

2014

# Community Health Assessment Report & Action Plan

Marietta Memorial Hospital

Adopted  
8/28/2014



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## Executive Summary

### **Purpose**

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

### **Data Sources**

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

### **Key Findings**

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

## Community Profile

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

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

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

### Demographic Information<sup>1</sup>

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

\*Race alone or in combination with one or more other races

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### Demographic Information<sup>1</sup> continued

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

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

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

English is the primary language, with only 1.8% of the population speaking a different language at home. While 55.2% of the population in Washington County is married, 12.5% is divorced. 23.95% of residents have never been married, which is lower than the state and national percentages.

### Household Information<sup>1</sup>

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

*0.9% of residents in Washington County are African-American, compared to 12.5% in Ohio and 13.1% in the U.S.*

*Hispanic/Latinos make up only 0.9% of the population in Washington County, which is lower than the percentage in Ohio (3.3%) and much lower than the national percentage (16.9).*

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

Education Level<sup>2</sup>

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

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

\*Population 25 years and over

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

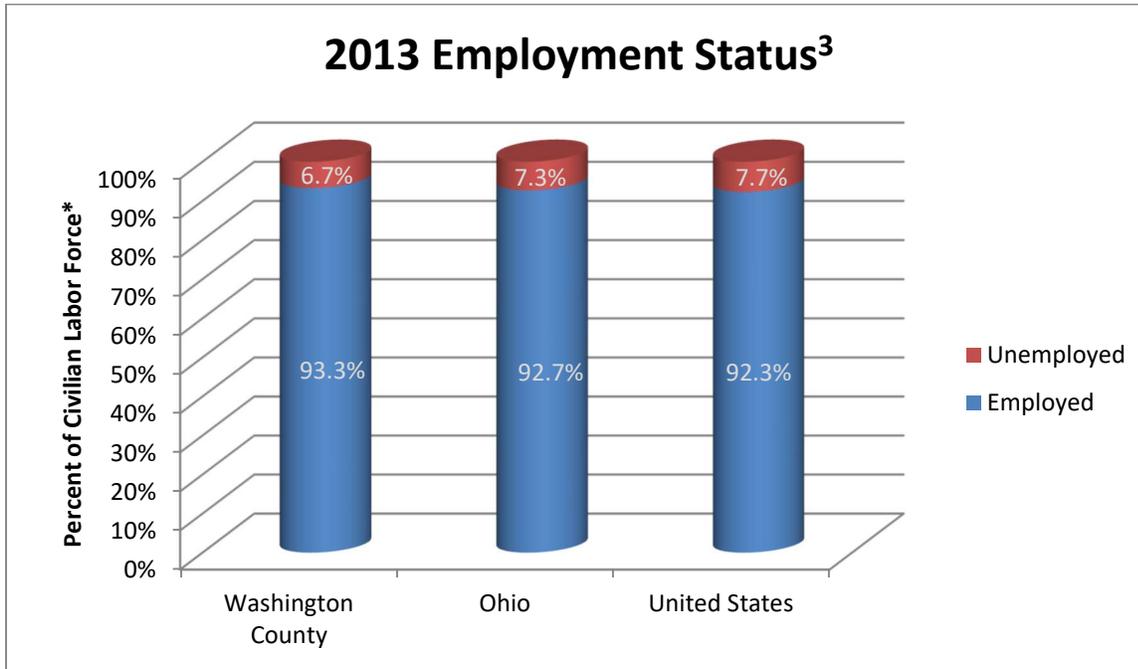
Employment Status<sup>2</sup>

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

\*Population 16 years and over

### Employment Status<sup>3</sup>, continued

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



\*Population 16 years and over

### Employment by Occupation & Industry<sup>2</sup>

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

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

Employment by Occupation & Industry<sup>2</sup>, continued

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

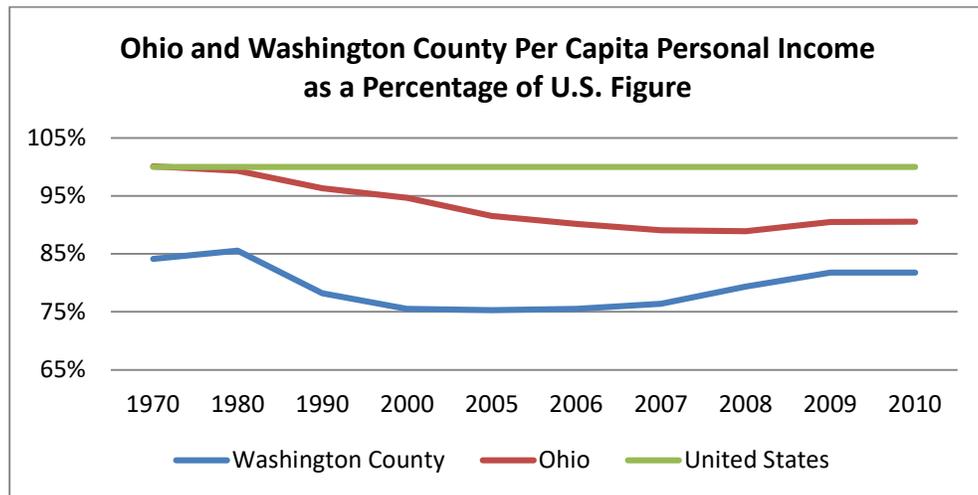
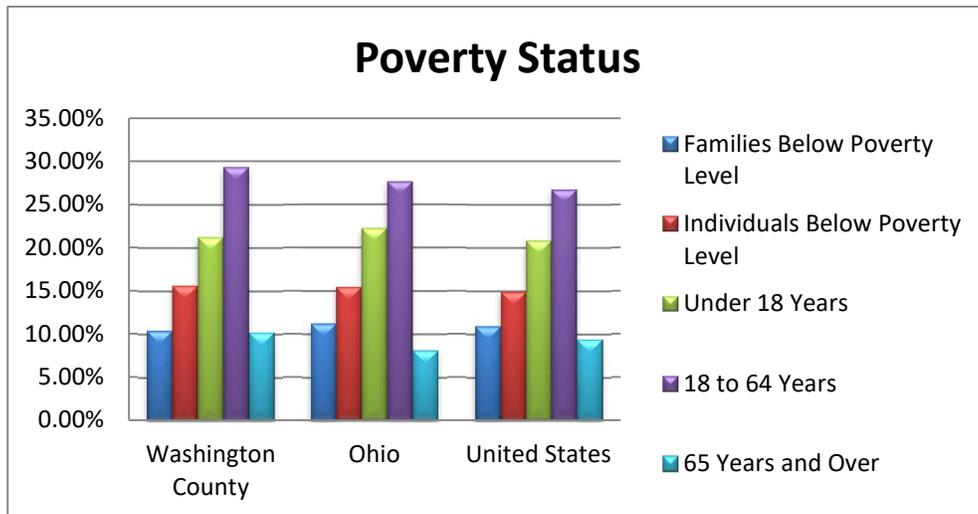
*Washington County has a greater percentage of people employed in Manufacturing and Agriculture, Forestry, Fishing & Hunting, and Mining industries (18.6%) than both Ohio (16.4%) and the U.S. (12.5%). However, Washington County employs fewer people in the Professional, Scientific, & Management, and Administrative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

Income & Poverty<sup>1,2,8</sup>

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

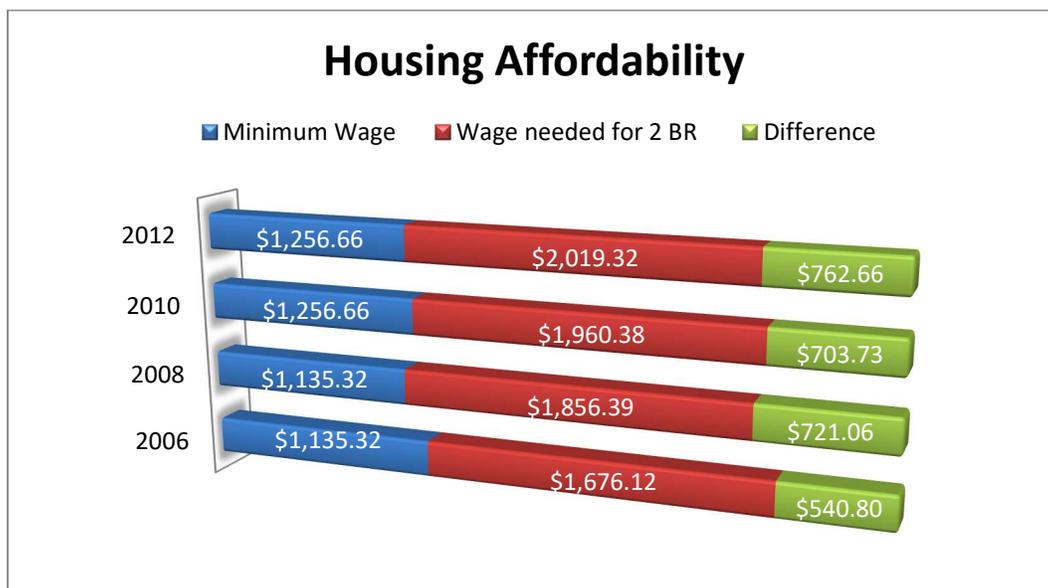
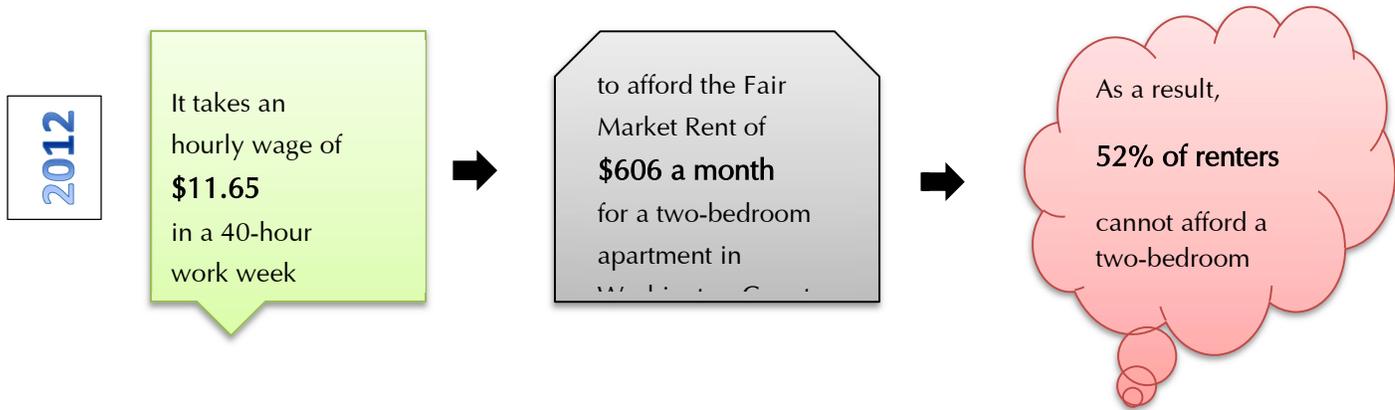
The per capita income in Washington County is lower than both the state and national averages.

