insurance.
6. Participants were asked to answer eight questions concerning their views on quality of the different aspects of life in Washington County. They rated their answer on a scale of 1 to 5, with 1 being "poor" and 5 being "excellent." There was no comment section available to respondents for these questions. Notably, no question scored a majority of their votes in either the

"excellent" category or the "poor" category. The last two questions were the lowest scoring of the total eight questions.
    - For "Is this community a good place to raise children?" the most votes were under "good" at 36% of respondents, followed closely by 31% voting for "very good." T
    - The next question, "Are you satisfied with the quality of life in our community?" followed the same pattern, with 39% in the "good" category and a close 33% in the "very good" category.
    - "Is this community a good place to grow old?" was nearly a tie, with 34% voting "very good" and 33% voting "good."
    - The next question, "Is the community a safe place to live?" had a significant difference between the top two votes. "Good" had 42% of votes while the next closest, "very good" had 28% of votes.
    - "Are there networks of support for individuals and families during times of stress and need?" also had more votes for "good" at 39%, and then 32% for "fair."
    - Leading with a "good" vote of 44% compared to "fair" with 30% was "Are healthy choices available and accessible in this community?"
    - "Are you satisfied with the health care system in the community?" scored highest with "fair" at 36% and then 30% for "good."
    - Finally, "Is there economic opportunity in the community?" was voted "fair" at 40% and then "good" at 32%.
7. The majority of survey respondents, 103 total, chose their zip code as 45750, which is the code for Marietta, the largest city in Washington County. It is the county seat, and it hosts a significant number of the county's schools, businesses, and service agencies.
8. Survey respondents were asked to indicate their identity as male, female, or other. The majority of respondents were women, representing 70% of everyone who took the survey. Men accounted for about 30% of respondents.
9. Survey respondents were asked to indicate their age in years. While the age distribution was fairly even, the most identified in the 40-54 age range. The least represented groups were those in the under 18 age group and those in the 18-25 age group, the numbers of which were nearly identical. The graph below depicts the well distributed range of respondents.
10. Survey respondents were asked to indicate which racial and ethnic groups they identified with. The majority identified as white, representing 91% of responses. The closest subsequent response accounted for 5% of responses: "prefer not to answer," followed by a 3% response of African American/black. Although this is a homogenous distribution, it accurately reflects the Census race and ethnicity demographics of Washington County.
11. Participants were asked to indicate their current marital status. The majority was 74% for married, partnered, or cohabitating. With only 12% was divorced and then 10% for single. The smallest percentage was 4% for respondents who identified as widowed.
12. Participants were asked to indicate their highest level of education obtained. The education levels with the least responses were "some high school" and "vocational training," with 4% and 3%, respectively. The remaining responses were distributed fairly evenly. A "college degree" received the most responses, with 37% of the total. Tied for second were "high school diploma or GED" and "some college," both with 20%. With a close 16% was "graduate degree or higher."

13. Participants were asked to indicate their current household annual income using the income brackets provided. The responses collected represented a broad representation of the diverse income levels of Washington County residents. The income bracket with 21% of responses was $30,000-$49,000; this is income with the most responses. Tied for second and garnering 17% of responses were $50,000-$74,000 and "prefer not to answer." A close 13% of respondents chose $75,000-$99,000. Another tie, this time for fourth, were $20,000-$29,000 and Over $100,000, with 11% of responses. The least chosen response by a slim margin was Less than $20,000, which was chosen by 10% of survey respondents.
14. Participants were asked to indicate how many individuals live in their family household. Nearly half of respondents, 42%, indicated their family size was two people. 24% of respondents chose three people, 14% chose four people, and finally 10% chose one person. Larger households with five or more people were small percentages of the total responses.
15. Participants were asked to indicate which of the listed choices best describes their employment status. The majority of respondents chose full time employment at 53%. Less than half of respondents, 23%, chose retired. The remainder of choices garnered less than 10% each, including part-time employment, homemaker, self-employed, student, and inability to work.
16. Participants were asked to indicate the payment method by which they afford health care. An overwhelming 69% reported using private health insurance, and a significantly smaller 25% reported using Medicate Part A & B. Medicaid was used by 11% of respondents, followed by a 6% reporting they are uninsured and pay cash. Comments left by survey participants included the naming of specific health insurance companies. Others commented "employer insured," "taken out of check," and "spouse" to specify that their health insurance is provided as a benefit of either their job or their spouse's job.
17. Participants were asked to indicate the number of years that they have been living in Washington County. The majority was 71% who reported they have lived in the county for over 20 years. Residents of 11-20 years numbered 12%, and 5-10 year residents were 8%. Those living in the area for four years or less reported in even smaller numbers.

Key Informant Interview Results

Asterisks (*) indicate an idea was mentioned more than once.

1. What makes you proud of Washington County?

- Recreational trails; outdoor opportunities ***
- The Ohio and Muskingum Rivers **
- Historical significance **
- Robust health system *
- The close family culture to help those in need *
- Geographically beautiful landscape & environment *
- Downtown Marietta *
- Higher education institutions (Marietta College & WSCC) *
- Neighbors helping neighbors *
- Great, caring, friendly people live here
- Natural resources
- Community events
- Farmers markets
- Community pride
- Small community; hometown feel
- Many agencies working together; partnerships
- Volunteers are committed and able
- Lots of talent here
- Healthiest county in Appalachian Ohio
- How we rally around a cause (i.e. fundraisers)
- People, organizations, and partners effectively communicating to prepare, respond, and recover any affected population.
- There are a lot of small groups (pockets) of people doing really great work in our communities. For the most part, our non-profit community agencies collaborate well to serve the residents of Washington County.

2. What is not going so well in Washington County?

- Obesity *
- Childhood obesity *
- Drug use; child opiate addiction; lack of substance abuse care and addiction recovery services *
- Smoking, obesity, and physical inactivity are three of our weakest health behaviors. *
- City government doesn't address critical needs of the community because of self-interest and staying in office; too much political maneuvering. *
- Economy/loss of higher paying jobs *
- General public not being proactive in wanting to be healthy; reluctance to take unpopular steps that would improve health *
- Services for the aging populations; awareness for aging issues
- Mental health services
- Access to health care
- Affordable housing

- Aging infrastructure: roads (specifically township roads); water/sewer
- Air and water quality causing illness and cancers
- Ability to think outside the box and be proactive
- Behavioral health
- School systems
- Lack of parks and activities for youth
- Exporting smart kids for better jobs
- Friction between county and city
- Coordination between medical services, social services, and community organizations
- Getting people to share their needs; pride gets in the way
- Dialysis transportation
- Help for those just above the poverty threshold
- Volunteerism numbers seem to be down overall
- Lack of economic development
- Fiber-broadband-connectivity
- Lack of cultural diversity
- Health and wellness changes at the hospital
- Fee-for-service medical care does not incent improved health outcomes.
- Many of our educated and talented youth are leaving for professional work elsewhere.
- Number of residents with inadequate food sources as evidenced by the large numbers of people relying on food banks regularly

3. What are some specific examples of people or groups working together to improve the health and quality of life in your county and region?

- Community Health Council *
- Washington County Health Department working with community, children, schools, and gardening for a goal of a healthier community; healthy community grants; bikes for worksites *
- Marietta Trail System & River Trail *
- Memorial Health System; Strecker Cancer Center partnered with the American Cancer Society
- Washington County incentives for better health by reducing insurance costs for those participating in wellness activities
- Devola Multi-Use Trail to link walking trails to extend safe places to walk/bike
- Kroger Wetlands volunteers work to maintain trails and green space in city
- Groups, organization, promoting wellness
- Health screening events for county residents
- YMCA
- Safe Kids Coalition
- Family and Children First Council
- Help Me Grow
- United Way
- Local Emergency Planning Commission
- WashCo Wellness Partners
- Marietta Health Department
- Water First For Thirst campaign
- Homeless Initiative
- Wellness coalitions
- Farmers' markets and master gardeners; community gardens

- Dissemination of evidence-based education
- Referrals to scheduled evidence-based workshops
- Better communication between partners/agencies
- Widespread adoption of the Incident Command System
- Many youth services organizations
- Concerned citizens groups
- O'Neill Senior Center (meeting needs of elderly)
- RSVP (Retired Seniors Volunteer Program)
- Food pantries; free meals at churches
- Local city and county police departments
- Geocaching
- Frontier Hiking Club
- Marietta Adventure Company rentals
- Walk with a Doc
- SNAP-Ed; Cooking Matters; Diabetes Prevention Program; Live Healthy Kids
- Work @ Health Coalition; Creating Healthy Communities Coalition; Lifestyle Change Network
- Shale Crescent USA jobs

4. What do you believe is keeping Washington County from doing what needs to be done to improve health and quality of life?

- Funds; financial restrictions *
- Most people are resistant to change and want to do things the way they have always been done *
- Culture shift as it relates to population health
- City government doesn't address critical needs of the community because of self-interest and staying in office
- Inadequate mental health resources
- Drug abuse
- Homelessness
- People are blind to what doesn't directly touch their lives
- Culture
- Lack of education/understanding
- Presence of factories in area
- Stagnation; people stuck in their ways; not wanting to think outside the box
- Territorial
- Lack of interest and empathy
- Inadequate connection between healthcare and community resources
- Fractured public health (three local health departments)
- Large expected increase in senior population
- Economy
- Willingness to volunteer
- Educating our community- call to action
- Fear of change
- There is a lack of value in health prevention & wellness and a lack of focus on helping children develop healthy habits.
- Physicians do not promote disease prevention and wellness.
- Healthcare providers are too liberal when writing narcotic RX's
- Momentum; incentive; access for all; information where people need it; feet on the street

5. What actions, policy, or funding priorities would you support to build a healthier community?

- Community-wide effective health planning *
- Retention of clinicians and services needed from medical community
- Mental health levy
- Drug treatment facility; drug abuse education at jr. and high school levels
- Homeless assistance
- More affordable housing
- Activities for families (be active and healthy); free exercise classes (especially for children)
- Mental health and substance abuse programs and recovery services
- Building of more fitness areas, bike trails, etc.
- Commissioners and city officials offering more funding
- Federal and state agencies offering more grants
- Parks
- Schools
- Local health department consolidation
- Economic development
- State tobacco tax significant increase
- Adopt a county-wide "No Tobacco Till 21" policy.
- Funding to supply smoking cessation classes
- Increased funding in alternative models of transportation
- Eliminate foods with zero nutrition from SNAP
- Development of a network of evidence based program providers with annual calendar of events for referrals by community with incentives for participation by county residents
- Increased funding
- Preparing projects that could be ready to submit when funding presents
- Greater coordination among current providers; more networking
- Any action or policy that promotes volunteerism and grant funding for communities' preparedness and wellness
- Take emphasis off of seeking funds and more emphasis on understanding our needs
- Creating Healthy Communities and Communities Preventing Chronic Disease grants; wellness grants
- Policy and environmental changes at worksites, parks & rec, environmental policies
- Expand Live Healthy Kids to all Washington County elementary schools.
- County/municipal planners design active living/commuting communities..
- We all need to adopt a "health in all policies" approach.
- Work@Health

6. What is the most important thing that Washington County can do to improve the health and quality of life of its residents?

- Educate community about health and the value of being healthy ***
- Change the culture; make the healthy choice the easy choice
- Coordination of existing community resources
- Access to mental health care
- Substance abuse programs
- Implement more healthy lifestyle programs into our schools

- Gardening; growing our own healthy foods
- The companies, hospital groups, and agencies that have more money come together to improve healthcare access, wellness centers, and strive for a healthy community
- Become proactive
- Take a holistic approach
- Address prevention and mental health issues at an early age
- We need to get our schools in better shape; this will deter new families to the area and healthy families from staying in the area. We need to start with our kids!
- Reduce tobacco use
- Improve economy
- Increased code enforcement effort to prevent identifiable disasters from occurring
- Work together, make all resources known
- Involve all our schools' and businesses' health- both mental and physical
- Have an open mind for change to help create a healthier community
- All stakeholders need to focus on making the healthy choice the easy choice via policy, system and environmental changes in all of our communities. We all need to adopt a "health in all policies" approach.

Forces of Change Assessment Overview

The Forces of Change Assessment (FOCA) seeks to identify forces- trends, factors, or events- that are influencing or will likely influence the health and quality of life of the community and the work of the local public health system in Washington County. Trends are defined as patterns over time, factors are discrete elements, and events are one-time occurrences.

The five forces of change categories included the following:

- Political/Legal/Legislative
- Environmental
- Economic
- Education/Scientific/Technological
- Social/Cultural

During the assessment, participants were asked to think about the forces of change outside of their control that affect the local public health system or community by answering the following questions:

- What has occurred recently that may affect our community/local public health system?
- What may occur in the future?
- Are there any trends occurring that may have an impact? Describe them.
- What forces are occurring locally? Regionally? Nationally? Globally?
- What characteristics of our jurisdiction or state may pose an opportunity or threat?
- What may occur or has occurred that may pose a barrier to achieving the shared vision?

After the forces of change brainstorming, participants engaged in a SWOT Analysis (**S**trengths, **W**eaknesses, **O**pportunities, **T**hreats) to develop a more in-depth understanding of the impact of the forces of change on Washington County. Posters were utilized to compile all suggestions and to help participants better visualize aforementioned ideas. Participants were encouraged to ask questions and add comments to all ideas being shared.

SWOT Analysis Results

Table 1: Political/Legal/Legislative Forces of Change (FOC) SWOT Analysis

STRENGTHS	WEAKNESSES
• *Small communities mean better access to policymakers and politicians • *ACA- volume to value shift • Technology makes it easier to reach policy makers/politicians • Local development district • State Representative and Congressional Representative from Marietta • Washington County Alert • 2016 presidential election • Marijuana legalization legislation	• *Elected officials & policymakers just want to keep jobs o Priorities skewed o Don't represent constituents o Don't focus on mental health/disabilities • *Less challenge to status quo because of small community (everyone knows everyone) • Classification of counties as rural and urban • Loss of tax base for schools • Marijuana legalization legislation • 2016 presidential election Distrust of government
OPPORTUNITIES	**THREATS**
• *ACA • Community organizations can invite elected officials (or representatives) into the field so they have better understanding • State has given communities authority to implement ordinances/regulations regarding legal smoking age, cigarette tax, etc. • Medicaid expansion of eligible covered services • Data analytics gain better understanding of community trends • Technology • 2016 presidential election • Marijuana legalization legislation • Severance tax	• *Urban/rural differential for funding • *ACA changes in healthcare system • Data analytics manipulate consumers • Technology • Classification of counties as rural and urban • Septic to sewer changes • Marijuana legalization legislation • 2016 presidential election • Greater state control • Small community equates to less state/national representation • Out of touch officials • Elected officials & policymakers just want to keep jobs o Priorities skewed o Don't represent constituents o Don't focus on mental health/disabilities

Table 2: Environmental FOC SWOT Analysis

STRENGTHS	WEAKNESSES
• *Paved walking trails/hiking trails/mountain bike trails • *Two rivers • Community gardens • Second farmers' market starting • Composting • Land available for agriculture; ability to grow own food • Land use ordinances require green space • Attracting tourists • Close proximity to I-77	• *Two rivers • *Pollution (water and air quality) • *Oil and gas industry • Septic system • Sustainability practices • Floods • Logging/clearing of forests • Mosquito diseases
OPPORTUNITIES	**THREATS**
• *Two rivers • *Alternative energy sources • *Tourism • Green space requirements when developing land • Move towards conservation and sustainability efforts	• *Two rivers • *Pollution (water and air quality) • *Oil & gas industry • Cheap gas prices • Devola sewage problems • Invasive species (emerald ash borers; tree of heaven, etc.) • Mosquito diseases (Zika) • Prenatal care is expensive

Table 3: Economic FOC SWOT Analysis

STRENGTHS	WEAKNESSES
• Tourism • Downtown area • Two rivers • Family caregivers • Port authority • One of the stronger economies of SE Ohio • Memorial Health System • Proximity to I-77 and Parkersburg, WV	• *Move towards service jobs that pay lower wages • *Poor school system • *Lack of affordable and quality housing • Lack of trained workers • Transportation • Lack of resources/funding to handle aging population • Income requirements exclude some of the population that need services • Not enough private pay options • Economic strain & cost of caregivers on employers, healthcare, and caregivers themselves • Weak marketing of the community to draw in more people • Oil and gas industry • Cheaper to buy fast food than healthy options
OPPORTUNITIES	**THREATS**
• *Marketable community • *Building affordable housing • *Oil & gas industry • Need more motivated, trained workers • Look past "chasing the grant" to create sustainable programs • Sustainability practices tied to savings • Expansion of community service agencies and collaboration between them • Possible legalization of marijuana • Shale Crescent USA (midstream downstream oil & gas initiative) • Healthcare out of county saves people money • AEP new equipment/power lines	• *Oil & gas industry • *Funding sources • Reduction in labor jobs • Floods • Algae blooms • Businesses care about profit more than health of consumers • Interstate-77 creates more opportunities for drug trafficking • Department of Labor changes • Need more funding for aging population • Spending money on treatment rather than prevention • Possible legalization of marijuana • Healthcare out of county takes money from local health system • Threat of disease on finances and healthcare • Expensive childcare • Stress on families o Two working parents o Single head households

Table 4: Education/Scientific/Technological FOC SWOT Analysis

STRENGTHS	WEAKNESSES

• *Marietta College
• Marietta College increases diversity with international students
• *WSCC
• *WCCC
  o Collaboration with employers for job placement
• Crisis Intervention Training for police officers
• WASCO
• Health educators at community agencies
• Private school options
• Marietta schools added Chinese language classes
	• *Poor school systems; rising costs
	• *Decrease in high school graduates
	• *Lack of retention of quality teachers
	• *Losing funding to online schooling
	  o Marietta schools lost $1 million last year
	• Students' educational and emotional needs aren't all being served
	  o Failing system to help kids succeed
	  o Long bus rides/commute to schools
	  o Lack of home economic classes/health education
	• Bullying
	• Lack of resources for treating/supporting kids
	• Teachers asked to do too much for their students
	• Lack of community awareness for disabilities and mental health
	• Lack of diversity
	• Security in schools (cost, time, personnel, equipment, etc.); fear for students' safety

OPPORTUNITIES	**THREATS**
• *Nutritional education for children • *Technology to monitor and improve health; TeleDoc • Educate about mental health, disabilities and drug abuse • Strengthening parents and families • Young workers embrace technology • Free online classes from colleges • Education about safe sexual practices • Field trips with schools	• *Cost of higher education & student loan debt • Tax base loss • Marietta College losing students • Competition of colleges and online colleges • School safety (school shootings) • Standardized testing pressure to meet standards and results • Insurance costs for the school employers • Lack of diversity • Fewer funding opportunities

Table 5: Social/Cultural FOC SWOT Analysis

STRENGTHS	WEAKNESSES

• *Appalachian culture
  o Opportunities for funding
  o Good family values
  o Religiosity
  o Respect for heritage and history
• *People help people
• Free family nights/family programs
• Shift to acceptance of healthy lifestyle
• Resources for people needing help and community support
• Volunteers
• Lots of talented people
• Downtown district
• Community to Community organization engages families
• Smaller families
• Technology
	• *Lack of diversity
	• *Obesity; sedentary lifestyle; overuse of recreational technology
	• *Greater need for community health resources; lack of knowledge of available resources
	• Lack of community awareness of disabilities/mental health
	• Volunteers getting older, tired, and spread too thin- need more support
	• Reactive instead proactive
	• Appalachian culture
	  o Stereotypes
	  o Fear/suspicion of outsiders & government
	  o Lack of funding
	• Weak park systems/playgrounds
	• Lack of treatment facilities; access to existing ones
	• Parenting
	• Smaller families
	• Younger generations suffering from chronic diseases earlier
	• Unsafe sexual behavior
	• Stigma of teaching sex education
	• Domestic violence
	• Drug abuse and addiction
	• Financial strain causes reduced quality of life, less social interaction, etc.
	• Entitlement to government assistance is multigenerational

OPPORTUNITIES	**THREATS**
• *Technology • Younger generation having better, proactive health habits • Greater need for community health resources • Supporting families • Education about drugs, mental health, disabilities, sex education, etc. • Opportunity to be flexible with millennials to encourage them to volunteer • More accepting and tolerant of different lifestyles • Social media makes it easier to share information, ideas, and resources with people	• *Technology makes us less social & media can incite fear • Fear of everything • SE Ohio problems ignored • Rural communities not recognized at state/federal level for funding • Childcare cost • Stress on families • Fast food • Obesity • Dependence on medicine • Safety of neighborhoods • Drug epidemic • I-77 and Parkersburg, WV brings in drugs • Social stigma and stereotypes

Brainstorming Results

FORCES OF CHANGE: TRENDS, FACTORS & EVENTS
• Growing senior population ***** • Educated & talented young people are moving away for professional jobs, leaving Washington County with a large, aging population. *** • Increase in drug abuse and addiction (heroin) *** • Lack of cultural diversity ** • Fear (disease, cultures, safety, terrorism threats) ** • Affordable Care Act incents health systems to focus on prevention and improving health outcomes.* • More people have insurance through the Affordable Care Act (increased access to healthcare) * • Decrease of college educated * • Childhood obesity; activities are more sedentary * • Decrease in economic area and increase in poverty * • Decrease in jobs * • More behind desk jobs and lack of physical activity opportunities * • More fast food and processed food options; cheaper than fresh, healthy foods * • Environmental pollution; oil and gas pollution (water, air) * • Severe weather events and natural disasters such as fires, floods, severe weather and power outages * • Rural Appalachian location • Two rivers; history of floods • Transportation is an issue for those most at-risk, particularly in rural areas. • Reimbursement for evidence-based health prevention programs has not yet arrived. • Washington County's conservative values can be at odds with evidence-based health policies and initiatives. • Healthcare cost and utilization • Traditional Appalachian culture fosters poor health behaviors. • Obesity and smoking continue to negatively impact our population's health. • Traditional Appalachian culture is resistant to change. • Local community leaders/planners do not traditionally invest in healthy living design and infrastructure. • Minimal nutrition education and physical activity in the local school systems. • The health system and community resources/agencies are really just beginning to provide a complimentary approach to improve population health. • Heroin (et al.) epidemic • Volume to value change in healthcare • Lack of funding to handle anticipated growth/problems/concerns • Mindset gravitating to healthy educational opportunities • Caregivers overworked- lack of support and respite

- "All or nothing attitude"
- Rural community struggles not realized at state/federal level
- Not addressing problematic areas until there is a fire
- Fair Labor Standards Act (FLSA)
- Lack of understanding of upcoming changes
- Look past "chasing the grant"
- Volunteers get tired as they age
- Childcare
- Fewer high school graduates
- Increase in number of factories and plants
- Lack of mental health resources
- Increase in crime
- Appalachia has more poverty and less educational opportunities and attainment
- Decrease in available funding for community projects
- More job opportunities in service areas (fast food, etc.)
- Travel diseases, such as Zika
- Adult and child food insecurity
- Grants/funding that are not sustainable once it's started
- Increase in mental health and behavioral issues
- Aging communities with greater at-risk populations and rural areas
- Unisex bathrooms
- Long bus rides
- Cancer rates
- Percentage of residents receiving public assistance
- Social stigma and stereotypes
- Two cancer centers within about 16 miles
- Sense of entitlement: "why should I; what will you give me"

Local Public Health System Assessment Overview

The Local Public Health System Assessment (LPHSA) focuses on the local public health system- including all organizations and entities within the community that contribute to the public health. The LPHSA is used to understand the overall strengths and weaknesses of the public health system, using the Ten Essential Public Health Services as its fundamental framework for the assessment. The Essential Public Health Services (EPHS) list the ten public health activities that should be undertaken in all communities. (Table below lists the Ten Essential Public Health Services.)

The LPHSA seeks to answer the following questions:

- What are the components, activities, competencies, and capacities of our local public health system?
- How are the Essential Public Health Services being provided to our community?

The National Public Health Performance Standards (NPHPS) are the basis for the LPHSA. This standardized tool measures the performance of the local public health system (LPHS) – defined as the collective efforts of public, private, and voluntary entities, as well as individuals and informal associations that contribute to the public health within a jurisdiction.

Ideally, a group that is broadly representative of these public health system partners will participate in the assessment process. By sharing their diverse perspectives, all participants will gain a better understanding of each organization's contributions, the interconnectedness of their activities, and how the public health system can be strengthened.

	The Ten Essential Public Health Services
1	Monitor health status to identify and solve 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 and action 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 insurance and safety
7	Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8	Assure a competent public 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

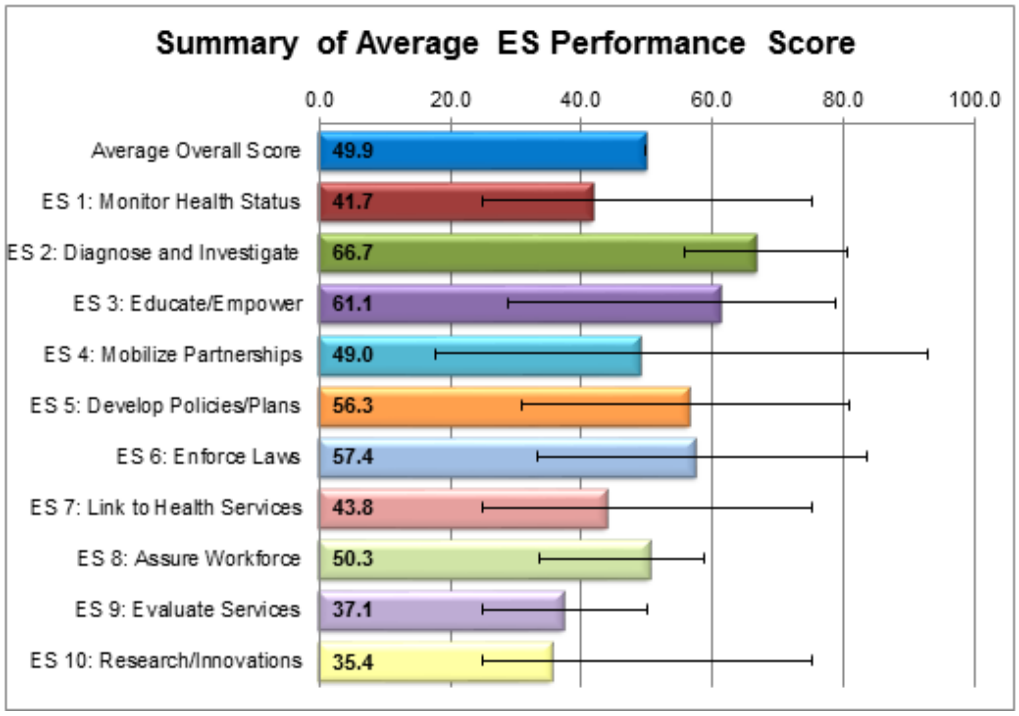
Each EPHS model standard is scored by LPHSA participants to assess system performance on the following scale:

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

The NPHPS results are intended to be used for quality improvement purposes for the Washington County public health system and to guide the development of the overall public health infrastructure.

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 across all ten Essential Services. More results can be found in the full report.



Community Health Status Assessment Overview

The Community Health Status Assessment (CHSA) provides an understanding of the community's health status and ensures that the community's priorities include specific health status issues. It is a crucial component of the MAPP process in that the data gathered serves as the foundation for analyzing and identifying community health issues and determining where the community stands in relation to peer communities, state data, and national data.

The CHSA answers the following questions:

- How healthy are our residents?
- What does the health status of our community look like?

The CHSA consists of 11 broad-based categories, within which are a range of core indicators that describe the health and well-being of the community through examination of determinants of health. Social and economic conditions, especially, may contribute to health issues and inequities among special and vulnerable populations.

The MAPP Core Group and the WashCo Wellness Partners collected data for these categories. Not all data was available, but this lack of data could serve as a strategic issue in the future.

Results

Some of the issues discovered by the CHSA include:

- For every 100,000 residents in Washington County, there are only about 40 dentists accessible to provide dental care and 40 mental health providers accessible for mental health care. Both of these rates are significantly lower than both Ohio and United States rates. In addition, more than 40% of adult residents report not having visited a dentist within the past year, significantly higher than state and national percentages.

- The number of individuals receiving Medicaid health coverage is higher than both the state and national numbers.

- Nearly half of all grandparents are living with and responsible for their grandchildren.

- About a quarter of residents over age 18 are current cigarette smokers.

- One-third of adults are obese, or have a BMI greater than or equal to 30.

- Three-quarters of adults self-report not eating enough fruits and vegetables.

- Fewer adults in Washington County than in Ohio are having preventative screenings done to identify cancer and other diseases.

- 10 of every 100 adult residents have diabetes.
- For many of the cancers listed in this report, both the incidence and mortality rates are higher in Washington County than in Ohio overall.
- The rates of STD incidence are much lower than in Ohio overall.

Strategic Issues

Aided by the data from all four assessments, the WashCo Wellness Partners members were able to select key strategic issues to focus on for both the Community Health Assessment and Action Planning and Implementation phase of the MAPP process. Brainstorming for each issue was conducted at subsequent meetings, and members were assigned to committees to facilitate project implementation, ensuring continuation as a community-owned process.

The strategic issues are:

- Behavioral Health
- Education
- Chronic Disease
- Poverty

Washington County
Community Themes and Strengths Assessment

WashCo Wellness Partners
September 2016

Our Vision

"A respectful and encouraging community that advocates for health equity, collaboration, and inclusiveness between leaders, organizations, and individuals who strive together to make Washington County the healthiest county in Ohio."

MAPP
Mobilizing for Action through Planning and Partnerships (MAPP)

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CTSA Participants

American Red Cross
Chris Marrero

Behavioral Health Board- The Right Path
Cathy Harper

Buckeye Hills- Area Agency on Aging
Mindy Cayton

City of Marietta
Cathy Harper

Family & Children First
Cindy Davis

Marietta City Health Department
Vickie Kelly
Kelly Miller
Jonni Tucker

Marietta College (Physician Asst. Program)
Miranda Collins

Marietta Convention & Visitors Bureau
Jeri Knowlto

Memorial Health System
Shawn Bail

O'Neill Center
Connie Huntsman

Proactive Health Solutions
Darren Swartz

Retired and Senior Volunteer Program (RSVP)
Lisa Valentine

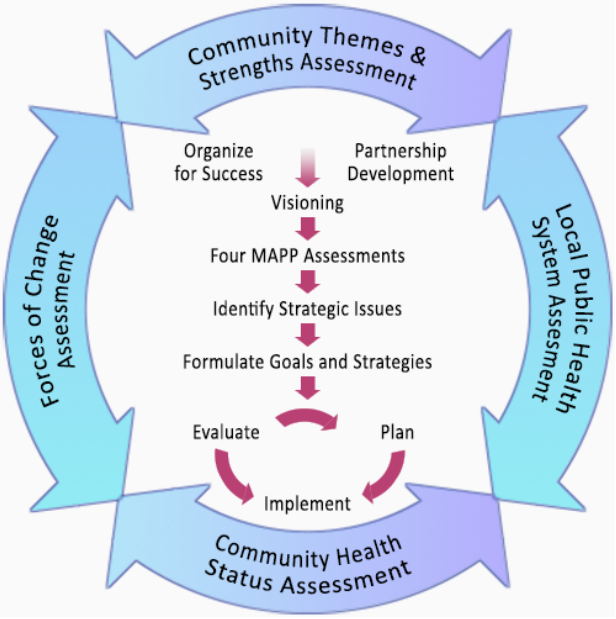
Washington County Health Department
Jody Alden
Jayne Call
Angela Lowry
Court Witschey
Richard Wittberg

Washington State Community College
Heather Kincaid

YMCA
Suzy Zumwalde

Introduction

In 2016, a broad array of public health stakeholders from Washington County convened as the WashCo Wellness Partners to conduct a Community Health Assessment by use of the Mobilizing for Action through Planning and Partnerships (MAPP) process. MAPP is a community-driven strategic planning framework that assists communities in developing and implementing efforts around the prioritization of public health issues and the identification of resources to address them as defined by the Ten Essential Public Health Services. The MAPP process includes four assessment tools, including the Community Themes and Strengths Assessment.



