

**Joint Township District Memorial Hospital
Community Health Needs Assessment
2016**

Kevin Harlan, President and CEO
Grand Lake Health System
Joint Township District Memorial Hospital
200 St. Clair Street
St. Marys, Ohio 45885-2400
Auglaize County

Tax ID: 34-1623770

Date Approved by the Board: 11/23/16

Initial CHNA Report Posting to Hospital Web Site: 11/23/16

INTRODUCTION

Grand Lake Health System is a mission-driven nonprofit healthcare provider serving residents of the Grand Lake Region of West Central Ohio since 1953. From multiple centers of excellence and affiliated practices throughout the region – including Joint Township District Memorial Hospital (JTDMH) in St. Marys – we focus on creating personalized care experiences that emphasize communication, education, wellness and prevention to improve the health and quality of life of our families, friends and neighbors living in the community we serve.

Grand Lake Health System and its affiliated health centers are organized as a charitable, non-profit community health system offering a wide range of primary, acute and rehabilitative services to the residents of the Grand Lake region.

The anchor of the Grand Lake Health System is JTDMH. JTDMH opened its doors on May 5, 1953 and today is the main cog of the Grand Lake Health System. JTDMH has grown to a state-of-the-art community hospital including over 800 medical professionals, 200+ physicians, 16 affiliates and 10 Centers of Excellence. JTDMH's commitment to providing exceptional quality medical care continues.

THE MISSION of JTDMH is to optimize the health status of those we serve by providing the highest quality, value and service while remaining financially strong.

THE VISION of JTDMH is to be:

- The region's leader and preferred choice for healthcare;
- The most desired place for employment;
- The recognized source for health and wellness; and
- The coordinator of patient services that exceed the scope of our health system.

THE CENTRAL VALUES of JTDMH are:

- **Quality:** Quality is the sustainable exceeding of expectations. This means that we must delight the people we serve by consistently going above and beyond what is expected of us.
- **Communication:** We want our patients to be active participants in their care whenever possible and promise to tell them everything they need to know each step of the way. We believe that effective patient communication is a two-way dialogue that is always professional while remaining kind and compassionate.
- **Personalization:** We create personalized experiences for our patients and visitors by taking the time to show them the respect they deserve. We see them as people first and as patients and visitors second; focusing on their unique individual needs.
- **Courtesy:** Courtesy is maintaining a cheerful and friendly attitude while remaining polite and professional. We are eager to provide assistance, and treat everyone with respect and dignity.
- **Honesty:** We expect all Grand Lake Health System associates to do what they say they will do, and to abide by the adage that honesty is always "the best policy." We want all of our patients and visitors to feel they can trust our Grand Lake team.

- Safety: Maintaining a safe environment for our patients, visitors, and staff is the responsibility of all our team members. We encourage each of our employees to be aware of their surroundings at all times, to be prepared for whatever might happen in a given situation, and to be proactive in preventing unsafe situations. If the need arises, we expect our team to be responsive and cooperative.

Our deep commitment to the community is demonstrated through a wide variety of sponsored outreach programs. It is the goal of Grand Lake Health System to promote good health and prevent illness. Such programs include:

- Make Believe Hospital – a program that familiarizes young children with hospital procedures in a fun, relaxed way.
- Call A Nurse – puts you directly in touch with a friendly registered nurse specially trained to answer your health questions and if needed, find a doctor.
- Health Fair – free general health screenings and access to testing for specific health problems.

Grand Lake Health System/JTDMH is recognized as the preferred choice for healthcare in the Grand Lake region and has received numerous notable awards, including:

- 2016 American Heart Association Fit Friendly Innovative Award, Gold Level
- 2014 & 2015 Home Care Elite Award of Excellence
- 2014 & 2015 Robert A Warriner III, M.D. Center of Excellence Award
- 2014 & 2015 Health Care's Most Wired Award for Most Improved
- 2016 Women's Choice Award for Emergency Department
- 2015 Anthem Blue Distinction Center for Maternity Care
- 2013 Healthgrades® recognized JTDMH for exceptional quality in 16 different areas of care

JTDMH is pleased to present this Community Health Needs Assessment (CHNA) report to fulfill a requirement in the federal Patient Protection and Affordable Care Act, enacted in March 2010, requiring every tax-exempt hospital to conduct a CHNA to identify and prioritize the significant health needs of the community and develop an implementation strategy to address those significant health needs identified. The CHNA report must be approved by an authorized body of the hospital and posted to the hospital's web site by December 31, 2016. The related implementation strategy must be approved by an authorized body of the hospital by May 15, 2017.

We wish to thank our staff and community members who participated in the process of reviewing community conditions, identifying and prioritizing community health needs, and recognizing community resources to address the needs,.

Written comments on this CHNA report and related Implementation Strategy may be submitted to Cindy Berning, MBA, CPA, Executive Director Systems Engineering & Financial/Decision

Support, Joint Township District Memorial Hospital, 200 St. Clair Street, St. Marys, Ohio 45885 or cberning@JTDMH.org. Any written comments received will be considered in conducting the next CHNA. You may contact Cindy Berning at 419-394-3387 extension 1179 or cberning@JTDMH.org to obtain a copy of this CHNA report at no charge.

Kevin Harlan
President and Chief Executive Officer

TABLE OF CONTENTS

| | <u>Page</u> |
|--|-------------|
| A. EXECUTIVE SUMMARY | 1 |
| B. COMMUNITY SERVED | 1 |
| C. DEMOGRAPHICS AND COMMUNITY RESOURCES | 2 |
| D. SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY | 5 |
| E. PROCESS OF OBTAINING DATA | 6 |
| F. PROCESS FOR IDENTIFYING AND PRIORITIZING COMMUNITY HEALTH NEEDS AND RESOURCES TO MEET THE SIGNIFICANT HEALTH NEEDS IDENTIFIED | 8 |
| G. PROCESS FOR CONSULTING WITH PERSONS REPRESENTING THE COMMUNITY INTERESTS | 110 |
| H. INFORMATION GAPS THAT LIMIT THE HOSPITAL’S ABILITY TO ASSESS THE COMMUNITY HEALTH NEEDS | 11 |
| I. EVALUATION OF IMPACT OF ACTIONS IN PRIOR CHNA | 11 |
| J. COLLABORATING PARTNERS | 16 |
| K. SOLICIT WRITTEN COMMENTS | 16 |
| APPENDIX A – JTDMH STEERING COMMITTEE | A-1 |
| APPENDIX B – COMMUNITY COMMONS DATA | B-1 |
| APPENDIX C – COUNTY HEALTH RANKINGS AND ROADMAPS | C-1 |
| APPENDIX D – HEALTH STATUS PROFILE | D-1 |

A. EXECUTIVE SUMMARY

Joint Township District Memorial Hospital (JTDMH), located at 200 St. Clair Street, St. Marys, Auglaize County, Ohio 45885, is a 140 bed, short-term acute care hospital. The community served by JTDMH is defined as Auglaize and Mercer Counties. In conducting the 2016 community health needs assessment (CHNA), we identified community data sources and solicited input from those representing the broad interests of the community. The CHNA steering committee met on October 25, 2016, to review this information and identify significant health needs of the Auglaize County and Mercer County community, prioritize the significant health needs, and identify resources available to address the needs.

The following significant health needs were identified and prioritized.

1. Mental Health
2. Obesity
3. Risky Behaviors
4. Access to Care
5. Education, Prevention, and Health Promotion

B. COMMUNITY SERVED

JTDMH is located in a rural small town environment dominated by agriculture and small manufacturing. JTDMH's "community served" has been identified as residents of Auglaize and Mercer Counties, which include the following areas.

| County Municipalities¹ | County ZIP Codes | 2014 Hospital Admissions² | 2015 Hospital Admissions³ |
|--|-------------------------|---|---|
| Auglaize County | | 1,190 52.3% | 1,095 54.3% |
| Buckland | 45819 | | |
| Minster | 45865 | | |
| New Bremen | 45869 | | |
| New Hampshire | 45870 | | |
| New Knoxville | 45871 | | |
| Saint Johns | 45884 | | |
| Saint Marys | 45885 | | |
| Uniopolis | 45888 | | |
| Wapakoneta | 45895 | | |
| Waynesfield | 45896 | | |

| | | | |
|---|-------|------------------------------|------------------------------|
| Mercer County | | 619 27.2% | 575 28.5% |
| Burkettsville | 45310 | | |
| Celina | 45822 | | |
| Chickasaw | 45826 | | |
| Coldwater | 45828 | | |
| Fort Recovery | 45846 | | |
| Maria Stein | 45860 | | |
| Mendon | 45862 | | |
| Montezuma | 45866 | | |
| Rockford | 45882 | | |
| Saint Henry | 45883 | | |
| Total Admissions from Service Area | | 1,809 79.5% | 1,670 82.8% |
| Total Hospital Admissions | | 2,274 | 2,018 |

¹Source: Zip Code Data Base,(2016). Retrieved from <http://www.zip-codes.com/search.asp>, on February 19, 2016, Includes only municipalities and ZIP codes where Auglaize or Mercer are the primary county.

²Source: Annual Hospital Registration and Planning Report January 1, 2014 – December 31, 2014

³Source: Annual Hospital Registration and Planning Report January 1, 2015 – December 31, 2015

The Ohio Department of Health requires each hospital that is registered in Ohio to file an Annual Hospital Registration and Planning Report by March 1 of each calendar year. A review of the patient origin data from the Annual Hospital Registration and Planning Report for JTDMH for 2014 and 2015 supports the definition of the “community served” as being the community and residents of Auglaize and Mercer Counties, Ohio. For 2014, 79.5% of admissions and for 2015, 82.8% of admissions reside in Auglaize and Mercer Counties at the time of admission.

C. DEMOGRAPHICS AND COMMUNITY RESOURCES

Population. In 2015, Auglaize County had a total population of 45,876. The Auglaize County population is projected to decrease to 45,590 by 2020 and to 45,690 by 2030. In 2015, Mercer County had a total population of 40,968. The Mercer County population is projected to increase to 41,040 by 2020 and to 41,230 by 2030.