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



Income & Poverty, continued

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



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Income & Poverty<sup>3</sup>, continued

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

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

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

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Income & Poverty<sup>22-25</sup>, continued

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

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

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

Income & Poverty<sup>5,36</sup>, continued

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

### Washington County households by food security status, 2013



- Food-secure households
- Households with low food security (8,550 food insecure people)

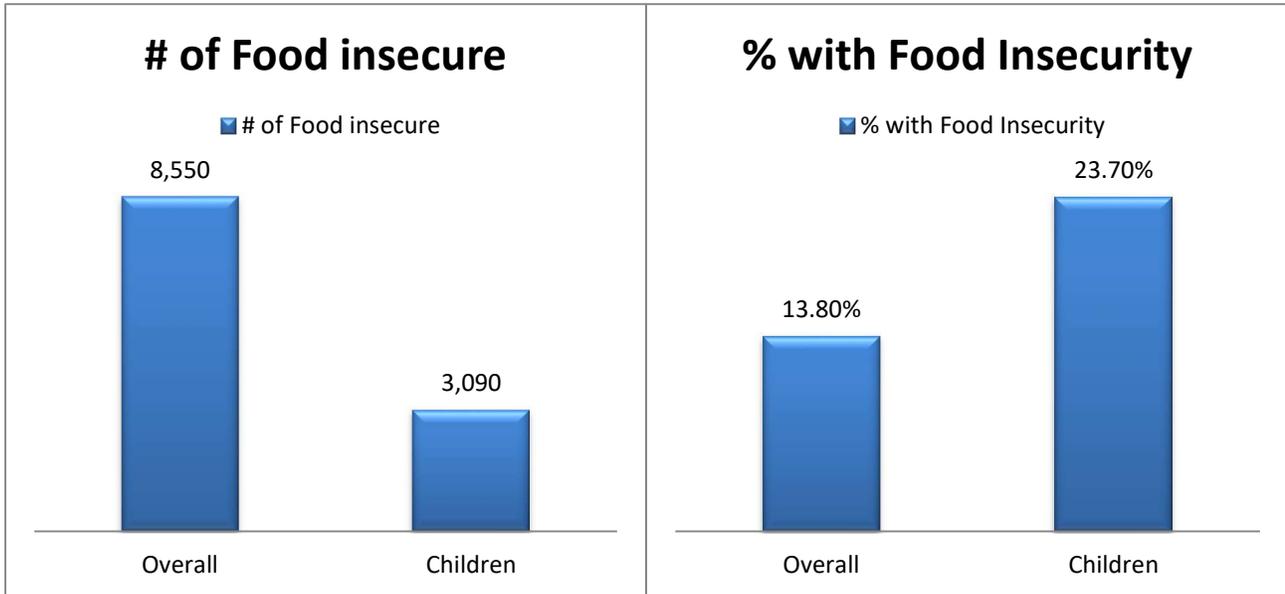
### U.S. Households by Food Security Status, 2012



- Food-secure households
- Households with low food security
- Households with very low food security

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

Income & Poverty<sup>4</sup>, continued



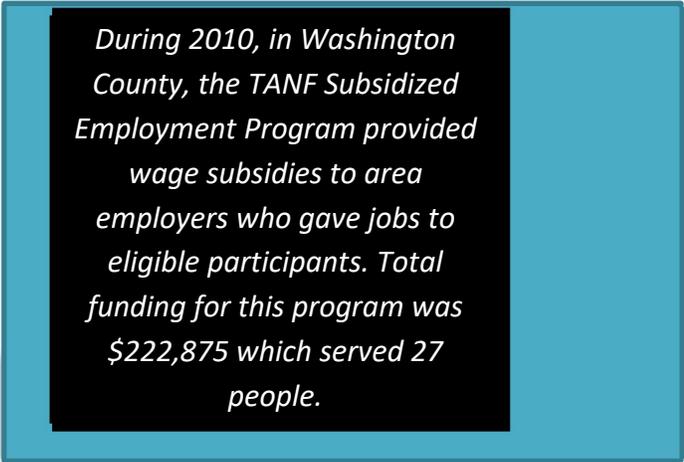
Washington County ranked 49th (tied with Knox County) out of Ohio's 88 counties, in 2012, for children living in poverty.

	2010		2011		2012	
	Washington County	Ohio	Washington County	Ohio	Washington County	Ohio
Child Population	12,941	2,730,751	12,699	2,693,092	12,547	2,663,674
Children in Poverty	22.7%	23.1%	21.7%	23.9%	24.2%	23.6%
Children Receiving SNAP	25.8%	28.0%	26.3%	28.4%	28.0%	29.6%
Children in Foster Care	76	21,697	66	22,304	59	21,994
Children Abused and Neglected	184	23,811	116	23,356	101	21,372

Income & Poverty<sup>3,26</sup>, continued

### TANF Work Participation Programs

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



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

### Health Insurance

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

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

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

\*Among civilian non-institutionalized population

### Disability & Veteran Status<sup>2</sup>

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

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

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

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

Elderly Demographic

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

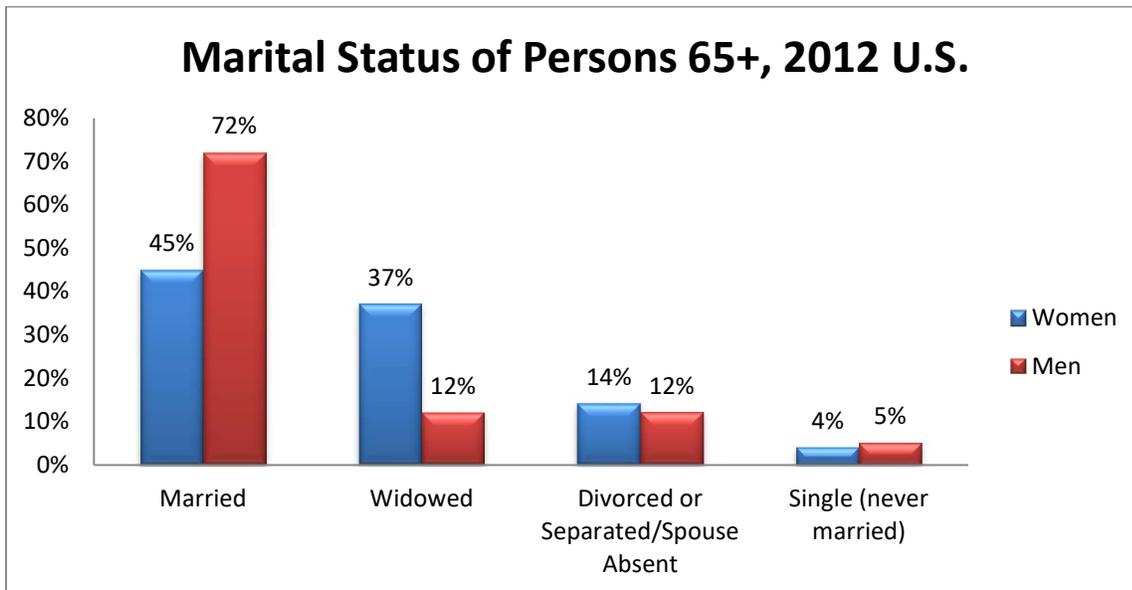
### The 65+ Population, 2011

	Number of Persons 65 and Older	Percent of All Ages	Percent Increase from 2000 to 2011	Percent Below Poverty, 2011
US Total (50 States + DC)	41,394,141	13.30%	18.03%	8.7%
Ohio	1,648,444	14.30%	9.26%	7.7%