The Community Themes and Strengths Assessment results in a strong understanding of community issues, both strengths and weaknesses, and perceptions about quality of life of community members. During this phase, thoughts, opinions, concerns, and solutions are gathered – anything that provides insight into the health issues of the community. The CTSA answers the questions:

What is important to our community?

How is quality of life perceived in our community?

What assets do we have that can be used to improve community health?

Listening to and communicating with the community is essential to any community-wide initiative. By mobilizing and engaging the Washington County community to identify impressions and thoughts about the community's health, the WashCo Wellness Partners can better pinpoint important issues and highlight possible solutions. More importantly, by involving community residents and truly listening to their concerns, every participant feels like an integral part of the process, which ensures greater sustainability and enthusiasm for the process.

The CTSA is an important part of the MAPP assessments and planning process, and its findings will be used in conjunction with the results of the other three MAPP assessments to identify key strategic issues. These priorities for community action will lead to development of a community health improvement plan (CHIP), which will in turn guide future strategy development, policy recommendations, and program planning by the WashCo Wellness Partners.

Methodology and Rationale

The WashCo Wellness Partners convened on two meeting days, May 24th, 2016 and June 2nd, 2016, at the Washington County Emergency Operations Center to conduct the CTSA. Of these two identical meetings, one was in the morning and one in the evening to allow for greater attendance by community partners. Two Public Health Accreditation Technicians from the Washington County Health Department facilitated the meetings. The CTSA consisted of two separate and distinct methods to gather a broad range of data: Key Informant Interviews conducted at the two meetings; and a survey completed by community residents.

On the May 24th and June 2nd meetings, facilitators distributed a Key Informant Interview worksheet to participants before leading into the Forces of Change Assessment. The purpose of this in-depth interview is to capture the unique perspectives, experiences, motivations, and beliefs of local public health leaders, professionals, and/or residents on the assets and issues of the community. The qualitative data gathered will contribute to developing a better understanding about factors impacting the health and quality of life in Washington County.

The primary method to collect input was the Themes and Strengths of Washington County Survey. The survey was designed and approved by the Core Group members of the WashCo Wellness Partners and Public Health Accreditation Technicians of the Washington County Health Department to ensure questions were linguistically appropriate, nonbiased, and accurately represented the population. It consisted of five perception of health questions, eight quality of life questions, and eleven demographic questions. It was distributed by e-mail and paper through networks of individuals who live, work, and play in the county with the intention of reaching many different populations. By representing the demographic diversity in the county, the WashCo Wellness Partners seek to continue the Community Health Assessment process as community-owned.

The Themes and Strengths of Washington County survey was emailed on July 19th to all WashCo Wellness Partners members, county employees, and community residents. In addition to e-mail distribution, Public Health Accreditation Technicians conducted several outreach events to represent more individuals in the community. The first engaged the senior population in the outlying, rural

community of Cutler. WashCo Wellness Partners member Bruce Kelbaugh administered the paper survey to individuals at the Cutler Community Center during the first two weeks of August, resulting in 35 completed surveys.

The second outreach activity took place at the Washington County Fair which was held in Marietta, Ohio from September 2nd-6th, 2016. Public health officials from the Washington County Health Department engaged fair attendees with the paper survey at an appointed booth, resulting in 89 completed surveys. Surveys were collected on September 3rd from 9 A.M.-6 P.M., September 4th from 11 A.M.-5 P.M., and September 5th from 10 A.M.-5 P.M. The survey remained open until September 7th, the total accumulation of which (both paper and online) was 244.

Data from the survey and Key Informant Interview were analyzed based on its classification as qualitative or quantitative. Survey questions with defined answers are considered quantitative and any comments are qualitative.

Community Health Survey

Perceptions of Health Survey Results

QUESTION 1: Where do you get information about health services, social services, and community resources in Washington County? (Choose all that apply.)

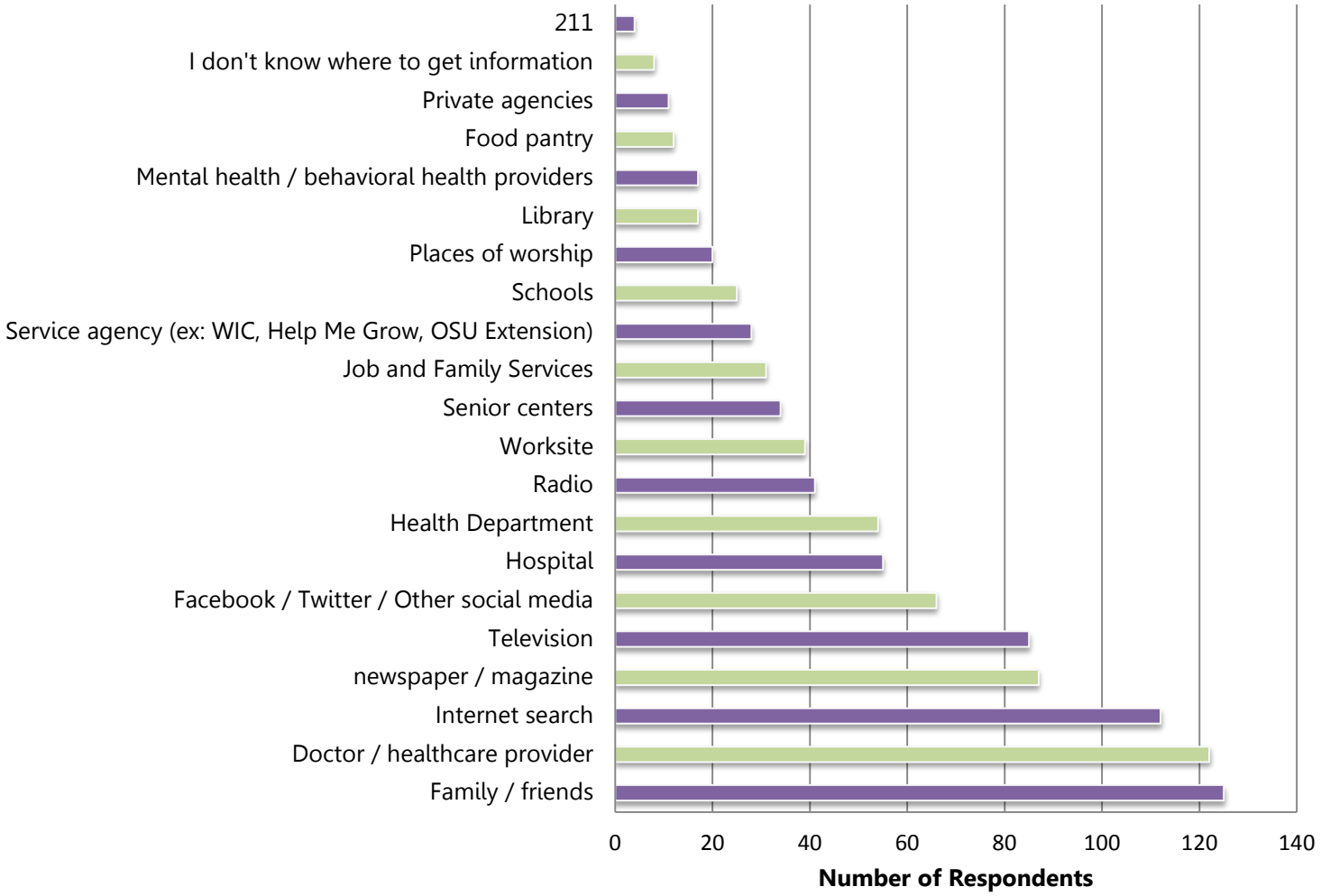
Answer Choices	Number of Respondents	Percentage
Family / friends	125	52%
Doctor / healthcare provider	122	51%
Internet search	112	46%
newspaper / magazine	87	36%
Television	85	35%
Facebook / Twitter / Other social media	66	27%
Hospital	55	23%
Health Department	54	22%
Radio	41	17%
Worksite	39	16%
Senior centers	34	14%
Job and Family Services	31	13%
Service agency (ex: WIC, Help Me Grow, OSU Extension)	28	12%
Schools	25	10%
Places of worship	20	8%
Library	17	7%
Mental health / behavioral health providers	17	7%
Food pantry	12	5%
Private agencies	11	5%
I don't know where to get information	8	3%
211	4	2%
Total	241	

Please Note:
The table above and bar chart below depict the percent of respondents who selected each answer option. Percentages total more than 100% as respondents were asked to select multiple areas.

Participants were asked to select all the sources through which they are informed about community services and health information relevant to improving health. The major sources of this information, as indicated by survey data, are family and friends, doctor/healthcare provider, internet search, newspaper/magazine, television, and social media, respectively. The least utilized sources are United Way's 2-1-1, "I don't know where to get information," private agencies, food pantry, and mental health/behavioral health providers.

Additional comments by survey respondents identified specific service agencies (i.e. Family and Children First, Area Agency on Aging, Buckeye Hills Hocking Valley Regional Development District) and "support groups."

FIGURE 1: Sources for Local Services and Health Information



QUESTION 2: Which of the following do you think PREVENTS you and/or other people from accessing health services, social services, and other resources in Washington County? (Choose all that apply).

Answer Choice	Number of Respondents	Percentage
Cost	147	62%
Insurance coverage (inadequate or lack of)	116	49%
Knowledge or information about services / resources (inadequate or lack of)	85	36%
Availability	75	32%
Uncomfortable asking for help	67	28%
Unable to meet eligibility requirements for services or benefits	65	27%
Only want help when sick / in emergency	63	26%
Personal choice	49	21%
Personal conflict (schedule, respite, legal, spouse, etc.)	43	18%
Transportation	43	18%
Wait time (lack of timely access when needed)	42	18%
Provider shortage	29	12%
Substance abuse	22	9%
Housing (inadequate or lack of residential address)	14	6%
I don't think anything prevents people in Washington County from accessing services.	11	5%
Don't know	8	3%
Total	238	

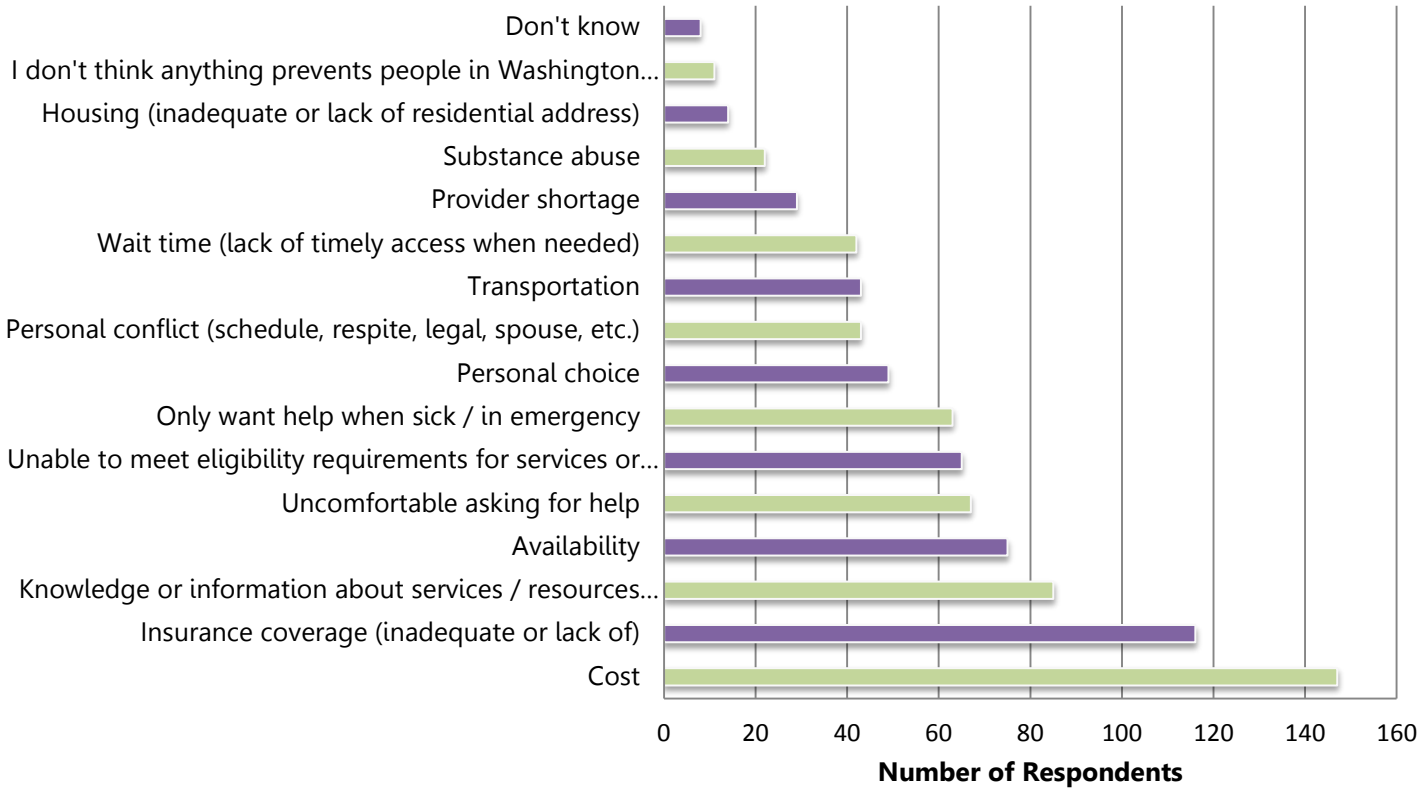
Please Note:
The table above and bar chart below depict the percent of respondents who selected each answer option. Percentages total more than 100% as respondents were asked to select multiple areas.

Participants were asked to select any and all variables they felt prevented themselves or others from accessing health services and resources in Washington County. Survey respondents indicated the top five preventative factors were cost, insurance coverage (inadequate or lack of), knowledge or information about services/resources (inadequate or lack of), availability, and uncomfortable asking for help, respectively. The five options voted least likely to prevent residents from accessing health services were provider shortage, substance abuse, housing (inadequate or lack of residential address), "I don't think anything prevents people in Washington County from accessing services," and "Don't know."

Comments left by respondents provided a more qualitative analysis of the question. Responses included "inadequate insurance coverage," "lack of good doctors," "services generally only available during work hours for those people who have full time jobs," "confusing process," and "People with welfare benefits who do not pay for medical use the ER like it is grandma's house and that makes wait

times longer for those of us who pay out the nose for insurance and actually need services from the ER."

Figure 2: Factors Preventing Access to Health Services, Social Services and Other Resources



QUESTION 3: Please rate each of the following aspects of Washington County.

Health Factor	Strong	Adequate	Needs Improvement	Total
Substance abuse treatment	2	32	163	197
Substance abuse prevention	4	44	148	196
Economy	4	55	157	216
Sexual health and education	6	93	73	172
Mental health treatment	6	50	132	188
Job opportunities	7	50	165	222
Suicide prevention	9	52	122	183
Environmental factors (clean and safe air,	9	78	140	227

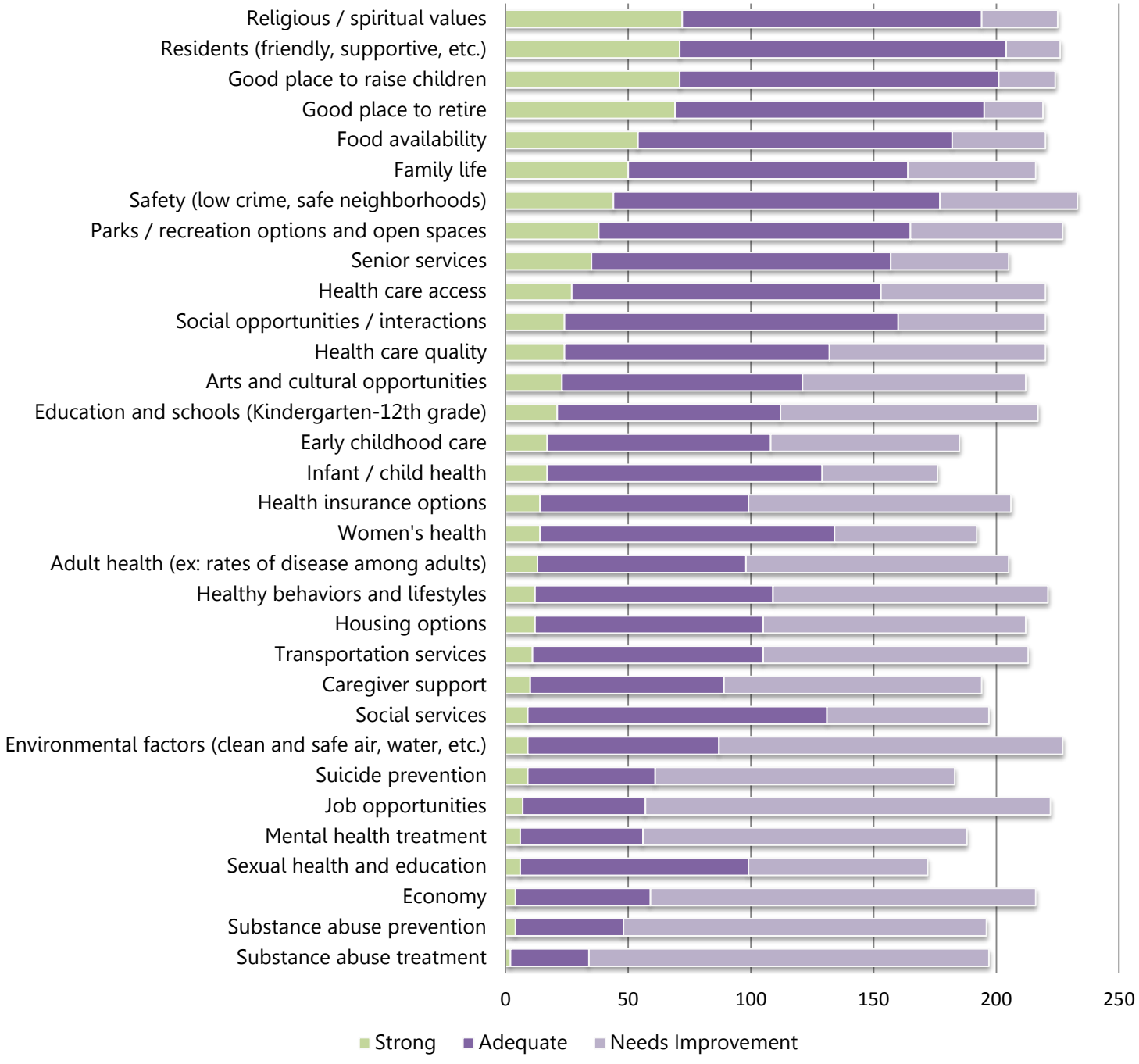
water, etc.)				
Social services	9	122	66	197
Caregiver support	10	79	105	194
Transportation services	11	94	108	213
Housing options	12	93	107	212
Healthy behaviors and lifestyles	12	97	112	221
Adult health (ex: rates of disease among adults)	13	85	107	205
Women's health	14	120	58	192
Health insurance options	14	85	107	206
Infant / child health	17	112	47	176
Early childhood care	17	91	77	185
Education and schools (Kindergarten-12th grade)	21	91	105	217
Arts and cultural opportunities	23	98	91	212
Health care quality	24	108	88	220
Social opportunities / interactions	24	136	60	220
Health care access	27	126	67	220
Senior services	35	122	48	205
Parks / recreation options and open spaces	38	127	62	227
Safety (low crime, safe neighborhoods)	44	133	56	233
Family life	50	114	52	216
Food availability	54	128	38	220
Good place to retire	69	126	24	219
Good place to raise children	71	130	23	224
Residents (friendly, supportive, etc.)	71	133	22	226
Religious / spiritual values	72	122	31	225
Total	239			

Participants were asked to rate each listed health factor in Washington County as one of four options: Strong, Adequate, Needs Improvement, or Don't know/no opinion. The table above is organized from rated **least strong and needing the most improvement** to rated **most strong and needing the least improvement.** "Don't know/no opinion" was not included in the weighing calculations and therefore is not listed.

The five weakest factors were substance abuse treatment, substance abuse prevention, the economy, sexual health and education, and mental health treatment, demonstrating a significant lack of services for three areas of community health. The five strongest factors were as follows: religious/spiritual values; residents; the community is a good place to raise children; good place to retire; and food availability. Followed closely behind these five was "family life," adding to the trend of family values.

Despite shortage of adequate services, Washington County residents consider their community a supportive and beneficial place for themselves and their children to call home.

FIGURE 3: Rating of Washington County Health Factors



QUESTION 4: What health education topics would you like more information about? (Choose all that apply.)

Answer Choices	Number of Respondents	Percentage
Nutrition / diet	78	40%
Overweight / obesity	71	36%
Physical activity	65	33%
Wellness / disease prevention	64	33%
Cancers	63	32%
Aging	62	32%
Caregiver stress	57	29%
Substance abuse prevention	55	28%
Women's health	54	28%
Mental / emotional health	53	27%
Firearm safety	50	26%
Substance abuse treatment	50	26%
Bullying	49	25%
Diabetes	47	24%
First aid / emergency response	46	24%
High blood pressure	44	23%
Tobacco use / quitting	44	23%
Heart disease and stroke	44	23%
Child abuse / neglect prevention	39	20%
Dental health	38	19%
Suicide	36	18%
Vaccines / immunizations	33	17%
Motor vehicle safety (car seats, seat belts, ATVs)	32	16%
Safety (swimming, safe walking, home safety, fire prevention, etc.)	31	16%
Infectious diseases (hepatitis, the flu, etc.)	29	15%
Fall prevention	28	14%
Respiratory disease	28	14%
Infant / child health	27	14%
Racism	22	11%
Teenage pregnancy	22	11%
Domestic / relationship violence	21	11%
Sexual health / adult pregnancy planning	17	9%
Breastfeeding	16	8%
Rape / sexual assault	16	8%

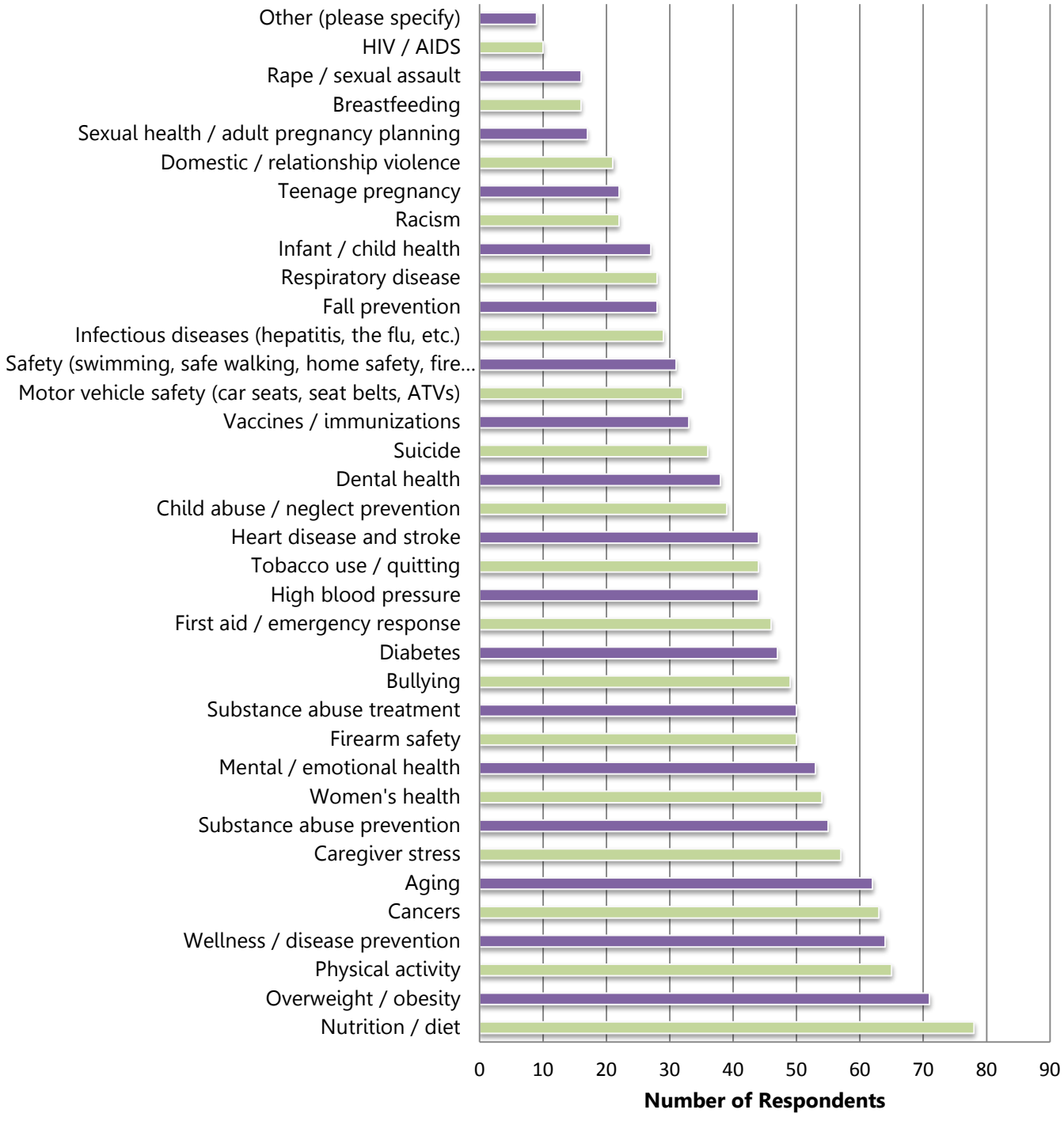
HIV / AIDS	10	5%
Other (please specify)	9	5%
Total	195	

Please Note:
The table above and bar chart below depict the percent of respondents who selected each answer option. Percentages total more than 100% as respondents were asked to select multiple areas.

Participants were asked to choose any and all of the health education topics that they would like to have more information about. The topics that were requested the least number of times included HIV/AIDS, rape and sexual assault, breastfeeding, sexual health and adult pregnancy planning, and domestic and relationship violence, followed closely by teenage pregnancy and then racism. The five topics which were most requested were nutrition and diet, overweight/obesity, physical activity, wellness and disease prevention, and cancers.

Additional comments left by respondents provided a more qualitative analysis of the question. There were several comments regarding personal issues, such as gastrointestinal issues or misunderstanding of health insurance. Two other notable comments were “bed bug transmission in rental housing” and “How desk jobs contribute to obesity and lack of exercise and more employers need to allow for physical activity during the workday. Something besides sitting!”

FIGURE 4: Information Requested for Health Education Topics



QUESTION 5: What are the most serious health issues in Washington County? (Choose up to 3.)

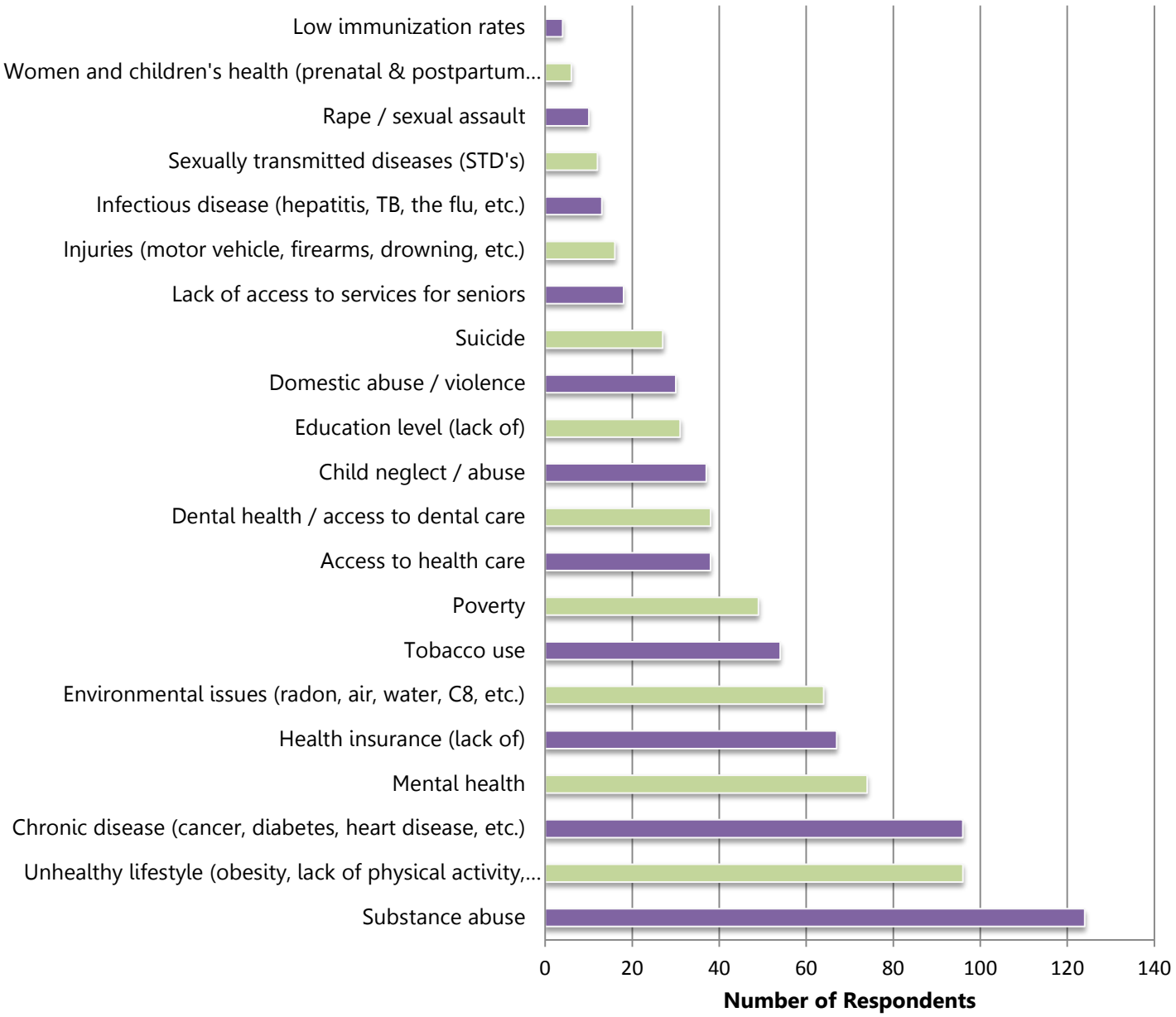
Answer Choices	Number of Respondents	Percentage
Substance abuse	124	53%
Unhealthy lifestyle (obesity, lack of physical activity, poor nutrition)	96	41%
Chronic disease (cancer, diabetes, heart disease, etc.)	96	41%
Mental health	74	31%
Health insurance (lack of)	67	29%
Environmental issues (radon, air, water, C8, etc.)	64	27%
Tobacco use	54	23%
Poverty	49	21%
Access to health care	38	16%
Dental health / access to dental care	38	16%
Child neglect / abuse	37	16%
Education level (lack of)	31	13%
Domestic abuse / violence	30	13%
Suicide	27	11%
Lack of access to services for seniors	18	8%
Injuries (motor vehicle, firearms, drowning, etc.)	16	7%
Infectious disease (hepatitis, TB, the flu, etc.)	13	6%
Sexually transmitted diseases (STD's)	12	5%
Rape / sexual assault	10	4%
Women and children's health (prenatal & postpartum care)	6	3%
Low immunization rates	4	2%
Total	235	

Please Note:
The table above and bar chart below depict the percent of respondents who selected each answer option. Percentages total more than 100% as respondents were asked to select three areas.

Participants were asked to choose which three health issues in Washington County they considered to have the most serious implications for the community. The three issues that received the least number of votes were low immunization rates, women and children's health (prenatal and postpartum care), and rape and sexual assault, followed closely by sexually transmitted diseases and then infectious diseases (i.e. hepatitis, TB, and the flu). The top three issues that received the most votes were substance abuse, unhealthy lifestyle (i.e. obesity, lack of physical activity, and poor nutrition), and chronic disease (cancer, diabetes, heart disease, etc.), followed closely by mental health and then lack of health insurance.

Additional comments left by respondents provided more qualitative details to the choices of the health issues. Notable responses included "ATV/off-road safety," "need a dental clinic," and "poor parks and recreation." "Great lack of assistance for children with developmental disabilities both in home and in school" represented an important issue not mentioned in the survey question. Mental health was mentioned twice, along with "housing for mental health and substance abuse" and "homelessness." For further environmental support, one commenter requested "transmission of bed bugs, roaches, lice should also be included in Environmental."