Race/Ethnicity. In 2015, among Auglaize County residents, 97.6% are Caucasian, 0.4% are African-American, 0.4% are Asian, 0.1% are Native American, 0.1% are Pacific Islander, 0.4% are from other races, 1.2% are from two or more races and 1.3% are Hispanic of any race. In 2015, among Mercer County residents, 97.5% are Caucasian, 0.4% are African-American, 0.5% are Pacific Islander, 0.3% are Asian, 0.1% are Native American, 0.3% are from other races, 0.8% are from two or more races, and 1.6% are Hispanic of any race.

Age. In 2015, among Auglaize County residents, 24.7% are less than 18 years of age, 7.7% are 18-24 years of age, 23.0% are 25-44 years of age, 28.5% are 45-64 years of age, and 16.1% are 65 years of age or more. The median age was 40.5 years. In 2015, among Mercer County residents, approximately 25.7% are less than 18 years of age, 7.9% are 18-24 years of age,

22.6% are 25-44 years of age, 27.8% are 45-64 years of age, and 16.0% were 65 years of age or more. The median age was 39.8 years.

Income. In 2015, among Auglaize County residents, Median household income is \$52,773 and 6.6% have family income below poverty level. Among Mercer County residents, median household income is \$52,033 and 6.2% have family income below poverty level

Education. In 2015, among Auglaize County residents, of persons 25 years of age and over, 8.1% have no high school diploma, 42.4% are a high school graduate, 20.8% have some college but no degree, 10.5% have an Associate degree, 11.8% have a Bachelor’s degree, and 6.4% have a Master’s degree or higher. Among Mercer County residents, of persons 25 years of age and over, 8.8% have no high school diploma, 48.3% are a high school graduate, 16.9% have some college but no degree, 10.2% have an Associate degree, 10.1% have a Bachelor’s degree, and 5.9% have a Master’s degree or higher.

Source: *Ohio County Profiles, Prepared by the Office of Research (2015).* Retrieved from <http://development.ohio.gov/files/research/C1026.pdf>, on October 5, 2016.

The following identifies the total number of healthcare facilities, by type, which are available in Auglaize and Mercer Counties:

| Facility Type | Auglaize County Number of Active Facilities | Mercer County Number of Active Facilities |
|-----------------------------------|---|---|
| End stage renal disease | 1 | 1 |
| Home Health Agency | 6 | 1 |
| Hospice | 1 | 1 |
| Hospital | 1 | 1 |
| Maternity license | 1 | 1 |
| Development disability | 1 | 1 |
| Nursing home | 9 | 6 |
| Residential Care/Assisted Living | 5 | 6 |
| Federally Qualified Health Center | 0 | 0 |

Source: *Ohio Department of Health long-term care, non-long-term care, and CLIA Health Care Provider (2016).* Retrieved from http://publicapps.odh.ohio.gov/eid/Provider_Search.aspx, on October 5, 2016.
FQHC Link, (2016). Retrieved from <http://www.fqhc.org/find-an-fqhc/>, on October 5, 2016.

Auglaize County is designated as a Health Professional Shortage Area for primary care and mental health. Mercer County is designated as a Health Professional Shortage Area for Mental Health.

Source: *Health Resources and Services Administration Data Warehouse (2016).* Retrieved from <https://datawarehouse.hrsa.gov/tools/analyzers/HpsaFindResults.aspx> on October 5, 2016.

JTDMH provides a full range of acute and outpatient services including a 24-hour emergency room, surgical, and obstetrical service. Other services include acute palliative care, cardiac care, diabetes education, Gerd (Gastroesophageal Reflux Disease) treatment, home health, hospice, inpatient rehabilitation, laboratory services, medical imaging, pain management, occupational health services, outpatient center, pediatrics, physical therapy, sleep center,

speech therapy, stroke support, transitional care unit, urgent care, vein care, women's imaging, and wound care. JTDMH affiliates are listed below:

- Grand Lake Family Practice & Pediatrics
801 Pro Drive, Celina, Mercer County, Ohio 45822
Services: Family practice
- Grand Lake OB/GYN
1067 Hager Street, St. Marys, Auglaize County, Ohio 45885
801 Pro Drive, Suite D3, Celina, Mercer County, Ohio 45822
812 Redskin Trail Suite B, Wapakoneta, Auglaize County, Ohio, 45895
Services: OB/GYN
- Grand Lake Primary Care
1040 Hager Street, St. Marys, Auglaize County, Ohio 45885
1165 S. Knoxville Ave., St. Marys, Auglaize County, Ohio 45885
00463 St. Rte. 66 N, Minster, Auglaize County, Ohio 45865
Services: Family practice
- Miami & Erie Family Practice and Pediatrics
04463 St. RT. 66, Minster, Auglaize County, Ohio 45865
Services: Family practice
- Wapakoneta Primary Care
812 Redskin Trail, Wapakoneta, Auglaize County, Ohio 45895
Services: Family practice
- Grand Lake Hospice
1122 E. Spring St., St. Marys, Auglaize County, Ohio 45895
Services: Hospice
- Grand Lake Neurological Center
200 St. Clair, St. Marys, Auglaize County, Ohio 45885
Services: Neurology
- James Reichert, DO, General & Bariatric Surgery
801 Pro Drive, Suite D2, Celina, Mercer County, Ohio 45822
Services: Bariatric and general surgery
- Vanan ENT & Sinus Center
801 Pro Drive, Suite D4, Celina, Mercer County, Ohio 45822
Services: Ears, nose and throat
- Grand Lake Home Health
1112 East Spring Street, St. Marys, Auglaize County, Ohio 45885
Services: Home health

- Grand Lake Occupational Medicine
200 St. Clair Street, St. Marys, Auglaize County, Ohio 45885
Services: Occupational health
- Urgent Care at JTDMH
200 St. Clair Street, St. Marys, Auglaize County, Ohio 45885
Services: Urgent care
- Grand Lake Sleep Center
975 Hager Street, St. Marys, Auglaize County, Ohio 45885
Services: Sleep management
- New Day Pain Management Center
975 Hager Street, St. Marys, Auglaize County, Ohio 45885
Services: Pain management
- JTDMH Transitional Care Unit
200 St. Clair Street, St. Marys, Auglaize County, Ohio 45885
Services: Transitional care
- JTDMH Inpatient Rehab Unit
200 St. Clair Street, St. Marys, Auglaize County, Ohio 45885
Services: Inpatient rehabilitation

D. SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY

On October 25, 2016, The JTDMH convened the CHNA Steering Committee to review data and information provided in this report, identify and prioritize significant health needs of the community, and identify resources available to address the needs. The significant health needs of the Auglaize and Mercer County community include (in prioritized order):

| |
|--|
| <p>1. Mental Health</p> <ul style="list-style-type: none"> • Community leaders identified opiate use, depression, and suicide as significant health concerns for the community • Addressing mental health issues can have a positive impact on excessive drinking, smoking, physical inactivity, and diet • 11% of Auglaize and Mercer County residents are identified as having frequent mental distress, compared to 13% for Ohio (see appendix C) • Grief support provides an important benefit in addressing mental health issues |
| <p>2. Obesity</p> <ul style="list-style-type: none"> • Physical inactivity and a lack of a healthy diet are important contributing factors towards obesity • 34% of Auglaize County adults and 29% of Mercer County adults are obese, compared with 30% for Ohio (see appendix C) |

| |
|--|
| <ul style="list-style-type: none"> • 31% of adults in the combined Auglaize County and Mercer County service area have a BMI greater than 30.0, compared with 30.9% for Ohio and 27.5% for the U.S. (see appendix B) • Addressing obesity can have a positive impact on heart disease, high blood pressure, cholesterol, diabetes, and cancer incidence |
| <p>3. Risky Behaviors</p> <ul style="list-style-type: none"> • Auglaize and Mercer Counties have an estimated 24.7% of adults drinking excessively, compared to 18.4% for Ohio and 16.9% for the U.S. (see appendix B) • In Auglaize County, 20% of adults smoke and in Mercer County, 16% of adults smoke, compared to 21% for Ohio (see appendix C) • Community leaders identified opiate use as a significant risky behavior for county residents |
| <p>4. Access to Care</p> <ul style="list-style-type: none"> • Community leaders identified affordable health care as a significant concern for the community • Community leaders identified a lack of health care providers and specialists as a barrier to accessing needed care • Auglaize County has 2,090:1 and Mercer County has 2,040:1 residents to primary care physicians, compared to 1,300:1 for Ohio (see appendix C) • Auglaize County has 2,870:1 and Mercer County has 3,710:1 residents to dentists, compared to 1,710:1 for Ohio (see appendix C) • Auglaize County has 2,290:1 and Mercer County has 1,320:1 residents to mental health providers, compared to 640:1 for Ohio (see appendix C) • 10% of Auglaize County and 12% of Mercer County residents are uninsured, compared to 13% for Ohio • Accessible transportation vans and available wheel chairs for obese individuals pose barriers to accessing necessary health care • Bed bugs cause a barrier to accessing care. In-home care and transportation for individuals from infected homes cannot be provided until the home is free of bed bugs. The high cost of extermination prevents residents from securing necessary extermination services. • Barriers contribute to fewer health screenings, vaccinations, and proper diabetes management for area residents |
| <p>5. Education, Prevention, and Health Promotion</p> <ul style="list-style-type: none"> • Educating the community on health issues and resources available within the community to help address these issues is an important part in improving the health of the community • Free health screenings are necessary to improve participation and early intervention for necessary clinical care • Education and availability of free or low-cost vaccinations is necessary to improve participation |

E. PROCESS OF OBTAINING DATA

JTDMH contracted with the Quality Management Consulting Group (QMCG) to collect data for consideration in identifying the conditions and health needs of the community. The Data was reviewed by the CHNA Steering Committee and discussed during the October 25, 2016 Community Forum. Data was collected by QMCG from the following sources:

Institute for People, Place and Possibility (IP3) (2016). CommunityCommons (Auglaize County and Mercer County Health Indicators not meeting average benchmarks). Retrieved from <http://www.communitycommons.org/chna/> on September 7, 2016. (Appendix B).

