

**Joint Township District Memorial Hospital
Community Health Needs Assessment
2019**

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

Tax ID: 34-1623770

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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:

- Medicare 5 Star Rated Hospital – a quality recognition for how well a hospital keeps its patients healthy or treats them when they're sick. It also recognizes good quality care that is centered around doing the right thing at the right time, in the right way, for the right person and getting the best possible results.
- 2016 American Heart Association Fit Friendly Innovative Award, Gold Level
- 2014 & 2015 Home Care Elite Award of Excellence
- 2014, 2015, and 2016 Robert A Warriner III, M.D. Center of Excellence Award
- 2014, 2015, 2016 and 2017 Health Care's Most Wired Award for Most Improved
- 2016 and 2017 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. To conduct the 2019 CHNA, JTDMH solicited input from individuals who represent the broad interests of the community. We wish to thank our staff and community partners who participated in the process.

Written comments on this CHNA report and related Implementation Strategy may be submitted to Cindy Berning, CPA, MBA, Vice President of Operations, 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

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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 this 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 June 17, 2019, to review information, 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. Drug and alcohol abuse
2. Mental health
3. Obesity
4. Education, prevention, and health promotion
5. Socioeconomic factors – transportation, housing, and nutritional needs

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	2017 Hospital Admissions²	2018 Hospital Admissions²
Auglaize County		1,001 63%	1,214 49%
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		512 32%	668 27%
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		1,513 95%	1,882 76%
Total Hospital Admissions		1,598	2,467

¹Source: Zip Codes.Com. (n.d.). Retrieved from <http://www.zip-codes.com/search.asp>, on July 9, 2019, Includes only municipalities and ZIP codes where Auglaize or Mercer are the primary county.

²Source: Ohio Department of Health Hospital Registration Information (n.d.). Retrieved from http://publicapps.odh.ohio.gov/eid/Detail_AHR.aspx, on July 9, 2019.

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 of data for the previous calendar year. A review of the patient origin data from the Annual Hospital Registration and Planning Report for JTDMH for 2017 and 2018 supports the definition of the “community served” as being the community and residents of Auglaize and Mercer Counties, Ohio. For 2017, 95% of admissions and for 2018, 76% of admissions reside in Auglaize and Mercer Counties at the time of admission.

C. DEMOGRAPHICS AND COMMUNITY RESOURCES

DEMOGRAPHICS

Population. In 2017, Auglaize County had a total population of 45,778. The Auglaize County population is projected to decrease to 45,590 by 2020 and to 45,690 by 2030. In 2017, Mercer County had a total population of 40,873. The Mercer County population is projected to increase to 41,040 by 2020 and to 41,230 by 2030.

Race/Ethnicity. In 2017, among Auglaize County residents, 97% are White, 0.4% are African-American, 0.6% are Asian, 0.2% are Native American, 0% are Pacific Islander, 0.6% are from other races, 1.1% are from two or more races and 1.4% are Hispanic of any race. The total minority population is 3.8% or 1,725. In 2017, among Mercer County residents, 97.4% are White, 0.5% are African-American, 0.3% are Pacific Islander, 0.4% are Asian, 0% are Native American, 0.5% are from other races, 0.9% are from two or more races, and 1.8% are Hispanic of any race. The total minority population is 4.1% or 1,664.

Age. In 2017, among Auglaize County residents, 6.3% are under 5 years of age, 18.0% are 5-17 years of age, 8.1% are 18-24 years of age, 22.6% are 25-44 years of age, 28.1% are 45-64 years of age, and 16.9% are 65 years of age or more. The median age was 41.2 years. In 2017, among Mercer County residents, approximately 6.7% are under 5 years of age, 18.9% are 5-17 years of age, 8.1% are 18-24 years of age, 22.1% are 25-44 years of age, 27.6% are 45-64 years of age, and 16.7% were 65 years of age or more. The median age was 40.0 years.

Income. In 2017, among Auglaize County residents, Median household income is \$55,914 and 6.3% have family income below poverty level. Among Mercer County residents, median household income is \$55,220 and 5.6% have family income below poverty level.

Education. In 2017, among Auglaize County residents, of persons 25 years of age and over, 7.2% have no high school diploma, 44.6% are a high school graduate, 19.5% have some college but no degree, 10.9% have an Associate degree, 11.7% have a Bachelor’s degree, and 6.0% have a Master’s degree or higher. Among Mercer County residents, of persons 25 years of age and over, 8.2% have no high school diploma, 47.8% are a high school graduate, 17.2% have some college but no degree, 9.9% have an Associate degree, 10.9% have a Bachelor’s degree, and 5.9% have a Master’s degree or higher.

Source for Auglaize County data: Ohio Department of Development. (n.d.). County Profiles. Retrieved at <https://development.ohio.gov/files/research/C1055.pdf>, on May 28, 2019.