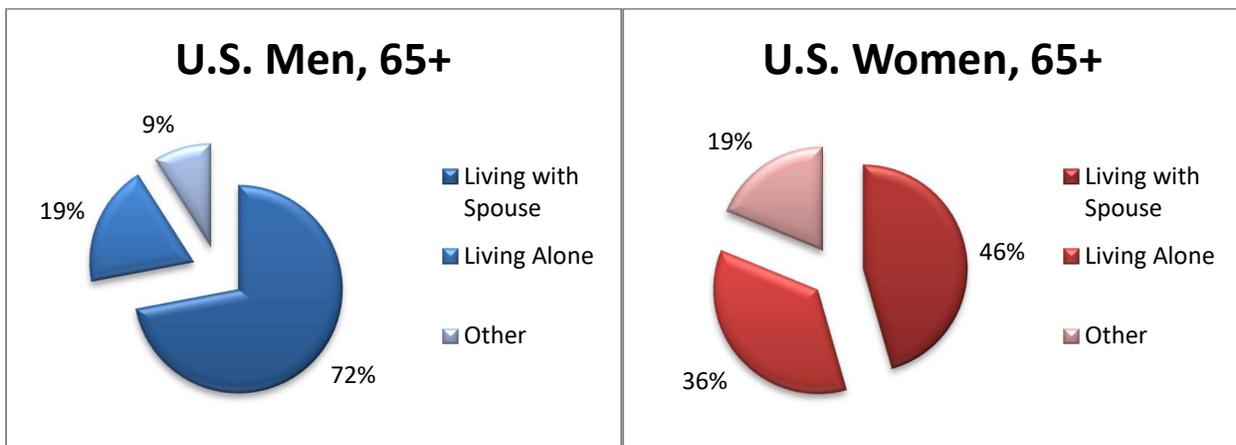
### Population Projections 2015-2025

	2015			2020			2025		
	County	State	US	County	State	US	County	State	US
<b>Total</b>	60,969	11,638,998	325,539,790	59,911	11,707,724	341,386,665	58,616	11,749,993	357,451,620
<b>65-69</b>	3,983	615,903	15,812,320	4,470	695,011	17,860,508	4,761	763,452	19,957,495
<b>70-74</b>	3,024	428,279	11,154,615	3,694	553,357	14,451,678	4,164	627,215	16,399,052
<b>75-79</b>	2,304	315,018	7,901,475	2,658	366,292	9,655,969	3,266	476,515	12,597,588
<b>80-84</b>	1,559	232,569	5,676,145	1,805	249,374	6,239,296	2,110	293,360	7,714,724
<b>85-89</b>	990	163,488	3,785,758	1,035	158,997	3,817,293	1,220	173,644	4,278,105
<b>90-94</b>	428	76,276	1,855,731	486	83,256	1,975,815	523	83,386	2,046,883
<b>95+</b>	99	20,250	650,778	124	26,858	803,911	149	31,985	913,597

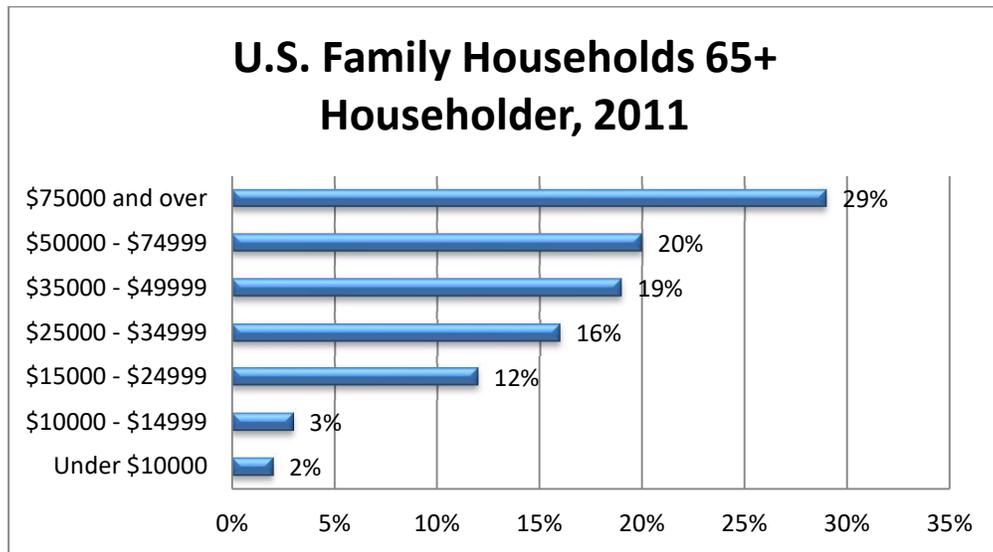
Elderly Demographic, continued



Among persons aged 65 and over, nearly twice as many woman (36%) than men (19%) live on their own. Conversely, a much larger percentage of men (72%) than women (46%) live with a spouse.

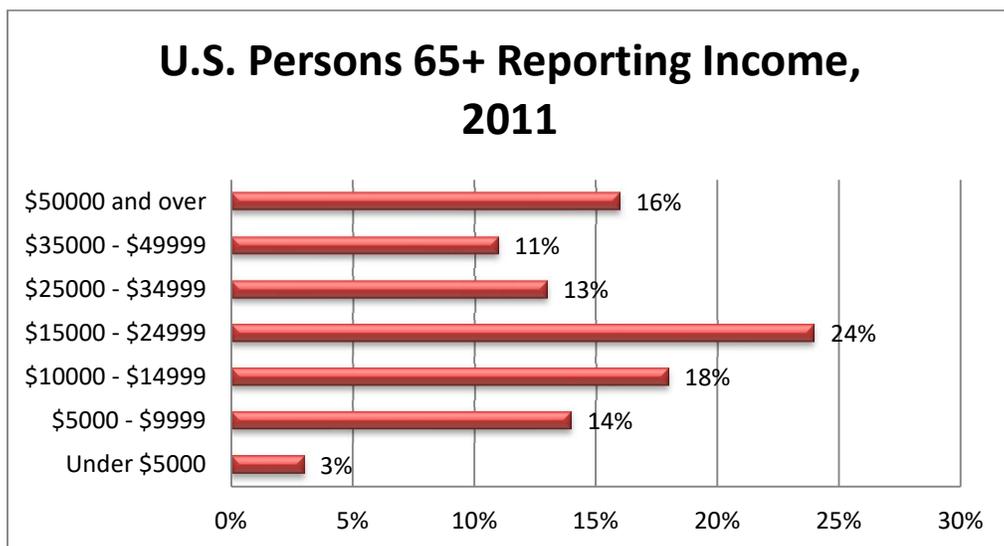


Elderly Demographic, continued



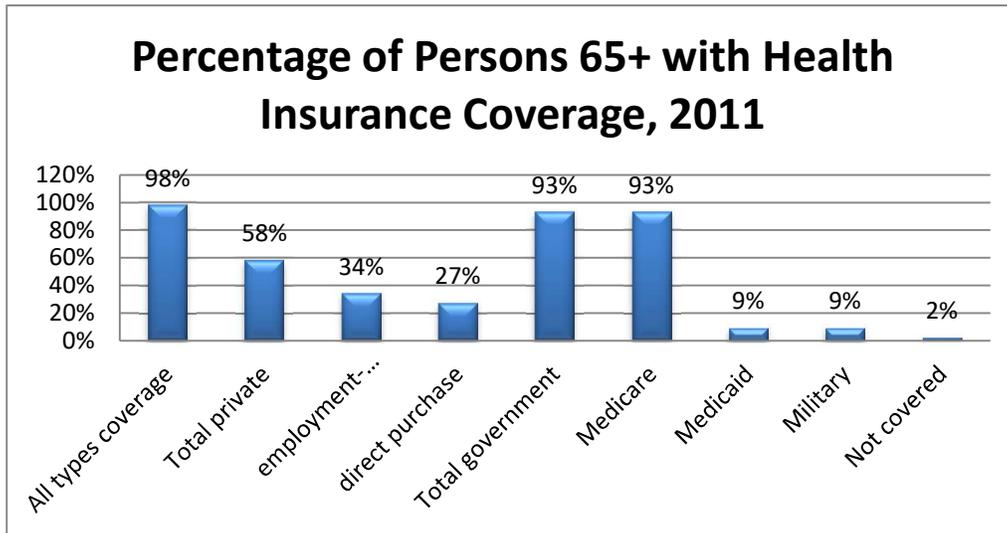
\$48,538 median for 14.4 million family households 65+

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



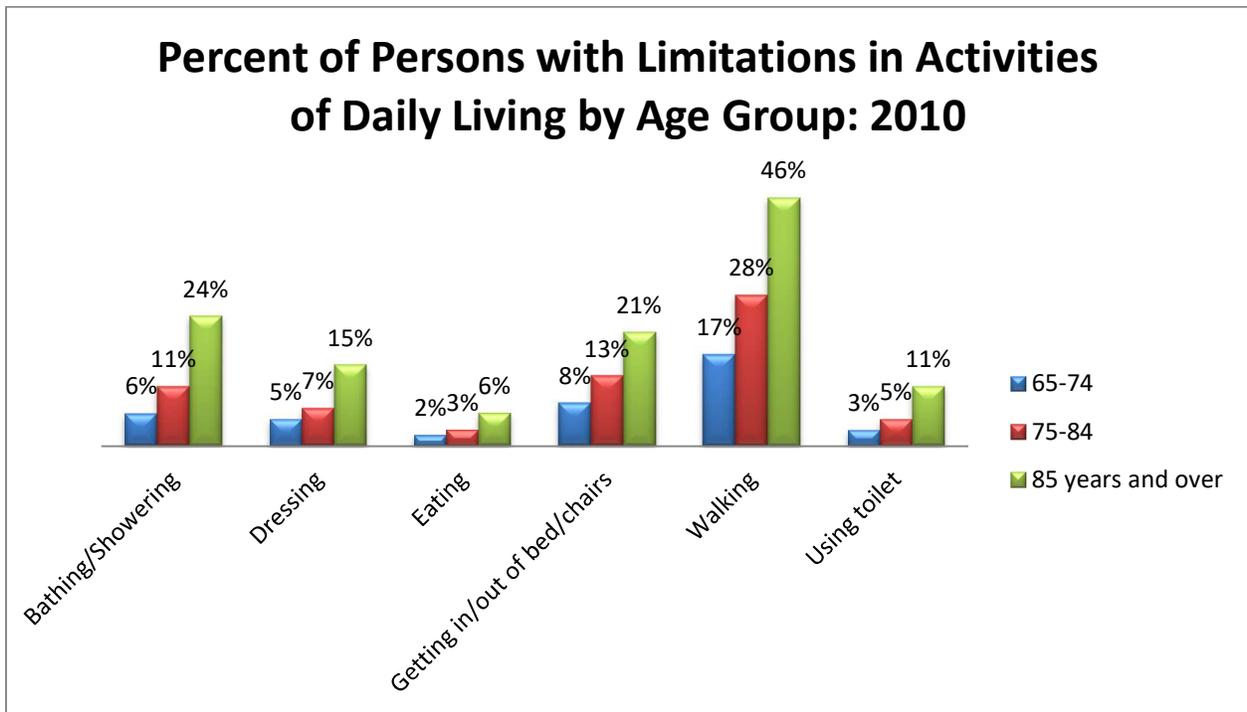
\$19,939 median for 40.2 million persons 65+ reporting income.