QMCG identified CommunityCommons as a reliable source of data and information for the Mercer and Auglaize County community. CommunityCommons is a mission driven organization with the goal to make custom tools publicly available whenever possible to increase the impact of those working toward healthy, equitable, and sustainable communities. The tools are used to gain a deeper understanding of community assets and opportunities and then to use the data to convey knowledge through partnerships and collaboration. The people that manage the CommunityCommons site are the Institute for People, Place and Possibility, the Center for Applied Research and Environmental Systems, and Community Initiatives. Partners include Robert Wood Johnson Foundation, Kaiser Permanente, American Heart Association, Centers for Disease Control and Prevention, and the University of Missouri. Appendix B provides a summary of those Auglaize County and Mercer County indicators identified by CommunityCommons as not meeting benchmarks, comparing those counties' indicators with Ohio and the U.S. Data sources and dates are identified in the summary.

University of Wisconsin Population Health Institute School of Medicine and Public Health (2016). County Health Rankings. Retrieved from <http://www.countyhealthrankings.org/#app/ohio/2012> on May 27, 2016. (Appendix C).

QMCG identified County Health Rankings and Roadmaps as a reliable source of data and information for the Auglaize County and Mercer County community. The County Health Rankings and Roadmaps program is a collaboration between Robert Wood Johnson Foundation and the University of Wisconsin, Population Health Institute. The annual County Health Rankings measure vital health factors and provide a snapshot of how health is influenced by our environment. The Roadmaps provide guidance and tools to understand the data, and strategies that communities can use to move from education to action. The Roadmaps help communities to look at the many factors that influence health, focus on strategies that work, learn from each other, and make changes that will have a lasting impact on health. Appendix C provides information for Auglaize County and Mercer County with those areas to explore highlighted. Data sources and dates for each indicator are identified in Appendix C.

Ohio Department of Health, Child and Family Health Services and Reproductive Health & Wellness Program (2015). Health Status Profiles. Retrieved from http://www.odh.ohio.gov/odhprograms/cfhs/cf_hlth/cha/hsprofiles.aspx on September 28, 2016. (Appendix D).

QMCG identified the Health Status Profiles as a reliable source of data and information for the Auglaize County and Mercer County community. The profile provides demographic information, maternal and child health data, cancer rates, STD Rates, and child health status information. Data sources are identified in Appendix D.

F. PROCESS FOR IDENTIFYING AND PRIORITIZING COMMUNITY HEALTH NEEDS AND RESOURCES TO MEET THE SIGNIFICANT HEALTH NEEDS IDENTIFIED

The consultant from QMCG identified demographic information and health status data for Auglaize and Mercer Counties to be considered in identifying significant health needs of the community. The information and data were sent to Steering Committee members prior to meeting. The Steering Committee met on October 25, 2016. The meeting opened with a review of the information and data followed by a discussion of the health concerns in the community identified from the data and participants’ knowledge of and experience in the community. Common themes were identified and significant health needs were chosen. In identifying the significant health needs of the community, the Steering Committee considered the types of health conditions or health needs of the population, how the health need is currently served in the community, the capacity to meet the health need, the accessibility of services to address the health need, and the providers currently available to address the health need. The Steering Committee then prioritized the significant health needs based on the burden, scope, severity, or urgency of the health need, health disparities associated with the need, and importance the community places on addressing the need. Finally, the Steering Committee identified existing resources within the community potentially available to address the significant health needs.

The Steering Committee identified the following community resources that are potentially available to address the significant health needs identified:

| |
|--|
| <p>1. Mental Health</p> <ul style="list-style-type: none">• Coleman Behavioral Health• Foundations Behavioral Health Services• Catholic Social Services• JTDMH Employee Assistance Program• Employee assistance programs of local businesses• Pastoral Counseling• Honoring Angels Support Group• Healing Memories Support Group |
| <p>2. Obesity</p> <ul style="list-style-type: none">• JTDMH Grand Health Challenge |

- Road to Fitness
- Mercer Health 5K Challenge
- Mercer Weight Management Clinic
- St. Rita's Weight Management Program in Auglaize County
- The Ohio State University Extension Office Dining with Diabetes Program, SNAP educational programs, other challenges
- JTDMH diabetes and pre-diabetes support groups
- Area Agency on Aging educational classes and individual nutrition assessments
- Local pediatrician offices – education on proper portion size
- JTDMH speaking engagements on food labels and portion control
- Wellness Programs through local businesses
- Functional 45 (F-45)
- Curves
- YMCA
- SNAP Fitness
- WAC - Wapak Athletic Club
- JTDMH Cardiac Wellness Program

3. Risky Behaviors

- Freedom 101 for drug and alcohol prevention
- Auglaize/Mercer Drug Coalition
- Celebrate Recovery
- Auglaize County court system's Medication Assistance Treatment Program
- Mercer County Drug Court
- House of Hope
- Men's House of Hope
- Victor House for Men
- Alcoholics Anonymous
- DARE Program – Drug Abuse Resistance Education
- Mercer County Prevention Coalition
- Local church groups/programs
- Hope Line
- Family Resource Center
- R.O.C. – Resource and Opportunity Center
- St. Rita's Addiction Center
- Coleman Behavioral Services
- We Care Center
- 1 800 QUIT NOW Hotline
- West Central Ohio Regional Alliance
- West Ohio Community Action Partners

4. Access to Care

- West Ohio Community Action Programs (WOCAP) for transportation services
- Auglaize County and Mercer County Council on Aging
- Find a Ride
- Crisis Center of Auglaize County

- Mercy Unlimited
- Integrity Ambulance Services
- Clymer Medical Transport
- JTDMH Transport
- Veterans Services Center
- Lima Allen County Paramedics
- JTDMH physician recruitment
- JTDMH Telemedicine
- JTDMH Telestroke
- JTDMH Teleradiology
- JTDMH Call a Nurse Program
- Managed Medical Care Programs
- JTDMH funded low-cost screenings
- Cancer Association of Auglaize County – transportation services
- JTDMH support groups, including Parkinson’s and diabetes
- JTDMH strategies for placement of physicians in medically underserved areas
- Urgent Care
- Mercer County Job and Family Services for bed bug and transportation services
- Ohio Department of Health’s Children with Medical Handicaps Program for transportation services
- Auglaize County Crippled Children and Adults funding for access ramps

5. Education, Prevention, and Health Promotion Resources

- JTDMH community health fairs provide screenings (including cancer and diabetes) nutritionist, discounted lab work, vendors, and dentists
- JTDMH Wellness Program
- Auglaize County and Mercer County Health Departments
- The Ohio State University Extension Office
- Women’s Preventative Health
- The Navigator in-home newsletter
- Free prostate screening by local physician
- Mercer County Prevention Coalition
- Veterans Service Center
- Employer sponsored health fairs
- Area Agency on Aging
- Mental Health Recovery Service Board
- DARE Program – Drug Abuse Resistance Education
- JTDMH Grand Health Challenge
- JTDMH Speaker Bureau
- Elder Abuse Program at Area Agency on Aging

G. PROCESS FOR CONSULTING WITH PERSONS REPRESENTING THE COMMUNITY INTERESTS

Persons representing the broad interests of the community, including those with knowledge of or expertise in public health, participated in the CHNA process as members of the CHNA Steering Committee. Please refer to Appendix A for participating organizations and the groups each organization represent. A meeting of the Steering Committee was held on October 25, 2016. After reviewing the data and identifying the areas of concern presented by the data, Steering Committee members discussed other areas of concern not specifically identified by the data. These other areas of concern include opiate use, suicide, necessity for grief support, barriers to accessing care for the obese and residents with bed bugs, depression and the impact on physical activity, diet, and risky behaviors, and lack of affordable health care. The Steering Committee then discussed areas where the data identified a concern but that concern was not experienced by the community. They determined that very low birth weight and very pre-term newborns were not a significant health need – that such incidents were very low for the community.

Community input was obtained from all required sources.

No written comments were received on the previously conducted CHNA.

H. INFORMATION GAPS THAT LIMIT THE HOSPITAL'S ABILITY TO ASSESS THE COMMUNITY HEALTH NEEDS

No information gaps were identified during the CHNA process.

I. EVALUATION OF IMPACT OF ACTIONS IN PRIOR CHNA

The 2013 CHNA identified obesity, wellness, prevention and screenings, mental health and access to care as the significant health needs of the community served. JTDMH chose to address all four significant needs in the 2013 Implementation Strategy. The following identifies the need, action taken, and impact of the action in addressing the need.

Need 1: Obesity

| |
|--|
| <p>Objective: To improve food choices, biometrics and BMI and increase exercise among community members.</p> |
| <p>Action: Continue to sponsor Health Smart, a program for employees, spouses and dependents of JTDMH that provides coaching, BMI measurements, and biometrics and helps to establish healthy weight goals. Oversight is provided by the JTDMH Human Resources Department.</p> |
| <p>Impact: Comparison of the 2014 to 2013 UMR (United Medical Resources – JTDMH's Health Plan Administrator) Health Risk Reports' summary data reflects the following improved biometrics:</p> <ul style="list-style-type: none">• Average wellness score improved by 1 point• The Body Mass Index score remained steady |

- “Good” blood pressure improved by 10 percentage points
- “Good” blood sugar improved by 9 percentage points
- “Healthy” physical activity levels improved by 4 percentage points

Comparison of 2015 to 2014 UMR Health Risk Reports’ summary data reflects the following improved biometrics:

- Average wellness score improved by 1 point
- The Body Mass Index score improved by 3 percentage points from moderate risk to healthy
- “Too high/low” blood pressure improved by 12 percentage points
- “Healthy” tobacco use improved by 3 percentage points
- Hypertension saw a 4 percentage point shift from moderate and severe to mild category
- Future disease risk saw a 10 percentage point decrease in heart failure risk.

2016 biometric screenings are planned for October and November with results expected in December 2016.