FIGURE 5: Most Serious Health Issues



Quality of Life Survey Results

QUESTION 6: Please rate the following questions on a scale of 1 to 5, with 5 being the most positive.

	1 - Poor	2 - Fair	3 - Good	4 - Very Good	5 - Excellent	Total
Is this community a good place to raise children?	6	40	85	73	34	238
Are you satisfied with the quality of life in our community?	5	37	95	80	24	241
Is this community a good place to grow old?	7	51	79	80	21	238
Is the community a safe place to live?	6	45	102	67	18	238
Are there networks of support for individuals and families during times of stress and need?	12	75	91	44	13	235
Are healthy choices available and accessible in this community?	10	71	102	43	8	234
Are you satisfied with the health care system in the community?	34	87	71	42	6	240
Is there economic opportunity in the community?	43	95	75	19	3	235

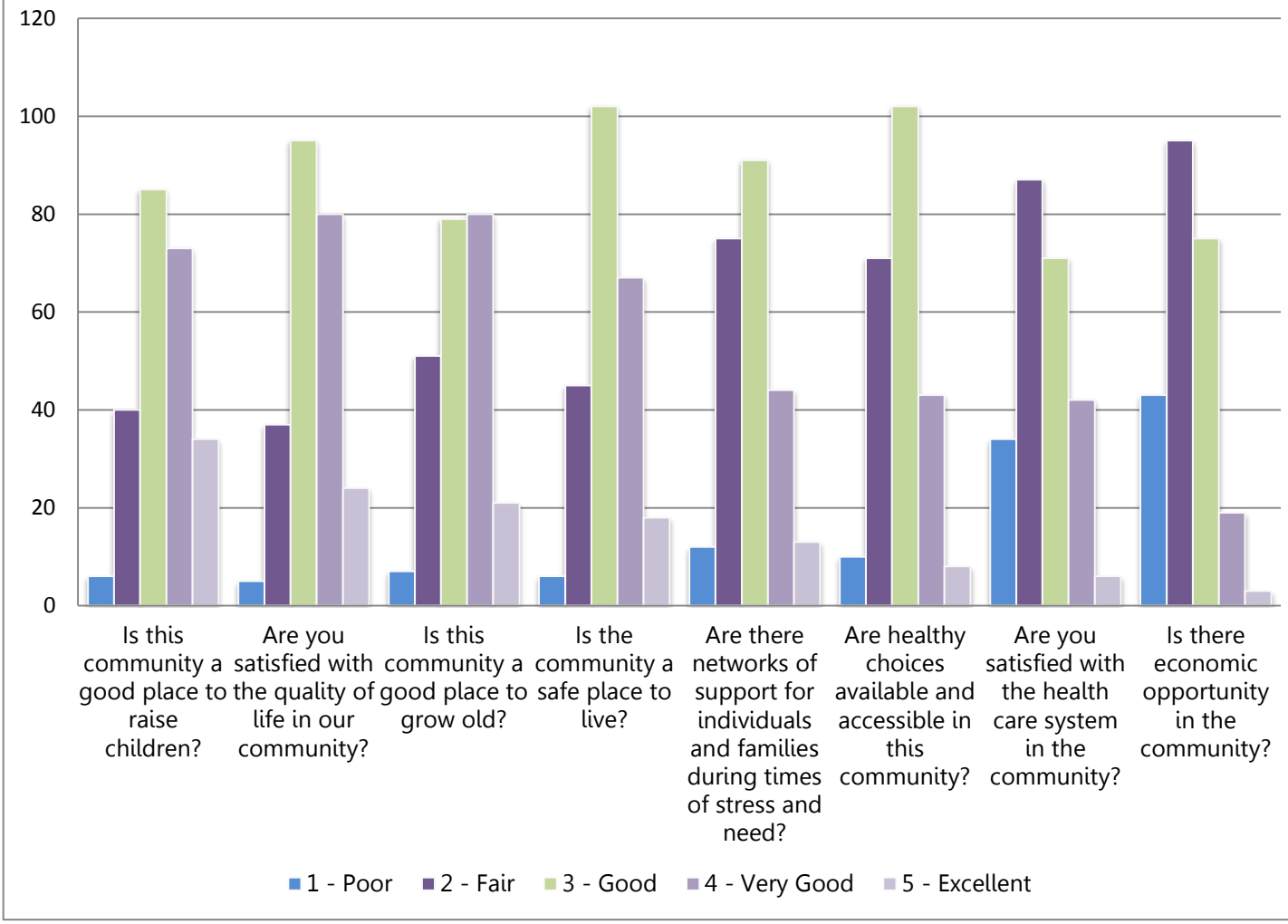
Participants were asked to answer eight questions concerning their views on quality of the different aspects of life in Washington County. They rated their answer on a scale of 1 to 5, with 1 being "poor" and 5 being "excellent." There was no comment section available to respondents for these questions. Notably, no question scored a majority of their votes in either the "excellent" category or the "poor" category.

For "Is this community a good place to raise children?" the most votes were under "good" at 36% of respondents, followed closely by 31% voting for "very good." The next question, "Are you satisfied with the quality of life in our community?" followed the same pattern, with 39% in the "good" category and a close 33% in the "very good" category. "Is this community a good place to grow old?" was nearly a tie, with 34% voting "very good" and 33% voting "good." The

next question, "Is the community a safe place to live?" had a significant difference between the top two votes. "Good" had 42% of votes while the next closest, "very good" had 28% of votes.

"Are there networks of support for individuals and families during times of stress and need?" also had more votes for "good" at 39%, and then 32% for "fair." Leading with a "good" vote of 44% compared to "fair" with 30% was "Are healthy choices available and accessible in this community?" The last two questions were the lowest scoring of the total eight questions. The first, "Are you satisfied with the health care system in the community?" scored highest with "fair" at 36% and then 30% for "good." Finally, "Is there economic opportunity in the community?" was voted "fair" at 40% and then "good" at 32%.

FIGURE 6: Rating of Quality of Life Questions



Demographics Survey Results

QUESTION 7: What is the zip code of your current home?

Zip Code	Number of Respondents	Percentage
45750	103	48%
45724	23	11%
45742	12	6%
45714	12	6%
45715	10	5%
45729	10	5%
45786	10	5%
45744	7	3%
45788	6	3%
45784	4	2%
45745	4	2%
45768	4	2%
45767	3	1%
45787	2	1%
45712	2	1%
45773	1	1%
45789	1	1%
45746	0	0%
45713	0	0%
45734	0	0%
45721	0	0%
Total Respondents	214	

The majority of survey respondents, 103 total, chose their zip code as 45750, which is the code for Marietta, the largest city in Washington County. It is the county seat, and it hosts a significant number of the county's schools, businesses, and service agencies. The subsequent zip codes claimed by respondents are smaller cities and townships. The second highest with 23 votes is 45724, referring to the rural township of Cutler. Both with 12 votes are 45742 and 45714, referring to the township of Little Hocking and city of Belpre, respectively.

With 10 votes each were three small communities: 45715 (village of Beverly), 45729 (township of Fleming), and 45786 (township of Waterford). The village of Lowell, 45744, had 7 votes. The township of Whipple, 45788, had 6 votes.

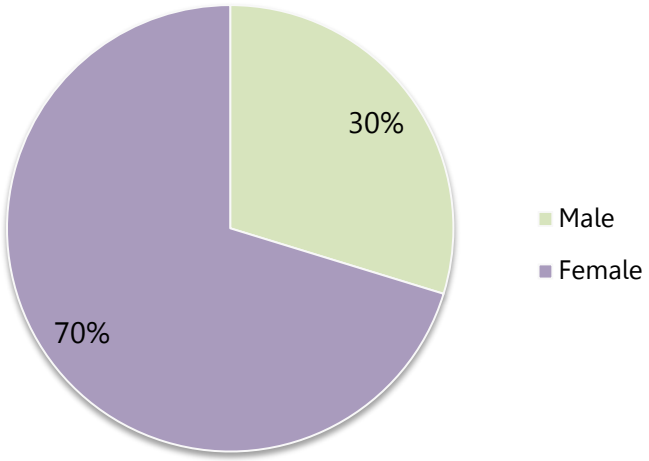
Additional comments from survey respondents included the zip codes from communities outside Washington County. Many referred to zip codes in or near Vienna and Parkersburg, West Virginia, often described as "just across the river" from Marietta. Due to the close proximity of these cities to Marietta, those working in Marietta may live in West Virginia, and vice versa. Daily interstate travel is common.

QUESTION 8: How do you identify?

Answer Choices	Number of Respondents	Percentage
Male	69	30%
Female	163	70%
Other	1	0%
Total Respondents	233	

Survey respondents were asked to indicate their identity as male, female, or other. The majority of respondents were women, representing 70% of everyone who took the survey. Men accounted for about 30% of respondents.

FIGURE 8: Gender of Survey Respondents

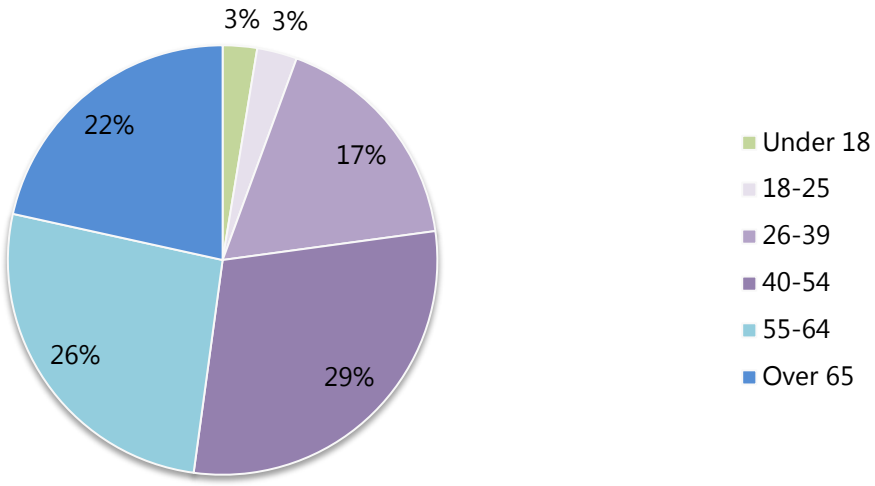


QUESTION 9: What is your age in years?

Age Range	Number of Respondents	Percentage
Under 18	6	3%
18-25	7	3%
26-39	40	17%
40-54	68	29%
55-64	61	26%
Over 65	50	22%
Total Respondents	232	

Survey respondents were asked to indicate their age in years. While the age distribution was fairly even, the most identified in the 40-54 age range. The least represented groups were those in the under 18 age group and those in the 18-25 age group, the numbers of which were nearly identical. The graph below depicts the well distributed range of respondents.

FIGURE 9: Age of Survey Respondents



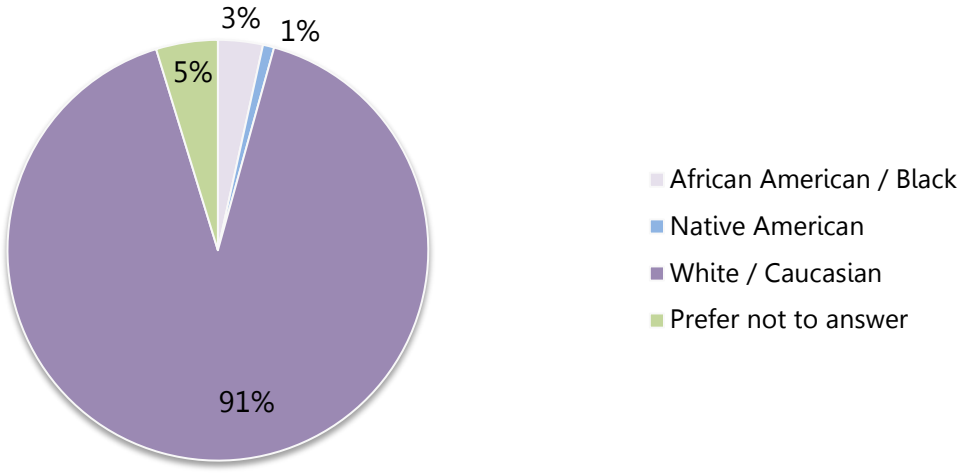
QUESTION 10: Which of these racial /

ethnic groups do you identify with?

Answer Choices	Number of Respondents	Percentage
African American / Black	8	3%
Native American	2	1%
White / Caucasian	211	91%
Prefer not to answer	11	5%
Asian / Pacific Islander	0	0%
Hispanic / Latino	0	0%
Total Respondents	232	

Survey respondents were asked to indicate which racial and ethnic groups they identified with. The majority identified as white, representing 91% of responses. The closest subsequent response accounted for 5% of responses: "prefer not to answer," followed by a 3% response of African American/black. Although this is a homogenous distribution, it accurately reflects the Census race and ethnicity demographics of Washington County.

FIGURE 10: Race/Ethnicity of Survey Respondents

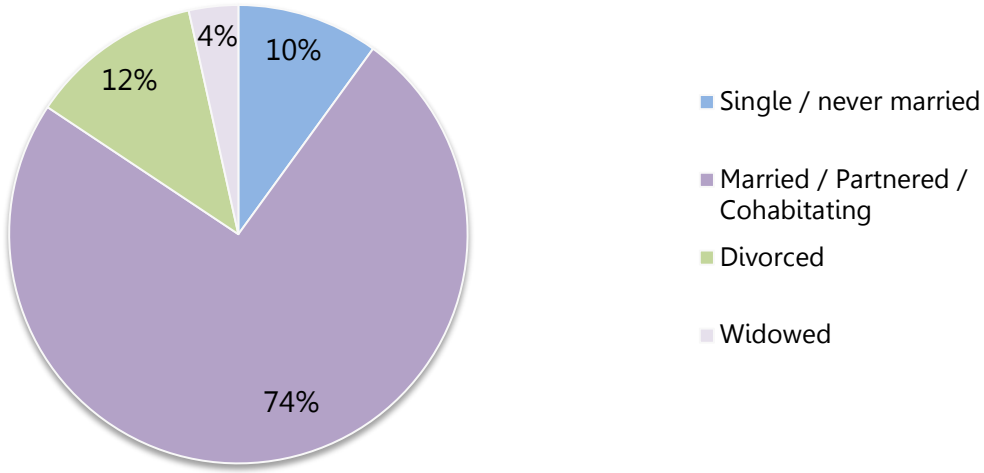


QUESTION 11: What is your current marital status?

Answer Choices	Number of Respondents	Percentage
Single / never married	23	10%
Married / Partnered / Cohabitating	171	74%
Divorced	28	12%
Widowed	8	4%
Total respondents	230	

Participants were asked to indicate their current marital status. The majority was 74% for married, partnered, or cohabitating. With only 12% was divorced and then 10% for single. The smallest percentage was 4% for respondents who identified as widowed.

FIGURE 11: Marital Status of Survey Respondents

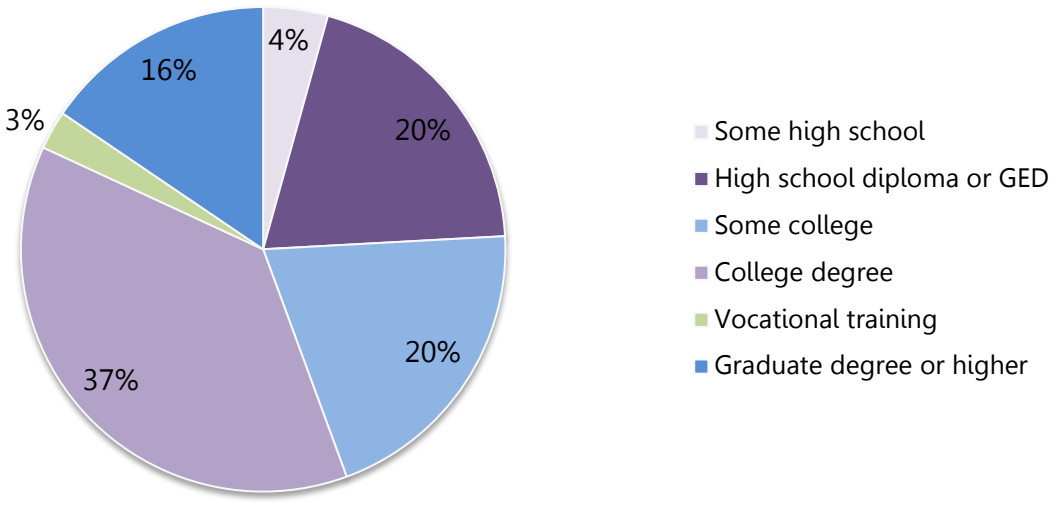


QUESTION 12: What is your highest education level?

Answer Choices	Number of Respondents	Percentage
Some high school	10	4%
High school diploma or GED	46	20%
Some college	47	20%
College degree	87	37%
Vocational training	6	3%
Graduate degree or higher	36	16%
Total Respondents	232	

Participants were asked to indicate their highest level of education obtained. The education levels with the least responses were "some high school" and "vocational training," with 4% and 3%, respectively. The remaining responses were distributed fairly evenly. A "college degree" received the most responses, with 37% of the total. Tied for second were "high school diploma or GED" and "some college," both with 20%. With a close 16% was "graduate degree or higher."

Figure 12: Education Level of Survey Respondents

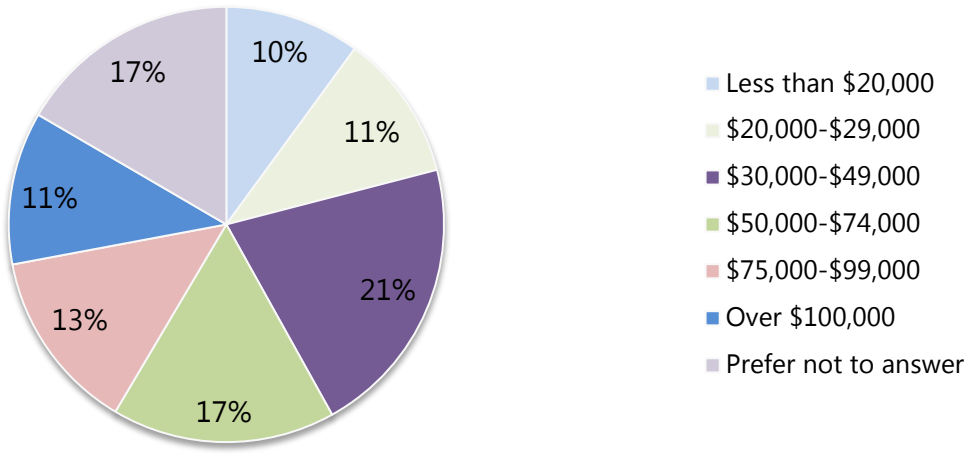


QUESTION 13: What is your current household annual income?

Answer Choices	Number of Respondents	Percentage
Less than $20,000	23	10%
$20,000-$29,000	25	11%
$30,000-$49,000	48	21%
$50,000-$74,000	38	17%
$75,000-$99,000	31	13%
Over $100,000	26	11%
Prefer not to answer	38	17%
Total Respondents	229	

Participants were asked to indicate their current household annual income using the income brackets provided. The responses collected represented a broad representation of the diverse income levels of Washington County residents. The income bracket with 21% of responses was $30,000-$49,000; this is income with the most responses. Tied for second and garnering 17% of responses were $50,000-$74,000 and "prefer not to answer." A close 13% of respondents chose $75,000-$99,000. Another tie, this time for fourth, were $20,000-$29,000 and Over $100,000, with 11% of responses. The least chosen response by a slim margin was Less than $20,000, which was chosen by 10% of survey respondents.

FIGURE 13: Household Income of Survey Respondents

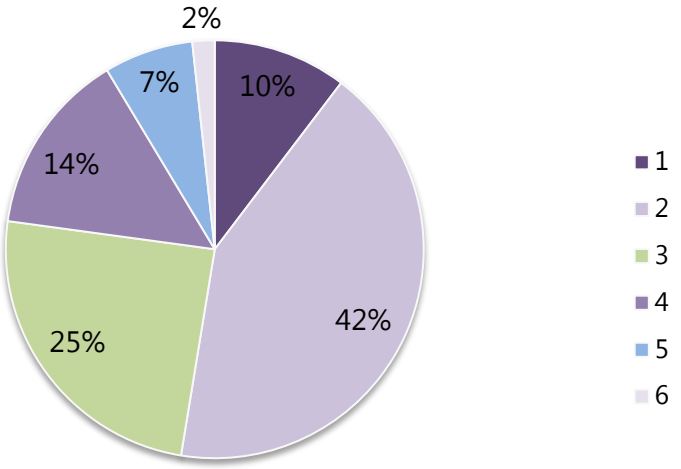


QUESTION 14: How many people live in your household?

Answer Choices	Number of Respondents	Percentage
1	24	10%
2	98	42%
3	57	24%
4	33	14%
5	16	7%
6	4	2%
7	1	0%
8 or more	1	0%
Total Respondents	234	

Participants were asked to indicate how many individuals live in their family household. Nearly half of respondents, 42%, indicated their family size was two people. 24% of respondents chose three people, 14% chose four people, and finally 10% chose one person. Larger households with five or more people were small percentages of the total responses.

FIGURE 14: Household Size of Survey Respondents

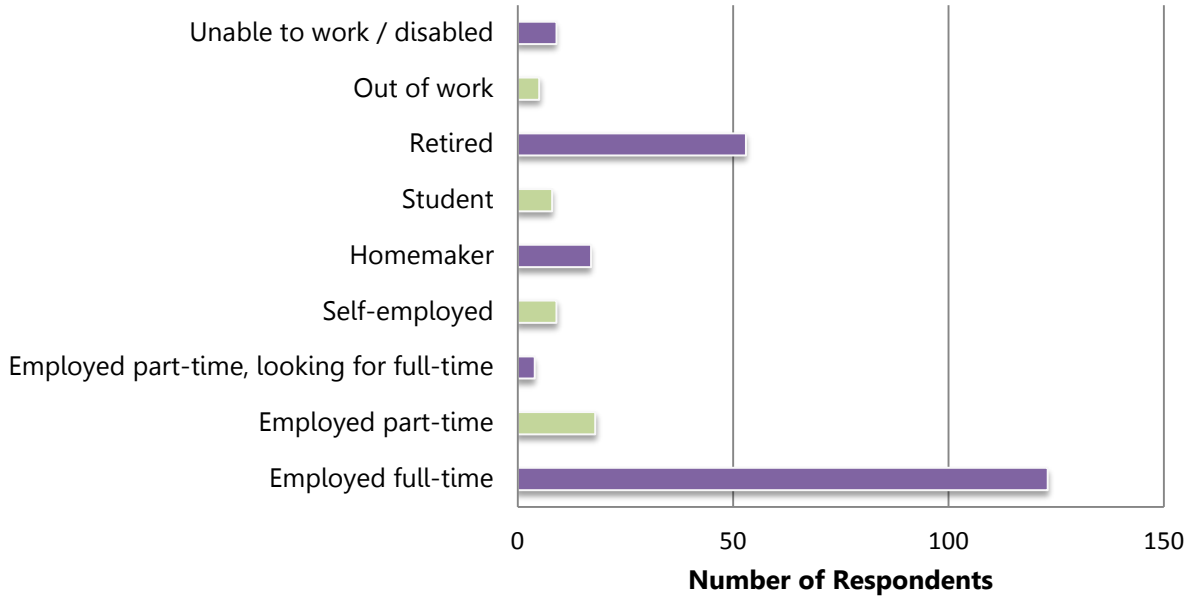


QUESTION 15: Which of the following best describes your employment status?

Answer Choices	Number of Respondents	Percentage
Employed full-time	123	53%
Employed part-time	18	8%
Employed part-time, looking for full-time	4	2%
Self-employed	9	4%
Homemaker	17	7%
Student	8	3%
Retired	53	23%
Out of work	5	2%
Unable to work / disabled	9	4%
Total Respondents	233	

Participants were asked to indicate which of the listed choices best describes their employment status. The majority of respondents chose full time employment at 53%. Less than half of respondents, 23%, chose retired. The remainder of choices garnered less than 10% each, including part-time employment, homemaker, self-employed, student, and inability to work.

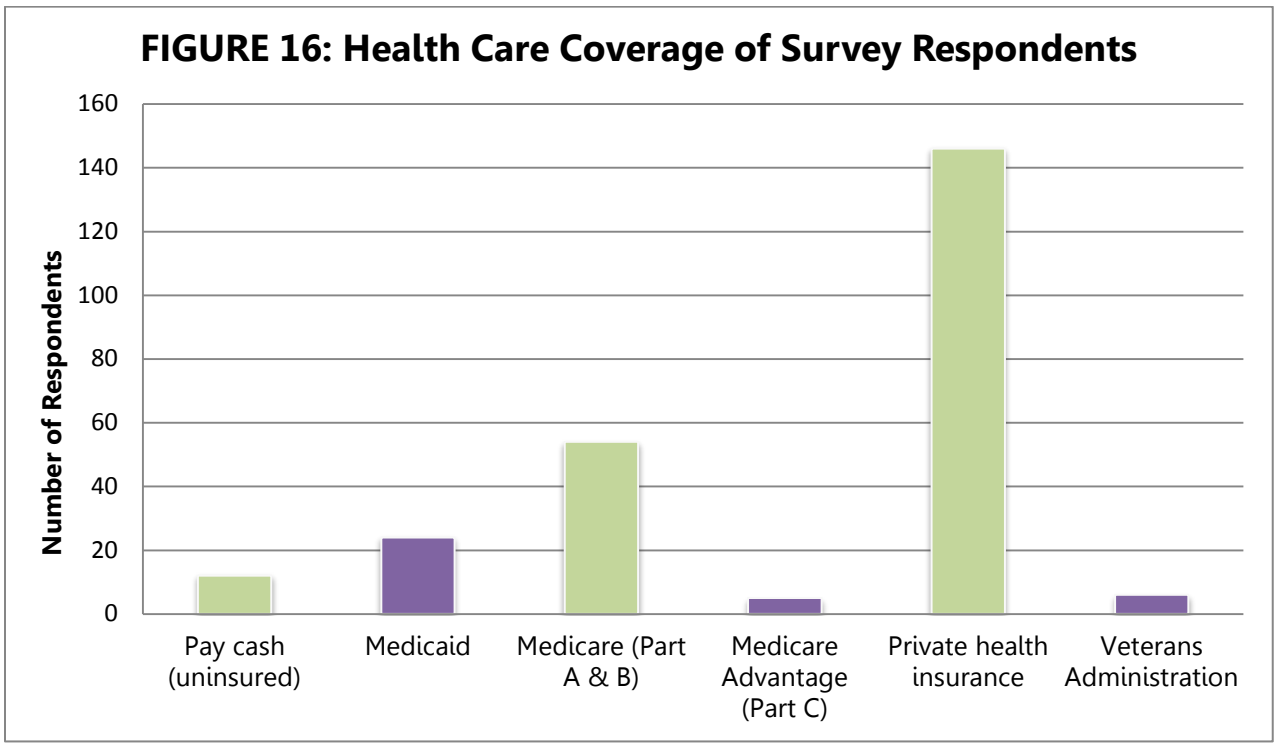
FIGURE 15: Employment Status of Survey Respondents



QUESTION 16: How do you pay for your health care?

Answer Choices	Number of Respondents	Percentage
Pay cash (uninsured)	12	6%
Medicaid	24	11%
Medicare (Part A & B)	54	25%
Medicare Advantage (Part C)	5	2%
Private health insurance	146	69%
Veterans Administration	6	3%
Indian Health Services	0	0%
Total Respondents	213	

Participants were asked to indicate the payment method by which they afford health care. An overwhelming 69% reported using private health insurance, and a significantly smaller 25% reported using Medicate Part A & B. Medicaid was used by 11% of respondents, followed by a 6% reporting they are uninsured and pay cash. Comments left by survey participants included the naming of specific health insurance companies. Others commented "employer insured," "taken out of check," and "spouse" to specify that their health insurance is provided as a benefit of either their job or their spouse's job.

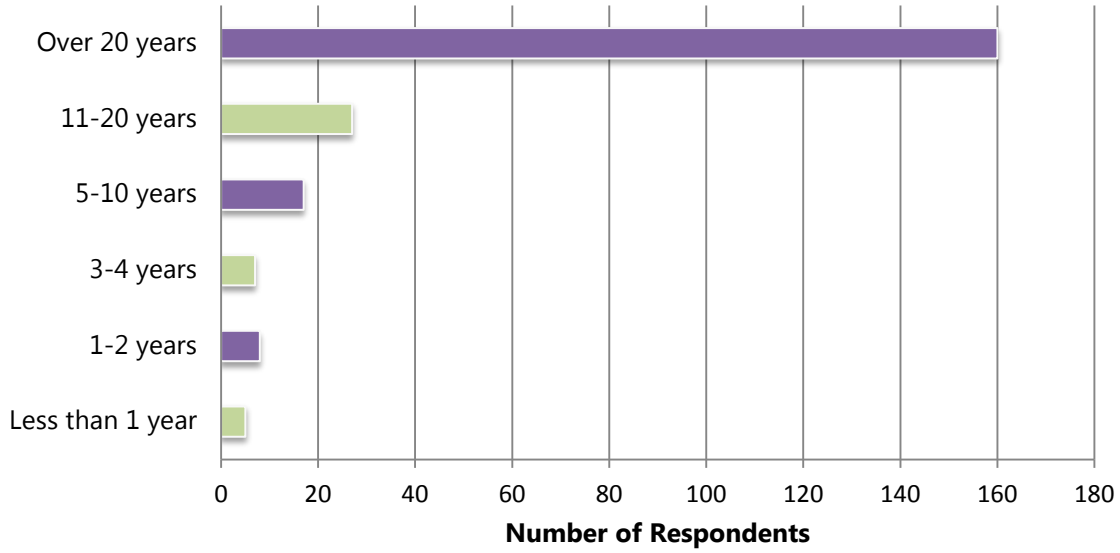


QUESTION 17: How long have you been a resident of Washington County?

Answer Choices	Number of Respondents	Percentage
Less than 1 year	5	2%
1-2 years	8	4%
3-4 years	7	3%
5-10 years	17	8%
11-20 years	27	12%
Over 20 years	160	71%
Total Respondents	224	

Participants were asked to indicate the number of years that they have been living in Washington County. The majority was 71% who reported they have lived in the county for over 20 years. Residents of 11-20 years numbered 12%, and 5-10 year residents were 8%. Those living in the area for four years or less reported in even smaller numbers.

FIGURE 17: Years Residing in Washington County of Survey Respondents



Key Informant Interview Results

WashCo Wellness Partners members acted as key informants and responded to six questions designed to gather information about the health and quality of life in Washington County. Common themes and responses from this worksheet were identified and listed in the tables.

Asterisks (*) indicate an idea was mentioned more than once.

1. What makes you proud of Washington County?

- Recreational trails; outdoor opportunities ***
- The Ohio and Muskingum Rivers **
- Historical significance **
- Robust health system *
- The close family culture to help those in need *
- Geographically beautiful landscape & environment *
- Downtown Marietta *
- Higher education institutions (Marietta College & WSCC) *
- Neighbors helping neighbors *
- Great, caring, friendly people live here
- Natural resources
- Community events
- Farmers markets
- Community pride
- Small community; hometown feel
- Many agencies working together; partnerships
- Volunteers are committed and able
- Lots of talent here
- Healthiest county in Appalachian Ohio
- How we rally around a cause (i.e. fundraisers)
- People, organizations, and partners effectively communicating to prepare, respond, and recover any affected population.
- There are a lot of small groups (pockets) of people doing really great work in our communities. For the most part, our non-profit community agencies collaborate well to serve the residents of Washington County.