Elderly Demographic, continued



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

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



Elderly Demographic, continued

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

## Adult Protective Services (APS)

	SFY 2010 – SFY 2011		SFY 2011 – SFY 2012		SFY 2012 – SFY 2013	
	Washington County	Ohio	Washington County	Ohio	Washington County	Ohio
<b>Adult Cases</b>	162	15,359	190	15,475	171	14,832
<b>Cases Deemed Emergencies</b>	31	549	31	511	27	424
<b>Cases in Need of Protective Services</b>	62	6,545	87	6,381	75	5,905
<b>Cases Where Protective Services Not Available</b>	1	86	1	81	2	88
	SFY 2011		SFY 2012		SFY 2013	
	County	State	County	State	County	State
<b>Expenditures</b>	\$53,024	\$17,548,663	\$128,196	\$17,017,750	\$101,357	\$16,070,280

## Behavioral Risk Factors

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

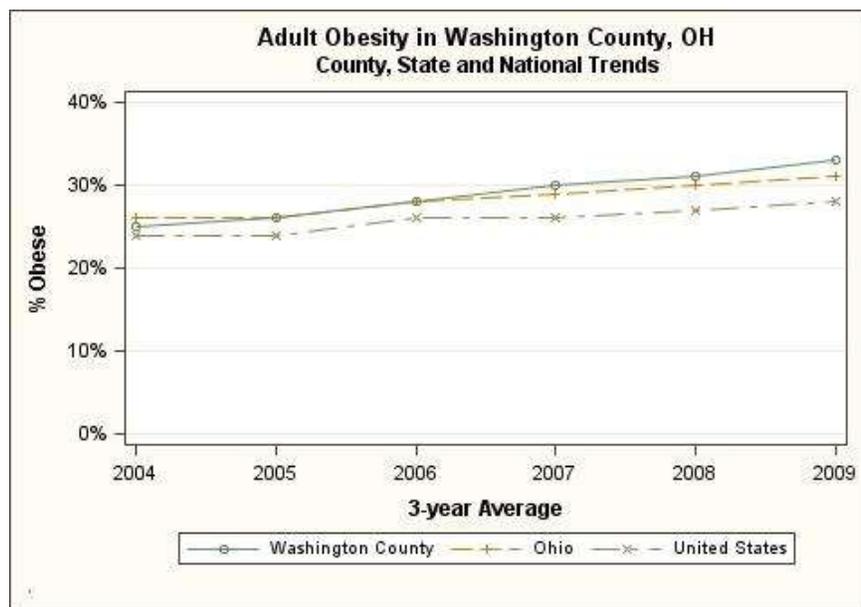
Washington County ranks 46 out of 88 counties in Ohio for Health Outcomes; 53<sup>rd</sup> for mortality, and 39<sup>th</sup> for morbidity.

### Health Behaviors<sup>7</sup>

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

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

\*90<sup>th</sup> percentile, i.e., only 10% are better.



Social & Economic Factors

*Washington County ranks 28 out of 38 counties in Ohio for Health Factors; 36<sup>th</sup> for health behaviors, 43<sup>rd</sup> for clinical care, 28<sup>th</sup> for social & economic factors, and 11<sup>th</sup> for physical environment.*

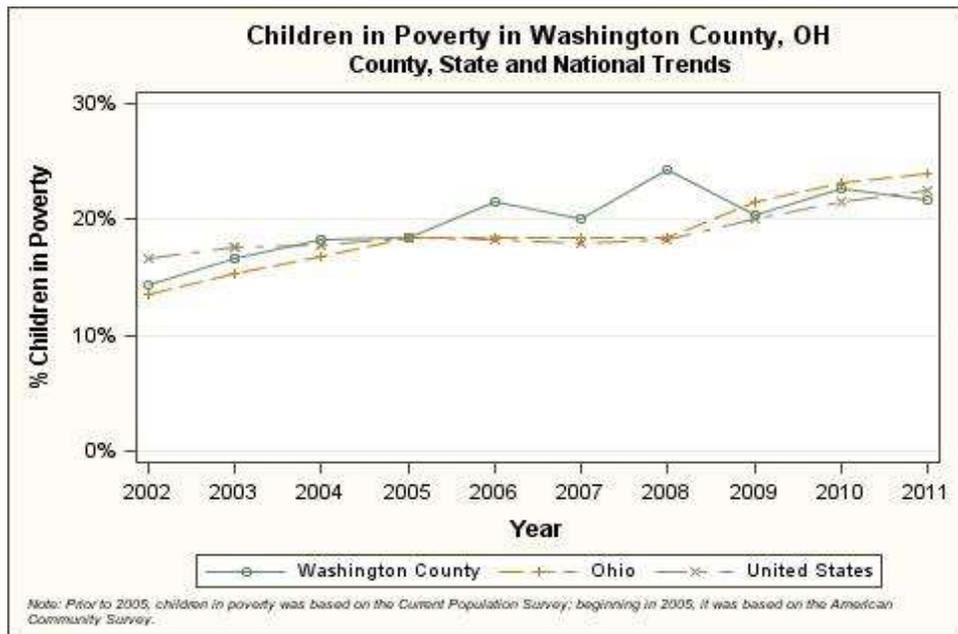
22% of Washington County’s children live in poverty compared to the national benchmark of 14%, but better than the percentage for Ohio (24%).

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

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

\*90<sup>th</sup> percentile, i.e., only 10% are better.

\*\* Data should not be compared with prior years due to changes in definition



Social & Economic Factors, continued

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

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

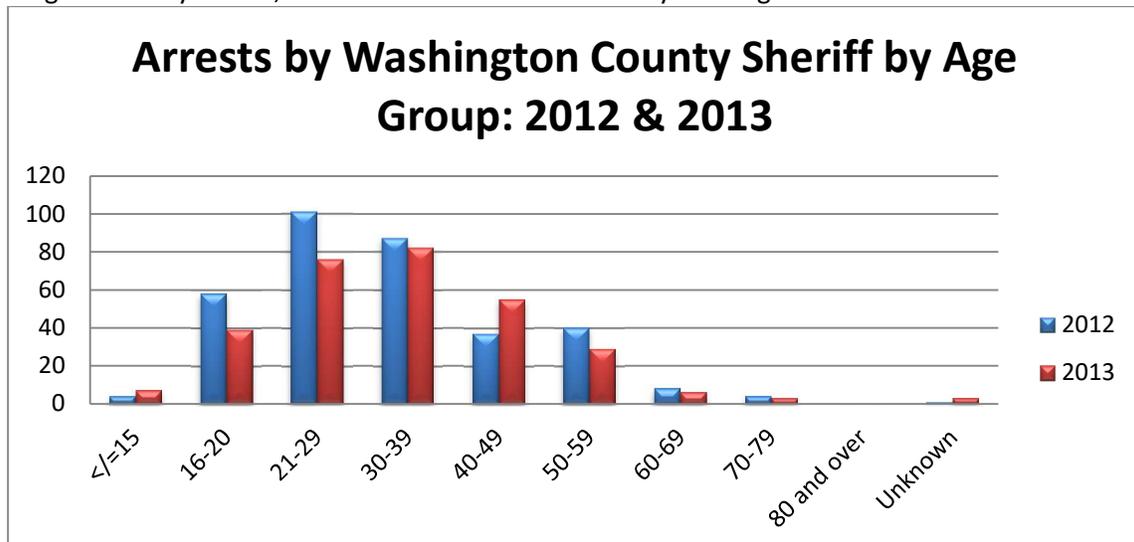
Physical Environment			
2013	Washington County	Ohio	National Benchmark*
Daily Fine Particle Matter	13.1	13.4	8.8
Drinking Water safety	0%	2%	0%
Access to Recreational Facilities	13	10	16
Limited Access to Healthy Foods**	3%	6%	1%
Fast Food Restaurants	60%	55%	27%

\*90<sup>th</sup> percentile, i.e., only 10% are better.

\*\* Data should not be compared with prior years due to changes in definition.