Action: Support pediatric practices’ focus on childhood obesity and encourage physicians to address the importance of maintaining a healthy Body Mass Index with patients. Support is provided by the Auglaize County Health Department, Mercer County Health Department, and JTDM Family Practice Division of Physician Practices. Pediatricians participated in the Ohio AFP (Ohio Academy of Family Physicians) Learning collaborative “Parenting at Mealtime & Playtime”. The objective is to achieve optimal health for and prevention of overweight in your children through early identification of risk at well-child visits. The target population is ages 0-5 years.

Impact: Pediatricians are collecting Body Mass Index data on each patient. The planned software update will allow for population management. Software implementation is underway with ability to review comparative data projected for the fourth quarter of 2016.

Action: Continue to sponsor the Grand Health Challenge. Provide enrollment, educational material, monitoring of progress, and one presentation each month to enrolled family members ages 8 and older. Support provided by the Auglaize County Health Department and Mercer County Health Department with oversight provided by JTDMH Community Outreach. Staff and didactic materials provided by JTDMH.

Impact:

- The ninth Grand Health Challenge occurred January through May, 2015 with 250 participants and 2,964.9 pounds lost as of the April weigh-in.
- The second year of pre and post challenge surveys initiated in 2014 with 16 questions regarding food consumption and health behaviors was administered, summarized and analyzed by the Ohio State University Extension Office. Results of the survey were utilized to add more value to the 2016 event.
- The tenth Grand Health Challenge began the first week of January, 2016. There were 182 participants with 2,450.2 pounds lost.
- The eleventh Grand Health Challenge will kick-off in January, 2017.

Action: The Weight Management Program began in 2015 to enroll community members into a provider-approved weight management program. The program is provided at JTDMH in conjunction with the St. Rita's Weight Management Program. A public seminar was held in January, 2016 to review the program. The first clinic was held in February, 2016 with plans to hold one half day clinic per month at the St. Marys Grand Lake Obstetrics/gynecology practice building. Dr. Dunkle-Blatter presented an educational session to JTDMH employed physicians in March, 2016. St Rita's Weight Management Program offers public seminars in a JTDMH conference room approximately every other month.

Impact: Through August 2016, 51 participated in the seminars, with 20 of the participants following up with appointments with Dr. Dunkle-Blatter at the St. Marys office. Five patients are preparing for bariatric surgery.

Need 2: Wellness, prevention and screenings

Objective: Increase the number of community members participating in screening and prevention activities. Increase participation in colorectal screenings over the previous year, improvement in screenings, and increase follow-up on positive responses.

Action: Provide monthly blood pressure screenings at all sites and programs held by JTDMH Community Outreach. Oversight and staff provided by the Community Outreach Program.

Impact:

- In 2014, there were 2,589 blood pressure screenings, compared to 2,207 in 2013, a 17.3% increase
- In 2015, there were 3,356 blood pressure screenings, a 29.6% increase from 2014, with 141 screening events
- Through August, 2016, there were 2,556 blood pressure screenings with 117 screening events to date.

Action: Continue to support and provide community immunizations. Worked collaboratively with the Auglaize County Health Department to create a joint immunization awareness billboard for 2015/2016 and 2016/2017 flu seasons. Support and oversight is provided by JTDMH Infection Control and Physician Practices.

Impact:

- An 11.9% increase in the number of Grand Lake Physician Practice top immunizations ordered from 2013 to 2014, an increase of 449 immunizations
- Comparison of 2014/2015 data to 2016 data has been delayed due to a software change
- A 6.1% increase in immunizations provided at Auglaize County Health Department with 7,338 immunizations in 2015 compared to 6,914 in 2014
- Through August, 2016, there were 5,311 immunizations provided by the Auglaize County Health Department

Action: Focus on colorectal screenings at JTDMH. Distribute colorectal screening kits at health fairs, target communication, and measure compliance. Oversight provided by the

Community Outreach Program. Colorectal screening kits are distributed every year during the January and November health fairs and throughout the month of March at wellness programs for National Colorectal Awareness Month.

Impact: In 2014, 166 kits were distributed, compared to 133 kits in 2013, a 24.8% increase. One postcard was returned in 2014, but with negative results. For 2015, 162 kits were distributed through November, 2015 with no postcards returned. The next colorectal screening kit distribution will be offered at the community health fair on November 5, 2016 and February 25, 2017

Need 3: Mental health

Objective: Improve access to mental health services, reduce incarcerations for heroin addicts, reduce addictions, increase availability of bereavement support, and increase participation in Honoring Angels.

Action: Evaluate partnering with Coleman Behavioral Health (Coleman) to provide on-site staff from Coleman at physician practices for consultation. Support provided by the JTDMH Community Outreach Program. An agreement was put in place the third quarter of 2014 that integrates Coleman staff into the Grand Lake Physician Practices throughout all communities. Initial visits in Celina began in September, 2014. Rollout to all Grand Lake Physician Practice offices projected for 2016. Currently exploring increased access to behavioral health services with Horizon Health in conjunction with a potential geropsychiatric unit.

Impact: Current on-site hours offered for Grand Lake Physician Practice occur at the Celina office on Fridays, from 1:00 to 4:00. A credentialed in-house Licensed Social Worker began the summer of 2016 to provide behavioral health assessments and placement services for inpatient and observation patients when the need is identified.

Action: Provide support for a drug trial for heroin addicts under incarceration. Support provided by the Community Outreach Program. Initiated the Medication Assisted Treatment Program in May, 2014, a 24 month program to assist up to 25 heroin addicts. The grant for this program has been extended through December, 2016.

Impact: Clients are enrolled on a monthly basis. From June, 2015 through June, 2016, there have been 6 successful clients complete the program with 15 clients actively remaining in the program. New clients will continue to be identified and enrolled in the program at least through May, 2017.

Action: Implement a new pilot program, Tele Mental Health, at Mercy Health to improve the assessment process for emergency department behavioral health patients and reduce the length of stay in the emergency department for these patients. Mercy Health is currently involved in discussions with Putnam County to offer a Tele Mental Health pilot in that area with plans to streamline the process and offer a pilot in the Auglaize County and Mercer County service area.

Impact: Exploration of implementing a pilot program in this area is still in process.

| |
|--|
| <p>Action: Increase awareness of drug abuse and addiction in Mercer and Auglaize Counties. The second annual Mercer/Auglaize Drug Symposium was held on May 14, 2015.</p> <p>Impact: Subcommittees, comprised of symposium stakeholders, have been active in furthering drug education in both Auglaize and Mercer County school systems.</p> |
| <p>Action: Establish bereavement support by providing monthly meetings, educational materials, phone calls, and home visits. Continue to support Honoring Angels to provide bereavement support to mothers who have had a miscarriage or lost a child in the first year of life. Oversight provided by the JTDMH Community Outreach Program.</p> <p>Impact: The Honoring Angels Support Group was initiated in October, 2013. The group met 2 times per month through October, 2014 and monthly thereafter. For 2015, there were 16 participants. The Celebrating our Angels for families who lost children to miscarriage, still birth, or infant passing, had 30 participants in the 2013 and 30 in the 2014 celebrations. The October, 2015 celebration's participation increased to 42. Grand Lake Hospice continues to facilitate support groups for anyone who has lost a loved one, entitled Healing Memories Bereavement Support Group. Six sessions are provided during a 3-month time period with each session covering a different topic. The support group restarts every January, April, July, and October.</p> |

Need 4: Access to care

| |
|--|
| <p>Objective: Increase new patient referrals that do not have a primary care physician. Increase the number of referrals to urgent care and decrease the number of referrals to the emergency department, resulting in a more appropriate and cost effective use of services.</p> |
| <p>Action: Educate the community on primary care services available at JTDMH through the employed Physician Group. Advise that Medicare and Medicaid are accepted and that no charge services are available to qualified individuals. Oversight provided by the JTDMH Marketing Department, which will increase marketing efforts through literature, media, and community speaking engagements.</p> <p>The revised "Look no Further" brochure includes specialists and services offered at Grand Lake Health System. Brochures are distributed in the emergency department, lobby, Grand Lake OBGyn, and health fairs. The Grand Lake Physician Practice's primary care physician hours were expanded as part of the Patient-Centered Medical Home accreditation's access to care standard. Grand Lake Health System primary care physician resources are provided to the Auglaize County Council on Aging and the Auglaize County Health Department. Agencies are to track the number of clients each refers to primary care physicians. The Auglaize County Health Department is distributing a comprehensive Auglaize County physician listing, inclusive of primary care physicians, with the location, contact information, and office hours, to parents of young children at immunization appointments. Grand Lake Health System is refocusing efforts to notify and educate patients without a primary care physician of Grand Lake Physician Practice providers, locations, and hours.</p> <p>Impact: This action impacts all patients and family members accessing JTDMH through the emergency department, hospital lobby, Grand Lake OBGyn, and health fairs. All</p> |

patients of the Grand Lake Physician Practice’s primary care physicians are impacted by expanded office hours. All clients of the Auglaize County Council on Aging and the Auglaize County Health Department are impacted by receiving physician referral information

Action: Educate the community on the option to utilize Urgent Care at JTDMH over the Emergency Department. Oversight provided by the JTDMH Marketing Department, which will increase marketing efforts through literature, media, and community speaking engagements. A new Urgent Care location was established June 2, 2014 with a shared entrance with the Emergency Department. A flow chart regarding the Quick Pass Process and Level of Care Decisions was created and displayed at the Emergency Department /Urgent Care entrance. The JTDMH website provides an Urgent vs. Emergent symptoms guide to direct the public to the appropriate level of care location. Updated the brochure entitled “Urgent Care: Urgent, Non-Emergency Care When You Need It” in December, 2014 for distribution at health fairs and wellness events and inclusion in displays in the hospital lobbies.

Impact: In 2014, there were 13,797 Emergency Department visits and 7,287 Urgent Care visits, of which 2,550 had no primary care provider. In 2015, there were 13,785 Emergency Department visits and 7,463 Urgent Care visits, of which 3,323 had no primary care provider.