2. What is not going so well in Washington County?

- Obesity *
- Childhood obesity *
- Drug use; child opiate addiction; lack of substance abuse care and addiction recovery services *
- Smoking, obesity, and physical inactivity are three of our weakest health behaviors. *
- City government doesn't address critical needs of the community because of self-interest and staying in office; too much political maneuvering. *
- Economy/loss of higher paying jobs *

- General public not being proactive in wanting to be healthy; reluctance to take unpopular steps that would improve health *
- Services for the aging populations; awareness for aging issues
- Mental health services
- Access to health care
- Affordable housing
- Aging infrastructure: roads (specifically township roads); water/sewer
- Air and water quality causing illness and cancers
- Ability to think outside the box and be proactive
- Behavioral health
- School systems
- Lack of parks and activities for youth
- Exporting smart kids for better jobs
- Friction between county and city
- Coordination between medical services, social services, and community organizations
- Getting people to share their needs; pride gets in the way
- Dialysis transportation
- Help for those just above the poverty threshold
- Volunteerism numbers seem to be down overall
- Lack of economic development
- Fiber-broadband-connectivity
- Lack of cultural diversity
- Health and wellness changes at the hospital
- Fee-for-service medical care does not incent improved health outcomes.
- Many of our educated and talented youth are leaving for professional work elsewhere.
- Number of residents with inadequate food sources as evidenced by the large numbers of people relying on food banks regularly

3. What are some specific examples of people or groups working together to improve the health and quality of life in your county and region?

- Community Health Council *
- Washington County Health Department working with community, children, schools, and gardening for a goal of a healthier community; healthy community grants; bikes for worksites *
- Marietta Trail System & River Trail *
- Memorial Health System; Strecker Cancer Center partnered with the American Cancer Society
- Washington County incentives for better health by reducing insurance costs for those participating in wellness activities
- Devola Multi-Use Trail to link walking trails to extend safe places to walk/bike
- Kroger Wetlands volunteers work to maintain trails and green space in city
- Groups, organization, promoting wellness
- Health screening events for county residents
- YMCA
- Safe Kids Coalition
- Family and Children First Council
- Help Me Grow
- United Way
- Local Emergency Planning Commission

- WashCo Wellness Partners
- Marietta Health Department
- Water First For Thirst campaign
- Homeless Initiative
- Wellness coalitions
- Farmers' markets and master gardeners; community gardens
- Dissemination of evidence-based education
- Referrals to scheduled evidence-based workshops
- Better communication between partners/agencies
- Widespread adoption of the Incident Command System
- Many youth services organizations
- Concerned citizens groups
- O'Neill Senior Center (meeting needs of elderly)
- RSVP (Retired Seniors Volunteer Program)
- Food pantries; free meals at churches
- Local city and county police departments
- Geocaching
- Frontier Hiking Club
- Marietta Adventure Company rentals
- Walk with a Doc
- SNAP-Ed; Cooking Matters; Diabetes Prevention Program; Live Healthy Kids
- Work @ Health Coalition; Creating Healthy Communities Coalition; Lifestyle Change Network
- Shale Crescent USA jobs

4. What do you believe is keeping Washington County from doing what needs to be done to improve health and quality of life?

- Funds; financial restrictions *
- Most people are resistant to change and want to do things the way they have always been done *
- Culture shift as it relates to population health
- City government doesn't address critical needs of the community because of self-interest and staying in office
- Inadequate mental health resources
- Drug abuse
- Homelessness
- People are blind to what doesn't directly touch their lives
- Culture
- Lack of education/understanding
- Presence of factories in area
- Stagnation; people stuck in their ways; not wanting to think outside the box
- Territorial
- Lack of interest and empathy
- Inadequate connection between healthcare and community resources
- Fractured public health (three local health departments)
- Large expected increase in senior population
- Economy
- Willingness to volunteer
- Educating our community- call to action

- Fear of change
- There is a lack of value in health prevention & wellness and a lack of focus on helping children develop healthy habits.
- Physicians do not promote disease prevention and wellness.
- Healthcare providers are too liberal when writing narcotic RX's
- Momentum; incentive; access for all; information where people need it; feet on the street

5. What actions, policy, or funding priorities would you support to build a healthier community?

- Community-wide effective health planning *
- Retention of clinicians and services needed from medical community
- Mental health levy
- Drug treatment facility; drug abuse education at jr. and high school levels
- Homeless assistance
- More affordable housing
- Activities for families (be active and healthy); free exercise classes (especially for children)
- Mental health and substance abuse programs and recovery services
- Building of more fitness areas, bike trails, etc.
- Commissioners and city officials offering more funding
- Federal and state agencies offering more grants
- Parks
- Schools
- Local health department consolidation
- Economic development
- State tobacco tax significant increase
- Adopt a county-wide "No Tobacco Till 21" policy.
- Funding to supply smoking cessation classes
- Increased funding in alternative models of transportation
- Eliminate foods with zero nutrition from SNAP
- Development of a network of evidence based program providers with annual calendar of events for referrals by community with incentives for participation by county residents
- Increased funding
- Preparing projects that could be ready to submit when funding presents
- Greater coordination among current providers; more networking
- Any action or policy that promotes volunteerism and grant funding for communities' preparedness and wellness
- Take emphasis off of seeking funds and more emphasis on understanding our needs
- Creating Healthy Communities and Communities Preventing Chronic Disease grants; wellness grants
- Policy and environmental changes at worksites, parks & rec, environmental policies
- Expand Live Healthy Kids to all Washington County elementary schools.
- County/municipal planners design active living/commuting communities..
- We all need to adopt a "health in all policies" approach.
- Work@Health

6. What is the most important thing that Washington County can do to improve the health and quality of life of its residents?

- Educate community about health and the value of being healthy ***
- Change the culture; make the healthy choice the easy choice
- Coordination of existing community resources
- Access to mental health care
- Substance abuse programs
- Implement more healthy lifestyle programs into our schools
- Gardening; growing our own healthy foods
- The companies, hospital groups, and agencies that have more money come together to improve healthcare access, wellness centers, and strive for a healthy community
- Become proactive
- Take a holistic approach
- Address prevention and mental health issues at an early age
- We need to get our schools in better shape; this will deter new families to the area and healthy families from staying in the area. We need to start with our kids!
- Reduce tobacco use
- Improve economy
- Increased code enforcement effort to prevent identifiable disasters from occurring
- Work together, make all resources known
- Involve all our schools' and businesses' health- both mental and physical
- Have an open mind for change to help create a healthier community
- All stakeholders need to focus on making the healthy choice the easy choice via policy, system and environmental changes in all of our communities. We all need to adopt a "health in all policies" approach.

Community Themes and Strengths Assessment

Key Informant Interview

Name:_____Affiliation:_____

1. What makes you proud of Washington County?

   _____

   _____

   _____

2. What is not going so well in Washington County?

   _____

   _____

   _____

3. What are some specific examples of people or groups working together to improve the health and quality of life in your county and region?

   _____

   _____

   _____

4. What do you believe is keeping Washington County from doing what needs to be done to improve health and quality of life?

   _____

   _____

   _____

5. What actions, policy, or funding priorities would you support to build a healthier community?

   _____

   _____

   _____

6. What is the most important thing that Washington County can do to improve health and quality of life of its residents?

   _____

   _____

   _____

Implications

Through the Community Themes and Strengths Assessment, the WashCo Wellness Partners were able to engage a substantial number and range of individuals who live, work, and play in Washington County. It sought out populations of different ages, income levels, and geographic regions to represent and obtain perceptions of the county.

The themes identified from the analysis of data from the CTSA were analyzed in conjunction with emerging themes from the three accompanying MAPP assessments: Forces of Change, Local Public Health System, and Community Health Status. The outcome of this process was the identification of eight potential strategic issues to be considered in relation to current programs, supporting data, community engagement, and resources allocated to addressing the issues,

On November 1st, 2016, the WashCo Wellness Partners convened to select the strategic issues most pressing to the public health. Public Health Accreditation Technicians from the Washington County Health Department presented a summary of the assessment data for consideration, and then members voted for their priority issues.

The selected strategic issues are as follows:

- Behavioral Health;
- Chronic Disease;
- Poverty, and
- Educational Issues.

These strategic issues will form the foundation of the Community Health Improvement Plan (CHIP) as the WashCO Wellness Partners work towards improvement of the public health system. The coalition will continuously strive to reflect its vision statement through advocating for health equity to make Washington County a stronger and healthier community.

Washington County
Forces of Change Assessment

WashCo Wellness Partners
June 2016

Our Vision

"A respectful and encouraging community that advocates for health equity, collaboration, and inclusiveness between leaders, organizations, and individuals who strive together to make Washington County the healthiest county in Ohio."

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Introduction

The Forces of Change Assessment (FOCA) is one of four assessments of the third phase of the MAPP Process. It seeks to identify forces- trends, factors, or events- that are influencing or will likely influence the health and quality of life of the community and the work of the local public health system in Washington County. Trends are defined as patterns over time, factors are discrete elements, and events are one-time occurrences.

The five forces of change categories included the following:

- Political/Legal/Legislative
- Environmental
- Economic
- Education/Scientific/Technological
- Social/Cultural

During the assessment, participants were asked to think about the forces of change outside of their control that affect the local public health system or community by answering the following questions:

- What has occurred recently that may affect our community/local public health system?
- What may occur in the future?
- Are there any trends occurring that may have an impact? Describe them.
- What forces are occurring locally? Regionally? Nationally? Globally?
- What characteristics of our jurisdiction or state may pose an opportunity or threat?
- What may occur or has occurred that may pose a barrier to achieving the shared vision?

After the forces of change brainstorming, participants engaged in a SWOT Analysis (**S**trengths, **W**eaknesses, **O**pportunities, **T**hreats) to develop a more in-depth understanding of the impact of the forces of change on Washington County.

FOCA Participants

American Red Cross
Chris Marrero

Behavioral Health Board- The Right Path
Cathy Harper

Buckeye Hills- Area Agency on Aging
Mindy Cayton

City of Marietta
Cathy Harper

Family & Children First
Cindy Davis

Marietta City Health Department
Vickie Kelly
Kelly Miller
Jonni Tucker

Marietta College Physician Assistant Program
Miranda Collins

Marietta Convention & Visitors Bureau
Jeri Knowlton

Memorial Health System
Shawn Bail

O'Neill Center
Connie Huntsman

Proactive Health Solutions
Darren Swartz

Retired and Senior Volunteer Program (RSVP)
Lisa Valentine

Washington County Health Department
Jody Alden
Angela Lowry
Court Witschey
Richard Wittberg

Washington State Community College
Heather Kincaid

YMCA
Suzy Zumwalde

Methodology

The WashCo Wellness Partners convened on two meeting days, May 24, 2016 and June 2, 2016, at the Washington County Emergency Operations Center to conduct the FOCA. Of these two identical meetings, one was in the morning and one in the evening to allow for greater attendance by community partners. The two Public Health Accreditation Technicians from the Washington County Health Department facilitated the meetings.

The meetings began with a brief worksheet for the Community Themes and Strengths Assessment, and then the remainder was focused on the FOCA. Facilitators explained the forces of change and the five categories they will be placed within. Participants were then asked to read and complete the Forces of Change Assessment & Brainstorming List.

As a group, participants engaged in discussion to complete the SWOT Analysis by identifying strengths (internal factors), weaknesses (internal), opportunities (external factors), and threats (external) as they related to each force of change category. Posters were utilized to compile all suggestions and to help participants better visualize aforementioned ideas. Participants were encouraged to ask questions and add comments to all ideas being shared.

The identified forces of change and SWOT analysis results were compiled, and the report was shared with the WashCo Wellness Partners for review and input.

The Results

A SWOT Analysis for each Force of Change category was conducted using the potential Forces of Change identified through the brainstorming activity (Appendix).

* Indicates idea mentioned in both meetings

Table 1: Political/Legal/Legislative FOC SWOT Analysis

STRENGTHS	WEAKNESSES
• *Small communities mean better access to policymakers and politicians • *ACA- volume to value shift • Technology makes it easier to reach policy makers/politicians • Local development district • State Representative and Congressional Representative from Marietta • Washington County Alert • 2016 presidential election • Marijuana legalization legislation	• *Elected officials & policymakers just want to keep jobs o Priorities skewed o Don't represent constituents o Don't focus on mental health/disabilities • *Less challenge to status quo because of small community (everyone knows everyone) • Classification of counties as rural and urban • Loss of tax base for schools • Marijuana legalization legislation • 2016 presidential election Distrust of government
OPPORTUNITIES	**THREATS**
• *ACA • Community organizations can invite elected officials (or representatives) into the field so they have better understanding • State has given communities authority to implement ordinances/regulations regarding legal smoking age, cigarette tax, etc. • Medicaid expansion of eligible covered services • Data analytics gain better understanding of community trends • Technology • 2016 presidential election • Marijuana legalization legislation • Severance tax	• *Urban/rural differential for funding • *ACA changes in healthcare system • Data analytics manipulate consumers • Technology • Classification of counties as rural and urban • Septic to sewer changes • Marijuana legalization legislation • 2016 presidential election • Greater state control • Small community equates to less state/national representation • Out of touch officials • Elected officials & policymakers just want to keep jobs o Priorities skewed o Don't represent constituents o Don't focus on mental health/disabilities

Table 2: Environmental FOC SWOT Analysis

STRENGTHS	WEAKNESSES
• *Paved walking trails/hiking trails/mountain bike trails • *Two rivers • Community gardens • Second farmers' market starting • Composting • Land available for agriculture; ability to grow own food • Land use ordinances require green space • Attracting tourists • Close proximity to I-77	• *Two rivers • *Pollution (water and air quality) • *Oil and gas industry • Septic system • Sustainability practices • Floods • Logging/clearing of forests • Mosquito diseases
OPPORTUNITIES	**THREATS**
• *Two rivers • *Alternative energy sources • *Tourism • Green space requirements when developing land • Move towards conservation and sustainability efforts	• *Two rivers • *Pollution (water and air quality) • *Oil & gas industry • Cheap gas prices • Devola sewage problems • Invasive species (emerald ash borers; tree of heaven, etc.) • Mosquito diseases (Zika) • Prenatal care is expensive

Table 3: Economic FOC SWOT Analysis

STRENGTHS	WEAKNESSES
• Tourism • Downtown area • Two rivers • Family caregivers • Port authority • One of the stronger economies of SE Ohio • Memorial Health System • Proximity to I-77 and Parkersburg, WV	• *Move towards service jobs that pay lower wages • *Poor school system • *Lack of affordable and quality housing • Lack of trained workers • Transportation • Lack of resources/funding to handle aging population • Income requirements exclude some of the population that need services • Not enough private pay options • Economic strain & cost of caregivers on employers, healthcare, and caregivers themselves • Weak marketing of the community to draw in more people • Oil and gas industry • Cheaper to buy fast food than healthy options
OPPORTUNITIES	**THREATS**
• *Marketable community • *Building affordable housing • *Oil & gas industry • Need more motivated, trained workers • Look past "chasing the grant" to create sustainable programs • Sustainability practices tied to savings • Expansion of community service agencies and collaboration between them • Possible legalization of marijuana • Shale Crescent USA (midstream downstream oil & gas initiative) • Healthcare out of county saves people money • AEP new equipment/power lines	• *Oil & gas industry • *Funding sources • Reduction in labor jobs • Floods • Algae blooms • Businesses care about profit more than health of consumers • Interstate-77 creates more opportunities for drug trafficking • Department of Labor changes • Need more funding for aging population • Spending money on treatment rather than prevention • Possible legalization of marijuana • Healthcare out of county takes money from local health system • Threat of disease on finances and healthcare • Expensive childcare • Stress on families o Two working parents o Single head households

Table 4: Education/Scientific/Technological FOC SWOT Analysis

STRENGTHS	WEAKNESSES

• *Marietta College
• Marietta College increases diversity with international students
• *WSCC
• *WCCC
  o Collaboration with employers for job placement
• Crisis Intervention Training for police officers
• WASCO
• Health educators at community agencies
• Private school options
• Marietta schools added Chinese language classes
	• *Poor school systems; rising costs
	• *Decrease in high school graduates
	• *Lack of retention of quality teachers
	• *Losing funding to online schooling
	  o Marietta schools lost $1 million last year
	• Students' educational and emotional needs aren't all being served
	  o Failing system to help kids succeed
	  o Long bus rides/commute to schools
	  o Lack of home economic classes/health education
	• Bullying
	• Lack of resources for treating/supporting kids
	• Teachers asked to do too much for their students
	• Lack of community awareness for disabilities and mental health
	• Lack of diversity
	• Security in schools (cost, time, personnel, equipment, etc.); fear for students' safety

OPPORTUNITIES	**THREATS**
• *Nutritional education for children • *Technology to monitor and improve health; TeleDoc • Educate about mental health, disabilities and drug abuse • Strengthening parents and families • Young workers embrace technology • Free online classes from colleges • Education about safe sexual practices • Field trips with schools	• *Cost of higher education & student loan debt • Tax base loss • Marietta College losing students • Competition of colleges and online colleges • School safety (school shootings) • Standardized testing pressure to meet standards and results • Insurance costs for the school employers • Lack of diversity • Fewer funding opportunities

Table 5: Social/Cultural FOC SWOT Analysis

STRENGTHS	WEAKNESSES

• *Appalachian culture
  o Opportunities for funding
  o Good family values
  o Religiosity
  o Respect for heritage and history
• *People help people
• Free family nights/family programs
• Shift to acceptance of healthy lifestyle
• Resources for people needing help and community support
• Volunteers
• Lots of talented people
• Downtown district
• Community to Community organization engages families
• Smaller families
• Technology
	• *Lack of diversity
	• *Obesity; sedentary lifestyle; overuse of recreational technology
	• *Greater need for community health resources; lack of knowledge of available resources
	• Lack of community awareness of disabilities/mental health
	• Volunteers getting older, tired, and spread too thin- need more support
	• Reactive instead proactive
	• Appalachian culture
	  o Stereotypes
	  o Fear/suspicion of outsiders & government
	  o Lack of funding
	• Weak park systems/playgrounds
	• Lack of treatment facilities; access to existing ones
	• Parenting
	• Smaller families
	• Younger generations suffering from chronic diseases earlier
	• Unsafe sexual behavior
	• Stigma of teaching sex education
	• Domestic violence
	• Drug abuse and addiction
	• Financial strain causes reduced quality of life, less social interaction, etc.
	• Entitlement to government assistance is multigenerational

OPPORTUNITIES	**THREATS**
• *Technology • Younger generation having better, proactive health habits • Greater need for community health resources • Supporting families • Education about drugs, mental health, disabilities, sex education, etc. • Opportunity to be flexible with millennials to encourage them to volunteer • More accepting and tolerant of different lifestyles • Social media makes it easier to share information, ideas, and resources with people	• *Technology makes us less social & media can incite fear • Fear of everything • SE Ohio problems ignored • Rural communities not recognized at state/federal level for funding • Childcare cost • Stress on families • Fast food • Obesity • Dependence on medicine • Safety of neighborhoods • Drug epidemic • I-77 and Parkersburg, WV brings in drugs • Social stigma and stereotypes

Forces of Change Assessment Worksheet

In preparation for the Forces of Change Assessment, this worksheet is designed to help you begin thinking about the **forces of change** that may influence the health of Washington County and/or our health system.

What are forces of change?

*Forces of change are **trends, factors,** and **events** outside of our control that may influence the health of our community or our local public health system, both in the recent past and the foreseeable future.*

- **Trend: patterns over time,** such as migration in and out of a community or a growing disillusionment with government.
- **Factors: discrete elements,** such as a community's large aging population, a rural setting, or a jurisdiction's proximity to a major waterway.
- **Events: one time occurrences,** such as a natural disaster or the passage of new legislation.

Categories of forces of change include the following:

1. Economic
2. Education/scientific/technological
3. Environmental
4. Political/legal/legislative
5. Social/cultural

How to identify forces of change:

Think about forces of change outside of your control that affect the local public health system or community.

- What has occurred recently that may affect our community/local public health system?
- What may occur in the future?
- Are there any trends occurring that may have an impact? Describe them.
- What forces are occurring locally? Regionally? Nationally? Globally?
- What characteristics of our jurisdiction or state may pose an opportunity or threat?
- What may occur or has occurred that may pose a barrier to achieving the shared vision?

Our Vision Statement:

A respectful and encouraging community that advocates for health equity, collaboration, and inclusiveness between leaders, organizations, and individuals who strive together to make Washington County the healthiest county in Ohio.

Using the previous information, brainstorm a list of all forces of change, including factors, trends, and events that may influence the health of Washington County and its health system.

Forces of Change Brainstorming list

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

This information will help us to identify the changes in the environment that present threats and opportunities to the health of our community and the local public health system. We will also look at the public health system's strengths and weaknesses.

Your input is invaluable to this analysis, and we look forward to your continued participation!

Forces of Change Brainstorming Activity Results

The results of the brainstorming activity reflect the broad, cross-cutting issues considered to be most impactful to Washington County.

* indicates force of change mentioned more than once

FORCES OF CHANGE: TRENDS, FACTORS & EVENTS
• Growing senior population ***** • Educated & talented young people are moving away for professional jobs, leaving Washington County with a large, aging population. *** • Increase in drug abuse and addiction (heroin) *** • Lack of cultural diversity ** • Fear (disease, cultures, safety, terrorism threats) ** • Affordable Care Act incents health systems to focus on prevention and improving health outcomes.* • More people have insurance through the Affordable Care Act (increased access to healthcare) * • Decrease of college educated * • Childhood obesity; activities are more sedentary * • Decrease in economic area and increase in poverty * • Decrease in jobs * • More behind desk jobs and lack of physical activity opportunities * • More fast food and processed food options; cheaper than fresh, healthy foods * • Environmental pollution; oil and gas pollution (water, air) * • Severe weather events and natural disasters such as fires, floods, severe weather and power outages * • Rural Appalachian location • Two rivers; history of floods • Transportation is an issue for those most at-risk, particularly in rural areas. • Reimbursement for evidence-based health prevention programs has not yet arrived. • Washington County's conservative values can be at odds with evidence-based health policies and initiatives. • Healthcare cost and utilization • Traditional Appalachian culture fosters poor health behaviors. • Obesity and smoking continue to negatively impact our population's health. • Traditional Appalachian culture is resistant to change. • Local community leaders/planners do not traditionally invest in healthy living design and

infrastructure.
- Minimal nutrition education and physical activity in the local school systems.
- The health system and community resources/agencies are really just beginning to provide a complimentary approach to improve population health.
- Heroin (et al.) epidemic
- Volume to value change in healthcare
- Lack of funding to handle anticipated growth/problems/concerns
- Mindset gravitating to healthy educational opportunities
- Caregivers overworked- lack of support and respite
- "All or nothing attitude"
- Rural community struggles not realized at state/federal level
- Not addressing problematic areas until there is a fire
- Fair Labor Standards Act (FLSA)
- Lack of understanding of upcoming changes
- Look past "chasing the grant"
- Volunteers get tired as they age
- Childcare
- Fewer high school graduates
- Increase in number of factories and plants
- Lack of mental health resources
- Increase in crime
- Appalachia has more poverty and less educational opportunities and attainment
- Decrease in available funding for community projects
- More job opportunities in service areas (fast food, etc.)
- Travel diseases, such as Zika
- Adult and child food insecurity
- Grants/funding that are not sustainable once it's started
- Increase in mental health and behavioral issues
- Aging communities with greater at-risk populations and rural areas
- Unisex bathrooms
- Long bus rides
- Cancer rates
- Percentage of residents receiving public assistance
- Social stigma and stereotypes
- Two cancer centers within about 16 miles
- Sense of entitlement: "why should I; what will you give me"

Washington County
Local Public Health System Assessment

WashCo Wellness Partners
September 2016

Our Vision

"A respectful and encouraging community that advocates for health equity, collaboration, and inclusiveness between leaders, organizations, and individuals who strive together to make Washington County the healthiest county in Ohio."

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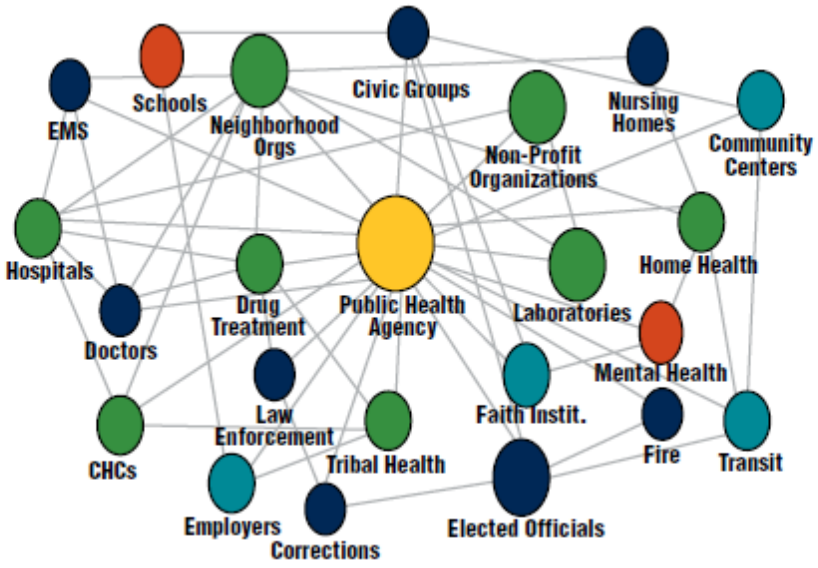
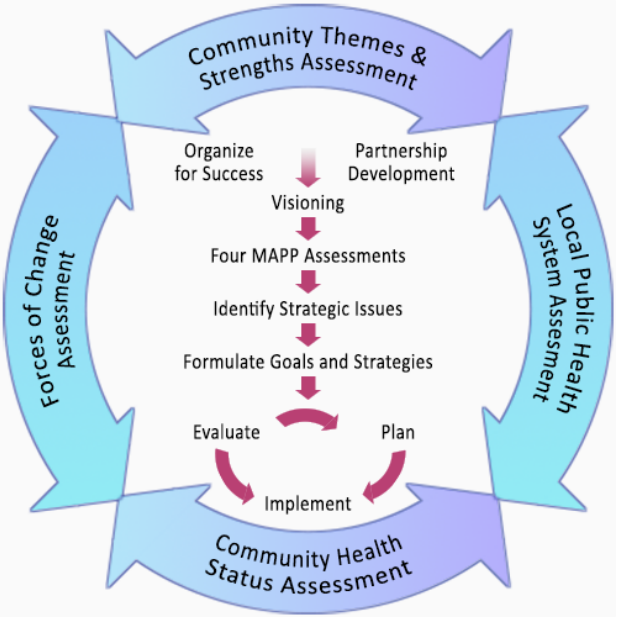
The Local Public Health System



Introduction

In 2016, a broad array of public health stakeholders from Washington County convened as the WashCo Wellness Partners to conduct a Community Health Assessment by use of the Mobilizing for Action through Planning and Partnerships (MAPP) process. MAPP is a community-driven strategic planning framework that assists communities in developing and implementing efforts around the prioritization of public health issues and the identification of resources to address them as defined by the Ten Essential Public Health Services. The MAPP process includes four assessment tools, including the Local Public Health Assessment.



The Local Public Health System Assessment (LPHSA) is one of four assessments of the third phase of the MAPP Process. It focuses on the local public health system- including all organizations and entities within the community that contribute to the public health. The LPHSA is used to understand the overall strengths and weaknesses of the public health system, using the Ten Essential Public Health Services as its fundamental framework for the assessment. The Essential Public Health Services (EPHS) list the ten public health activities that should be undertaken in all communities.

The LPHSA seeks to answer the following questions:

- What are the components, activities, competencies, and capacities of our local public health system?
- How are the Essential Public Health Services being provided to our community?

The information gathered in the LPHSA, along with results from the other three MAPP Assessments (Community Themes and Strengths, Community Health Status, and Forces of Change), will result in a strategic analysis used to identify prevailing health issues and public health system issues. Prioritization of these issues leads to development of goals and action plans to be implemented to improve the health and well-being of Washington County.

LPHSA Participants

American Red Cross
Chris Marrero

Behavioral Health Board- The Right Path
Cathy Harper

Buckeye Hills- Area Agency on Aging
Mindy Cayton

City of Marietta
Cathy Harper

Family & Children First
Cindy Davis

Marietta City Health Department
Vickie Kelly
Kelly Miller
Jonni Tucker

Marietta College Physician Assistant Program
Miranda Collins

Memorial Health System
Shawn Bail

O'Neill Center
Connie Huntsman

Proactive Health Solutions
Darren Swartz

Retired and Senior Volunteer Program (RSVP)
Lisa Valentine

Washington County Children Services
Jamie Vuksic

Washington County Emergency Management Agency
Jeff Lauer

Washington County Health Department
Angela Lowry
Court Witschey
Richard Wittberg

Washington State Community College
Heather Kincaid

YMCA
Suzy Zumwalde

The Assessment Instrument

The National Public Health Performance Standards (NPHPS) are the basis for the LPHSA. This standardized tool measures the performance of the local public health system (LPHS) – defined as the collective efforts of public, private, and voluntary entities, as well as individuals and informal associations that contribute to the public health within a jurisdiction. This may include organizations and entities such as the local health department, other governmental agencies, healthcare providers, human service organizations, schools and universities, faith institutions, youth development organizations, economic and philanthropic organizations, and many others. Any organizations or entity that contributes to the health or well-being of a community is considered part of the public health system. Ideally, a group that is broadly representative of these public health system partners will participate in the assessment process. By sharing their diverse perspectives, all participants will gain a better understanding of each organization's contributions, the interconnectedness of their activities, and how the public health system can be strengthened. The NPHPS do not focus specifically on the capacity or performance of any single agency or organizations.

The instrument is framed around the Ten Essential Public Health Services (EPHS) that are utilized in the field to describe the scope of public health. For each essential service in the local instrument, the model standards describe or correspond to the primary activities conducted at the local level. The number of model standards varies across the essential services; while some essential services include only two model standards, others include up to four.

	The Ten Essential Public Health Services
1	Monitor health status to identify and solve 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 and action 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 insurance and safety
7	Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8	Assure a competent public 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 Ten Essential Public Health Services

http://www.cdc.gov/nphpsp/essentialservices.html

Each EPHS model standard is scored by LPHSA participants to assess system performance on the following scale:

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

The NPHPS results are intended to be used for quality improvement purposes for the Washington County public health system and to guide the development of the overall public health infrastructure. This will be accomplished through the subsequent MAPP phases of Identifying Strategic Issues and Formulating Goals and Strategies.

Methodology

The WashCo Wellness Partners convened on three separate meeting days to complete the Local Public Health System Assessment- June 21st, July 12th, and July 27th of 2016 at the Emergency Operations Center. The June 21st meeting began with an introduction to the LPHSA method and the utilization of the Essential Public Health Services in assessing the community. Participants engaged in brainstorming and discussion through an exercise of mapping the assets of organizations present and how those assets would be categorized under each EPHS. A discussion around the existing programs and resources allowed for identification of weaknesses and gaps in county services.

The group was then led through an assessment of EPHS 1 and 4. The July 12th meeting focused on EPHS 2, 3, 5, and 6, and the July 27th meeting focused on EPHS 7, 8, 9, and 10.

A professional facilitator guided participants through a series of questions and group discussions related to each Model Standard and its Performance Measures. Washington County assets, weaknesses, and opportunities for growth and improvement were recorded. Voting on system performance was accomplished through use of the Turning Point software and individual clickers for each participant, ensuring anonymity of respondents and rapid results to share with the group.

Absent individuals who requested participation were emailed a make-up packet which included detailed worksheets of the Essential Services being covered, summaries of the discussions of each Competency, and an online survey which enabled them to cast their votes. These votes were calculated into those recorded at the meeting that the participant had missed.