Crime

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



Health Burden<sup>27</sup>

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

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

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

Risk Factors<sup>27</sup>

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

## Health of Community

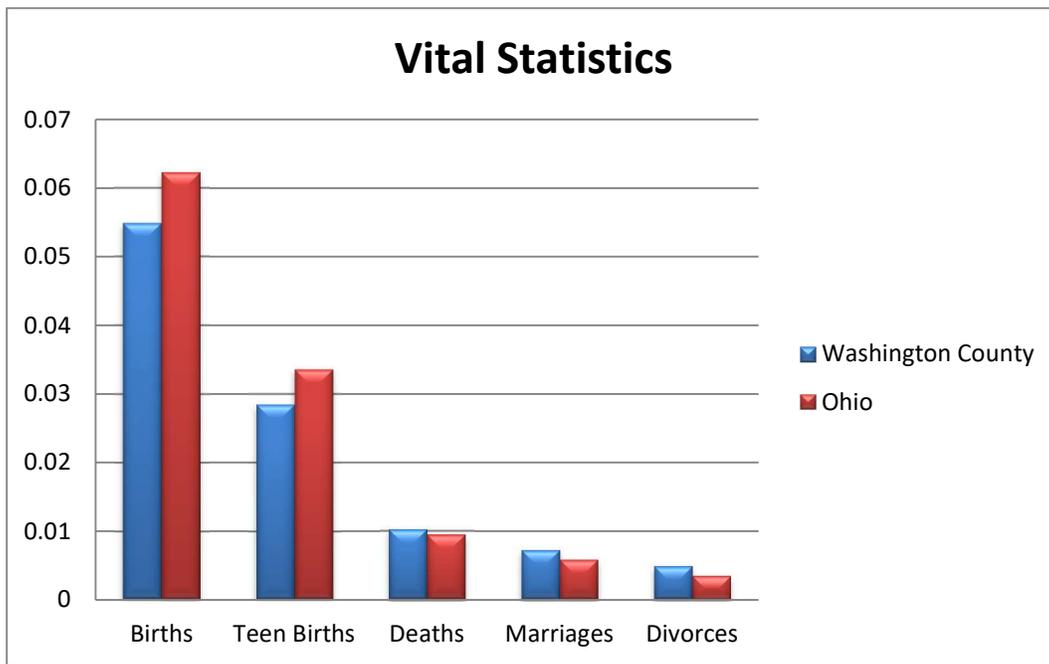
Statistical data about vital statistics, mortality, chronic illnesses, communicable diseases, injuries, and child-related issues.

### Vital Statistics<sup>14</sup>

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

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

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

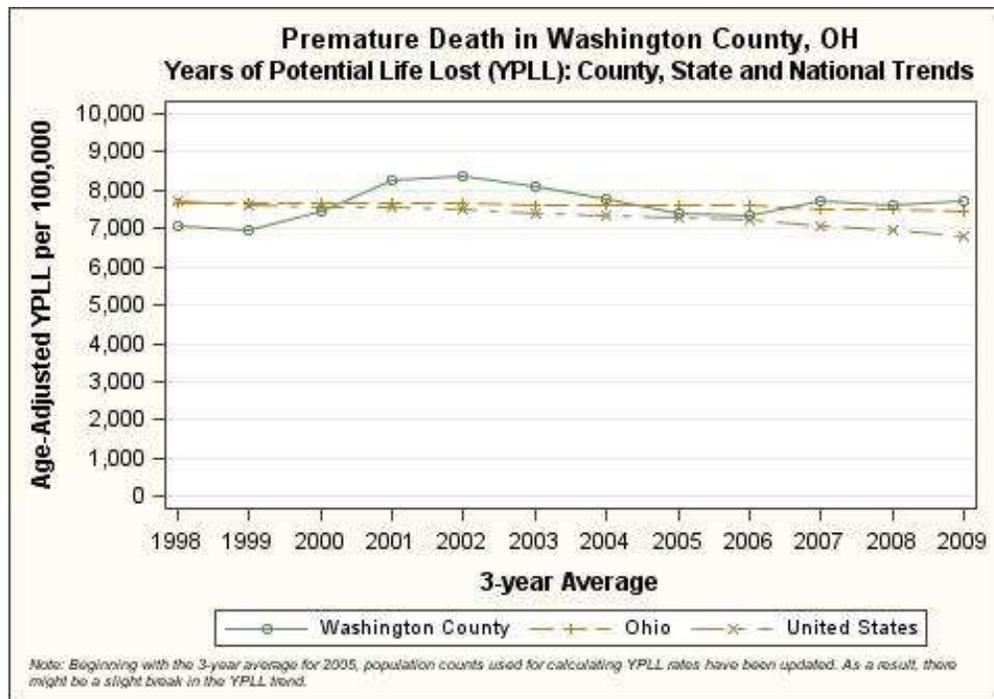


Mortality<sup>7</sup>

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

\*90<sup>th</sup> percentile, i.e., only 10% are better.

\*\* Data should not be compared with prior years due to changes in definition.



Mortality<sup>27</sup>, continued

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

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

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

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

-Indicates no data available

\* Per 100,000 population

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

Mortality,<sup>6,13</sup> continued

Top Ten Leading Causes of Death and Corresponding Age-Adjusted Death Rates							
		United States		Washington County 2004-2006		Ohio 2004-2006	
Rank <sup>1</sup>	Cause of Death	2010	2011	Rank <sup>1</sup>	Rate	Rank <sup>1</sup>	Rate
1	Diseases of Heart	179.1	173.7	2	194.7	1	225.3
2	Malignant Neoplasms	172.8	168.6	1	210.0	2	198.8
3	Chronic Lower Respiratory Diseases	42.2	42.7	3	51.3	4	49.2
4	Cerebrovascular Diseases	39.1	37.9	5	38.9	3	48.6
5	Accidents (Unintentional Injuries)	38.0	38.0	6	38.9	5	37.6
6	Alzheimer's Disease	25.1	24.6	9	12.9	7	25.6
7	Diabetes Mellitus	20.8	21.5	4	44.6	6	29.7
8	Influenza and Pneumonia	15.1	15.7	7	18.9	8	17.2
9	Nephritis, Nephrotic Syndrome and Nephrosis	15.3	13.4	8	17.9	9	14.5
10	Intentional Self-Harm (Suicide)	12.1	12.0	Septicemia 10	12.6	Septicemia 10	11.2

<sup>1</sup>Rank based on number of deaths.

Diabetes<sup>9,10,12</sup>

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

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

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

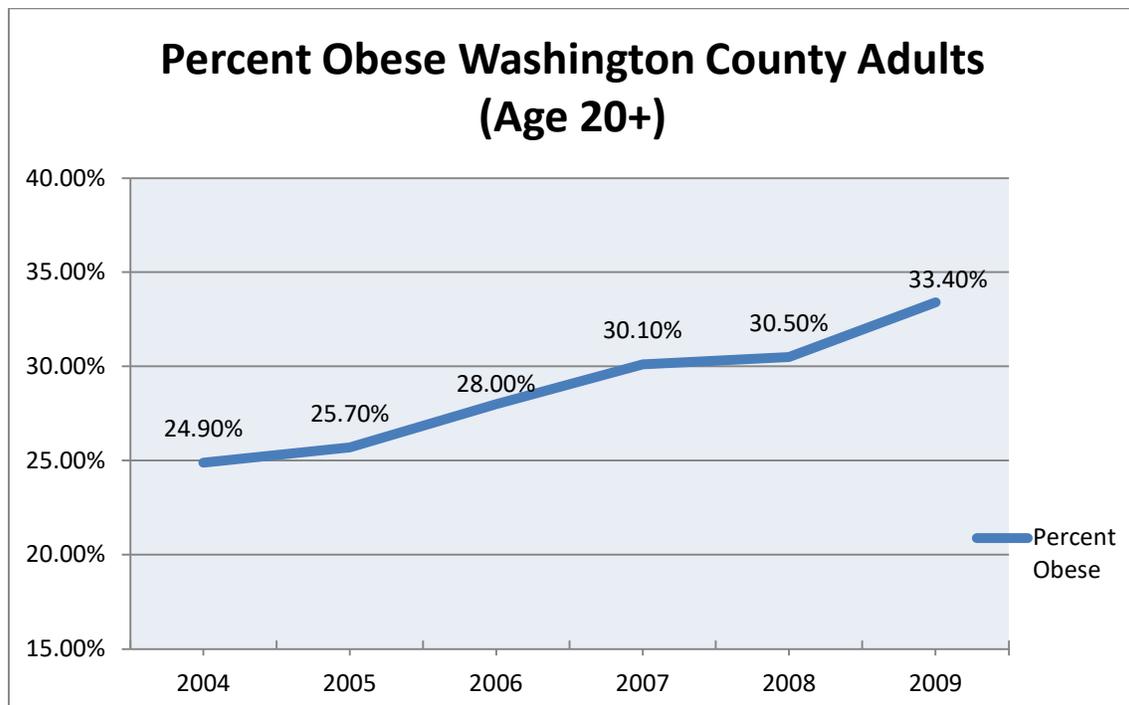
Diagnosed Diabetes Prevalence for Ohio Adults (18+)			
	2009		2011
	Number	Percent	Percent
Male	437,410	10.3%	10.1%
Female	458,161	10.0%	10.0%
18-44 Years	167,388	4.1%	8.6%
45-64 Years	389,403	12.4%	27.2
65-74 Years	183,872	22.0%	20.8%
75+	154,677	20.1%	
White, non-Hispanic	734,501	9.9%	9.6%
Black, Non-Hispanic	124,034	12.7%	14.9%
Hispanic	26,829	13.2%	6.3%
Other	16,044	7.0%	7.8%

## Overweight and Obesity<sup>11</sup>

Lack of physical activity is a risk factor for overweight and obesity, which may increase the risk of developing certain cancers.

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

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



Cancer<sup>21</sup>

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

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

**Average Annual Number of New Invasive Cancer Cases and Age-Adjusted Incidence Rates for Washington County and Ohio<sup>1</sup>**

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

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

Cancer,<sup>21</sup> continued

Average Annual Number of Cancer Deaths and Age-Adjusted Incidence Rates for Washington County and Ohio, 2003-2007 <sup>1</sup>								
	Washington County				Ohio			
	Male		Female		Male		Female	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
All Sites/Types	88	260.2	79	181.3	12,859	248.4	12,058	167.9
Colon & Rectum	9	27.0	7	15.3	1,203	23.5	1,252	16.7
Lung & Bronchus	31	87.7	22	51.5	4,224	80.2	3,187	45.2
Breast	N/A	N/A	13	32.3	N/A	N/A	1,875	26.5
Prostate	8	25.8	N/A	N/A	1,232	26.2	N/A	N/A
Legend								
		Higher than state rate				Lower than state rate		

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

Community Health Assessment Report

Heart Disease and Stroke,

Heart disease and stroke were the 1<sup>st</sup> and 4<sup>th</sup>, respectively, leading causes of death in the United States during 2010 and 2011.