J. COLLABORATING PARTNERS

JTDMH engaged Bricker & Eckler LLP/Quality Management Consulting Group, located at 100 South Third Street, Columbus, Ohio, to prepare this CHNA report. Jim Flynn is a partner with Bricker & Eckler’s Health Care group, where he has practiced for 25 years. His general healthcare practice focuses on health planning matters, certificate of need, non-profit and tax-exempt healthcare providers, and federal and state regulatory issues. Mr. Flynn has provided consultation to healthcare providers, including non-profit and tax-exempt healthcare providers and public hospitals on community health needs assessments. Christine Kenney is the director of Regulatory Services with the Quality Management Consulting Group of Bricker & Eckler LLP. Ms. Kenney has over 36 years of experience in healthcare planning, policy development, federal and state regulations, certificate of need, and Medicare and Medicaid certification. She provides expert testimony on community need and offers presentations and educational sessions regarding community health needs assessments. She has been conducting community health needs assessments in accordance with the affordable care act requirements since 2012.

K. SOLICIT WRITTEN COMMENTS

Written comments concerning this CHNA report and related Implementation Strategy may be submitted to Cindy Berning, MBA, CPA, Executive Director Systems Engineering & Financial/Decision Support, Joint Township District Memorial Hospital, 200 St. Clair Street, St. Marys, Ohio 45885 or cberning@JTDMH.org. Any written comments received will be considered in conducting the next CHNA.

APPENDIX A

Member Organizations of the JTDMH CHNA Steering Committee

| Organization | Populations Represented |
|--|---|
| Health Education, Auglaize County Health Department* | All populations of Auglaize County, including the medically underserved, low-income, and minority populations |
| Health Commissioner, Auglaize County Health Department* | All populations of Auglaize County, including the medically underserved, low-income, and minority populations |
| Director, Auglaize County Council on Aging | Elderly populations of Auglaize County, including those elderly who are medically underserved, low-income, and minority populations |
| Outreach and Wellness, Auglaize County Council on Aging | Elderly populations of Auglaize County, including those elderly who are medically underserved, low-income, and minority populations |
| Health Commissioner, Mercer County Health Department* | All populations of Mercer County, including the medically underserved, low-income, and minority populations |
| Systems Engineering, JTDMH | All populations of Auglaize and Mercer Counties, including the medically underserved, low-income, and minority populations |
| Chief Clinical Officer, JTDMH | All populations of Auglaize County, including the medically underserved, low-income, and minority populations |
| Executive Director, Joint Township District Hospital Foundation and Grand Lake Home Health / Hospice | All populations of Auglaize County, including the medically underserved, low-income, and minority populations |
| Community Outreach Coordinator, JTDMH | All populations of Auglaize County, including the medically underserved, low-income, and minority populations |
| Physician Practice Manager, JTDMH | All populations of Auglaize and Mercer Counties, including the medically underserved, low-income, and minority populations |

*Expertise in public health

APPENDIX B

COMMUNITYCOMMONS.ORG
Auglaize County and Mercer County Health Indicators
not meeting benchmarks
Accessed September 7, 2016

HEALTH OUTCOMES

| Indicator | Auglaize County | Mercer County | Service Area | Ohio | U.S |
|--|------------------------|----------------------|---------------------|-------------|------------|
| Cancer Incidence – Breast (Rate per 100,000 population) | 139.2 | 108.4* | 124.9 | 120.5 | 124 |
| Cancer Incidence – Colon and Rectal (Rate per 100,000 population) | 56.5 | 58.4 | 57.4 | 43 | 41.9 |
| Heart Disease – Adult (% adults with heart disease) | 5.6% | 5.3% | 5.4% | 5.1% | 4.4% |
| Heart Disease – Medicare population (% with heart disease) | 34.59% | 31.76% | 33.43% | 27.89% | 26.99% |
| High Blood Pressure – Medicare population (% with high blood pressure) | 59.72% | 57.76% | 58.91% | 57.23% | 55.07% |
| High Cholesterol – Adult (% with high cholesterol) | 62.58% | 40.51% | 48.1% | 38.7% | 38.52% |
| Mortality – Cancer (Age adjusted death rate per 100,000 population) | 183.5 | 185.1 | 184.3 | 182.1 | 166.3 |
| Mortality – Heart Disease (Age adjusted death rate per 100,000 population) | 179.9* | 244.7 | 210.4 | 188.8 | 171.8 |
| Mortality – Coronary heart disease (Age adjusted death rate per 100,000 population) | 133.1 | 199.3 | 164.3 | 117 | 105.7 |
| Mortality – Motor Vehicle Crash (Age adjusted death rate per 100,000 population) | 12.7 | 15.2 | 13.9 | 9.6 | 10.6 |
| Mortality – Pedestrian Accident (Average annual deaths per 100,000 population) | 1.5 | .08* | 1.2 | 1 | 1.7 |
| Obesity (% adults with BMI > 30.0) | 34.3% | 27.3%* | 31% | 30.9% | 27.5% |
| Poor General Health (Age adjusted %) | 14.3%* | 22.5% | 18.1% | 15.3% | 15.7% |

**Indicator meeting state average benchmark*

HEALTH BEHAVIORS

| Indicator | Auglaize County | Mercer County | Service Area | Ohio | U.S |
|--|------------------------|----------------------|---------------------|-------------|------------|
| Physical Inactivity (% population with no leisure time physical activity) | 27% | 25.3% | 26.2% | 24.3% | 21.8% |

| Indicator | Auglaize County | Mercer County | Service Area | Ohio | U.S |
|---|-----------------|---------------|--------------|--------|--------|
| Fruit / Vegetable Consumption (% adults with inadequate fruit and vegetable consumption) | 83.5% | N/A | 83.9% | 78.5% | 75.7% |
| Fruit /Vegetable Expenditures (% of food at home expenditures) | N/A | N/A | 11.39% | 11.74% | 12.68% |
| Soda Expenditures (% of food at home expenditures) | N/A | N/A | 4.68% | 4.51% | 4.02% |
| Alcohol Consumption (Estimated adults drinking excessively – age adjusted %) | 20.1% | 29.9% | 24.7% | 18.4% | 16.9% |
| Tobacco Expenditures (% of food at home expenditures) | N/A | N/A | 2.15% | 1.92% | 1.56% |
| Walking or Biking to Work (% walking or biking to work) | 2.94%* | 1.99% | 2.49% | 2.59% | 3.37% |

*Indicator meeting state average benchmark

CLINICAL CARE

| Indicator | Auglaize County | Mercer County | Service Area | Ohio | U.S |
|--|-----------------|---------------|--------------|-------|--------|
| Access to primary care (Primary care physician rate per 100,000 population) | 47.9 | 49 | 48.4 | 77.1 | 75.8 |
| Access to Dentists (Dentist rate per 100,000 population) | 34.8 | 27 | 31.1 | 57.3 | 63.2 |
| Access to Mental Health Providers (Mental health care provider rate per 100,000 population) | 46.3 | 75.9 | 58.8 | 154.8 | 202.8 |
| Cancer Screening – Mammogram (% female Medicare enrollees with mammogram in past 2 years) | 57.5% | 58.5% | 57.9% | 60.3% | 63% |
| Cancer Screening – Pap Test (Age adjusted %) | 71.5% | 62% | 67.1% | 78.7% | 78.5% |
| Cancer screening- Sigmoidoscopy or Colonoscopy 46.8% (Age adjusted %) | 46.8% | 52.4% | 49.4% | 60% | 61.3% |
| HIV screenings (% adults never screened for HIV/AIDS) | 78.75% | 79.75% | 79.3% | 68.3% | 62.79% |
| Pneumonia Vaccination (Age adjusted %) | 59.3% | 65% | 62% | 68.5% | 67.5% |
| Diabetes Management – Hemoglobin A1c Test (% Medicare enrollees with diabetes with annual exam) | 85.5%* | 82.3% | 84% | 84.4% | 84.6% |
| Dental Care Utilization (% adults with no dental exam) | 32.7% | 22.7%* | 28% | 27.6% | 30.2% |
| FQHC (Rate of FQHC per 100,000 population) | 0 | 0 | 0 | 2.21 | 2.33 |

*Indicator meeting state average benchmark

PHYSICAL ENVIRONMENT

| Indicator | Auglaize County | Mercer County | Service Area | Ohio | U.S |
|--|------------------------|----------------------|---------------------|-------------|------------|
| Air quality- Particulate Matter 2.5 (% of days exceeding standards) | .27% | .27% | .27% | .09% | .10% |
| Climate and Health – High head index days | 3.84% | 4.38% | 4.1% | 2.8% | 4.7% |
| Food Access – Grocery Stores (Establishments per 100,000 population) | 13.06 | 17.15 | 16.1 | 17.7 | 21.2 |
| Food access – SNAP authorized food stores (Rate per 10,000 population) | 6.53 | 5.39 | 5.99 | 8.37 | 8.29 |
| Housing – Mortgage Lending (Loan originations rate per 100,000 population) | 146.25 | 93.11 | 121.25 | 174.81 | 190.71 |
| Use of public transportation (% of population using public transportation to commute to work) | .14% | .18% | .16% | 1.62% | 5.06% |

SOCIAL AND ECONOMIC FACTORS

| Indicator | Auglaize County | Mercer County | Service Area | Ohio | U.S |
|--|------------------------|----------------------|---------------------|-------------|------------|
| Income – Per Capita Income | \$25,033 | \$24,362 | \$24,717 | \$26,520 | \$28,554 |
| Insurance – uninsured children <19 years of age | 4.95%* | 5.86% | 5.39% | 5.02% | 6.28% |
| Lack of Social or Emotional Support | 19%* | 20.3% | 19.6% | 19.5% | 20.7% |
| Population with Associate’s Level Degree or Higher | 28.73% | 26.09% | 27.5% | 33.69% | 37.21% |

*Indicator meeting state average benchmark

Source: Institute for People, Place and Possibility (IP3)(2016). CommunityCommons (Auglaize County and Mercer County Health Indicators not meeting average benchmarks). Retrieved from <http://www.communitycommons.org/chna/> on September 7, 2016.