Limitations

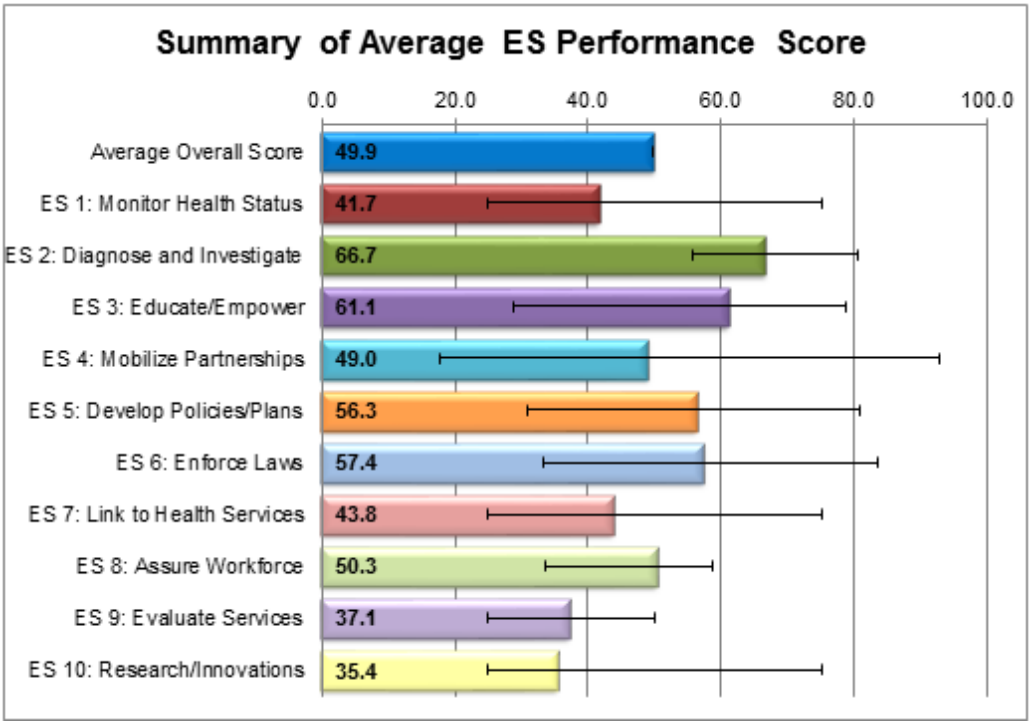
There are a number of limitations to the NPHPS assessment data due to self-report, wide variations in the breadth and knowledge of participants, the variety of assessment methods used, and differences in interpretation of assessment questions. Data and resultant information should not be interpreted to reflect the capacity or performance of any single agency or organization within the Washington County public health system or used for comparisons between jurisdictions or organizations. Use of NPHPS generated data and associated recommendations are limited to guiding an overall public health infrastructure and performance improvement process for the public health system as determined by the organizations involved in the assessment.

All performance scores are an average; Model Standard scores are an average of the question scores within that Model Standard, Essential Service scores are an average of the Model

Standard scores within that Essential Public Health Service, and the Overall Assessment score is the average of the Essential Public Health Service scores. The responses to the questions within the assessment are based upon processes that utilize input from the diverse system participants with different experiences and perspectives. The gathering of these inputs and the development of a response for each question incorporates an element of subjectivity, which may be minimized through the use of particular assessment methods. Additionally, while certain assessment methods are recommended, processes differ among sites. The assessment methods are not fully standardized and these differences in administration of the self-assessment may introduce an element of measurement error. In addition, there are differences in knowledge about the public health system among assessment participants. This may lead to some interpretation differences and issues for some questions, potentially introducing a degree of random non-sampling error.

Assessment Results

The data created now establishes the foundation upon which the WashCo Wellness Partners may set strategic priorities for performance improvement and identify specific quality improvement projects to support the priorities. 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 across all ten Essential Services.



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. Scores can range from a minimum value of 0% (no activity is performed to the pursuant to the standards) to a maximum value of 100% (all activities associated with the standards are performed at optimal levels). Note the black bars that identify the range of reported performance score responses within each Essential Service. Examination of these scores can give a sense of the Washington County public health system's greatest strengths and weaknesses.

Performance Scores by Essential Public Health Service and Corresponding Model Standards

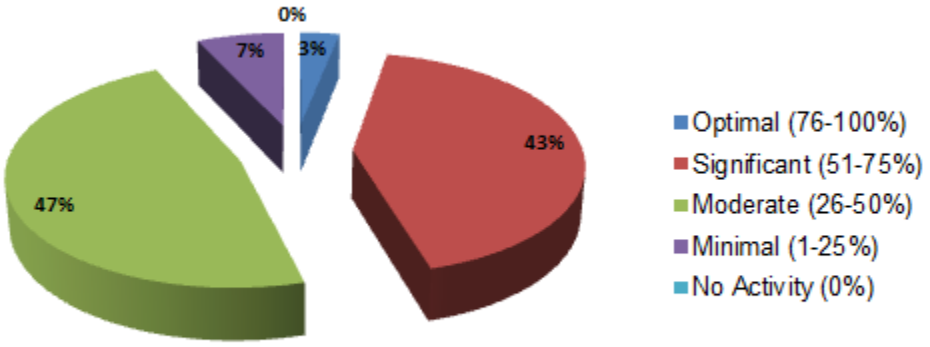
Essential Service	Model Standard	Performance Score
1 - Monitor Health Status		**41.7 Moderate**
	1.1 Community Health Assessment	41.7
	1.2 Current Technology	33.3
	1.3 Registries	50.0
2 - Diagnose & Investigate		**66.7 Significant**
	2.1 Identification/Surveillance	58.3
	2.2 Emergency Response	66.7
	2.3 Laboratories	75.0
3 - Educate/Empower		**61.1 Significant**
	3.1 Health Education/Promotion	58.3
	3.2 Health Communication	58.3
	3.3 Risk Communication	66.7
4 - Mobilize Partnerships		**49.0 Moderate**
	4.1 Constituency Development	56.3
	4.2 Community Partnerships	41.7
5 - Develop Policies/Plans		**56.3 Significant**
	5.1 Governmental Presence	66.7
	5.2 Policy Development	33.3
	5.3 CHIP/Strategic Planning	41.7
	5.4 Emergency Plan	83.3
6 - Enforce Laws		**57.4 Significant**
	6.1 Review Laws	68.8
	6.2 Improve laws	33.3
	6.3 Enforce Laws	70.0
7 - Link to Health Services		**43.8 Moderate**
	7.1 Personal Health Service Needs	31.3
	7.2 Assure Linkage	56.3
8 - Assure Workforce		**50.3 Moderate**
	8.1 Workforce Assessment	25.0
	8.2 Workforce Standards	75.0
	8.3 Continuing Education	70.0
	8.4 Leadership Development	31.3
9 - Evaluate Services		**37.1 Moderate**
	9.1 Evaluation of Population Health	43.8

	9.2 Evaluation of Personal Health	30.0
	9.3 Evaluation of LPHS	37.5
10 - Research/Innovations		**35.4 Moderate**
	10.1 Foster Innovation	31.3
	10.2 Academic Linkages	50.0
	10.3 Research Capacity	25.0
	Average Overall Score	**49.9**
	Median Score	**49.6**

Highest Ranked: **EPHS 2** (Diagnose and investigate health problems and health hazards) was assessed as **significant** activity.

Lowest Ranked: **EPHS 10** (Research for new insights and innovative solutions to health problems) was assessed as **moderate** activity.

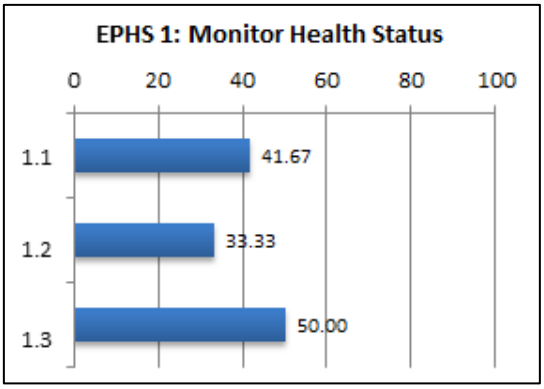
Overall Performance: The average of all EPHS scores resulted in a ranking of **moderate** activity.



Discussion of Scores by Essential Public Health Service

Scores are organized by EPHS and its corresponding Model Standards. Included is a description of the Essential Service and each Model Standard, followed by a summary of the discussion that took place during the LPHS meetings.

Essential Public Health Service 1 – Monitor health status to identify and solve community health problems



What is going on in our community?

Do we know how healthy we are?

Monitoring health status to identify community health problems encompasses the following:

- Assessing, accurately and continually, the community's health status.
- Identifying threats to health.
- Determining health service needs.
- Paying attention to the health needs of groups that are at higher risk than the total population.
- Identifying community assets and resources that support the public health system in promoting health and improving quality of life.
- Using appropriate methods and technology to interpret and communicate data to diverse audiences.
- Collaborating with other stakeholders, including private providers and health benefit plans, to manage multi-sectorial integrated information systems.

Model Standard 1.1 Population Based Community Health Assessment (CHA)

The LPHS completes a detailed community health assessment (CHA) to allow an overall look at and understanding of the community's health. A CHA identifies and describes factors that affect the health of the Washington County population and pinpoints factors that determine the availability of resources within the community to adequately address health concerns. The Washington County local public health system can identify the most vulnerable populations and related health inequities, prioritize health issues, identify best practices to address health issues, allocate resources where they are most needed, and provide a basis for collaborative efforts to promote the public's health. This provides the foundation for improving and promoting the health of the community and should be completed at least every three years. Data included in the CHA are accurate, reliable, and interpreted according to the evidence base for public health practice. CHA data and information are shared, displayed, and updated continually according to the needs of the community, and they are compared to local, state, and national benchmarks.

1.1 STRENGTHS	WEAKNESSES	OPPORTUNITIES
CHA's done by Area Agency on Aging, Memorial Health System, Marietta College & Harvest of Hope, RSVP (resource guide), Family and Children First (resource guide), WWW (transportation needs), Hazards Risk Assessment	Public is largely unaware of them CHA's don't capture all the health inequities faced by members of the population Behavioral and mental health services	Internal organization planning using CHA's; More widespread use by community leaders; Identify gaps in services; Identify health inequities (poverty, elderly, children, etc.).

Model Standard 1.2 Current Technology to Manage and Communicate Population Health Data

Health problems are looked at over time and trends related to age, gender, race, ethnicity, and geographic distribution. Data are shown in clear ways, including graphs, charts, and maps, while the confidential health information of individuals is protected. Software tools are used to understand where health problems occur, allowing the community to plan efforts to lessen the problems and to target resources where they are most needed. The CHA is available in both hard copy and online, and is regularly updated.

1.2 STRENGTHS	WEAKNESSES	OPPORTUNITIES
Plenty of graphs/quantitative data in assessments; State-wide databases; WashCo Alert- recipients can register using their location and any special needs (can track this data).	Accessibility is lacking; Local health departments not utilizing; Minimal data available; Agencies not using geocoding.	Rely on state and federal data; Reach out to see who would benefit from low income subsidies; Collaborations between agencies; Use technology/websites to increase accessibility.

Model Standard 1.3 Maintenance of Population Health Registries

The LPHS collects data on health-related events for use in population health registries. These registries allow more understanding of major health concerns, such as birth defects and cancer, and tracking of some healthcare delivery services, such as vaccination records. Registries also allow the LPHS to give timely information to at-risk populations. Population health registry data are collected by the LPHS according to standards, so that they can be compared with other data from private, local, state, regional, and national sources. With many partners working together to contribute complete data, population registries provide information for policy decisions, program implementation, and population research.

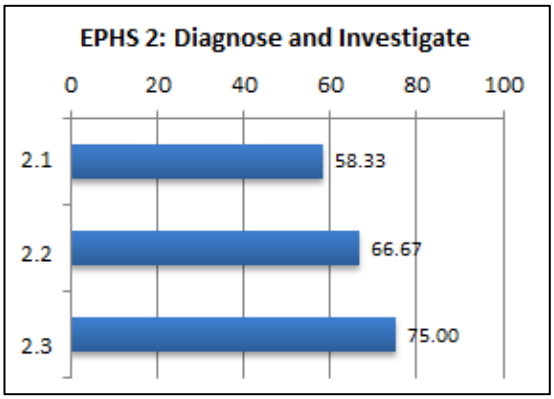
1.3 STRENGTHS	WEAKNESSES	OPPORTUNITIES
Registries for: Over the counter medications, Emergency Room trends, immunizations, vital statistics ; Some physicians at Memorial Health System input into these; State has many registries available that are easy to access.	There are not registries for anything (gaps in data available); Delay in updating of state registries; Agencies don't know how to report registry data to Memorial Health System; not all physicians input their data; Should use registries more when planning/implementing programs and policies.	Greater access to registry data; Follow up on accuracy and timeliness of reports; Physicians starting chronic disease registries; Epidemiologists can track trends of medication purchases; Need limited input access to keep consistency and professionalism (need avenues for reporting data); Continuity of care if data is more accessible (i.e. school officials).

Essential Public Health Service 2 – Diagnose and investigate health problems and health hazards in the community

Are we ready to respond to health problems or health hazards in our county?

How quickly do we find out about problems?

How effective is our response?



Diagnosing and investigating health problems and health hazards in the community encompass the following:

- Accessing a public health laboratory capable of conducting rapid screening and high-volume testing.
- Establishing active infectious disease epidemiology programs.
- Creating technical capacity for epidemiologic investigation of disease outbreaks and patterns of the following: infectious and chronic diseases, injuries, and other adverse health behaviors and conditions.

Model Standard 2.1 Identification and Surveillance of Health Threats

The LPHS conducts surveillance to watch for outbreaks of disease, disasters, and emergencies (both natural and manmade), and other emerging threats to the public's health. Surveillance data include information on reportable diseases, potential disasters and emergencies, or emerging threats. The LPHS uses surveillance data to notice changes or patterns right away, determine the factors that influence these patterns, investigate the potential dangers, and find ways to lessen the effect on public health.

2.1 STRENGTHS	WEAKNESSES	OPPORTUNITIES
Local health departments combating measles scare with vaccinations, etc.; Regional drills (ebola 2016; food borne illness 2017); Surveillance program around mosquitoes; Broad community partnerships in chronic disease programs.	Dependence on outside-county organizations for some resources/support; No surveillance response to heroin epidemic.	Response to C8 levels; Work with EPA to address air and water quality.

Model Standard 2.2 Investigation and Response to Public Health Threats and Emergencies

The LPHS stays ready to handle possible threats to public health. As a threat develops—such as an outbreak of a communicable disease, a natural disaster, or a biological, chemical, nuclear, or

other environmental event—a team of LPHS professionals works closely together to collect and understand related data. Many partners support the response, with communication networks already in place among health-related organizations, public safety, rapid response teams, the media, and the public. In a public health emergency, a jurisdictional Emergency Response Coordinator leads LPHS partners in the local investigation and response. The response to an emergent event is in accordance with current emergency operations coordination guidelines.

2.2 STRENGTHS	WEAKNESSES	OPPORTUNITIES
Drills regularly; First responders; Have Emergency Response Coordinator who works regionally and with state; Personnel and equipment available; Good lines of communication; Dangerous Wild Animal Annex; Rabies clinics, mosquitoes programs; Lead education for home owners.	Foodborne illness outbreaks difficult to identify; Close proximity to rivers (toxic algae blooms); Lead testing in children (old homes are a problem); Response to floods.	All Hazards Response Plan to be updated regularly; Partner with EMA to monitor vulnerable populations (create GIS maps); EOC updating systems in response to policy and environmental changes; WashCo Alert System.

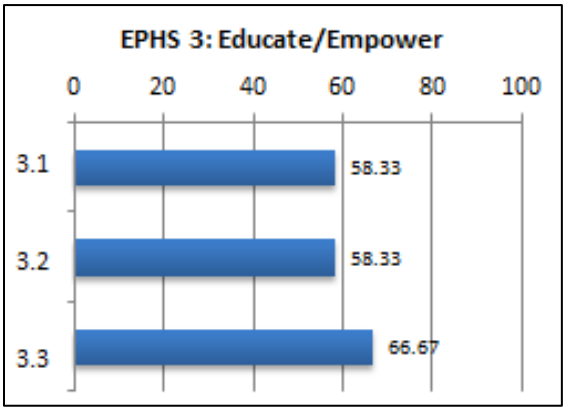
Model Standard 2.3 Laboratory Support for Investigation of Health Threats

The LPHS has the ability to produce timely and accurate laboratory results for public health concerns. Whether a laboratory is public or private, the LPHS sees that the correct testing is done and that the results are made available on time. Any laboratory used by public health meets all licensing and credentialing standards.

2.3 STRENGTHS	WEAKNESSES	OPPORTUNITIES
State support has detailed instructions on how to prepare and ship samples; MHS protocols on testing; Communication between agencies	Little in-county labs and lab resources	Capacity to do some identification in county; can rally response teams

Essential Public Health Service 3 – Inform, educate, and empower people about health issues

How well do we keep all segments of our community informed about health issues?



Informing, educating, and empowering people about health issues encompass the following:

- Creating community development activities.
- Establishing social marketing and targeted media public communication.
- Providing accessible health information resources at community levels.
- Collaborating with personal healthcare providers to reinforce health promotion messages and programs.
- Working with joint health education programs with schools, churches, worksites, and others.

Model Standard 3.1 Health Education and Promotion

The LPHS designs and puts in place health promotion and health education activities to create environments that support health. These promotional and educational activities are coordinated throughout the LPHS to address risk and protective factors at the individual, interpersonal, community, and societal levels. The LPHS includes the community in identifying needs, setting priorities, and planning health promotional and educational activities. The LPHS plans for different reading abilities, language skills, and access to materials.

3.1 STRENGTHS	WEAKNESSES	OPPORTUNITIES
Senior Farmers Market Nutrition Program; Food programs for kids during school and summer to address food insecurity	Smoking cessation programs; Support and good role modeling by doctors; Appalachian culture; Social disparities and low income make it difficult for people to focus on their health	Community Resource Center; Appalachia becoming its own demographic with culture specific programs (poverty >race as a major indicator); Shopping Matters and other evidence based programs being marketed by all organizations; Linking calendars through the Lifestyle Change Network; Care Coordinators at MHS; Generational Appalachian family values can be used to change learned behaviors over time

Model Standard 3.2 Health Communication

The LPHS uses health communication strategies to contribute to healthy living and healthy communities that include the following: increasing awareness of risks to health; ways to reduce health risk factors and increase health protective factors; promoting healthy behaviors; advocating organizational and community changes to support healthy living; increasing demand and support for health services; building a culture where health is valued; and creating support for health policies, programs, and practices. Health communication efforts use a broad range of strategies, including print, radio, television, the Internet, media campaigns, social marketing, entertainment education, and interactive media.

3.2 STRENGTHS	WEAKNESSES	OPPORTUNITIES
Organizations have social media accounts; WashCo Alert System; PIO's at WCHD and other organizations; Emergency PIO's; Social Media Training	Not enough health information being shared broadly; New research not shared; "Groundwork is there, just not enough follow through."; Technology challenges	Social media informational videos (brief, accessible, fun); Lifestyle Change Network calendar linkage; PIO training; MS, Volunteer Fire Dept, and township trustees have foundation to be information sharing leaders

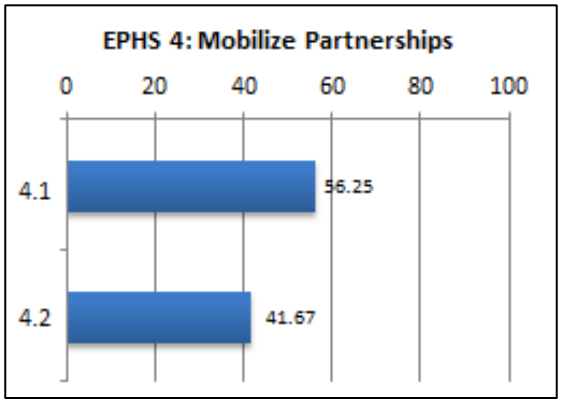
Model Standard 3.3 Risk Communication

The LPHS uses health risk communications strategies to allow individuals, groups, organizations, or an entire community to make optimal decisions about their health and well-being in emergency events. The LPHS recognizes a designated Public Information Officer (PIO) for emergency public information and warning. The LPHS organizations work together to identify potential risks (crisis or emergency) that may affect the community and develop plans to effectively and efficiently communicate information about these risks. The plans include pre-event, event, and post-event communication strategies for different types of emergencies.

3.3 STRENGTHS	WEAKNESSES	OPPORTUNITIES
FEMA Incident trainings for new employees	Incomplete list of PIO's, media and emergency responders Few media outlets	

Essential Public Health Service 4 – Mobilize community partnerships and action to identify and solve health problems

How well do we truly engage people in local health issues?



Mobilizing community partnerships to identify and solve health problems encompasses the following:

- Convening and facilitating partnerships among groups and associations (including those not typically considered to be health related).
- Undertaking defined health improvement planning process and health projects, including preventive, screening, rehabilitation, and support programs.
- Building a coalition to draw on the full range of potential human and material resources to improve community health.

Model Standard 4.1 Constituency Development

The LPHS actively identifies and involves community partners—the individuals and organizations with opportunities to contribute to the health of communities. These stakeholders may include health, transportation, housing, environmental, and non-health related groups, and community members. The LPHS manages the process of establishing collaborative relationships among these and other potential partners. Groups within the LPHS communicate well with one another, resulting in a coordinated, effective approach to public health, so that the benefits of public health are understood and shared throughout the community.

4.1 STRENGTHS	WEAKNESSES	OPPORTUNITIES
Strong coalitions already established (WWW, Community Health Council, Healthcare Coalition, Family & Children First Council, Safe Kids, Local Emergency Planning Committee); "Informing is happening, whether or not people take advantage of it."	Lack of directory of coalitions; need one central location for information and resources; People don't get involved unless they have a need	Opportunity to better involve and link community members with coalitions; Make voices heard in community to build infrastructure; encouraging people to become more involved

Model Standard 4.2 Community Partnerships

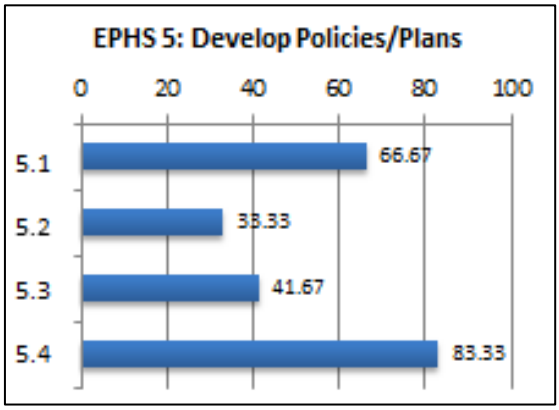
The LPHS encourages individuals and groups to work together so that community health may be improved. Public, private, and voluntary groups—through many different levels of information sharing, activity coordination, resource sharing, and in-depth collaborations—strategically align their interests to achieve a common purpose. By sharing responsibilities, resources, and rewards, community partnerships allow each member to share its expertise with others and strengthen the LPHS as a whole. A community group follows a collaborative, dynamic, and inclusive approach to community health improvement; it may exist as a formal partnership, such as a community health planning council, or as a less formal community group.

4.2 STRENGTHS	WEAKNESSES	OPPORTUNITIES
Community Health Council; Family & Children First Council; Organizations collaborate by sharing trainings with other orgs; Community integrated daycare; Use volunteers well; Emergency preparedness and response activities done well; Development of technology to easily access resources; Sharing resource and information	Lacking in evaluation and monitoring of programs; Little coordinated effort in completing community health assessments	Development of websites and apps for access to resources

Essential Public Health Service 5 – Develop policies and plans that support individual and community health efforts

What local policies in both the government and private sector promote health in my community?

How well are we setting healthy local policies?



Developing policies and plans that support individual and community health efforts encompasses the following:

- Ensuring leadership development at all levels of public health.
- Ensuring systematic community-level and state-level planning for health improvement in all jurisdictions.
- Developing and tracking measurable health objectives from the (CHIP) as a part of a continuous quality improvement plan.
- Establishing joint evaluation with the medical healthcare system to define consistent policies regarding prevention and treatment services.
- Developing policy and legislation to guide the practice of public health.

Model Standard 5.1 Governmental Presence at the Local Level

The LPHS includes a local health department (which could also be another governmental entity dedicated to public health). The LPHS works with the community to make sure a strong local health department exists and that it is doing its part in providing 10 Essential Public Health Services. The local health department may be a regional health agency with more than one local area (e.g., city, county, etc.) under its jurisdiction. The local health department is accredited through the Public Health Accreditation Board's (PHAB's) voluntary, national public health department accreditation program.

5.1 STRENGTHS	WEAKNESSES	OPPORTUNITIES
Local funding support for WCHD accreditation; School, worksite, and pre-school/day care wellness policies implemented	Need more support from the state; Cultural suspicion of government involvement	Smoke-free parks, spaces, housing, etc.; Tobacco policies across worksites; Shared use and open use agreements

Model Standard 5.2 Public Health Policy Development

The LPHS develops policies that will prevent, protect, or promote the public's health. Public health problems, possible solutions, and community values are used to inform the policies and any proposed actions, which may include new laws or changes to existing laws. Additionally, current or proposed policies that have the potential to affect the public's health are carefully

reviewed for consistency with public health policy through health impact assessments (HIAs). The LPHS, together with community members, works to identify gaps in current policies and needs for new policies to improve the public's health. The LPHS educates the community about policies to improve public health and serves as a resource to elected officials who establish and maintain public health policies.

5.2 STRENGTHS	WEAKNESSES	OPPORTUNITIES
WCHD is lead agency in public health policy development (tobacco, school & worksite wellness); Creating Healthy Communities Coalition creates tobacco policies; Lifestyle Change Network on chronic disease Care Coordination policies at Memorial Health System	No reviews of public policy; Municipal and county decision makers don't get involved in health policies; Inaccessible policies at different worksites, schools, the city, etc.	State guidance is available on changing policies and ordinances; Shared use and open use agreements; Land use agreements created by River Valley Mountain Bike Association and Harvest of Hope; CHIP may focus on policy change (orgs. work on complementary health strategies)

Model Standard 5.3 Community Health Improvement Process and Strategic Planning

The LPHS seeks to improve community health by looking at it from many sides, such as environmental health, healthcare services, business, economic, housing, land use, health equity, and other concerns that affect public health. The LPHS leads a community-wide effort to improve community health by gathering information on health problems, identifying the community's strengths and weaknesses, setting goals, and increasing overall awareness of and interest in improving the health of the community. This community health improvement process provides ways to develop a community-owned community health improvement plan (CHIP) that will lead to a healthier community. With the community health improvement effort in mind, each organization in the LPHS makes an effort to include strategies related to community health improvement goals in their own organizational strategic plans.

5.3 STRENGTHS	WEAKNESSES	OPPORTUNITIES
Survey general public ("real" people); Stakeholders help identify needs Identify measurable outcomes and reviewed annually by state agencies (ex. For AAA8); Strategic issues identified; WCHD grants implement projects aligning with Ohio's Plan to Prevent and Reduce Chronic Disease	Long and complicated assessment processes that are built for urban environments	Develop own model of assessing based on target population; Need assessment model built for rural communities

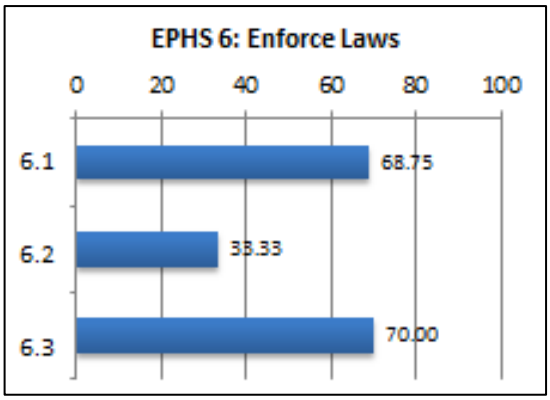
Model Standard 5.4 Plan for Public Health Emergencies

The LPHS adopts an emergency preparedness and response plan that describes what each organization in the system should be ready to do in a public health emergency. The plan describes community interventions necessary to prepare, mitigate, respond, and recover from all types of emergencies, including both natural and intentional disasters. The plan also looks at challenges of possible events, such as biological, chemical, or nuclear events, and stages regular exercises or drills with necessary organizations and resources. The workgroup uses national

standards (e.g., CDC's Public Health Emergency Preparedness Capabilities) to advance local preparedness planning efforts.

5.4 STRENGTHS	WEAKNESSES	OPPORTUNITIES
MOU's with ambulance agencies LEPC group; Regional Public Health Emergency Preparedness Coalition is active		Build infrastructure around emerging threats using assets

Essential Public Health Service 6 – Enforce laws and regulations that protect health insurance and safety



When we enforce health regulations are we technically competent, fair, and effective?

Enforcing laws and regulations that protect health and ensure safety encompasses the following:

- Enforcing sanitary codes, especially in the food industry.
- Protecting drinking water supplies.
- Enforcing clean air standards.
- Initiating animal control activities.
- Following-up hazards, preventable injuries, and exposure-related diseases identified in occupational and community settings.
- Monitoring quality of medical services (e.g., laboratories, nursing homes, and home healthcare providers).
- Reviewing new drug, biologic and medical device applications.

Model Standard 6.1 Review and Evaluation of Laws, Regulations, and Ordinances

The LPHS reviews existing laws, regulations, and ordinances related to public health, including laws that prevent health problems, promote, and protect public health. The LPHS looks at federal, state, and local laws to understand the authority provided to the system and the potential impact of laws, regulations, and ordinances on the health of the community. The LPHS also looks at any challenges involved in complying with laws, regulations, or ordinances, whether community members have any opinions or concerns, and whether any laws, regulations, or ordinances need to be updated.

6.1 STRENGTHS	WEAKNESSES	OPPORTUNITIES
Food safety at food service establishments is monitored well; Good investigation of problems	Not enough education/monitoring of food safety in the general public; State and federal organizations claim jurisdiction over problem areas	Identify where problems are and respond to them and/or request assistance (water & air quality); Address unvaccinated populations

Model Standard 6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances

The LPHS works to change existing laws, regulations, or ordinances—or to create new ones—when they have determined that changes or additions would better prevent health problems or protect or promote public health. To promote public health, the LPHS helps to draft the new or revised legislation, regulations, or ordinances; takes part in public hearings; and talks with lawmakers and regulatory officials.

6.2 STRENGTHS	WEAKNESSES	OPPORTUNITIES
Advocacy literature; Model policies and standards provided; School wellness policies	Cultural anti-government sentiment (stay out of personal lives); Lack of political will from decision makers; Conservative (small government) politicians and voters	Tobacco and worksite wellness ; Vaccination policies; More of a collaborative effort among organizations to support and advocate for policy changes

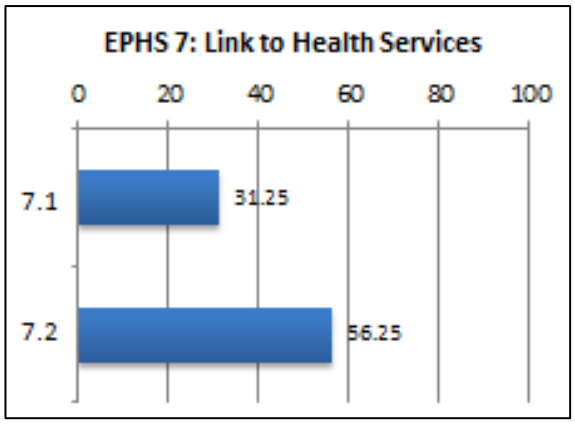
Model Standard 6.3 Enforcement of Laws, Regulations, and Ordinances

The LPHS sees that public health laws, regulations, and ordinances are followed. The LPHS knows which governmental agency or other organization has the authority to enforce any given public health-related requirement within its community, supports all organizations tasked with enforcement responsibilities, and ensures that the enforcement is conducted within the law. The LPHS also makes sure that individuals and organizations understand the requirements of relevant laws, regulation, and ordinances. The LPHS communicates the reasons for legislation and the importance of compliance.

6.3 STRENGTHS	WEAKNESSES	OPPORTUNITIES
All WCHD environmental services provide information to clients	Code dictates WCHD authority in government policy changes	Septic systems; Educate people about health policies during related activities and programs

Essential Public Health Service 7 – Link people to needed personal health services and assure the provision of health care when otherwise unavailable

Are the people in my community receiving the health services they need?



Linking people to needed personal health services and assuring the provision of healthcare when otherwise unavailable (sometimes referred to as outreach or enabling services) encompass the following:

- Ensuring effective entry for socially disadvantaged and other vulnerable persons into a coordinated system of clinical care.
- Providing culturally and linguistically appropriate materials and staff to ensure linkage to services for special population groups.
- Ensuring ongoing care management.
- Ensuring transportation services.
- Orchestrating targeted health education/promotion/disease prevention to vulnerable population groups.