Heart Disease Mortality**				
	Washington County		Ohio	
	# of Deaths	Rates	# of Deaths	Rates
Age-adjusted				
Males	75	236.3	14,029	282.4
Females	80	163.4	14,588	182.6
All	155	194.7	28,617	225.3
Age-specific (years)				
≤24	0	0.0	72	1.9
25-49	4	20.9	1,399	34.9
50-64	21	172.8	3,829	188.8
65+	130	1,307.9	23,317	1,526.4

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

Stroke Mortality*				
	Washington County		Ohio	
	# of Deaths	Rates	# of Deaths	Rates
Age-adjusted				
Males	14	42.8	2,350	48.8
Females	18	35.1	3,833	47.8
All	31	38.9	6,183	48.6
Age-specific (years)				
≤24	0	0.0	21	0.5
25-49	1	4.8	208	5.2
50-64	3	25.1	552	27.2
65+	27	275.0	5,403	353.7

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

Heart Disease and Stroke, continued

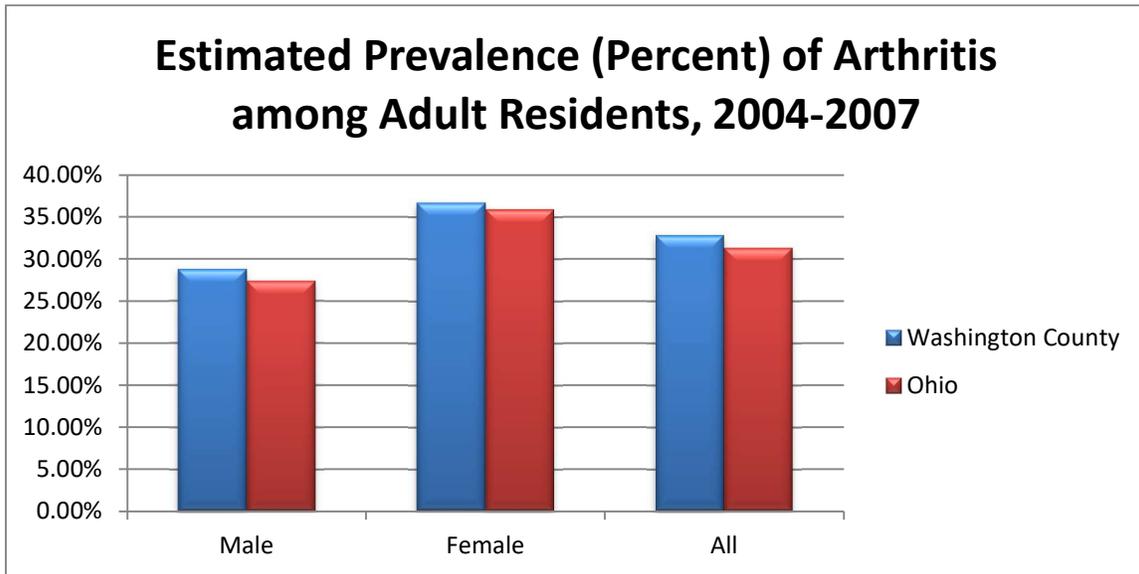
Heart Attack and Stroke Symptom Recognition and Response*						
	Washington County/ Southeast Region			Ohio		
	Male	Female	All	Male	Female	All
Recognize all 5 symptoms of heart attacks	30.2%	42.2%	36.4%	31.0%	42.6%	37.0%
Recognized all 5 symptoms of strokes	46.7%	45.3%	46.0%	41.1%	48.2%	44.6%
Know to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

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

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

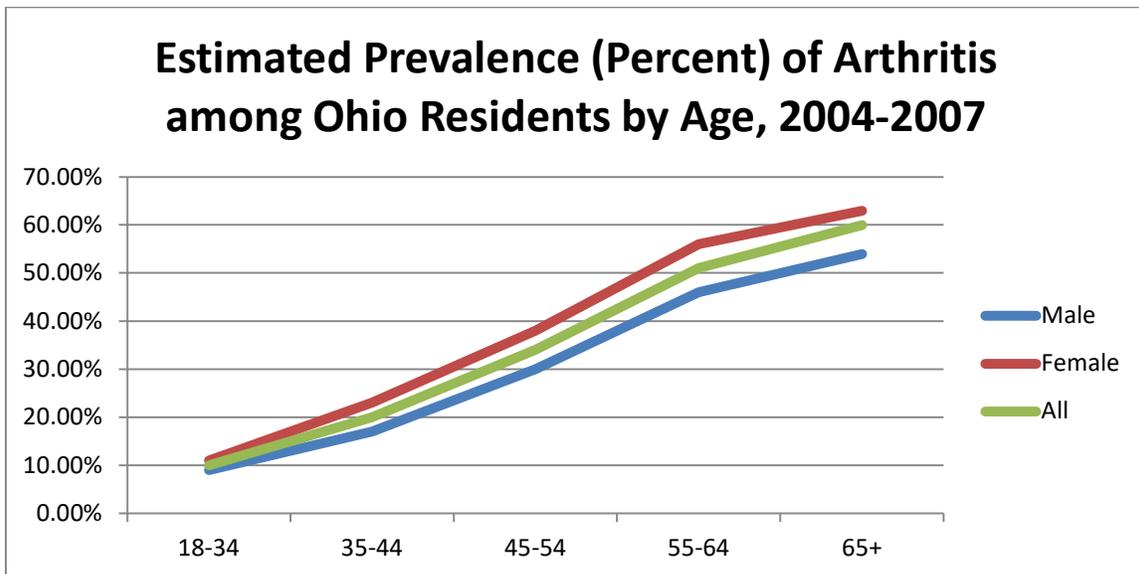
\*Estimated prevalence (percentage) among adult Washington County residents with comparison to Ohio, 2004, 2006, 2007.

Arthritis



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

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



Community Health Assessment Report

Communicable Diseases<sup>16,17,18,19,20</sup>

Communicable Diseases						
HIV	Washington County		Ohio			
	Rate	Number	Rate	Number		
Diagnoses of HIV as of June 30, 2013	*	3	9.5	1,101		
Persons Living with HIV as of June 30, 2013	53.7	33	154.3	17,807		
Other STDs	January – December Cases 2011		January – December Cases 2012		January – September Cases 2013	
	Washington County	Ohio	Washington County	Ohio	Washington County	Ohio
Chlamydia	63	52,671	100	53,309	83	40,050
Gonorrhea	12	16,736	8	16,551	14	12,350
Syphilis	2	960	1	1,149	0	822
Congenital Syphilis	0	13	0	17	0	15

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

Unintentional Injuries

<b>Unintentional Fatal Injury: All*</b>				
2004-2006	Washington County		Ohio	
	<u># of Deaths</u>	<u>Rates</u>	<u># of Deaths</u>	<u>Rates</u>
Age-adjusted				
Males	16	52.1	2,775	51.3
Females	10	27.5	1,698	25.2
All	26	38.9	4,473	37.6
Age-specific (years)				
≤24	5	25.6	714	18.3
25-49	9	43.4	1,524	38.0
50-64	5	39.0	711	35.0
65+	7	70.4	1,524	99.8
<b>Unintentional Injury Mortality: Falls*</b>				
	Washington County		Ohio	
	<u># of Deaths</u>	<u>Rates</u>	<u># of Deaths</u>	<u>Rates</u>
Age-adjusted				
Males	2	6.5	421	8.6
Females	<1	0.8	400	5.0
All	2	3.1	821	6.5
Age-specific (years)				
≤24	0	0.0	11	0.3
25-49	<1	1.6	51	1.3
50-64	1	5.6	99	4.9
65+	1	13.4	661	43.3
<b>Unintentional Injury Mortality: Poisonings*</b>				
	Washington County		Ohio	
	<u># of Deaths</u>	<u>Rates</u>	<u># of Deaths</u>	<u>Rates</u>
Age-adjusted				
Males	4	13.8	733	13.0
Females	1	3.3	379	6.5
All	5	8.4	1,112	9.7
Age-specific (years)				
≤24	1	6.8	115	3.0
25-49	3	16.1	735	18.3
50-64	<1	2.8	221	10.9
65+	0	0.0	41	2.7

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

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

Intentional Injuries,

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

## Chronic Disease and Hospital Readmissions

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

Child-Related Issues

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

Overweight Third Graders, 2010		
	Washington County	Ohio
% Overweight	40.4%	34.7%

Children and Teens (10-17) Overweight or Obese, 2011-2012		
	Ohio	United States
% Overweight	31%	31%