COMMUNITYCOMMONS.ORG
Data Sources

- U.S. Census Bureau, American Community Survey. 2010-2014. Source geography: Tract
- U.S. Census Bureau, Small Area Health Insurance Estimates. 2014. Source geography: County
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. 2006-2012. Source geography: County
- U.S. Census Bureau, American Community Survey. 2010-2014. Source geography: Tract
- Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2012. Source geography: Tract
- National Oceanic & Atmospheric Administration, North American Land Data Assimilation System (NCDAS). Accessed via Centers for Disease Control and Prevention WONDER. Additional data analysis by CARES. 2014. Source geography: County
- U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES. 2014. Source geography: County
- U.S. Department of Agriculture, Food & Nutrition Services, USDA-SNAP Retailer Locator. Additional data analysis by CARES. 2016. Source geography: Tract
- Federal Financial Institutions Examination Council, Home Mortgage Disclosure Act. Additional analysis by CARES. 2014.
- U.S. Department of Health and Human Services, Health Resources and Services Administration, Area Health Resource File. 2013. Source geography: County
- University of Wisconsin Population Health Institute, County Health Rankings. 2016. Source geography: County
- Dartmouth College Institute for Health Policy and Clinical Practice, Dartmouth Atlas of Health Care. 2012. Source geography: County
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional analysis by CARES. 2011-2012. Source geography: County
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional analysis by CARES. 2006-2010. Source geography: County
- U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Provider of Services File. June 2016. Source geography: Address
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Source geography: County
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. U.S. Department of Health and Human Services, Health Indicators Warehouse. 2005-2009. Source geography: County
- Nielsen, Nielsen Reports. 2014. Source geography: Tract
- State Cancer Profile. 2009-2013. Source geography: County
- Centers for Medicare and Medicaid Services. 2014. Source geography: County
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2010-2014. Source geography: County
- U.S. Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2011-2015. Source geography: County
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Source geography: County

- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via Health Indicators Warehouse. U.S. Department of Health and Human Services, Health Indicators Warehouse. 2006-2012. Source geography: County

APPENDIX C

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

Auglaize (AU)

| | Auglaize County | Error Margin | Top U.S. Performers[^] | Ohio | Rank (of 88) |
|--|------------------------|---------------------|--|-------------|---------------------|
| Health Outcomes | | | | | 11 |
| Length of Life | | | | | 13 |
| Premature death | 6,100 | 5,300-6,900 | 5,200 | 7,500 | |
| Quality of Life | | | | | 8 |
| Poor or fair health** | 14% | 13-14% | 12% | 17% | |
| Poor physical health days** | 3.4 | 3.3-3.6 | 2.9 | 4.0 | |
| Poor mental health days** | 3.9 | 3.7-4.1 | 2.8 | 4.3 | |
| Low birthweight | 6% | 6-7% | 6% | 9% | |
| Additional Health Outcomes (not included in overall ranking) | | | | | |
| Premature age-adjusted mortality | 320 | 290-340 | 270 | 380 | |
| Child mortality | 60 | 40-80 | 40 | 60 | |
| Infant mortality | 6 | 4-9 | 5 | 8 | |
| Frequent physical distress | 10% | 10-11% | 9% | 12% | |
| Frequent mental distress | 11% | 11-11% | 9% | 13% | |
| Diabetes prevalence | 11% | 10-11% | 9% | 11% | |
| HIV prevalence | 42 | | 41 | 193 | |
| Health Factors | | | | | 9 |
| Health Behaviors | | | | | 38 |
| Adult smoking** | 20% | 19-20% | 14% | 21% | |
| Adult obesity | 34% | 29-40% | 25% | 30% | |
| Food environment index | 8.3 | | 8.3 | 6.9 | |
| Physical inactivity | 29% | 23-35% | 20% | 26% | |
| Access to exercise opportunities | 67% | | 91% | 83% | |
| Excessive drinking** | 18% | 17-19% | 12% | 19% | |
| Alcohol-impaired driving deaths | 31% | 22-39% | 14% | 35% | |
| Sexually transmitted infections | 246.6 | | 134.1 | 460.2 | |
| Teen births | 34 | 31-38 | 19 | 34 | |
| Additional Health Behaviors (not included in overall ranking) | | | | | |
| Food insecurity | 12% | | 11% | 17% | |
| Limited access to healthy foods | 1% | | 2% | 6% | |
| Drug overdose deaths | 9 | 5-15 | 8 | 21 | |
| Drug overdose deaths - modeled | 8.1-10.0 | | 6.1-8.0 | 24.6 | |
| Motor vehicle crash deaths | 14 | 11-19 | 9 | 10 | |
| Insufficient sleep | 36% | 35-37% | 28% | 37% | |
| Clinical Care | | | | | 21 |
| Uninsured | 10% | 9-11% | 11% | 13% | |
| Primary care physicians | 2,090:1 | | 1,040:1 | 1,300:1 | |
| Dentists | 2,870:1 | | 1,340:1 | 1,710:1 | |
| Mental health providers | 2,290:1 | | 370:1 | 640:1 | |
| Preventable hospital stays | 54 | 47-60 | 38 | 65 | |
| Diabetic monitoring | 85% | 77-92% | 90% | 85% | |
| Mammography screening | 55% | 48-63% | 71% | 60% | |
| Additional Clinical Care (not included in overall ranking) | | | | | |
| Uninsured adults | 12% | 11-14% | 13% | 16% | |
| Uninsured children | 5% | 4-6% | 5% | 6% | |
| Health care costs | \$9,482 | | | \$10,177 | |
| Other primary care providers | 9,168:1 | | 866:1 | 1,665:1 | |

<http://www.countyhealthrankings.org/app/ohio/2016/county/snapshots/011/includ...> 9/12/2016

| | Auglaize County | Error Margin | Top U.S. Performers^ | Ohio | Rank (of 88) |
|---|-----------------|-----------------|----------------------|----------|--------------|
| Social & Economic Factors | | | | | |
| High school graduation | 95% | | 93% | 83% | 4 |
| Some college | 65% | 60-70% | 72% | 63% | |
| Unemployment | 4.3% | | 3.5% | 5.7% | |
| Children in poverty | 12% | 9-16% | 13% | 23% | |
| Income inequality | 3.6 | 3.4-3.9 | 3.7 | 4.8 | |
| Children in single-parent households | 19% | 15-23% | 21% | 35% | |
| Social associations | 15.5 | | 22.1 | 11.4 | |
| Violent crime | 39 | | 59 | 307 | |
| Injury deaths | 60 | 50-70 | 51 | 63 | |
| Additional Social & Economic Factors (not included in overall ranking) | | | | | |
| Median household income | \$52,700 | \$48,300-57,000 | \$61,700 | \$49,300 | |
| Children eligible for free lunch | 27% | | 25% | 33% | |
| Residential segregation - black/white | 74 | | 23 | 70 | |
| Residential segregation - non-white/white | 28 | | 15 | 59 | |
| Homicides | | | 2 | 5 | |
| Physical Environment | | | | | |
| Air pollution - particulate matter | 13.5 | | 9.5 | 13.5 | 10 |
| Drinking water violations | No | | No | | |
| Severe housing problems | 10% | 9-12% | 9% | 15% | |
| Driving alone to work | 87% | 85-88% | 71% | 84% | |
| Long commute - driving alone | 22% | 20-24% | 15% | 29% | |

Areas to Explore Areas of Strength

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

Note: Blank values reflect unreliable or missing data

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

2016

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

Mercer (MC)

| | Mercer County | Error Margin | Top U.S. Performers [^] | Ohio | Rank (of 88) |
|--|---------------|--------------|----------------------------------|----------|--------------|
| Health Outcomes | | | | | 7 |
| Length of Life | | | | | 16 |
| Premature death | 6,200 | 5,300-7,000 | 5,200 | 7,500 | |
| Quality of Life | | | | | 3 |
| Poor or fair health** | 13% | 12-13% | 12% | 17% | |
| Poor physical health days** | 3.3 | 3.1-3.5 | 2.9 | 4.0 | |
| Poor mental health days** | 3.8 | 3.6-4.0 | 2.8 | 4.3 | |
| Low birthweight | 5% | 5-6% | 6% | 9% | |
| Additional Health Outcomes (not included in overall ranking) | | | | | |
| Premature age-adjusted mortality | 330 | 300-360 | 270 | 380 | |
| Child mortality | 40 | 20-60 | 40 | 60 | |
| Infant mortality | | | 5 | 8 | |
| Frequent physical distress | 10% | 10-10% | 9% | 12% | |
| Frequent mental distress | 11% | 11-11% | 9% | 13% | |
| Diabetes prevalence | 10% | 10-11% | 9% | 11% | |
| HIV prevalence | 36 | | 41 | 193 | |
| Health Factors | | | | | 4 |
| Health Behaviors | | | | | 3 |
| Adult smoking** | 16% | 15-17% | 14% | 21% | |
| Adult obesity | 29% | 24-34% | 25% | 30% | |
| Food environment index | 8.4 | | 8.3 | 6.9 | |
| Physical inactivity | 29% | 23-34% | 20% | 26% | |
| Access to exercise opportunities | 68% | | 91% | 83% | |
| Excessive drinking** | 19% | 18-20% | 12% | 19% | |
| Alcohol-impaired driving deaths | 15% | 8-24% | 14% | 35% | |
| Sexually transmitted infections | 173.7 | | 134.1 | 460.2 | |
| Teen births | 24 | 22-28 | 19 | 34 | |
| Additional Health Behaviors (not included in overall ranking) | | | | | |
| Food insecurity | 12% | | 11% | 17% | |
| Limited access to healthy foods | 2% | | 2% | 6% | |
| Drug overdose deaths | 9 | 5-16 | 8 | 21 | |
| Drug overdose deaths - modeled | 6.1-8.0 | | 6.1-8.0 | 24.6 | |
| Motor vehicle crash deaths | 16 | 12-21 | 9 | 10 | |
| Insufficient sleep | 33% | 31-34% | 28% | 37% | |
| Clinical Care | | | | | 53 |
| Uninsured | 12% | 10-13% | 11% | 13% | |
| Primary care physicians | 2,040:1 | | 1,040:1 | 1,300:1 | |
| Dentists | 3,710:1 | | 1,340:1 | 1,710:1 | |
| Mental health providers | 1,320:1 | | 370:1 | 640:1 | |
| Preventable hospital stays | 57 | 51-64 | 38 | 65 | |
| Diabetic monitoring | 80% | 72-88% | 90% | 85% | |
| Mammography screening | 52% | 44-60% | 71% | 60% | |
| Additional Clinical Care (not included in overall ranking) | | | | | |
| Uninsured adults | 14% | 12-16% | 13% | 16% | |
| Uninsured children | 6% | 5-8% | 5% | 6% | |
| Health care costs | \$9,011 | | | \$10,177 | |
| Other primary care providers | 4,083:1 | | 866:1 | 1,665:1 | |