Model Standard 7.1 Identification of Personal Health Service Needs of Populations

The LPHS identifies the personal health service needs of the community and identifies the barriers to receiving these services, especially among particular groups that may have particular difficulty accessing personal health services. The LPHS has defined roles and responsibilities for the local health department (or other governmental public health entity) and other partners (e.g., hospitals, managed care providers, and other community health agencies) in relation to overcoming these barriers and providing services.

7.1 STRENGTHS	WEAKNESSES	OPPORTUNITIES
Needs assessments and surveys; United Way 2-1-1 collects data; Monitoring of state data; Right Path, L&P Services for addiction; Benefits Enrollment Center, FCF, JFS, O'Neill Center, and Community Action help people access benefits; Library for caregivers available; Current collaboration on Community Health Assessment	Appalachian cultural barriers to accessing health system; People with lack of education are not sought out and served; Resources in center of county and rural geographic locations make transportation difficult; Cultural misunderstanding of addiction causes poor support of potential growth in services; Must rely on other agencies' or the state's data	Engage underserved and uneducated families; Build on Medicaid expansion to provide more previously inaccessible services; Expansion of transportation services (medical & social services); Educate people about addiction; Engage migrant farm workers (vaccinations, etc.)

Model Standard 7.2 Assuring the Linkage of People to Personal Health Services

The LPHS partners work together to meet the diverse needs of all populations. Partners see that persons are signed up for all benefits available to them and know where to refer people with unmet personal health service needs. The LPHS develops working relationships between public health, primary care, oral health, social services, mental health systems, and organizations that are not traditionally part of the personal health service system, such as housing, transportation, and grassroots organizations.

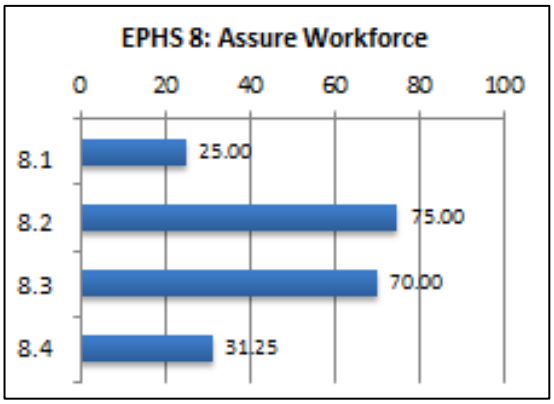
7.2 STRENGTHS	WEAKNESSES	OPPORTUNITIES
Services targeting same populations coordinated among providers; Referrals to services from physicians and organizations; Immunizations rules for schools; Children with Medical Handicaps program; Ely Chapman, Boys & Girls Club have resources for children	Physicians don't want to take time to do referrals; Transportation challenges; Migrant workers difficult to reach	Expand on services provided by MHS Diabetes Center in Belpre; United Way 2-1-1 expansion; More people actively seeking addiction services, leading to growth in service capacity of Right Path, L&P, Behavioral Health Board; Provide resources for those released from correctional institutions

Essential Public Health Service 8 – Assure a competent public and personal health care workforce

Do we have competent public health staff?

Do we have competent healthcare staff?

How can we be sure that our staff stays current?



Ensuring a competent public and personal healthcare workforce encompasses the following:

- Educating, training, and assessing personnel (including volunteers and other lay community health workers) to meet community needs for public and personal health services.
- Establishing efficient processes for professionals to acquire licensure.
- Adopting continuous quality improvement and lifelong learning programs.
- Establishing active partnerships with professional training programs to ensure community-relevant learning experiences for all students.
- Continuing education in management and leadership development programs for those charged with administrative/executive roles.

Model Standard 8.1 Workforce Assessment, Planning, and Development

The LPHS assesses the local public health workforce—all who contribute to providing the 10 Essential Public Health Services for the community. Workforce assessment looks at what knowledge, skills, and abilities the local public health workforce needs and the numbers and kinds of jobs the system should have to adequately prevent health problems and protect and promote health in the community. The LPHS also looks at the training that the workforce needs to keep its knowledge, skills, and abilities up to date. After the workforce assessment determines the number and types of positions the local public health workforce should include, the LPHS identifies gaps and works on plans to fill those gaps.

8.1 STRENGTHS	WEAKNESSES	OPPORTUNITIES
Building Bridges to Careers (FCF); Schools, MHS, and agencies coordinating to improve opportunities in education & careers; Civic Leaders Fellowship Program; Dental Assistant Program (WSCC & Family Tree Dental); Health Professions Affinity Community- students work together to mitigate problems; Community Action- leader in workforce development; WASCO builds work skills	Few to no workforce assessments done in county	Organizations to develop workforce development programs; Apprenticeships; AmeriCorps Members, including expansion of COMCorps program

Model Standard 8.2 Public Health Workforce Standards

The LPHS maintains standards to see that workforce members are qualified to do their jobs, with the certificates, licenses, and education that are required by law or by local, state, or federal guidance. Information about the knowledge, skills, and abilities that are needed to provide the 10 Essential Public Health Services are used in personnel systems, so that position descriptions, hiring, and performance evaluations of workers are based on public health competencies.

8.2 STRENGTHS	WEAKNESSES	OPPORTUNITIES
State/federal funding requires adherence to standards; Job descriptions; Quality standards; Performance evaluations (including self and supervisor assessments)	People don't understand public health or know the Essential Services	Employee trainings for relevant essential services and health competencies that the organizations contribute to; Build quantitative standards into job performance evaluations

Model Standard 8.3 Life-Long Learning Through Continued Education, Training, and Mentoring

The LPHS encourages lifelong learning for the local public health workforce. Both formal and informal opportunities in education and training are available to the workforce, including workshops, seminars, conferences, and online learning. Interested workforce members have the chance to work with academic and research institutions, particularly those connected with schools of public health, public administration, and population health. As the academic community and the local public health workforce collaborate, the LPHS is strengthened.

The LPHS trains its workforce to recognize and address the unique culture, language, and health literacy of diverse consumers and communities and to respect all members of the community. The LPHS also educates its workforce about the many factors that can influence health, including interpersonal relationships, social surroundings, physical environment, and individual characteristics (such as economic status, genetics, behavioral risk factors, and healthcare).

8.3 STRENGTHS	WEAKNESSES	OPPORTUNITIES
Preparedness exercises State conferences; Nonprofits LEAD program for students through Marietta College; Local universities' resources; Mentoring interns and shadowing programs; AmeriCorps members; Tuition reimbursement (MHS)	Organizations don't always budget for travel to conferences and trainings	Staff cross-trainings; Take advantage of training opportunities- plan to regularly attend trainings as internal agency requirement

Model Standard 8.4 Public Health Leadership Development

Leadership within the LPHS is demonstrated by organizations and individuals that are committed to improving the health of the community. Leaders work to continually develop the LPHS, create a shared vision of community health, find ways to achieve the vision, and ensure that local public health services are delivered. Leadership may come from the local health department, from other governmental agencies, non-profits, the private sector, or from several LPHS partners. The LPHS encourages the development of leaders that represent the diversity of the community and respect community values.

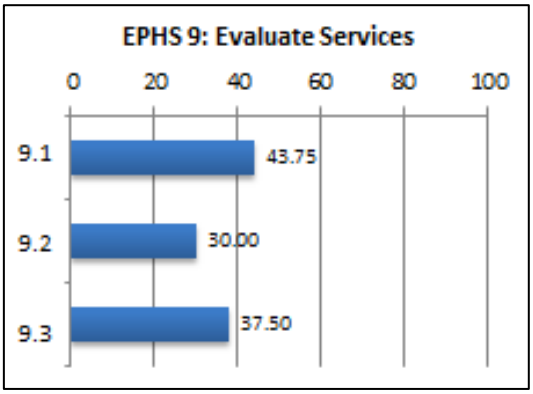
8.4 STRENGTHS	WEAKNESSES	OPPORTUNITIES
Coalitions throughout county; Grant requirements to continue education	Not county-wide overall collaboration; Weak formal leadership development opportunities	Expand volunteer, intern, shadowing capacity to grow future public health leaders; Broaden community health collaborations

Essential Public Health Service 9 – Evaluate effectiveness, accessibility, and quality of personal and population-based health services

Do we have competent public health staff?

Do we have competent healthcare staff?

How can we be sure that our staff stays current?



Evaluating effectiveness, accessibility, and quality of personal and population-based health services encompasses the following:

- Assessing program effectiveness through monitoring and evaluating implementation, outcomes, and effect.
- Providing information necessary for allocating resources and reshaping programs.

Model Standard 9.1 Evaluation of Population-Based Health Services

The LPHS evaluates population-based health services, which are aimed at disease prevention and health promotion for the entire community. Many different types of population-based health services are evaluated for their quality and effectiveness in targeting underlying risks. The LPHS uses nationally recognized resources to set goals for their work and identify best practices for specific types of preventive services (e.g., *Healthy People 2020* or *The Guide to Community Preventive Services*). The LPHS uses data to evaluate whether population-based services are meeting the needs of the community and the satisfaction of those they are serving. Based on the evaluation, the LPHS may make changes and may reallocate resources to improve population-based health services.

STRENGTHS	WEAKNESSES	OPPORTUNITIES
Grants evaluated quarterly; National/state evaluations; Physical activity, nutrition, tobacco, chronic disease (hypertension), alcohol & drugs, immunizations, obesity, injury prevention for kids are evaluated in county; Surveys following provision of services after 3 months and 1 year (O'Neill Ctr. & Community Action); Resource guides are environmental scans of resources and gaps	Lacking STD prevention and education; Chronic disease education lacking; No grant requirements leads to no evaluation of programs	Use evaluations to identify gaps and opportunities; Customer satisfaction surveys for programs at health departments (vital statistics, food safety clients, etc.)

Model Standard 9.2 Evaluation of Personal Health Services

The LPHS regularly evaluates the accessibility, quality, and effectiveness of personal health services. These services range from preventive care, such as mammograms or other preventive screenings or tests, to hospital care, to care at the end of life. The LPHS sees that the personal health services in the area match the needs of the community, with available and effective care for all ages and groups of people. The LPHS works with communities to measure satisfaction with personal health services through multiple methods, including surveys with persons who have received care and others who might have needed care or who may need care in the future. The LPHS uses findings from the evaluation to improve services and program delivery, using technological solutions, such as electronic health records, when indicated, and modifying organizational strategic plans, as needed.

STRENGTHS	WEAKNESSES	OPPORTUNITIES
MHS adoption of electronic health records; Immunizations database	Personal health services access not really evaluated; Health services provided by community agencies not evaluated against clinical standards	Electronic health records can improve patient health outcomes; Washco Alert has documentation of special needs during emergencies; GIS mapping

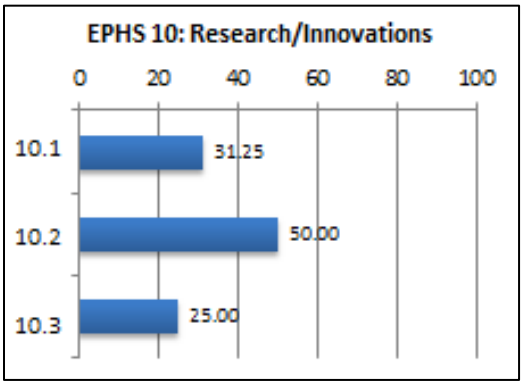
Model Standard 9.3 Evaluation of the Local Public Health System

The LPHS evaluates itself to see how well it is working as a whole. Representatives from all groups (public, private, and voluntary) that provide all or some of the 10 Essential Public Health Services gather to conduct a systems evaluation. Together, using guidelines (such as this Local Instrument) that describe a model LPHS, participants evaluate LPHS activities and identify areas of the LPHS that need improvement. The results of the evaluation are also used during a community health improvement process.

STRENGTHS	WEAKNESSES	OPPORTUNITIES
WashCo Wellness Partners will have scheduled assessments every three years	Never/rarely done in the past in county	Partnership Assessment of the relationships of organizations that comprise the LPHS; Evaluate sharing of resources; Exchange of information among orgs.; More robust participation from LPHS orgs.

Essential Public Health Service 10 – Research for new insights and innovative solutions to health problems

Are we discovering and using new ways to get the job done?



Researching new insights and innovative solutions to health problems encompasses the following:

- Establishing full continuum of innovation, ranging from practical field-based efforts to fostering change in public health practice to more academic efforts that encourage new directions in scientific research.
- Continually linking with institutions of higher learning and research.

- Creating internal capacity to mount timely epidemiologic and economic analyses and conduct health services research.

Model Standard 10.1 Fostering Innovation

LPHS organizations try new and creative ways to improve public health practice. In both academic and practice settings, such as universities and local health departments, new approaches are studied to see how well they work.

STRENGTHS	WEAKNESSES	OPPORTUNITIES
Building infrastructure in county to encourage healthy behavior; Coalition work; Resources and staff provided to develop new solutions	Don't involve community in research and little research being done; Supervisors support or inhibit innovation	Share results and lessons learned; Changing culture and health climate; Build infrastructure and policy around preventing chronic disease; Build a community effort; Document and publicize innovations; be early adopters of change

Model Standard 10.2 Linkage with Institutions of Higher Learning and/or Research

The LPHS establishes relationships with colleges, universities, and other research organizations. The LPHS is strengthened by ongoing communication between academic institutions and LPHS organizations. They freely share information and best practices and set up formal or informal arrangements to work together. The LPHS connects with other research organizations, such as federal and state agencies, associations, private research organizations, and research departments or divisions of business firms. The LPHS does community-based participatory research that includes community members and those organizations representing community members as full partners from selection of the topic of study, to design, to sharing of findings. The LPHS works with one or more colleges, universities, or other research organizations to co-sponsor continuing education programs.

STRENGTHS	WEAKNESSES	OPPORTUNITIES
O'Neill Center works w/local colleges; has interns; WCHD affiliated w/University of Cincinnati around environmental exposure; WCHD recognized DPP site through CDC (program working on being approved by Medicaid)	No research institutions within the county	CHIP potential goal is to encourage collaboration between health agencies and the community; State grants may want local health system to partner with health departments

Model Standard 10.3 Capacity to Initiate or Participate in Research

The LPHS takes part in research to help improve the performance of the LPHS. This research includes examining how well LPHS organizations provide the 10 Essential Public Health Services in the community (public health systems and services research) and studying what influences healthcare quality and service delivery in the community (health services research). The LPHS

has access to researchers with the knowledge and skills to design and conduct health-related studies, supports their work with funding and data systems, and provides ways to share findings. Research capacity includes access to libraries and information technology, the ability to analyze complex data, and ways to share research findings with the community and use them to improve public health practice.

STRENGTHS	WEAKNESSES	OPPORTUNITIES
Regional epidemiologist; State resources available CDC and ODH	Research is not a priority in county; Not enough resources, time, or staff; Cultural opposition to change	Increase capacity to work with universities; Social marketing software used to investigate demographics to create marketing plans that will appeal to populations; Sharing research findings

Priority of Model Standards Questionnaire

The Priority of Model Standards Questionnaire assesses how performance of each Model Standard compares with the priority that should be given to that Standard in the Washington County local public health system. WashCo Wellness Partners participants were given a survey and rated the priority of each Model Standard on a scale of 1 to 10, with 1 being the lowest priority and 10 being the highest priority. Prioritizing the Essential Services will help Washington County public health system partners to identify areas for improvement or where resources could be realigned.

Based on the priority given to each Model Standard, each service was assigned to one of four quadrants. The four quadrants are based on the comparison between performance score and priority rating, and this should provide guidance in considering areas for strategic planning and next steps for improvement.

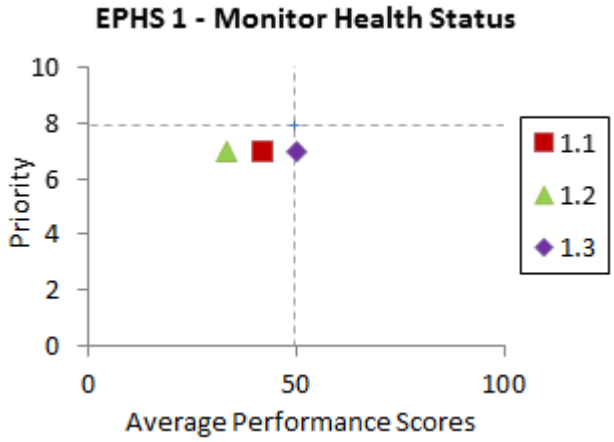
Quadrant A	**(High Priority and Low Performance)** – These activities may need increased attention.
Quadrant B	**(High Priority and High Performance)** – These activities are being done well, and it is important to maintain efforts.
Quadrant C	**(Low Priority and High Performance)** – These activities are being done well; consideration may be given to reducing effort in these areas.
Quadrant D	**(Low Priority and Low Performance)** – These activities could be improved, but are of low priority. They may need little or no attention at this time.

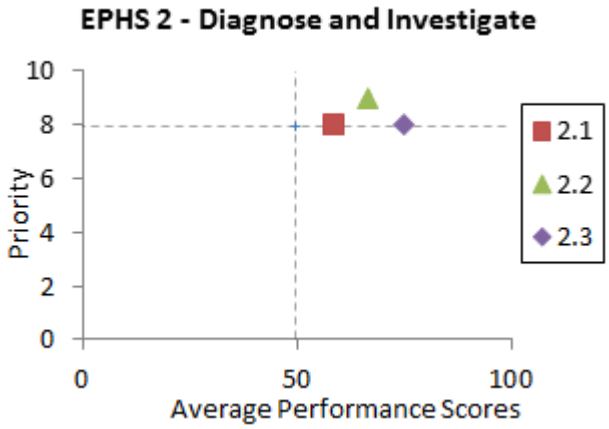
The table below displays average priority ratings (on a scale from 1-10) and performance scores for the Model Standards, arranged under the four quadrants. By considering the appropriateness of the match between the importance ratings and current performance scores and also by reflecting back on the previous qualitative data, potential priority areas can be identified for future action planning.

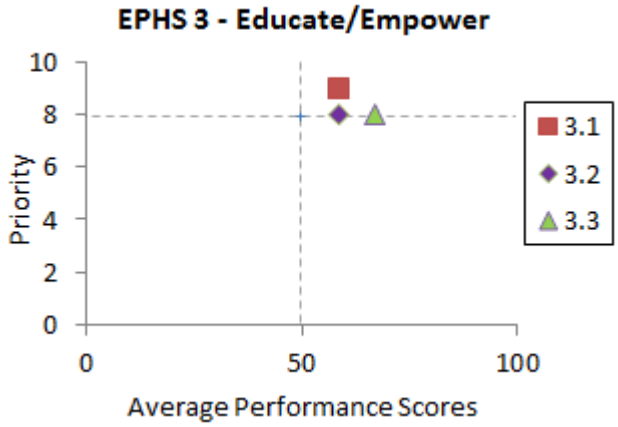
Quadrant	Model Standard	Performance Score (%)	Priority Rating
A	10.1 Foster Innovation	31.3	8
A	9.1 Evaluation of Population Health	43.8	8
A	8.4 Leadership Development	31.3	8
A	8.1 Workforce Assessment	25.0	8

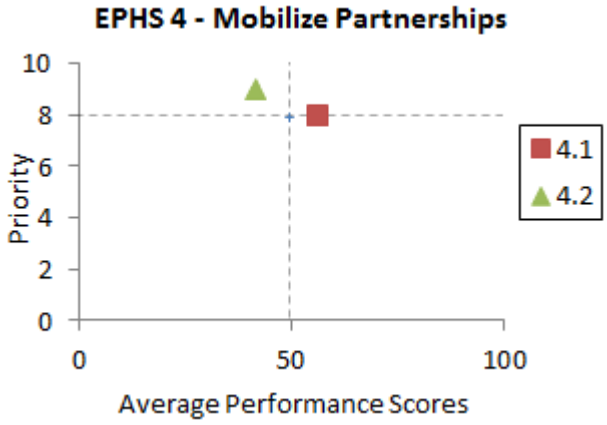
A	7.1 Personal Health Service Needs	31.3	8
A	6.2 Improve Laws	33.3	8
A	5.3 CHIP/Strategic Planning	41.7	9
A	5.2 Policy Development	33.3	8
A	4.2 Community Partnerships	41.7	9
B	8.3 Continuing Education	70.0	8
B	8.2 Workforce Standards	75.0	8
B	7.2 Assure Linkage	56.3	8
B	6.3 Enforce Laws	70.0	8
B	6.1 Review Laws	68.8	8
B	5.4 Emergency Plan	83.3	9
B	5.1 Governmental Presence	66.7	8
B	4.1 Constituency Development	56.3	8
B	3.3 Risk Communication	66.7	8
B	3.2 Health Communication	58.3	8
B	3.1 Health Education Promotion	58.3	9
B	2.3 Laboratories	75.0	8
B	2.2 Emergency Response	66.7	9
B	2.1 Identification/Surveillance	58.3	8
C	10.2 Academic Linkages	50.0	7
C	1.3 Registries	50.0	7
D	10.3 Research Capacity	25.0	7
D	9.3 Evaluation of LPHS	37.5	7
D	9.2 Evaluation of Personal Health	30.0	7
D	1.2 Current Technology	33.3	7
D	1.1 Community Health Assessment	41.7	7

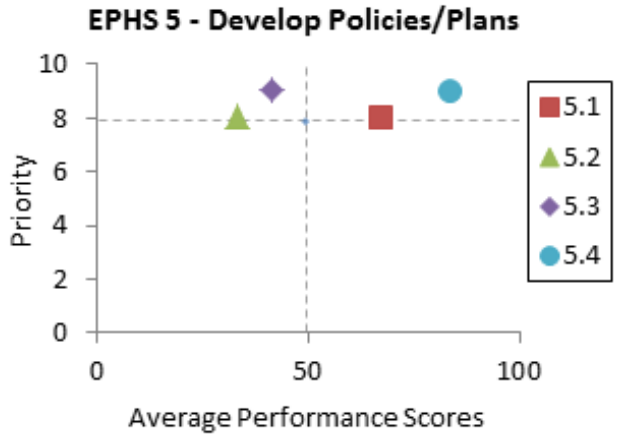
Summary of Model Standards Scores and Priority Ratings

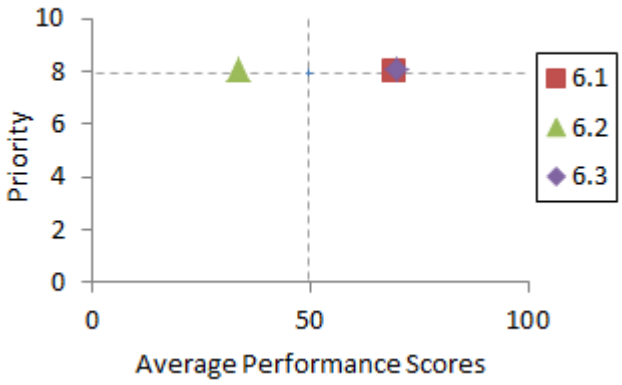


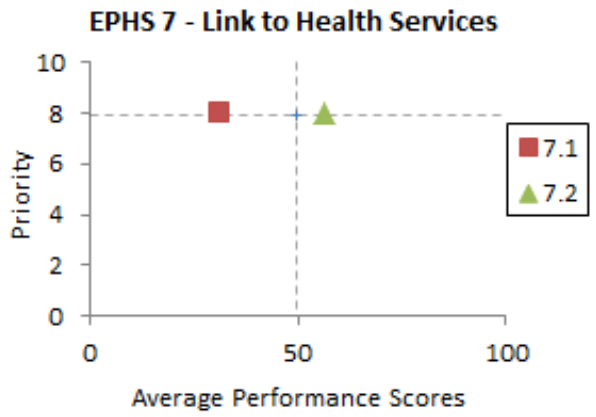


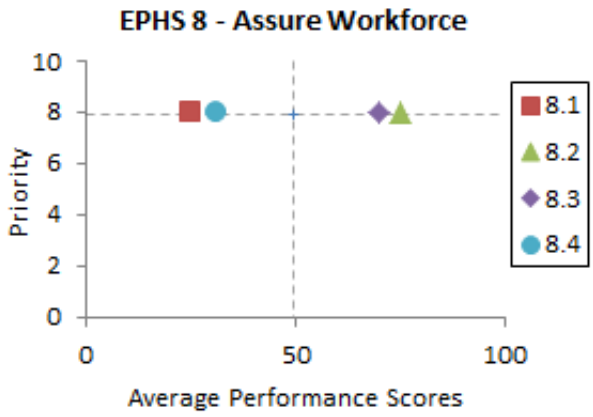


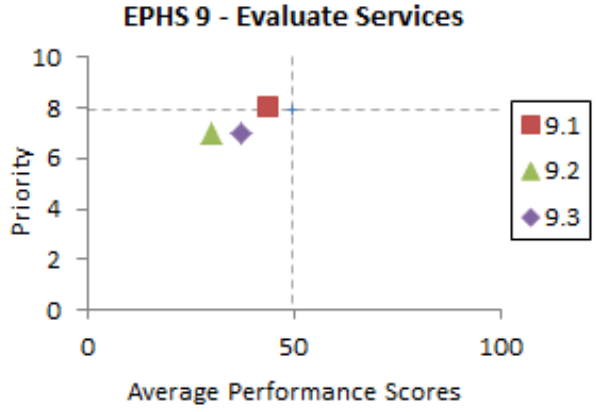


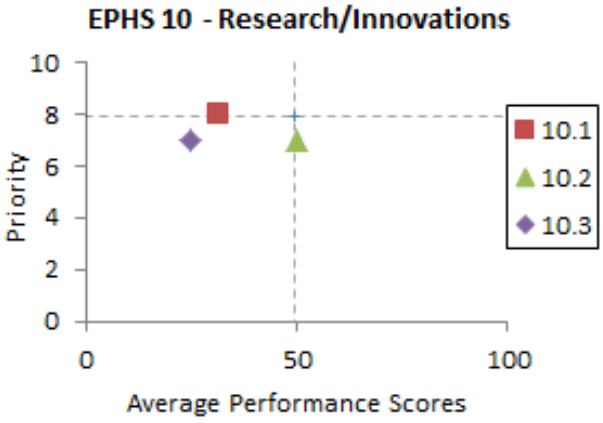





EPHS 7 - Link to Health Services
Priority
10
8
6
4
2
0
0
50
100
Average Performance Scores
7.1
7.2


EPHS 8 - Assure Workforce
Priority
10
8
6
4
2
0
0
50
100
Average Performance Scores
8.1
8.2
8.3
8.4


EPHS 9 - Evaluate Services
Priority
10
8
6
4
2
0
0
50
100
Average Performance Scores
9.1
9.2
9.3


EPHS 10 - Research/Innovations
Priority
10
8
6
4
2
0
0
50
100
Average Performance Scores
10.1
10.2
10.3

Washington County
Community Health Status Assessment

WashCo Wellness Partners
February 2017

Our Vision

"A respectful and encouraging community that advocates for health equity, collaboration, and inclusiveness between leaders, organizations, and individuals who strive together to make Washington County the healthiest county in Ohio."

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CHSA Participants

Behavioral Health Board – The Right Path
Cathy Harper

City of Marietta
Cathy Harper

Corporation for Ohio Appalachian Development
Jennifer Loman

Cutler Community Center
Bruce Kelbaugh

EVE
Ann Stewart

Family and Children First
Cindy Davis

GoPacks
Heather Warner

Marietta City Health Department
Barb Bradley
Vickie Kelly

Memorial Health System
Shawn Bail
Cindy Neubert (Strecker Cancer Center)

Ohio Valley Educational Service Center
Chris Keylor

O'Neill Center
Ann Stewart

Washington County Behavioral Health Board
Miriam Keith

Washington State Community College
Heather Kincaid

Washington County Free Clinic
Karen Clare

Washington County Health Department
Betty King
Angela Lowry
Amy Nahley
Richard Wittberg
Court Witschey

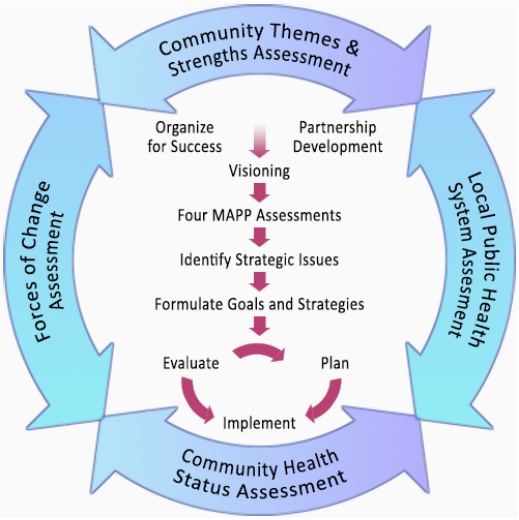
Washington County Sheriff's Office
Greg Nohe

Washington-Morgan Community Action
David Brightbill

YMCA
Suzy Zumwalde

Introduction

In 2016, a broad array of public health stakeholders from Washington County convened as the WashCo Wellness Partners to conduct a Community Health Assessment by use of the Mobilizing for Action through Planning and Partnerships (MAPP) process. MAPP is a community-driven strategic planning framework that assists communities in developing and implementing efforts around the prioritization of public health issues and the identification of resources to address them as defined by the Ten Essential Public Health Services. The MAPP process includes four assessment tools, including the Community Health Status Assessment.



The Community Health Status Assessment (CHSA) provides an understanding of the community's health status and ensures that the community's priorities include specific health status issues. It is a crucial component of the MAPP process in that the data gathered serves as the foundation for analyzing and identifying community health issues and determining where the community stands in relation to peer communities, state data, and national data. The CHSA answers the following questions:

How healthy are our residents?

What does the health status of our community look like?

The CHSA is one of four assessments, the results of which will produce a strategic analysis used to identify prevailing health issues. Prioritization of these issues will lead to development of a Community Health Improvement Plan which will engage community partners in developing policies and defining actions to promote the health status of the community.

The CHSA consists of 11 broad-based categories, within which are a range of core indicators that describe the health and well-being of the community through examination of determinants of health. Social and economic conditions, especially, may contribute to health issues and inequities among special and vulnerable populations.

Aided by this data, the WashCo Wellness Partners members were able to select key strategic issues to focus on for both the Community Health Assessment and Action Planning and Implementation phase of the MAPP process. Brainstorming for each issue was conducted at subsequent meetings, and members were assigned to committees to facilitate project implementation, ensuring continuation as a community-owned process.

Executive Summary

The CHSA aims to describe the determinants of health that effect health outcomes of Washington County residents. It will serve as a resource for the WashCo Wellness Partners in determining strategic issues and other community leaders as they develop programs to address the needs of vulnerable populations. The results illustrate disparities in health equity and services, strengths and weaknesses in resource availability and accessibility, and areas for improvement, both in data reporting and service provision.

Some of the issues discovered by the CHSA include:

- For every 100,000 residents in Washington County, there are only about 40 dentists accessible to provide dental care and 40 mental health providers accessible for mental health care. Both of these rates are significantly lower than both Ohio and United States rates. In addition, more than 40% of adult residents report not having visited a dentist within the past year, significantly higher than state and national percentages.

- The number of individuals receiving Medicaid health coverage is higher than both the state and national numbers.

- Nearly half of all grandparents are living with and responsible for their grandchildren.

- About a quarter of residents over age 18 are current cigarette smokers.

- One-third of adults are obese, or have a BMI greater than or equal to 30.

- Three-quarters of adults self-report not eating enough fruits and vegetables.

- Fewer adults in Washington County than in Ohio are having preventative screenings done to identify cancer and other diseases.

- 10 of every 100 adult residents have diabetes.

- For many of the cancers listed in this report, both the incidence and mortality rates are higher in Washington County than in Ohio overall.

- The rates of STD incidence are much lower than in Ohio overall.

Indicator Profiles

Demographic Characteristics

Demographic characteristics include measures of total population as well as percent of total population by age group, gender, and race and ethnicity. It also includes where the populations are located and the rate of change in population density over time, due to births, deaths, and migration patterns.