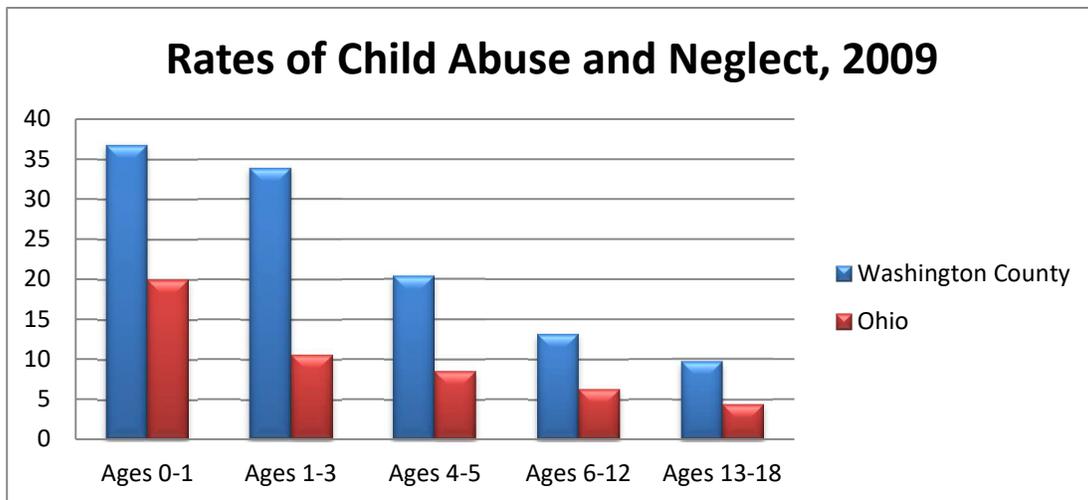
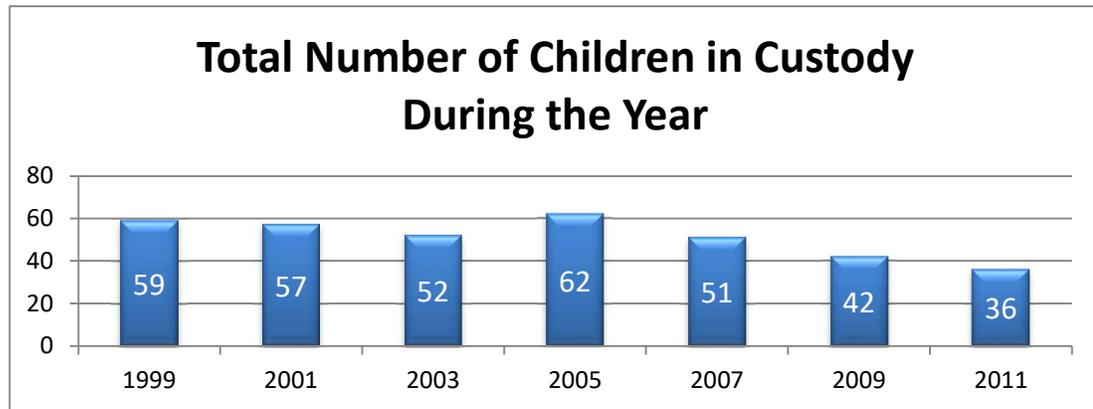
*In 2008, only 0.6% of the children tested had elevated blood lead levels in Washington County, as opposed to 1.6% with elevated lead levels in Ohio.*

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

Child-Related Issues, continued

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

Child-Related Issues, continued



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

## Health Resource Availability

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

Healthcare Practitioners, Hospital Beds and Healthcare

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

Coverage<sup>15, 28, 35</sup>

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

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

\*Figures based on 2007 data.

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Healthcare Practitioners, Hospital Beds and Healthcare Coverage, continued

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

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

Healthcare Practitioners, Hospital Beds and Healthcare Coverage, continued

*Research shows that nearly half of the physicians age 50 or older plan practice changes within a three year window.  
41% of MMH physicians are 50 or older  
31% of MMH physicians are 55 or older.*

**Succession Planning Risks (based on physician age)**

<b>Primary Care – Family Medicine</b>	Neurology	Podiatry
<b>Primary Care – Internal Medicine</b>	Neurosurgery	Psychiatry
<b>Primary Care – Pediatrics</b>	Obstetrics/Gynecology	Pulmonology/Critical Care Medicine
<b>Cardiology</b>	Ophthalmology	Radiation Oncology
<b>General Surgery</b>	Orthopedic Surgery	Radiology
<b>Gynecological Oncology</b>	Otolaryngology	Rheumatology
<b>Infectious Disease</b>	Physical Medicine & Rehabilitation	Urology

Clinical Care<sup>7</sup>

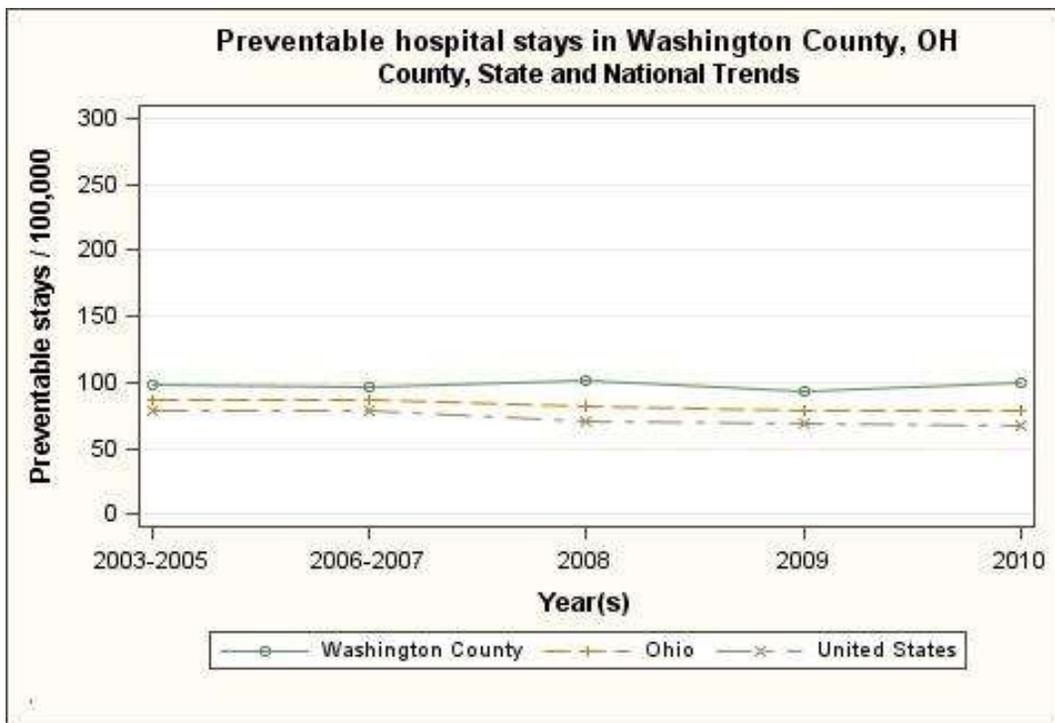
*In 2013, the number of preventable hospital stays in Washington County was more than twice that of the national benchmark.*

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

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

\*90<sup>th</sup> percentile, i.e., only 10% are better.

\*\* Data should not be compared with prior years due to changes in definition.



Assistance Programs<sup>26</sup>

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

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

Assistance Programs, continued

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

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

\* SFY stands for State Fiscal Year (July 1<sup>st</sup> to June 30<sup>th</sup>)

\*\*Average members per year = Member months/12

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

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

<sup>†</sup>Expenditures reflect payments made directly to providers as well as capitation payments to HMOs.

## Community Health Stakeholder Survey Results

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

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

### **Participating Agencies**

Buckeye Hills-Area Agency on Aging 8  
City of Belpre  
Community Action Health Services  
In-Patient Geri-Psych at MMH  
O'Neill Center  
The Right Path  
Washington County Commissioners  
Washington County Family & Children First  
Washington County Free Clinic  
Washington County Harvest of Hope  
Washington County Health Department  
Washington County Home  
Washington County Community Health Council  
Anonymous

### **Non-responding Agencies**

Ameri Corps Vista Homeless Project; RSVP  
American Red Cross  
Care Source  
Children Services  
EVE, Inc  
Family Health Services  
Glenwood Community  
L & P Services, Inc.  
Marietta Area Chamber of Commerce  
Marietta Area Recycling Center  
Marietta City Health Dept.  
Marietta College  
Marietta Community Food Pantry  
Marietta Community Foundation  
Marietta Family YMCA  
Marietta HHC  
Marietta Home Health & Hospice  
Marietta VA Outpatient Clinic

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Mid-Ohio Valley Fellowship Home, Inc  
Ministerial Association  
Muskingum Valley Chamber of Commerce  
OSU Extension Service  
Paramount Advantage  
RSVP  
The Caring Connection  
United Healthcare Community Plan  
Washington County Board of Developmental Disabilities  
Washington County Commissioners  
Washington County Job & Family Services  
Washington County Sheriff Dept.  
Washington-Morgan Community Action  
WCBDD; Wasco/Ewing  
WCMHAR Board  
Washington State Community College, Dean of Health Sciences