<http://www.countyhealthrankings.org/app/ohio/2016/county/snapshots/107/includ...> 9/12/2016

| | Mercer County | Error Margin | Top U.S. Performers [^] | Ohio | Rank (of 88) |
|---|---------------|-----------------|----------------------------------|----------|--------------|
| Social & Economic Factors | | | | | 5 |
| High school graduation | 96% | | 93% | 83% | |
| Some college | 59% | 54-64% | 72% | 63% | |
| Unemployment | 3.8% | | 3.5% | 5.7% | |
| Children in poverty | 12% | 8-15% | 13% | 23% | |
| Income inequality | 3.9 | 3.6-4.2 | 3.7 | 4.8 | |
| Children in single-parent households | 19% | 14-24% | 21% | 35% | |
| Social associations | 14.7 | | 22.1 | 11.4 | |
| Violent crime | 74 | | 59 | 307 | |
| Injury deaths | 65 | 54-76 | 51 | 63 | |
| Additional Social & Economic Factors (not included in overall ranking) | | | | | |
| Median household income | \$52,600 | \$48,200-57,100 | \$61,700 | \$49,300 | |
| Children eligible for free lunch | 18% | | 25% | 33% | |
| Residential segregation - black/white | | | 23 | 70 | |
| Residential segregation - non-white/white | 37 | | 15 | 59 | |
| Homicides | | | 2 | 5 | |
| Physical Environment | | | | | 5 |
| Air pollution - particulate matter | 13.5 | | 9.5 | 13.5 | |
| Drinking water violations | No | | No | | |
| Severe housing problems | 10% | 8-12% | 9% | 15% | |
| Driving alone to work | 86% | 84-88% | 71% | 84% | |
| Long commute - driving alone | 18% | 15-20% | 15% | 29% | |

Areas to Explore Areas of Strength

[^] 10th/90th percentile, i.e., only 10% are better.

Note: Blank values reflect unreliable or missing data

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

2016

2016 Measures & Data Sources

| | Measure | Data Source | Years of Data |
|------------------------------------|---|---|---------------|
| HEALTH OUTCOMES | | | |
| Length of Life | Premature death | National Center for Health Statistics – Mortality files | 2011-2013 |
| Quality of Life | Poor or fair health | Behavioral Risk Factor Surveillance System | 2014 |
| | Poor physical health days | Behavioral Risk Factor Surveillance System | 2014 |
| | Poor mental health days | Behavioral Risk Factor Surveillance System | 2014 |
| | Low birthweight | National Center for Health Statistics – Natality files | 2007-2013 |
| HEALTH FACTORS | | | |
| HEALTH BEHAVIORS | | | |
| Tobacco Use | Adult smoking | Behavioral Risk Factor Surveillance System | 2014 |
| Diet and Exercise | Adult obesity | CDC Diabetes Interactive Atlas | 2012 |
| Exercise | Food environment index | USDA Food Environment Atlas, Map the Meal Gap | 2013 |
| | Physical inactivity | CDC Diabetes Interactive Atlas | 2012 |
| | Access to exercise opportunities | Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files | 2010 & 2014 |
| Alcohol and Drug Use | Excessive drinking | Behavioral Risk Factor Surveillance System | 2014 |
| | Alcohol-impaired driving deaths | Fatality Analysis Reporting System | 2010-2014 |
| Sexual Activity | Sexually transmitted infections | National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention | 2013 |
| | Teen births | National Center for Health Statistics - Natality files | 2007-2013 |
| CLINICAL CARE | | | |
| Access to Care | Uninsured | Small Area Health Insurance Estimates | 2013 |
| | Primary care physicians | Area Health Resource File/American Medical Association | 2013 |
| | Dentists | Area Health Resource File/National Provider Identification file | 2014 |
| | Mental health providers | CMS, National Provider Identification file | 2015 |
| Quality of Care | Preventable hospital stays | Dartmouth Atlas of Health Care | 2013 |
| | Diabetic monitoring | Dartmouth Atlas of Health Care | 2013 |
| | Mammography screening | Dartmouth Atlas of Health Care | 2013 |
| SOCIAL AND ECONOMIC FACTORS | | | |
| Education | High school graduation | U.S. Department of Education (EDFacts) | 2012-2013 |
| | Some college | American Community Survey | 2010-2014 |
| Employment | Unemployment | Bureau of Labor Statistics | 2014 |
| Income | Children in poverty | Small Area Income and Poverty Estimates | 2014 |
| | Income inequality | American Community Survey | 2010-2014 |
| Family and Social Support | Children in single-parent households | American Community Survey | 2010-2014 |
| | Social associations | County Business Patterns | 2013 |
| Community Safety | Violent crime | Uniform Crime Reporting – FBI | 2010-2012 |
| | Injury deaths | CDC WONDER mortality data | 2009-2013 |
| PHYSICAL ENVIRONMENT | | | |
| Air and Water Quality | Air pollution - particulate matter ¹ | CDC WONDER environmental data | 2011 |
| | Drinking water violations | Safe Drinking Water Information System | FY2013-14 |
| Housing and Transit | Severe housing problems | Comprehensive Housing Affordability Strategy (CHAS) data | 2008-2012 |
| | Driving alone to work | American Community Survey | 2010-2014 |
| | Long commute – driving alone | American Community Survey | 2010-2014 |

¹ Not available for AK and HI.

APPENDIX D

| |
|---|
| CFHS & RHWP Health Status Profile: Auglaize County, Ohio |
| Updated March 2015 |

County Type: Suburban County Population²: 45,920

Demographics

| <i>Population by Race/Ethnicity</i> | |
|-------------------------------------|-------|
| White ² | 97.7% |
| Black ² | 0.5% |
| Asian ² | 0.5% |
| Amer. Ind. or Al. Nat. ² | 0.2% |
| Hawaiian or Pl ² | 0.0% |
| Multiracial ² | 1.0% |
| Hispanic (any race) ² | 1.4% |
| Non-English at home ² | 2.5% |

| <i>Poverty</i> | |
|------------------------------------|-------|
| % Persons < 100% FPL ² | 8.8% |
| % Children < 100% FPL ⁵ | 13.7% |

| <i>Education</i> | |
|--|-------|
| H.S. or higher ² (ages 25+) | 91.4% |
| Bachelor's or higher ² (ages 25+) | 17.1% |

| <i>Insurance Status</i> | |
|--|-------|
| % Children < 18 uninsured ¹¹ | 3.8% |
| % Adults ≥ 18 uninsured ¹¹ | 9.0% |
| % Births Medicaid ⁷ | 37.1% |
| % Children enrolled in Medicaid ⁷ | 31.7% |

| <i>Other Demographics</i> | |
|---|-------|
| # Women 13-44 ¹⁰ | 8,680 |
| # Women in need of public contraception ¹⁰ | 2,300 |
| # Physicians (MD, DO) ¹ | 41 |
| Health Professional Shortage Area ¹³ | Yes |
| Community Health Centers ⁴ | 0 |

MCH Data, Auglaize County and Ohio

| <i>Vital Statistics</i> | | |
|---------------------------------------|-----------------|-------------|
| | <u>Auglaize</u> | <u>Ohio</u> |
| Total Births ⁷ | 517 | 138,284 |
| % Low Birth Weight ⁷ | 4.8% | 6.8% |
| % Very Low Birth Weight ⁷ | 1.4% (7) | 1.7% |
| % Preterm ⁷ | 7.9% | 9.7% |
| % Very Preterm ⁷ | 4.3% (22) | 2.6% |
| % Maternal Smoking ⁷ | 18.4% | 16.9% |
| % 1st Trimester Prenatal ⁷ | 77.0% | 57.9% |
| % Unmarried ⁷ | 33.3% | 43.2% |
| Teen Birth Rate (15-17) ⁷ | * (6) | 12.8 |
| Infant Mortality Rate ⁷ | 6.3 (4) | 7.7 |

| <i>Cancer Rates</i> | | |
|-----------------------------------|-----------------|-------------|
| | <u>Auglaize</u> | <u>Ohio</u> |
| Breast ⁶ (female only) | 141.6 | 120.3 |
| Cervical ⁶ | *(1) | 6.5 |
| Uterine ⁶ | 28.6(8) | 26.9 |
| Ovarian ⁶ | 18.1(5) | 11.4 |
| Testicular ⁶ | *(1) | 5.4 |
| Lung ⁶ (male & female) | 64.1 | 66.9 |

| <i>STD Rates/HIV/AIDS</i> | | |
|---|-----------------|-------------|
| | <u>Auglaize</u> | <u>Ohio</u> |
| Chlamydia ¹⁴ | 246.6 | 462.0 |
| Gonorrhea ¹⁴ | 32.7 (15) | 144.4 |
| # HIV Infection Diagnoses in 2013 ¹² | 0 | 1,180 |
| # Living with HIV/AIDS 2013 ¹² | 15 | 19,554 |

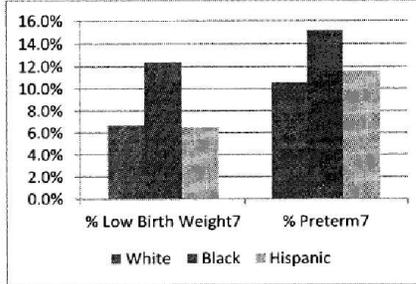
| <i>Child Health</i> | | |
|--|-----------------|-------------|
| | <u>Auglaize</u> | <u>Ohio</u> |
| # Children lead screened ⁸ | 350 | 155,577 |
| % Elevated Blood Lead Level ⁸ | 2.29% (8) | 3.03% |
| % Children 2-5 overweight ⁹ | 11.3% | 15.7% |
| % Children 2-5 obese ⁹ | 10.5% | 12.4% |

Note: For those categories with unstable rates, the rate and the actual number are shown.
 (*) Designates an unavailable rate because the number is too small to be reported.