2010 Population Counts for Washington County, by Age and Gender

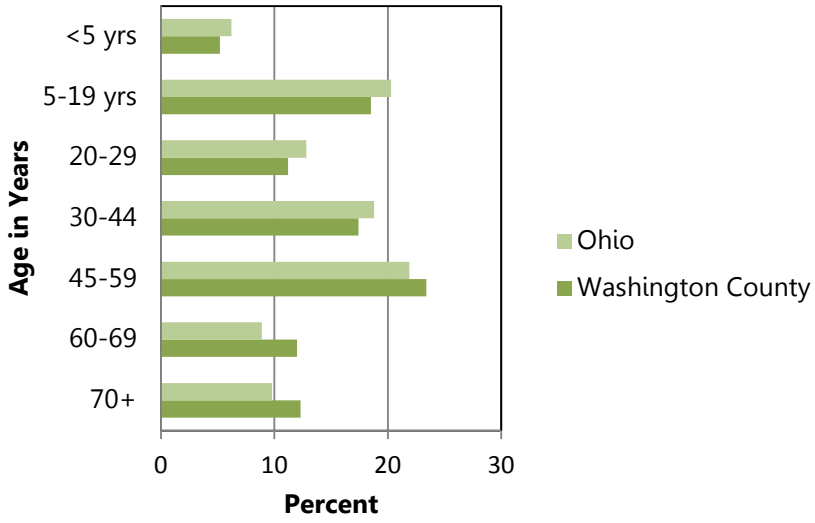
Since 2000, the population of Washington County has decreased from 63,251 people to 61,778 people, about 2.3% according to the 2010 U.S. Census. During the same period, Ohio experienced a 1.6% population increase and the United States as a whole increased 9.7%. Washington County continues to gradually decrease as indicated in the 2015 Census population estimates, finding a 1% change.

The largest age group in Washington County is the age range of 45-69 years old with 14,417 people, about 23%. The median age of residents is 43. The largest concentration of residents is Marietta city, with 14,085, followed next by Belpre city with 6,441 residents.

Age Group	Number of People		
	Male	Female	Total
<5 Years	1,687	1,556	3,243
5-19 years	5,903	5,563	11,466
20-29	3,462	3,478	6,940
30-44	5,279	5,501	10,780
45-59	7,080	7,337	14,417
60-69	3,577	3,838	7,415
70 and over	3,177	4,340	7,517
Total	30,165	31,613	61,778

Source: U.S. Census Bureau. 2010 Census.

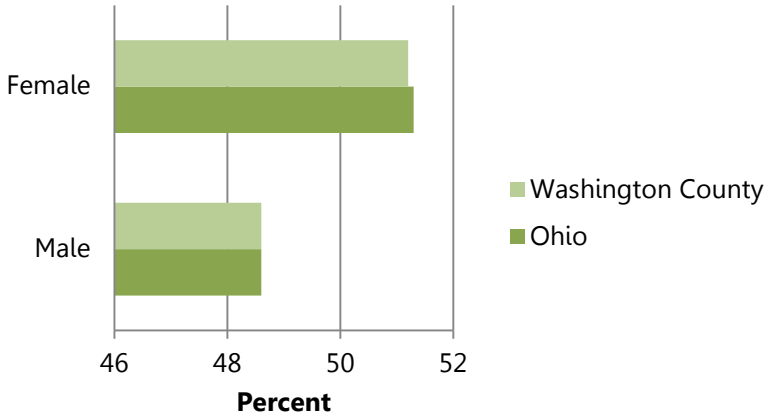
Population (Percent) by Age, 2010



Age Range	Washington County	Ohio
70+	12.3%	9.8%
60-69	12%	8.9%
45-59	23.4%	21.9%
30-44	17.4%	18.8%
20-29	11.2%	12.8%
5-19 yrs	18.5%	20.3%
<5 yrs	5.2%	6.2%

Source: U.S. Census Bureau. 2010 Census

Population (Percent) by Gender, 2010



	Washington County	Ohio
Male	48.6%	48.6%
Female	51.2%	51.3%

Source: U.S. Census Bureau. 2010 Census

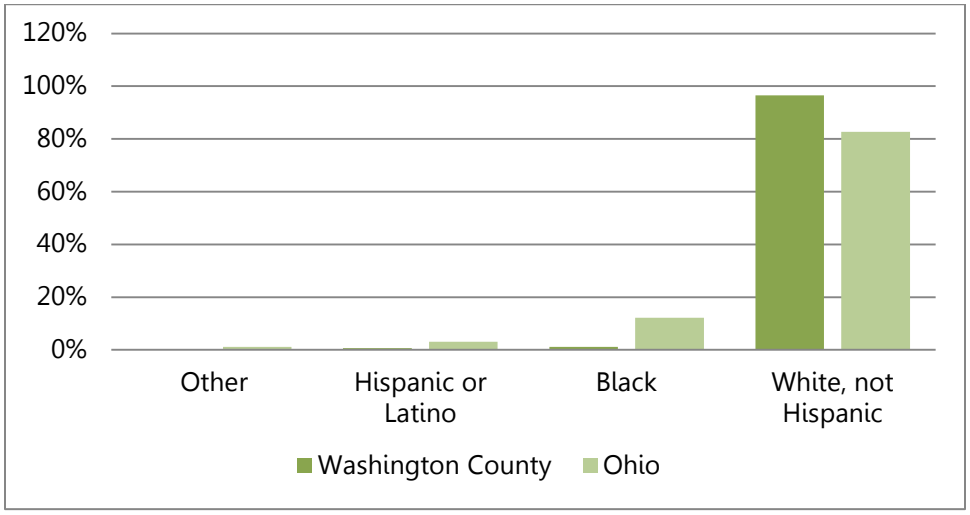
2010 Population Counts for Washington County by Race/Ethnicity

The majority of Washington County residents are white. The largest concentration of subgroups other than white is in Marietta, where 186 people are Black and 202 people are Asian.

	Washington County		Ohio	
Population Subgroup	**Number**	**Percentage**	**Number**	**Percentage**
White, not Hispanic	59,599	96.5%	9,539,437	82.7%
Black, not Hispanic	664	1.1%	1,407,681	12.2%
American Indian or Alaska Native	135	0.2%	25,292	0.2%
Asian	341	0.6%	192,233	1.7%
Hispanic or Latino	461	0.7%	354,674	3.1%
Native Hawaiian or other Pacific Islander	14	0%	4,066	0%
Other	123	0.2%	130,030	1.1%

Source: U.S. Census Bureau. 2010 Census

Population (Percent) by Race/Ethnicity, in 2010



Source: U.S. Census Bureau. 2010 Census

Socioeconomic Characteristics

Socioeconomic characteristics include measures that have been shown to affect health status, such as income, education, and employment, and the proportion of the population represented by various levels of these variables. Income level is considered to have the greatest impact on health, because it shapes living situation and most behaviors, such as substance abuse, healthy food consumption and exercise, and stress and mental health.

Unemployment Rate (age 16 and over)

The percent of unemployed people in Washington County in 2015 was 4.6%, compared to 5.2% in Ohio. This indicator is important because unemployment creates financial instability and barriers to accessing vital services, such as insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Washington County	28,005	26,082	1,898	4.6%
Ohio	5,852,224	5,366,673	477,251	5.2%
United States	159,913,288	145,747,779	13,150,045	5.2%

Source: U.S. Census Bureau, American Community Survey 2011-2015

People Living Below the Federal Poverty Level (FPL)

The Federal Poverty Level is determined annually by the Department of Health and Human Services based on the national poverty level, and those 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 that contribute to poor health status.

	Median Household Income	Total Percent in Poverty	Children in Poverty	Families in Poverty	65 Years+
Washington County	$43,509	16.4%	21.1%	10.8%	10%
Ohio	$49,429	15.8%	22.8%	11.5%	8%
United States	$53,889	15.5%	21.7%	11.3%	9.4%

Source: U.S. Census Bureau, American Community Survey 2011-2015

Educational Attainment

This indicator is important because research indicates education is one of the strongest predictors of health, linking higher educational attainment to more positive health outcomes. While the percent of Washington County high school graduates is similar to that of Ohio, there are significantly less county residents receiving a Bachelor's Degree than compared to the state.

	High School Graduate or Higher	Bachelor's Degree or Higher
Washington County	89.6%	17.5%
Ohio	89.1%	26.1%

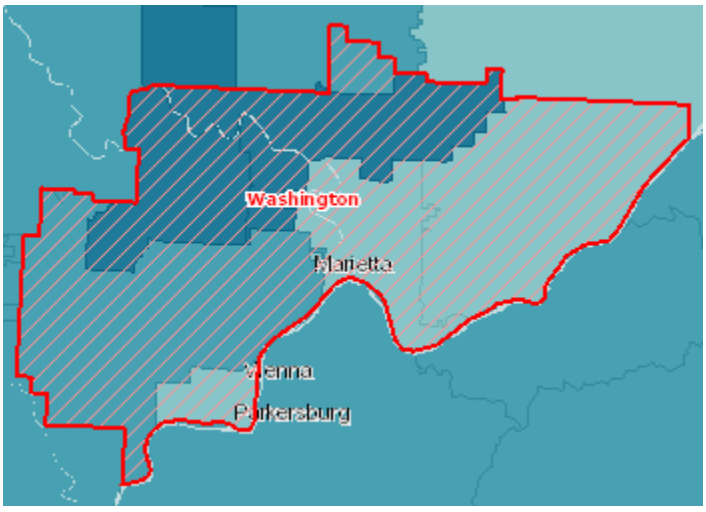
Source: U.S. Census Bureau, American Community Survey 2011-2015

High School Graduation Rate

This indicator depicts the number and percentage of students who receive their high school diploma within four years. Washington County's graduation rate is approximately .4% less than the graduation rate of Ohio. Both the county and state graduation rates are higher than the national average.

	Total Student Cohort	Estimated Number of Diplomas Issued	Cohort Graduation Rate
Washington County	697	617	88.50%
Ohio	121,516	107,999	88.90%
United States	3,127,886	2,635,290	84.30%

Source: US Department of Education, EDFacts. Accessed via DATA.GOV. Addtl. data analysis by CARES. 2013-14.



On-Time Graduation, Rate by School District (Secondary), EDFacts 2013-14

- *Over 94.0%*
- *85.1 - 94.0%*
- *75.1 - 85.0%*
- *Under 75.1%*
- *No Data or Data Suppressed*
- *Report Area*

Special Populations

Special populations are important to identify in the community because they are often more vulnerable to health inequities and disparities. The *non-English speaking persons* indicator reports the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well."

Veterans refers to those civilians who served on active duty for any branch of the armed forces of the United States. Veterans are more likely to have lower quality health care and poorer health outcomes.

The indicator *persons without high school diploma* reports the percentage of the population aged 25 or older without a high school diploma (or equivalency) or higher. Research shows that individuals with less educational attainment have less positive health outcomes.

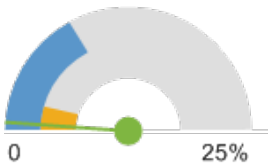
The indicator *persons without health insurance report* the percentage of adults age 18-65 without health insurance coverage. The lack of health insurance is considered a key driver of health status because lack of insurance is a primary barrier to healthcare access including preventative and regular primary care, specialty care, and other health services that contribute to poor health status.

The indicator *children in single-parent households* refers to the percentage of all children in family households that 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 health care and more likely to have emotional or behavioral difficulties as compared to children in nuclear families (two heads of household that are married and have custody of the children).

	Washington County		Ohio	
	Number	**Percentage**	**Number**	**Percentage**
Non-English speaking persons	304	0.52%	256,200	2.36%
Veterans	5,372	10.97%	834,358	9.40%
Persons without high school diploma	4,746	10.94%	869,789	11.18%
Persons without health insurance	6,552	10.78%	1,237,272	10.87%
Children in single-parent households	3,094	25.50%	Data not available	35%

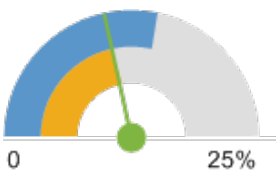
Source: U.S. Census Bureau, American Community Survey 2011-2015

Percent Non-English Speaking Persons

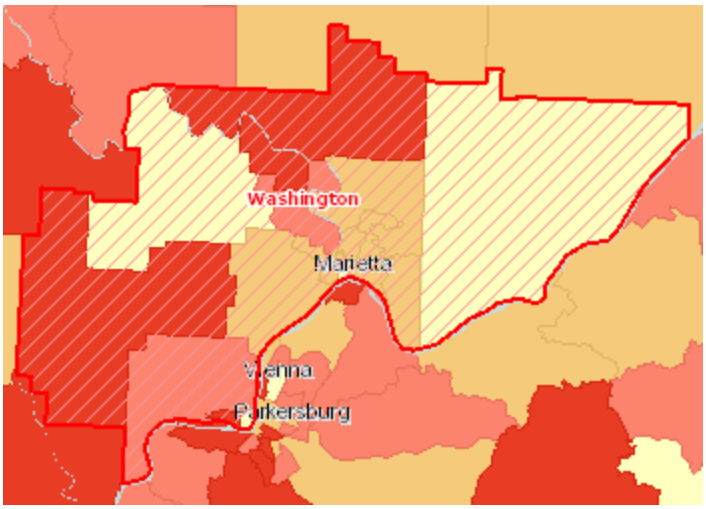


Washington County, OH (0.52%)
Ohio (2.36%)
United States (8.6%)

Percent Without Health Insurance

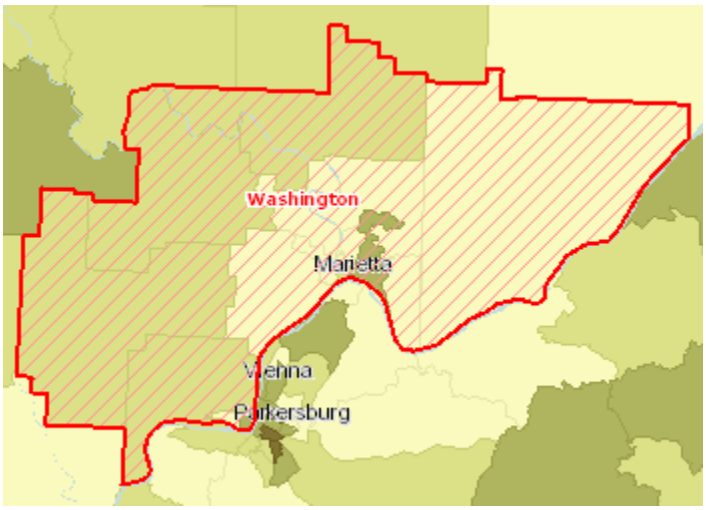


Washington County, OH (10.78%)
Ohio (10.87%)
United States (14.2%)



Veterans, Percent of Total Population by Tract, ACS 2010-14

- Over 13%
- 11.1 - 13.0%
- 9.1 - 11.0%
- Under 9.1%
- No Data or Data Suppressed
- Report Area



Uninsured Population, Percent by Tract, ACS 2010-14

- **Over 20.0%**
- **15.1 - 20.0%**
- **10.1 - 15.0%**
- **Under 10.1%**
- **No Data or Data Suppressed**
- **Report Area**

Health Resource Availability

The availability of healthcare and 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 health care and prevention services. Service delivery patterns and roles of public and private sectors as payers and/or providers may also be relevant.

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 Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.

	Washington County		Ohio		United States	
	Number of Providers	Provider Rate per 100,000	Number of Providers	Provider Rate per 100,000	Number of Providers	Provider Rate per 100,000
[1]Primary Care Physicians	46	74.8	8,642	74.9	233,862	74.5
[2]Dentists	25	40.8	6,626	57.3	199,743	63.2
[3]Mental Health Providers	28	44.3	11,185	94.4	426,991	134.1

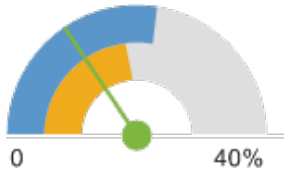
[1]Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2012.
[2]Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2013.
[3]Source: University of Wisconsin Population Health Institute, County Health Rankings. 2014.

Percent 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 doctor or health care provider. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits.

	Survey Population (Adults Age 18)	Total Adults Without Any Regular Doctor	Percent Adults Without Any Regular Doctor
Washington County	44,271	5,544	12.52%
Ohio	8,711,922	1,624,401	18.65%
United States	236,884,668	52,290,932	22.07%

Percent Adults Without Any Regular Doctor



Washington County, OH (12.52%)
Ohio (18.65%)
United States (22.07%)

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.

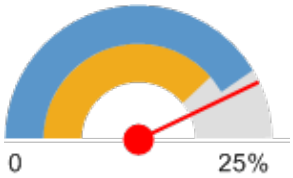
Population Receiving Medicaid

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

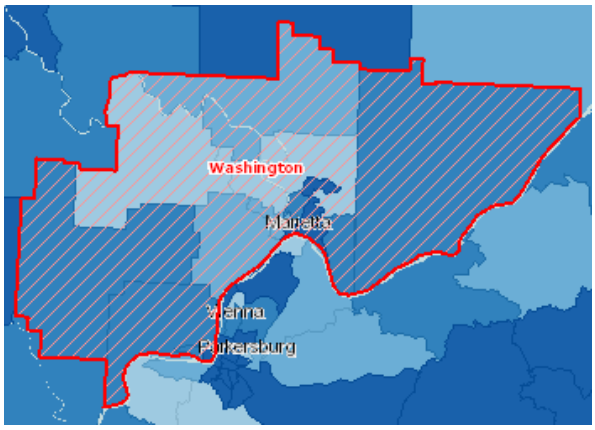
	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Washington County	60,759	54,207	11,609	21.42%
Ohio	11,386,433	10,149,161	1,965,699	19.37%
United States	309,082,272	265,204,128	55,035,660	20.75%

Source: US Census Bureau, American Community Survey. 2010-14.

Percent of Insured Population Receiving Medicaid



Washington County, OH (21.42%)
Ohio (19.37%)
United States (20.75%)



Insured, Medicaid / Means-Tested Coverage, Percent by Tract, ACS 2010-14

Over 25,0%
20.1 - 25.0%
15.1 - 20.0%
Under 15.1%
No Data or Data Suppressed
Report Area

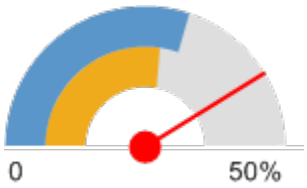
Dental Care Utilization

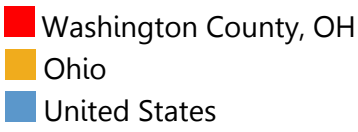
This indicator reports the percentage of adults aged 18 and older who self-report that they have not visited a dentist, dental hygienist or dental clinic within the past year. This indicator is relevant because engaging in preventative behaviors decreases the likelihood of developing future health problems. This indicator can also highlight a lack of access to preventative care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services. This source also reported that nearly 30% of adults in Washington County reported poor dental health, defined by having six or more of their permanent teeth removed due to tooth decay, gum disease, or infection, compared to Ohio adults with 18.7% reporting poor dental health.

	Total Population (Age 18)	Total Adults Without Recent Dental Exam	Percent Adults with No Dental Exam
Washington County	48,777	20,104	41.2%
Ohio	8,781,360	2,426,123	27.6%
United States	235,375,690	70,965,788	30.2%

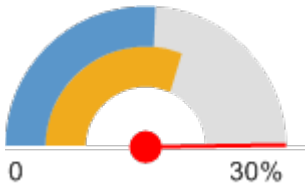
Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10.

Adults Without Recent Dental Exam





Adults with Poor Dental Health



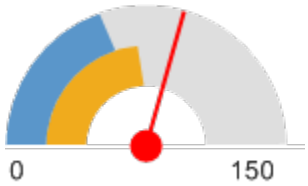
Preventable Hospital Events

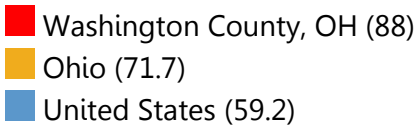
This indicator reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and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

	Total Medicare Part A Enrollees	ACS Condition Hospital Discharges	ACS Condition Discharge Rate
Washington County	8,389	738	88
Ohio	987,597	70,817	71.7
United States	58,209,898	3,448,111	59.2

Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2012.

Preventable Hospital Events, Age-Adjusted Discharge Rate (Per 1,000 Medicare Enrollees)





Quality of Life

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

Public Health Accreditation Technicians with the WashCo Wellness Partners designed a survey for the Community Themes and Strengths Assessment which incorporated eight questions about quality of life. They are included below for this category.

Please rate the following questions on a scale of 1 to 5, with 5 being the most positive.

	1 - Poor	2 - Fair	3 - Good	4 - Very Good	5 - Excellent	Total
Is this community a good place to raise children?	6	40	85	73	34	238
Are you satisfied with the quality of life in our community?	5	37	95	80	24	241
Is this community a good place to grow old?	7	51	79	80	21	238
Is the community a safe place to live?	6	45	102	67	18	238
Are there networks of support for individuals and families during times of stress and need?	12	75	91	44	13	235
Are healthy choices available and accessible in this community?	10	71	102	43	8	234
Are you satisfied with the health care system in the community?	34	87	71	42	6	240
Is there economic opportunity in the community?	43	95	75	19	3	235

Participants were asked to answer eight questions concerning their views on quality of the different aspects of life in Washington County. They rated their answer on a scale of 1 to 5, with 1 being "poor" and 5 being "excellent." There was no comment section available to respondents for these questions. Notably, no question scored a majority of their votes in either the "excellent" category or the "poor" category.

Source: WashCO Wellness Partners. Washington County, Ohio. Community Health Survey, 2016.

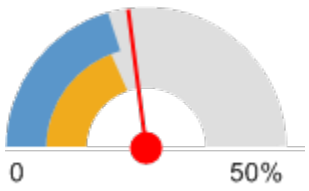
Lack of Social or Emotional Support

This indicator reports the percentage of adults aged 18 and older who self-report that they receive insufficient social and emotional support all or most of the time. This indicator is relevant because social and emotional support is critical for navigating the challenges of daily life as well as for good mental health. Social and emotional support is also linked to educational achievement and economic stability.

	Total Population Age 18	Estimated Population Without Adequate Social / Emotional Support	Crude Percentage	Age-Adjusted Percentage
Washington County	48,860	10,456	21.4%	23%
Ohio	8,781,360	1,721,147	19.6%	19.5%
United States	232,556,016	48,104,656	20.7%	20.7%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.

Percent Adults Without Adequate Social / Emotional Support (Age-Adjusted)



Washington County, OH (23%)
Ohio (19.5%)
United States (20.7%)

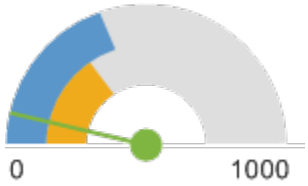
Violent Crime

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

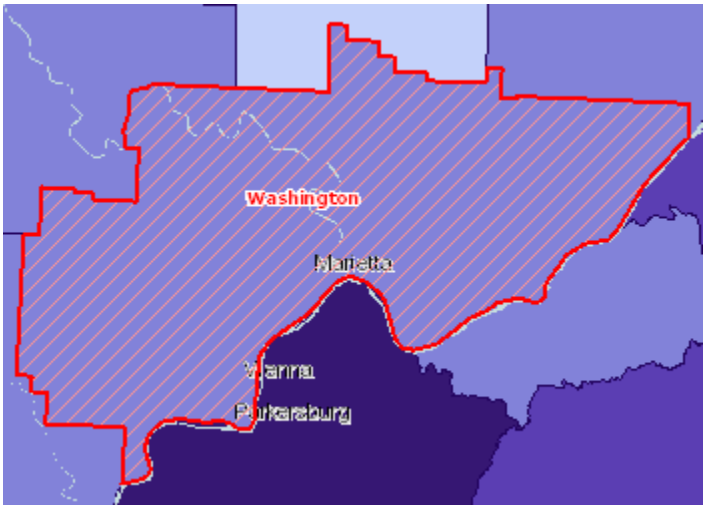
	Total Population	Violent Crimes	Violent Crime Rate (Per 100,000 Pop.)
Washington County	61,235	46	75.7
Ohio	10,917,635	34,148	312.8
United States	306,859,354	1,213,859	395.5

Source: Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2010-12.

Violent Crime Rate (Per 100,000 Population)



Washington County, OH (75.7)
Ohio (312.8)
United States (395.5)



Violent Crimes, All, Rate (Per 100,000 Pop.) by County, FBI UCR 2010-12

Over 300.0
150.1 - 300.0
50.1 - 150.0
Under 50.1
No Violent Crime
No Data or Data Suppressed
Report Area

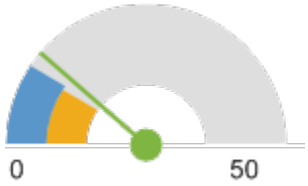
Recreation and Fitness Facility Access

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 reduces the risk of chronic disease.

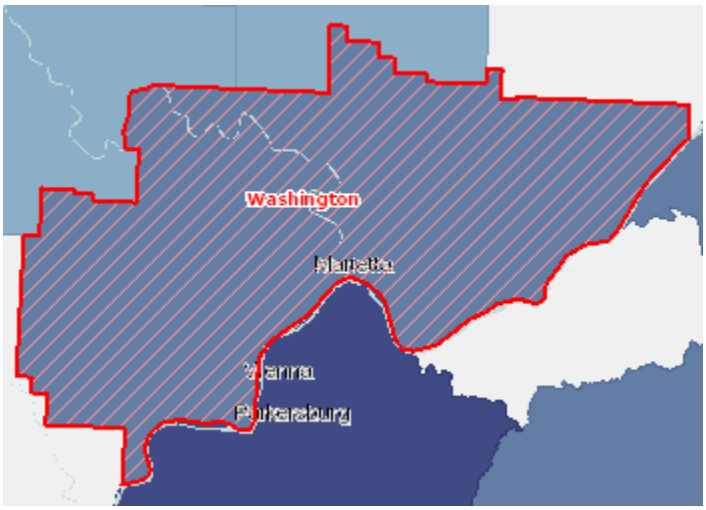
	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Washington County	61,778	7	11.33
Ohio	11,536,504	1,099	9.5
United States	312,732,537	30,393	9.7

Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013.

Recreation and Fitness Facilities, Rate(Per 100,000 Population)



Washington County, OH (11.33)
Ohio (9.5)
United States (9.7)



Recreation and Fitness Facilities, Rate (Per 100,000 Pop.) by County, CBP 2013

Over 12.0
8.1 - 12.0
4.1 - 8.0
Under 4.1
No Fitness and Recreation Centers
Report Area

Voter Turnout for 2016 General Election

This indicator is important because voter turnout indicates the amount of people who are engaged in civic life and educated about issues in their neighborhoods. Higher voter turnout can impact public policy on both the local and national level, and this self-efficacy can encourage others to have a direct and positive effect on the communities they live and work in.

	Registered Voters	Total Voters	Turnout Percentage
Washington County	42,319	30,567	72.3%
Ohio	7,861,025	5,607,641	71.3%
United States	Data Unknown	Data Unknown	57.9%

Source: John Husted Secretary of State. Elections and Voting in Ohio. 2016

Grandparents as Caregivers

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

	Percent of Grandparents as Caregivers
Washington County	49.9%
Ohio	46.9%
United States	39.8%

Source: Marietta Memorial Hospital, Community Health Assessment Report and Action Plan. 2014.

Behavioral Risk Factors

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

Substance Use and Abuse

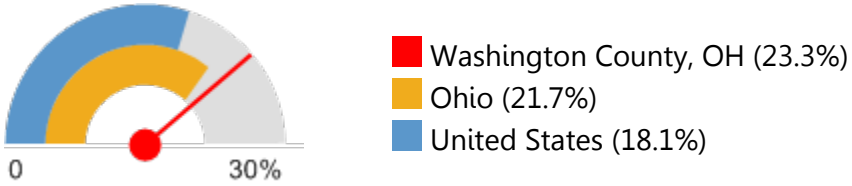
Substance abuse refers to the misuse of harmful psychoactive substances, including but not limited to tobacco, alcohol, and illicit drugs. Public health policies and interventions on the local and national level can address patterns of use, accessibility of the substances, and ultimate rehabilitation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

Tobacco Usage of Current Smokers				
	Total Population Age 18	**Total Adults Regularly Smoking Cigarettes**	**Percent Population Smoking Cigarettes (Crude)**	**Percent Population Smoking Cigarettes (Age-Adjusted)**
Washington County	48,860	9,723	19.9%	23.3%
Ohio	8,781,360	1,861,648	21.2%	21.7%
United States	232,556,016	41,491,223	17.8%	18.1%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.

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

Percent Population Smoking Cigarettes (Age-Adjusted)

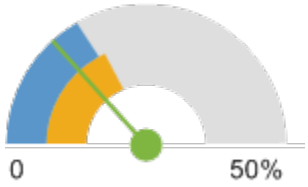


Alcohol Consumption				
	Total Population Age 18	**Estimated Adults Drinking Excessively**	**Estimated Adults Drinking Excessively (Crude Percentage)**	**Estimated Adults Drinking Excessively (Age-Adjusted Percentage)**
Washington County	48,860	5,668	11.6%	13.4%
Ohio	8,781,360	1,536,738	17.5%	18.4%
United States	232,556,016	38,248,349	16.4%	16.9%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health Human Services, Health Indicators Warehouse. 2006-12.

This indicator reports the percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women). This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

Estimated Adults Drinking Excessively (Age-Adjusted Percentage)



Washington County, OH (13.4%)
Ohio (18.4%)
United States (16.9%)

Drug Overdoses	
	Number of Drug Overdose Deaths
[1]Washington County	26
[2]Ohio	3,050
[2]United States	47,055

[1]*Source: University of Wisconsin Population Health Institute, County Health Rankings. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-2014.*

[2]*Source: Ohio Department of Health, 2015 Ohio Drug Overdose Data: General Findings. 2015.*

Drug overdose deaths are the number of deaths due to drug poisoning per 100,000 peop. It includes any accidental, intentional, and undetermined poisoning by and exposure to a number of drugs. The United States is currently experiencing an epidemic of drug overdose deaths, particularly by opioid pain relievers, heroin, and fentanyl. This indicator is important because it is the leading cause of injury-related death in Ohio.

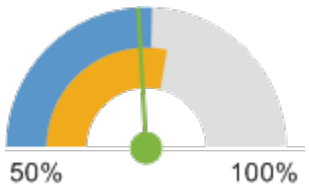
Fruit and Vegetable Consumption

In the report area an estimated 35,736, or 74% of adults over the age of 18 are consuming less than 5 servings of fruits and vegetables each day. This indicator is relevant because current behaviors are determinants of future health, and because unhealthy eating habits may cause significant health issues, such as obesity and diabetes.

	Total Population (Age 18)	Total Adults with Inadequate Fruit / Vegetable Consumption	Percent Adults with Inadequate Fruit / Vegetable Consumption
Washington County	48,292	35,736	74%
Ohio	8,750,969	6,869,511	78.5%
United States	227,279,010	171,972,118	75.7%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2005-09.

Percent Adults with Inadequate Fruit & Vegetable Consumption



Washington County, OH (74%)
Ohio (78.5%)
United States (75.7%)

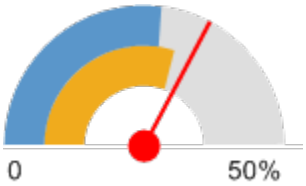
Adult Obesity

32.8% of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the report area. 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.