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

**Services Sought Outside of Washington County**

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

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

\*Denotes a tie

**Top Health Concerns of the Community**

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

**Data Gap**

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

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

## Community Health Assessment Report

### S.W.O.T. Analysis

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

<b>Strengths</b>	<b>Weaknesses</b>
<p>Local hospitals/health services</p> <ul style="list-style-type: none"> <li>• MHS</li> <li>• Cancer Center</li> <li>• Wide variety of services</li> <li>• Services accessible – ED, Urgent Care</li> </ul> <p>Physicians</p> <ul style="list-style-type: none"> <li>• Excellence</li> <li>• Primary care physicians</li> <li>• Specialists</li> </ul> <p>Community support/collaboration O’Neill Center</p>	<p>Lack mental health care/resources</p> <ul style="list-style-type: none"> <li>• Community mental health is private/for profit; access dependent on insurance</li> <li>• Lack of funding</li> </ul> <p>Lack of substance abuse treatment</p> <ul style="list-style-type: none"> <li>• No inpatient services</li> </ul> <p>Physician Issues</p> <ul style="list-style-type: none"> <li>• Primary care doctors not taking new patients</li> <li>• Limited access to specialists; some specialties not available</li> </ul> <p>Uninsured/underinsured/Medicare</p> <ul style="list-style-type: none"> <li>• Limited services without 3<sup>rd</sup> party payer</li> <li>• New services aimed at Medicare population</li> <li>• Free clinic not open enough hours</li> </ul> <p>Transportation</p> <p>Community Health System/Services Relationship</p> <ul style="list-style-type: none"> <li>• Lack coordination for prevention and health promotion; health education</li> <li>• Lack knowledge of available services</li> </ul> <p>Good housing/Lack homeless shelter</p>
<b>Opportunities</b>	<b>Threats</b>
<p>Expansion of Clinics and Free Services</p> <ul style="list-style-type: none"> <li>• Specialty Care</li> <li>• Eye clinic</li> <li>• Dental clinic</li> </ul> <p>Coordination and Cooperation</p> <ul style="list-style-type: none"> <li>• Community health providers</li> <li>• Develop evidence based disease prevention</li> <li>• Health education</li> </ul> <p>Expansion of care under Affordable Care Act</p> <p>Mental Health Services</p> <ul style="list-style-type: none"> <li>• Inpatient psych/detox</li> <li>• Recruit psychiatrists</li> <li>• Geri-psych</li> </ul> <p>Providers/access</p> <ul style="list-style-type: none"> <li>• More use of NPs and PAs</li> <li>• Multiple facilities</li> <li>• After hours care</li> </ul>	<p>Financial</p> <ul style="list-style-type: none"> <li>• Program funding</li> <li>• Cuts in Medicare</li> </ul> <p>Affordable Care Act</p> <ul style="list-style-type: none"> <li>• Taxes/fees</li> <li>• Failure to adjust</li> </ul> <p>Mental Health/Substance Abuse</p> <ul style="list-style-type: none"> <li>• Lack psychiatrists to recruit</li> <li>• Unhealthy behavior/drug influence</li> </ul> <p>Environmental quality</p> <p>Economy</p> <ul style="list-style-type: none"> <li>• Generational poverty</li> </ul> <p>Population/culture</p> <ul style="list-style-type: none"> <li>• Declining population</li> <li>• Educational experience</li> <li>• Community perception</li> <li>• Difficulty recruiting specialists</li> </ul> <p>Local healthcare system</p> <ul style="list-style-type: none"> <li>• Lack inpatient space for expansion</li> <li>• System focused on treatment not prevention</li> <li>• Providers not accepting all insurance</li> <li>• Elimination of dental clinic</li> </ul>

## 2011 - 2014 Action Plan and Accomplishments

*Details about steps taken since the last CHNA.*

The following actions were undertaken by Marietta Memorial Hospital (MMH) in response to the 2011 Community Health Assessment and Community Health Council Stakeholder report.

1. Create consistent data sets to understand the trends in our community health needs and the impact of our actions over time.

a. Every three years we will update the current Community Health Assessment report and conduct the same Community Health Council Stakeholder survey.

Result: Assessments complete and shared with the Community Health Council.

b. We will share both data sets with Community Health Council to assist them with the broader community health planning.

Result: Assessment results and report shared with the Community Health Council.

2. Support the Community Health Council.

a. MMH committed resources to assist with the development of a communication toolbox for agencies, a community Resource Guide, and Social Media tools to address community health needs and to connect community members to available resources.

Result: The Community Health Council chose not to pursue this; however, several agencies added resource information to their websites, such as the Area Agency on Aging 8.

b. Marietta Memorial and Selby General Hospitals will provide opportunities for agencies of the Community Health Council to educate our employees on levy issues and agency needs. We will also lend marketing support to support health related levies and public campaigns initiated by the agencies of the Community Health Council.

Result: MMH and SGH provided education on levies and agency needs for the County Home, the O'Neill Senior Levy in 2011 (including development and use of outdoor board space), and we promoted Community Health Agency events

c. Continue participation as a Community health Council member.

Result: MMH continues to support the Community Health Council by providing meeting space, providing clerical support and having a Vice President sit on the council to represent the health system.

## Community Health Assessment Report

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

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

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

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

1. Complete Health Improvement Plan - CHIP is a lifestyle intervention education program that has been show to reverse and prevent chronic disease such as diabetes, cardiovascular disease, and hypertension to name a few. MMH and SGH offer a minimum of 3 community programs per year and offers a corporate program for businesses interested in offering an exclusive program for their employees. The program includes regular group sessions over several weeks, 3 blood draws and Health Risk Assessments, resources, education, practical experience, and reinforcement during and after the program in the form of an alumni group.
    2. We provide ongoing communication to Marietta, Belpre and Mid Ohio Valley Chambers about services. New businesses since 2011 to provide screenings and education include Public Debt, Marietta City Schools and Washington Electric Co-Op. MHS also hosted the Belpre Chamber to promote heart disease prevention/healthgrades data.
    3. MMH added health fairs not done previously at First Energy and Momentum, OVU, and Wood County employees. We also met and have provided proposals for services to UPS in 2013 and have more meetings scheduled in spring of 2014 to offer Employee Wellness packages at reduced prices.
    4. MMH and SGH held a Heart lunch in Parkersburg and Business After Hours in Wood County on heart care.
  - c. Continue offering the grant funded Komen Foundation mammography screenings for low income women. Increase community awareness of program availability.

Results: We have provided a Saturday Blitz screening day for Mammography and ongoing Komen screenings via Kem Dye. Clinic Coordinator communication and Physician's Update communication scheduled March 2014.

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4. Pursue and obtain Primary Stroke Center Certification through the Healthcare Facilities Accreditation Program (HFAP).

Results: Received accreditation 06/20/2013 and the effective date of certification is 07/11/2013-07/11/2016. Also provided full educational campaign and handouts for patients about stroke/vascular care. Provided community talks about stroke prevention and certification, including Belpre Chamber, O'Neill Center and more.

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

Results:

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

Results: Recruited and hired Dr. Rochester, psychiatrist

- b. Add geripsych bed(s).

Results: MMH added a geri-psych inpatient unit on 1/1/2013

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

Results:

1. MMH posted information on our website during Mental Health month.
2. Community Education Manager for Senior Behavioral Health attends Community Council meetings. She reports and distributes information regarding educational programming sponsored by Senior Behavioral Health, (open to the community as

- well as Memorial employees) as well as updated information regarding Senior Behavioral Health programming in the Memorial Health System.
3. Collaborated with the Community Health Council for Dave Brown, Director of the Washington county ADAMH board, to present during a council meeting prior to the ADAMH levy. We distributed a Mental Health and Substance Abuse resource booklet, created by Senior Behavioral Health staff, to increase community awareness of resources available in Washington county. This booklet was distributed at a Community Council meeting as well as multiple other events we participate in throughout the year.

### **Additional Actions**

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

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

## Health Need Priorities 2014

*Top health priorities are reviewed.*

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

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

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

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

## 2014 -2017 Action Plan

*Details about current findings and the plans for future improvements.*

The following actions will be continued by the Memorial Health System in response to the 2014 Community Health Assessment and Community Health Council Stakeholder report.

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

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

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

Resources

1. 2010 Census, U.S. Census Bureau: <http://www.census.gov/2010census/>
2. 2008-2012 American Community Survey 5-year Estimates, U.S. Census Bureau:  
[http://www.census.gov/acs/www/data\\_documentation/2012\\_narrative\\_profiles/](http://www.census.gov/acs/www/data_documentation/2012_narrative_profiles/)
3. 2013 Washington County Profile, ODJFS:  
<https://jfs.ohio.gov/county/cntypro/pdf13/Washington.stm>
4. Children Abused and Neglected <http://datacenter.kidscount.org/data/tables/6482-children-abused-and-neglected?loc=37&loct=5#ranking/5/any/true/868/any/13431>
5. Map the Meal Gap, Food Insecurity in your County: <http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx>
6. National Vital Statistics Reports; Volume 61, Number 6  
[http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61\\_06.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_06.pdf)
7. County Health Rankings and Roadmaps,  
<http://www.countyhealthrankings.org/app/ohio/2013/washington/county/outcomes/overall/snapshot/by-rank>
8. Medical Assistance and Child Care Assistance Program 2013 Federal Poverty Level (FPL) Guidelines By Family Size  
<http://www.dhs.ri.gov/Portals/0/Uploads/Documents/Public/General%20DHS/FPL.pdf>
9. OHIO DIABETES PREVENTION AND CONTROL PROGRAM , “Diabetes in Ohio 2012”  
[http://www.healthy.ohio.gov/~media/HealthyOhio/ASSETS/Files/diabetes/FactSheet2012\\_Final.ashx](http://www.healthy.ohio.gov/~media/HealthyOhio/ASSETS/Files/diabetes/FactSheet2012_Final.ashx)

10. OHIO DIABETES PREVENTION AND CONTROL PROGRAM , “Obesity and Diabetes in Ohio”  
[http://www.healthy.ohio.gov/~media/HealthyOhio/ASSETS/Files/diabetes/Obesity\\_Diabetes\\_Supp\\_2013.ashx](http://www.healthy.ohio.gov/~media/HealthyOhio/ASSETS/Files/diabetes/Obesity_Diabetes_Supp_2013.ashx)
11. “Cancers Associated with Overweight and Obesity, Ohio, 1996-2009.” January 2013.  
[http://www.healthy.ohio.gov/~media/HealthyOhio/ASSETS/Files/OCISS/ObesityProfile\\_Final\\_Jan\\_28\\_13.ashx](http://www.healthy.ohio.gov/~media/HealthyOhio/ASSETS/Files/OCISS/ObesityProfile_Final_Jan_28_13.ashx)
12. “Ohio Diabetes 2010 Fact Sheet.”  
<http://www.healthy.ohio.gov/~media/ODH/ASSETS/Files/hprp/diabetes%20prevention%20and%20control/ohiosdiabetesfactsheet.ashx>
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