MCH Disparities Data, Suburban Counties

Vital Statistics

| | White | Black | Hispanic |
|--------------------------------------|--------|-------|----------|
| Total Births ⁷ | 20,583 | 1,165 | 704 |
| % Low Birth Weight ⁷ | 6.7% | 12.4% | 6.5% |
| % Very Low Birth Weight ⁷ | 1.2% | 2.6% | 1.1% |
| % Preterm ⁷ | 10.6% | 15.2% | 11.6% |
| % Very Preterm ⁷ | 1.8% | 3.3% | 1.6% |
| % Maternal Smoking ⁷ | 18.1% | 16.7% | 9.4% |



Cancer Rates

| | White | Black | Hispanic |
|-------------------------------------|-------|--------|----------|
| Breast (female only) ⁶ | 118.5 | 64.7 | n/a |
| Cervical ⁶ | 6.0 | 2.6(6) | n/a |
| Uterine ⁶ | 27.1 | *(3) | n/a |
| Ovarian ⁶ | 11.2 | *(3) | n/a |
| Testicular ⁶ | 5.1 | *(2) | n/a |
| Lung (male and female) ⁶ | 66.5 | 74.9 | n/a |

Resources:

- ¹ODOD: http://development.ohio.gov/reports/reports_countytrends_map.htm
- ²Census QuickFacts: <http://quickfacts.census.gov/qfd/states/39/39003.html>
- ³Census www.census.gov
- ⁴HRSA Data Warehouse
<http://datawarehouse.hrsa.gov/HGDWReports/OneClickRptFilter.aspx?rptName=FAHCSiteList&rptFormat=PDF>
- ⁵Kids Count Data Center: <http://datacenter.kidscount.org/data/Tables/6480-children-in-poverty?loc=37&loc2=5#/any/false/any/any/any>
- ⁶Cancer Incidence Surveillance: ODH Vital Statistics
- ⁷ODH Vital Statistics
- ⁸Childhood Lead Poisoning: http://www.odh.ohio.gov/odhprograms/cfhs/lead_ch/lead_data.aspx
- ⁹PedNSS Data- WIC
- ¹⁰Guttmacher Institute: <http://www.guttmacher.org/pubs/win/2010/WIN-2010-Ohio.pdf>
- ¹¹American Community Survey (ACS) Census <http://factfinder2.census.gov>
- ¹²HIV/AIDS: <http://www.odh.ohio.gov/healthstats/disease/hivdata/hivcov.aspx>
- ¹³HPSA <http://hpsafind.hrsa.gov/HPSASearch.aspx>
- ¹⁴STD Surveillance <http://www.odh.ohio.gov/healthstats/disease/std/std1.aspx>

CFHS & RHWP Health Status Profile: Mercer County, Ohio

Updated March 2015

County Type: Rural non-Appalachian

County Population²:

40,784

Demographics

| <i>Population by Race/Ethnicity</i> | |
|-------------------------------------|-------|
| White ² | 97.7% |
| Black ² | 0.4% |
| Asian ² | 0.5% |
| Amer. Ind. or Al. Nat. ² | 0.3% |
| Hawaiian or Pl ² | 0.2% |
| Multiracial ² | 0.9% |
| Hispanic (any race) ² | 1.7% |
| Non-English at home ² | 2.4% |

| <i>Poverty</i> | |
|-----------------------------------|-------|
| % Persons < 100% FPL ² | 9.4% |
| % Children <100% FPL ⁵ | 11.7% |

| <i>Education</i> | |
|--|-------|
| H.S. or higher ² (ages 25+) | 90.7% |
| Bachelor's or higher ² (ages 25+) | 16.2% |

| <i>Insurance Status</i> | |
|--|-------|
| % Children < 18 uninsured ¹¹ | 5.0% |
| % Adults ≥18 uninsured ¹¹ | 8.9% |
| % Births Medicaid ⁷ | 24.8% |
| % Children enrolled in Medicaid ⁷ | 27.1% |

| <i>Other Demographics</i> | |
|---|-------|
| # Women 13-44 ¹⁰ | 7,560 |
| # Women in need of public contraception ¹⁰ | 2,000 |
| # Physicians (MD, DO) ¹ | 50 |
| Health Professional Shortage Area ¹³ | Yes |
| Community Health Centers ⁴ | 0 |

MCH Data, Mercer County and Ohio

| <i>Vital Statistics</i> | | |
|---------------------------------------|---------------|-------------|
| | <u>Mercer</u> | <u>Ohio</u> |
| Total Births ⁷ | 509 | 138,284 |
| % Low Birth Weight ⁷ | 4.75% (24) | 6.8% |
| % Very Low Birth Weight ⁷ | 1.0% (5) | 1.7% |
| % Preterm ⁷ | 7.9% | 9.7% |
| % Very Preterm ⁷ | 1.6% (8) | 2.6% |
| % Maternal Smoking ⁷ | 14.2% | 16.9% |
| % 1st Trimester Prenatal ⁷ | 75.6% | 57.9% |
| % Unmarried ⁷ | 23.6% | 43.2% |
| Teen Birth Rate (15-17) ⁷ | * (6) | 12.8 |
| Infant Mortality Rate ⁷ | 4.1 (2) | 7.7 |

| <i>Cancer Rates</i> | | |
|-------------------------------------|---------------|-------------|
| | <u>Mercer</u> | <u>Ohio</u> |
| Breast (female only) ⁶ | 117.3 | 120.3 |
| Cervical ⁶ | * (1) | 6.5 |
| Uterine ⁶ | 19.3 (6) | 26.9 |
| Ovarian ⁶ | * (4) | 11.4 |
| Testicular ⁶ | * (1) | 5.4 |
| Lung (male and female) ⁶ | 50.0 | 66.9 |

| <i>STD Rates/HIV/AIDS</i> | | |
|---|---------------|-------------|
| | <u>Mercer</u> | <u>Ohio</u> |
| Chlamydia ¹⁴ | 173.7 | 462.0 |
| Gonorrhea ¹⁴ | 31.8 (13) | 144.4 |
| # HIV Infection Diagnoses in 2013 ¹² | 1 | 1,180 |
| # Living with HIV/AIDS 2013 ¹² | 13 | 19,554 |

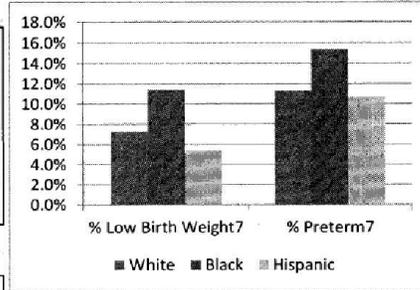
| <i>Child Health</i> | | |
|--|---------------|-------------|
| | <u>Mercer</u> | <u>Ohio</u> |
| # Children lead screened ⁸ | 346 | 155,577 |
| % Elevated Blood Lead Level ⁸ | 1.16% (4) | 3.03% |
| % Children 2-5 overweight ⁹ | 13.2% | 15.7% |
| % Children 2-5 obese ⁹ | 11.9% | 12.4% |

Note: For those categories with unstable rates, the rate and the actual number are shown.
 (*) Designates an unavailable rate because the number is too small to be reported.

MCH Disparities Data, Rural Non-Appalachian Counties

Vital Statistics

| | White | Black | Hispanic |
|--------------------------------------|--------|-------|----------|
| Total Births ⁷ | 17,715 | 403 | 763 |
| % Low Birth Weight ⁷ | 7.3% | 11.4% | 5.4% |
| % Very Low Birth Weight ⁷ | 1.2% | 1.5% | 1.2% |
| % Preterm ⁷ | 11.3% | 15.4% | 10.7% |
| % Very Preterm ⁷ | 2.0% | 1.0% | 1.8% |
| % Maternal Smoking ⁷ | 22.0% | 26.6% | 12.1% |



Cancer Rates

| | White | Black | Hispanic |
|-------------------------------------|-------|----------|----------|
| Breast (female only) ⁶ | 109.7 | 33.5(12) | n/a |
| Cervical ⁶ | 5.2 | *(3) | n/a |
| Uterine ⁶ | 28.5 | *(3) | n/a |
| Ovarian ⁶ | 10.0 | *(1) | n/a |
| Testicular ⁶ | 5.2 | 0.0(0) | n/a |
| Lung (male and female) ⁶ | 62.9 | 54.0(19) | n/a |

Resources:

- ¹ODOD: http://development.ohio.gov/reports/reports_countytrends_map.htm
- ²Census QuickFacts: <http://quickfacts.census.gov/qfd/states/39/39003.html>
- ³Census www.census.gov
- ⁴HRSA Data Warehouse
<http://datawarehouse.hrsa.gov/HGDWReports/OneClickRptFilter.aspx?rptName=FAHCSiteList& rptFormat=PDF>
- ⁵Kids Count Data Center: <http://datacenter.kidscount.org/data/Tables/6480-children-in-poverty?loc=37&loct=5#/any/false/any/any/any>
- ⁶Cancer Incidence Surveillance: ODH Vital Statistics
- ⁷ODH Vital Statistics
- ⁸Childhood Lead Poisoning: http://www.odh.ohio.gov/odhprograms/cfhs/lead_ch/lead_data.aspx
- ⁹PedNSS Data- WIC
- ¹⁰Guttmacher Institute: <http://www.guttmacher.org/pubs/win/2010/WIN-2010-Ohio.pdf>
- ¹¹American Community Survey (ACS) Census <http://factfinder2.census.gov>
- ¹²HIV/AIDS: <http://www.odh.ohio.gov/healthstats/disease/hivdata/hivcov.aspx>
- ¹³HPSA <http://hpsafind.hrsa.gov/HPSASearch.aspx>
- ¹⁴STD Surveillance <http://www.odh.ohio.gov/healthstats/disease/std/std1.aspx>