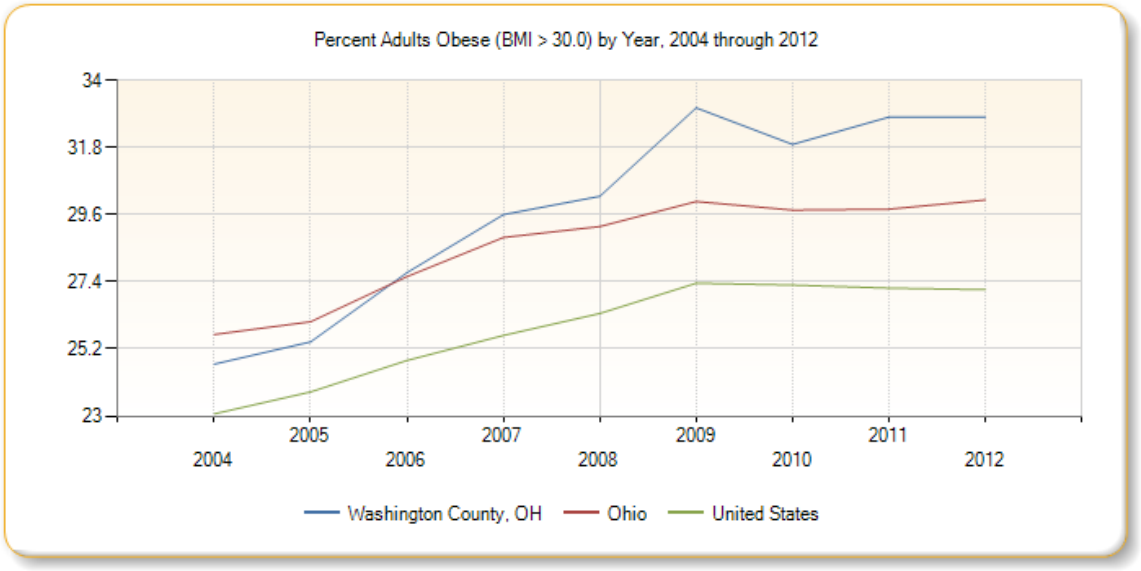
	Total Population Age 20	Adults with BMI > 30.0 (Obese)	Percent Adults with BMI > 30.0 (Obese)
Washington County	47,271	15,694	32.8%
Ohio	8,561,233	2,609,274	30.1%
United States	231,417,834	63,336,403	27.1%

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012.

Percent Adults with BMI > 30.0 (Obese)



Washington County, OH (32.8%)
Ohio (30.1%)
United States (27.1%)



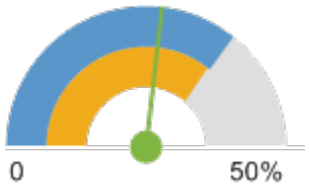
Adult Overweight

26.8% of adults aged 18 and older self-report that they have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight) in the report area. 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.

	Survey Population (Adults Age 18)	Total Adults Overweight	Percent Adults Overweight
Washington County	42,910	11,521	26.8%
Ohio	8,300,105	2,971,608	35.8%
United States	224,991,207	80,499,532	35.8%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.

Percent Adults Overweight



Washington County, OH (26.8%)
Ohio (35.8%)
United States (35.8%)

Walking or Biking to Work

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

	Population Age 16	Population Walking or Biking to Work	Percentage Walking or Biking to Work
Washington County	25,354	623	2.46%
Ohio	5,199,477	134,912	2.59%

United States	141,337,152	4,764,868	3.37%

Source: US Census Bureau, American Community Survey. 2010-14.

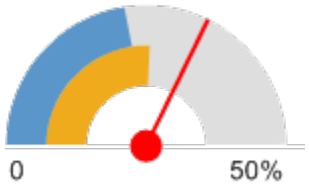
Physical Inactivity

Within the report area, 16,020 or 32.2% of adults aged 20 and older self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

	Total Population Age 20	Population with no Leisure Time Physical Activity	Percent Population with no Leisure Time Physical Activity
Washington County	47,257	16,020	32.2%
Ohio	8,563,244	2,254,246	25.5%
United States	231,341,061	53,415,737	22.6%

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012.

Percent Population with no Leisure Time Physical Activity



Washington County, OH (32.2%)
Ohio (25.5%)
United States (22.6%)

Preventative Health Screenings

This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack

of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Screening	Washington County	Ohio	United States
[1]**Mammography**	66%	63%	[1a]73%
[2]**Pap Test**	79.2%	78.7%	78.5%
[3]**Colonoscopy**	52.8%	60%	61.3%
[4]**No HIV screening**	79.7%	68.3%	62.8%
[5]**Prostate PSA Test**	Data Unknown	42%	Data Unknown
[6]**Diabetic Monitoring**	83%	63%	73%

[1]This indicator reports the percentage of female Medicare enrollees ages 67-69 that received **mammography** screening in Washington County and Ohio in 2013. The number listed for the United States column reports the percentage of *all* females within the age range recommended to have the screening in 2013. (*Source: University of Wisconsin Population Health Institute, County Health Rankings. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via Marietta Memorial Hospital, Community Health Assessment Report & Action Plan. 2014.) and [1a](Source: U.S. Department of Health and Human Services, National Institute of Health, National Cancer Institute, 2015.)*

[2]This indicator reports the percentage of women aged 18 and older who self-report that they have had a **Pap test** in the past three years. (*Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.)*

[3]This indicator reports the percentage of adults 50 and older who self-report that they have ever had a sigmoidoscopy or **colonoscopy**. *(Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.)*

[4]This indicator reports the percentage of adults age 18-70 who self-report that they have never been screened for **HIV**. (*Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.)*

[5]This indicator reports the prevalence of men age 50 and older who reported having had a Prostate-Specific Antigen (PSA) Test in the past year to test for **prostate cancer**. (*Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via Ohio Department of Health, Cancer Incidence Surveillance System. 2014.)*

[6]This indicator reports the percentage of **diabetic** Medicare enrollees ages 65-75 that received HbA1c monitoring in 2013. Data for number of at-risk individuals screened for diabetes is unknown. *(Source: University of Wisconsin Population Health Institute, County Health Rankings. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via Marietta Memorial Hospital, Community Health Assessment Report & Action Plan. 2014.)*

Environmental Health

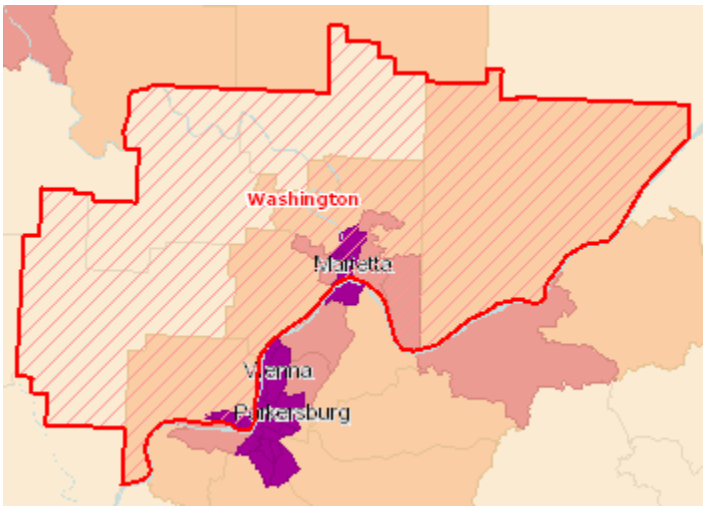
The physical environment directly impacts health and quality of life. Clean air and water, as well as safely prepared food, are essential to public health. Exposure to environmental substances such as lead or hazardous waste increases risk for preventable disease. Unintentional home, workplace, or recreational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

Urban and Rural Population

This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban. Washington County has a significantly large population living in rural areas, more than double that of Ohio and nearly triples that of the United States average.

	Total Population	Urban Population	Rural Population	Percent Urban	Percent Rural
Washington County	61,778	26,835	34,943	43.44%	56.56%
Ohio	11,536,504	8,989,694	2,546,810	77.92%	22.08%
United States	312,471,327	252,746,527	59,724,800	80.89%	19.11%

Source: US Census Bureau, Decennial Census. 2010.



Urban Population, Percent by Tract, US Census 2010

- 100% Urban Population
- 90.1 - 99.9%
- 50.1 - 90.0%
- Under 50.1%
- No Urban Population
- No Data or Data Suppressed
- Report Area

Food Insecurity Rate

This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the report year. 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.

	Total Population	Food Insecure Population, Total	Food Insecurity Rate
Washington County	61,600	9,090	14.76%
Ohio	11,570,808	1,951,880	16.87%
United States	320,750,757	48,770,990	15.21%

Data Source: Feeding America. 2013. Source geography: County

Food Access – Fast Food Restaurants

This indicator reports the number of fast food restaurants per 100,000 population. Fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Washington County	61,778	50	80.94
Ohio	11,536,504	9,058	78.5
United States	312,732,537	227,486	72.7

Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013.

Food Access – Grocery Stores

This indicator reports the number of grocery stores per 100,000 people. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores are excluded. This indicator

is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Washington County	61,778	13	21.04
Ohio	11,536,504	2,098	18.2
United States	312,732,537	66,286	21.2

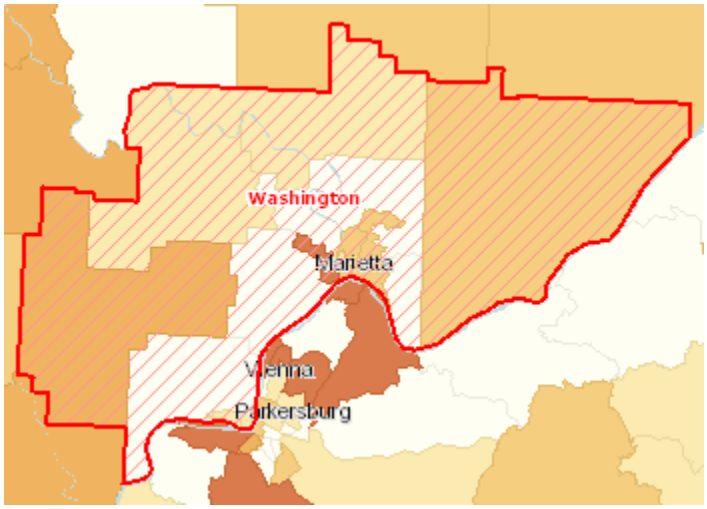
Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013.

Food Access – Low Food Access

This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract (where a substantial number or share of residents has low access to a supermarket or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

	Total Population	Population with Low Food Access	Percent Population with Low Food Access
Washington County	61,778	5,759	9.32%
Ohio	11,536,504	2,880,993	24.97%
United States	308,745,538	72,905,540	23.61%

Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010.



Population with Limited Food Access, Percent by Tract, FARA 2010

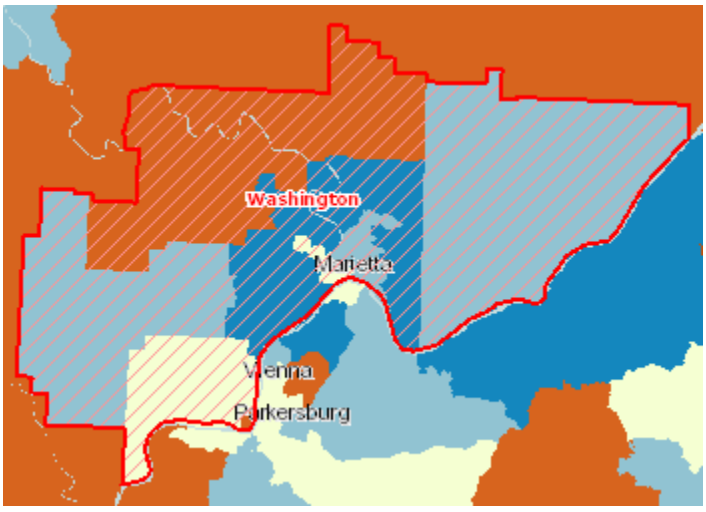
- Over 50.0%
- 20.1 - 50.0%
- 5.1 - 20.0%
- Under 5.1%
- No Low Food Access
- Report Area

Food Access – Modified Retail Food Environment Index

This indicator reports the percentage of population living in census tracts with no or low access to healthy retail food stores. Figures are based on the CDC Modified Retail Food Environment Index. For this indicator, low food access tracts are considered those with index scores of 10.0 or less.

	Total Population	% Population in Tracts with NO Food Outlet	% Population in Tracts with NO Healthy Food Outlet	% Population in Tracts with LOW Healthy Food Access	% Population in Tracts with MODERATE Healthy Food Access	% Population in Tracts with HIGH Healthy Food Access
Washington County	61,778	0%	18.03%	17.09%	43.04%	21.83%
Ohio	11,536,512	1.38%	24.87%	24.76%	42%	6.98%
United States	312,474,470	0.99%	18.63%	30.89%	43.28%	5.02%

Source: Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity. 2011.



Modified Retail Food Environmental Index Score by Tract, DNPAO 2011

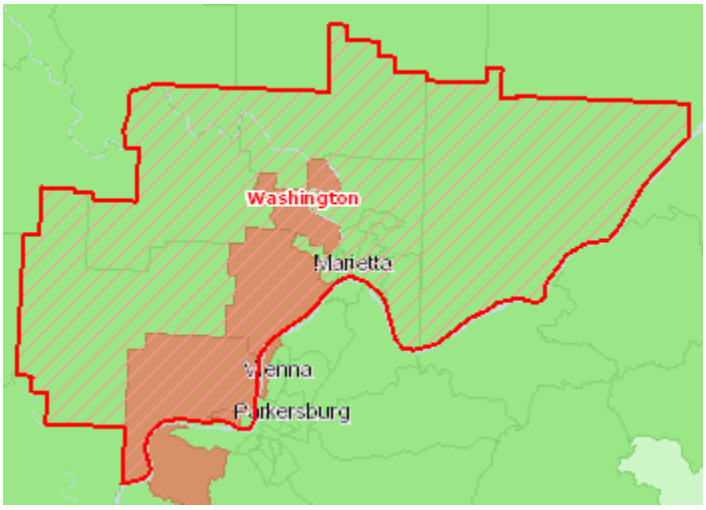
- Index Score Over 30 (High Access)
- Index Score 15 - 30 (Moderate Access)
- Index Score 5 - 15 (Low Access)
- Index Score Under 5 (Poor Access)
- No Healthy Retail Food Outlet (No Access)
- No Retail Food Outlets Present (Food Desert)
- Report Area

Air Quality - Ozone

Within the report area, 3.06, or 0.83% of days exceeded the emission standard of 75 parts per billion (ppb). This indicator reports the percentage of days per year with Ozone (O3) levels above the National Ambient Air Quality Standard of 75 parts per billion (ppb). Figures are calculated using data collected by monitoring stations and modeled to include census tracts where no monitoring stations exist. This indicator is relevant because poor air quality contributes to respiratory issues and overall poor health.

	Total Population	Average Daily Ambient Ozone Concentration	Number of Days Exceeding Emissions Standards	Percentage of Days Exceeding Standards, Crude Average	Percentage of Days Exceeding Standards, Pop. Adjusted Average
Washington County	61,778	42.13	3.06	0.84%	0.83%
Ohio	11,536,504	40.61	6.02	1.65%	1.61%
United States	312,471,327	38.95	4.46	1.22%	1.24%

Source: Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2012.



Ozone Levels (O3), Percentage of Days Above NAAQ Standards by Tract, NEPHTN 2012

- Over 3.0%
- 1.1 - 3.0%
- 0.51 - 1.0%
- Under - 0.51%
- No Days Above NAAQS Standards
- No Data or Data Suppressed
- Report Area

Air Quality – Particulate Matter 2.5

This indicator reports the percentage of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard (35 micrograms per cubic meter) per year, calculated using data collected by monitoring stations and modeled to include counties where no monitoring stations occur. This indicator is relevant because poor air quality contributes to respiratory issues and overall poor health.

	Total Population	Average Daily Ambient Particulate Matter 2.5	Number of Days Exceeding Emissions Standards	Percentage of Days Exceeding Standards, Crude Average	Percentage of Days Exceeding Standards, Pop. Adjusted Average
Washington County	61,778	10.64	0	0	0%
Ohio	11,536,504	11.25	0.33	0.09	0.09%
United States	312,471,327	9.10	0.35	0.10	0.10%

Source: Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2012.

Social and Mental Health

This category represents social and mental factors and conditions which 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.

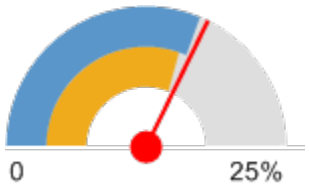
Self-Reported Poor or Fair General Health

Within the report area 18.5% of adults age 18 and older self-report having poor or fair health in response to the question "Would you say that in general your health is excellent, very good, good, fair, or poor?" This indicator is relevant because it is a measure of general poor health status.

	Total Population Age 18	Estimated Population with Poor or Fair Health	Crude Percentage	Age-Adjusted Percentage
Washington County	48,860	9,039	18.5%	16.2%
Ohio	8,781,360	1,413,799	16.1%	15.3%
United States	232,556,016	37,766,703	16.2%	15.7%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.

Percent Adults with Poor or Fair Health (Age-Adjusted)



Washington County, OH (16.2%)
Ohio (15.3%)
United States (15.7%)

Depression Medicare Beneficiaries

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

	Percent
Washington County	18.57%
Ohio	18.53%
United States	15.82%

Source: Centers for Disease Control and Prevention. National Center for Health Statistics. Health Indicators Warehouse. 2013.

Suicide Rate

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

	Rate	Age-Adjusted Rate
[1]**Washington County**	11.7	Data Unknown
[2]**Ohio**	12.9	12.6
[1]**United States**	13.4	13.0
[1]**Healthy People 2020**	10.2	Data Unknown

[1]Source: 2000 National Health Interview Survey. Accessed via Washington County Network of Care. 2004-2010

[2]Source: Centers for Disease Control and Prevention. National Center for Health Statistics. Health Indicators Warehouse. 2013.

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 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.

	Average Number of Mentally Unhealthy Days Per Month
Washington County	3.4
Ohio	3.8
United States	Data Unknown

Source: Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System. Accessed via Washington County Network of Care. 2006-2012

Poor General Health – Adults

Within the report area 18.5% of adults age 18 and older self-report having poor or fair health in response to the question "Would you say that in general your health is excellent, very good, good, fair, or poor?" This indicator is relevant because it is a measure of general poor health status.

	Total Population Age 18	Estimated Population with Poor or Fair Health	Crude Percentage	Age-Adjusted Percentage
Washington County	48,860	9,039	18.5%	16.2%
Ohio	8,781,360	1,413,799	16.1%	15.3%
United States	232,556,016	37,766,703	16.2%	15.7%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.

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 is included. Number of teen mothers delivering babies is a critical indicator of increased risk for both mother and child.

Teen Births

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

	Female Population Age 15 - 19	Births to Mothers Age 15 - 19	Teen Birth Rate (Per 1,000 Population)
Washington County	2,004	68	33.8
Ohio	402,707	14,497	36
United States	10,736,677	392,962	36.6

Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12.

Babies with Low Birth Weights

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

	Percent of Low Birth Weight Infants
Washington County	8%
Ohio	9%
United States	8%

Source: University of Wisconsin Population Health Institute, County Health Rankings. Centers for Disease Control and Prevention, National Vital Statistics System, 2007-2013

Very Low Birth Weight Deliveries

This indicator reports the percentage of live births where the infant weighed less than 1,500 grams (approximately 3 lbs., 4 oz.). This data is important because it may represent health risks to both the mother and infant's current and future health.

	Percent of Very Low Birth Weight Infants
Washington County	1.5%
Ohio	Data Unknown
United States	1.4%
Healthy People 2020	1.4%

Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via Washington County Network of Care, 2006-2012.

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 health of the fetus and mother.

	Percent Receiving Prenatal Care
[1]Washington County	85.4%
[1]Ohio	86.7%
[2]United States	70.5%

[1]Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via Washington County Network of Care, 2006-2012.

[2]Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2007.

Infant Mortality

This indicator reports the mortality rate in deaths per 1,000 live births for infants within the first year of life. Infants below 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 an entire nation.

	Infant Mortality Rate
Washington County	3.6%
Ohio	7.5%
Healthy People 2020	6%

Source: Ohio Department of Health. Center for Public Health Statistics and Informatics, Ohio Vital Statistics. Accessed via Washington County Network of Care. 2010-2014.

Lack of Prenatal Care

This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

	Total Births	Mothers Starting Prenatal Care in First	Mothers with Late or No Prenatal Care	Prenatal Care Not Reported	Percentage Mothers with Late or No Prenatal Care

		Semester			
Washington County	no data	no data	no data	no data	suppressed
Ohio	583,669	384,660	152,711	46,298	26.2%
United States	16,693,978	7,349,554	2,880,098	6,464,326	17.3%

Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research. 2007-10.

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 in.

	Rate of Infant Deaths
Washington County	5.1%
Ohio	Data Unknown
United States	4.0%
Healthy People 2020	4.1%

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Linked Birth/Infant Death Records. Accessed via Washington County Network of Care, 2004-2010

Post-neonatal Mortality Rate, 5 Year Moving Averages

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

	Mortality Rate
Washington County	1.9%
Ohio	2.5%
United States	Data Unknown
Healthy People 2020	6%

Source: Ohio Department of Health. Center for Public Health Statistics and Informatics, Ohio Vital Statistics. Accessed via Washington County Network of Care. 2004-2010.

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 rates (AAM); by degree of premature death (Years of Productive Life Lost or 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.

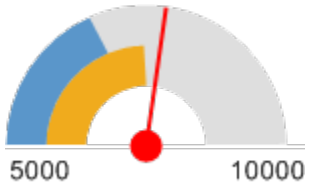
Mortality – Premature Death

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.

	Total Population, 2008-2010 Average	Total Premature Deaths, 2008-2010 Average	Total Years of Potential Life Lost, 2008-2010 Average	Years of Potential Life Lost, Rate per 100,000 Population
Washington County	61,755	286	4,778	7,736
Ohio	11,544,951	46,123	863,271	7,477
United States	311,616,188	1,074,667	21,327,690	6,851

Source: University of Wisconsin Population Health Institute, County Health Rankings. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2008-10.

Years of Potential Life Lost,
Rate per 100,000 Population



Washington County, OH (7,736)
Ohio (7,477)
United States (6,851)

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 as rates age-adjusted to year 2000 standard. Rates are re-summarized for report areas from county level data, only where data is available. This indicator is relevant because accidents are a leading cause of death in the U.S.

	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Washington County	61,657	30	48.66	42.4
Ohio	11,545,077	5,066	43.88	41.7
United States	311,430,373	124,733	40.05	38.6
Healthy People 2020 Target				<= 36.0

Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2009-13.

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, and a non-fixed object, an overturn, and any other non-collision. This indicator is relevant because motor vehicle crash deaths are preventable and they are a cause of premature death.

	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Washington County	61,657	6	10.1	9.4
Ohio	11,545,077	1,111	9.6	9.4
United States	311,430,373	34,139	11	10.8

Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2009-13.

CHRONIC DISEASE

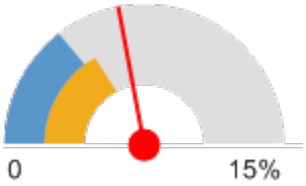
Heart Disease Incidence

2,930, or 6.6% of adults aged 18 and older have ever 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 U.S. and is also related to high blood pressure, high cholesterol, and heart attacks.

	Survey Population (Adults Age 18)	Total Adults with Heart Disease	Percent Adults with Heart Disease
Washington County	44,351	2,930	6.6%
Ohio	8,694,297	447,154	5.1%
United States	236,406,904	10,407,185	4.4%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12

Percent Adults with Heart Disease



Washington County, OH (6.6%)
Ohio (5.1%)
United States (4.4%)

Heart Disease Mortality

Within the report area the rate of death due to coronary heart disease per 100,000 population is 176.5. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are re-summarized for report areas from county level data, only where data is available. This indicator is relevant because heart disease is a leading cause of death in the United States.

	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Washington County	61,657	149	241.98	176.5
Ohio	11,545,077	26,244	227.32	189.6
United States	311,430,373	600,899	192.95	175

Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2009-13.

Diabetes Incidence

This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

	Total Population Age 20	Population with Diagnosed Diabetes	Population with Diagnosed Diabetes, Crude Rate	Population with Diagnosed Diabetes, Age-Adjusted Rate
Washington County	47,320	6,057	12.8	10.7%
Ohio	8,569,053	970,840	11.33	10.14%
United States	234,058,710	23,059,940	9.85	9.11%

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012.

High Blood Pressure

14,169, or 29% of adults aged 18 and older have ever 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.

	Total Population (Age 18)	Total Adults with High Blood Pressure	Percent Adults with High Blood Pressure
Washington County	48,860	14,169	29%
Ohio	8,781,360	2,529,032	28.8%
United States	232,556,016	65,476,522	28.16%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-12.

High Cholesterol

This indicator reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or other health professional that they had high blood cholesterol. This indicator is important because high cholesterol is a risk factor for developing more serious health conditions.

	Survey Population (Adults Age 18)	Total Adults with High Cholesterol	Percent Adults with High Cholesterol
Washington County	29,330	11,546	39.37%
Ohio	6,699,765	2,592,573	38.70%
United States	180,861,326	69,662,357	38.52%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.

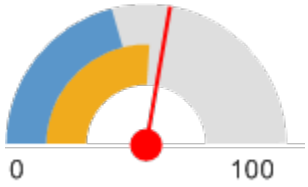
Mortality – Lung Disease

This indicator reports the rate of death due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are re-summarized for report areas from county level data, only where data is available. This indicator is relevant because lung disease is a leading cause of death in the United States.

	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Washington County	61,657	48	77.2	55.4
Ohio	11,545,077	6,886	59.65	50.7
United States	311,430,373	142,214	45.66	42.2

Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2009-13.

Lung Disease Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



Washington County, OH (55.4)
Ohio (50.7)
United States (42.2)

Mortality – Stroke

Within the report area there are an estimated 43.4 deaths due to cerebrovascular disease (stroke) per 100,000 population. This is greater than than the Healthy People 2020 target of less than or equal to 33.8. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are re-summarized for report areas from county level data, only where data is available. This indicator is relevant because stroke is a leading cause of death in the United States.

	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Washington County	61,657	37	60.7	43.4
Ohio	11,545,077	5,700	49.4	41.4
United States	311,430,373	128,955	41.4	37.9
Healthy People 2020 Target				<= 33.8

Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2009-13.

CANCERS

All Cancers

This indicator examines the number of new invasive cancer cases and the age-adjusted incidence rates (per 100,000 population), along with the number of total cancer deaths and the age-adjusted mortality

rates. This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

	Number of New Invasive Cases	Incidence Rate per 100,000	Number of Cancer Deaths	Mortality Rate per 100,000
Washington County	410	474.4	169	188.0
Ohio	62,802	452.4	24,906	176.8

Source: Ohio Department of Health. Ohio Annual Cancer Report, 2016.

Breast Cancer

This indicator examines the number of new breast cancer cases and the age-adjusted incidence rates (per 100,000 population), along with the number of total breast cancer deaths and the age-adjusted mortality rates. This indicator is important because breast cancer is a leading cause of death in women and the most commonly diagnosed cancer among women. It is important to identify cancer early in order to better target interventions and prevent disease progression.

	Number of New Invasive Cases	Incidence Rate per 100,000	Number of Cancer Deaths	Mortality Rate per 100,000
Washington County	56	131.9	12	23.5
Ohio	9,166	125.8	1,775	22.7

Source: Ohio Department of Health. Ohio Annual Cancer Report, 2016.

Lung and Bronchus Cancer

This indicator examines the number of new lung and bronchus cancer cases and the age-adjusted incidence rates (per 100,000 population), along with the number of total lung and bronchus cancer deaths and the age-adjusted mortality rates. This indicator is important because lung cancer is a leading cause of death, and it is important to identify cancer early in order to better target interventions and prevent disease progression.

	Number of New Invasive Cases	Incidence Rate per 100,000	Number of Cancer Deaths	Mortality Rate per 100,000
Washington County	84	93.4	52	56.2
Ohio	9,529	67.4	7,236	51.2

Source: Ohio Department of Health. Ohio Annual Cancer Report, 2016.

Colon and Rectum Cancer

This indicator examines the number of new colon and rectum cancer cases and the age-adjusted incidence rates (per 100,000 population), along with the number of total colon and rectum cancer deaths and the age-adjusted mortality rates. This indicator is important because colon cancer is a leading cause of death, and it is important to identify cancer early in order to better target interventions and prevent disease progression.

	Number of New Invasive Cases	Incidence Rate per 100,000	Number of Cancer Deaths	Mortality Rate per 100,000
Washington County	37	43.5	12	14.8
Ohio	5,652	40.6	2,251	16

Source: Ohio Department of Health. Ohio Annual Cancer Report, 2016.

Prostate Cancer

This indicator examines the number of new prostate cancer cases and the age-adjusted incidence rates (per 100,000 population), along with the number of total prostate cancer deaths and the age-adjusted mortality rates. This indicator is important because prostate cancer is a leading cause of death, and it is important to identify cancer early in order to better target interventions and prevent disease progression.

	Number of New Invasive Cases	Incidence Rate per 100,000	Number of Cancer Deaths	Mortality Rate per 100,000
Washington County	32	75.5	5	14.7
Ohio	6,931	101.7	1,043	18.5

Source: Ohio Department of Health. Ohio Annual Cancer Report, 2016.

Communicable Disease

Measures within this category include diseases which 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.

Flu Vaccinations for Adults Age 65+

This indicator examines the number of adults ages 65 and over who report having a pneumococcal vaccine.

	Percent Receiving Flu Vaccination
Washington County	65.8%
Ohio	66.6%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-12.

Chlamydia Incidence

This indicator examines the incidence rate of chlamydia cases per 100,000 population. This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

	Total Population	Total Chlamydia Infections	Chlamydia Infection Rate (Per 100,000 Pop.)
Washington County	61,310	125	203.88
Ohio	11,570,977	54,858	474.1
United States	316,128,839	1,441,789	456.08

Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2014.

Gonorrhea Incidence

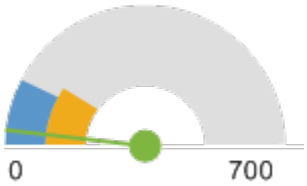
This indicator reports incidence rate of gonorrhea cases per 100,000 population. This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

	Total Population	Total Gonorrhea Infections	Gonorrhea Infection Rate (Per 100,000 Pop.)

Washington County	61,310	15	24.47
Ohio	11,573,058	16,237	140.3
United States	316,128,839	350,062	110.73

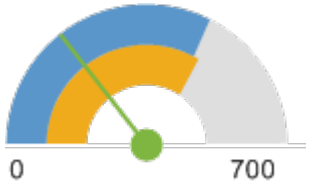
Source: US Department of Health Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2014.

Gonorrhea Infection Rate (Per 100,000 Pop.)



Washington County (24.47)
Ohio (140.3)
United States (110.73)

Chlamydia Infection Rate (Per 100,000 Pop.)



Washington County (203.88)
Ohio (474.1)
United States (456.08)

Syphilis Incidence

This indicator reports incidence rate of syphilis cases per 100,000 population. This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

	Syphilis Infection Rate
Washington County	3.3%
Ohio	10.5%

Source: Ohio Department of Health, STD Surveillance Program. Accessed via Washington County Network of Care. 2014.

Tuberculosis Incidence

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

	Tuberculosis Infection Rate
Washington County	0.6%
Ohio	1.4%
Healthy People 2020	1.0%

Source: Ohio Department of Health, TB Surveillance. Accessed via Washington County Network of Care. 2010-14.

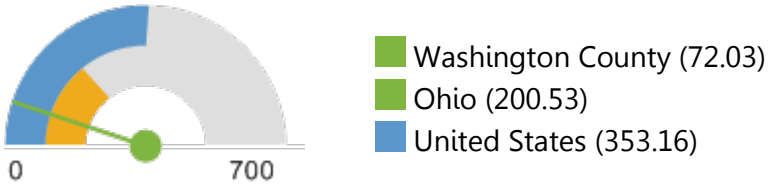
HIV Prevalence

This indicator reports prevalence rate of HIV per 100,000 population of adolescents and adults age 13 and older. This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

	Population Age 13	Population with HIV / AIDS	Population with HIV / AIDS, Rate (Per 100,000 Pop.)
Washington County	52,756	38	72.03
Ohio	9,694,894	19,441	200.53
United States	263,765,822	931,526	353.16

Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2013.

Population with HIV / AIDS, Rate (Per 100,000 Pop.)



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.

Measles Incidence

This indicator reports the reports of measles infections per 100,000 population. Measles is a viral respiratory disease that is highly contagious, and it can be fatal when contracted by children. In Washington County, there were 0 cases of measles in 2012.

Source: Ohio Department of Health, Bureau of Infectious Diseases, Annual Summary of Infectious Diseases. 2012.

Mumps Incidence

This indicator reports the reports of mumps infections per 100,000 population. Mumps is a viral disease that is highly contagious. In Washington County, there were 0 cases of measles in 2012.

Source: Ohio Department of Health, Bureau of Infectious Diseases, Annual Summary of Infectious Diseases. 2012.