Source for Mercer County data: Ohio Department of Development. (n.d.). County Profiles. Retrieved at <https://development.ohio.gov/files/research/C1007.pdf>, on May 28, 2019.

Refer to Appendix B for additional community demographic information.

COMMUNITY RESOURCES

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
Ambulatory surgery center	0	0
Comprehensive outpatient rehabilitation	0	0
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 ¹	0	0
Rural health clinic	0	0

Source: Ohio Department of Health long-term care, non-long-term care, and CLIA Health Care Provider (2019). Retrieved from http://publicapps.odh.ohio.gov/eid/Provider_Search.aspx, on July 9, 2019.

Source¹: Ohio Association of Community Health Centers. (n.d.). Retrieved from https://cdn.ymaws.com/www.ohiohc.org/resource/resmgr/imported/OACHC_MAP_2011_11-2-11.pdf on July 9, 2019.

Mental health and substance use providers for the service area include the following:

Auglaize County:

- Family Resource Center¹, 720 Armstrong Street, St. Marys, Ohio 45885
- Coleman Professional Services², 16 East Auglaize Street, Wapakoneta, Ohio 45895

Mercer County:

- Foundations Behavioral Health Services³, 4761 OH-29, Celina, Ohio 45822

Source¹: Family Resource Center of Northwest Ohio. (n.d.). Retrieved from <http://www.frcoho.com/>, on July 10, 2019.

Source²: Coleman Professional Services. (n.d.). Retrieved from <http://www.colemanservices.org/>, on July 10, 2019.

Source³: Foundations Behavioral Health Services. (n.d.). Retrieved from <http://foundationsbhs.org/>, on July 10, 2019.

Auglaize County is designated as a Health Professional Shortage Area for primary care (originally designated on September 12, 2016) and mental health (originally designated on December 15, 2011), with a designated need for 11.52 FTE primary care physicians and .92 FTE mental health professionals. Mercer County is designated as a Health Professional Shortage Area for Mental Health (originally designated on January 4, 2008) with a designated need for 1 FTE mental health professional. All designations were updated on October 28, 2017.

Source: Health Resources and Services Administration Data Warehouse (n.d.). Retrieved from <https://data.hrsa.gov/tools/shortage-area/hpsa-find>, on July 10, 2019.

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
4 Eagle Drive, Minster, Auglaize County, Ohio 45865
Services: OB/GYN
- Grand Lake Primary Care
1040 Hager Street, St. Marys, Auglaize County, Ohio 45885
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
- Auglaize and Mercer 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
1165 South Knoxville Avenue, Suite 105, 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 June 17, 2019, 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):

Drug / Alcohol Abuse

- Community leaders identified drug and alcohol abuse as the number one significant health need for the community

County Health Rankings and Roadmaps. (2019). Retrieved from <https://www.countyhealthrankings.org/app/ohio/2019/overview>, on May 28, 2019.

- 20% of Auglaize and Mercer County adults report binge or heavy drinking, compared to 19% for Ohio
- 18% of Auglaize and 19% of Mercer County driving deaths are with alcohol involvement, compared to 33% for Ohio
- 12 per 100,000 population in Auglaize County and 14 per 100,000 population in Mercer County drug poisoning deaths, compared to 37 for Ohio

Ohio Department of Health. (n.d.). Data Warehouse. Retrieved at <http://ship.oh.networkofcare.org/ph/HealthIndicatorsByPriority.aspx?range=all>, on May 28, 2019.

- Auglaize and Mercer Counties are both ranked “Very Poor” for excessive drinking

2017 Auglaize County Community Health Assessment

- 61% of Auglaize County adults had an alcoholic beverage in the past month, compared to 53% for Ohio and 54% for the U.S.
- 28% of Auglaize County adults binged drank in the past month compared to 18% for Ohio and 16% for the U.S.
- 6% of adults used marijuana in the past 6 months
- 4% of adults misused prescription drugs in the past 6 months
- 53% of youth had at least 1 drink of alcohol in their lifetime, compared to 71% for Ohio and 63% for U.S.
- 28% of youth used alcohol during the past month, compared to 30% for Ohio and 33% for U.S.
- 18% of youth binged during the past month, compared to 16% for Ohio and 18% for U.S.
- 7% of youth drank for the first time before age 13, compared to 13% for Ohio and 17% for U.S.
- 12% of youth rode with someone who was drinking in past month, compared to 17% for Ohio and 20% for U.S.

- 2% of youth drank and drove, compared to 4% for Ohio and 8% for U.S.

Auglaize County Community Health Improvement Plan 2014-2017

- Decrease adult and youth risky behaviors, including alcohol and drug use is a priority health issue for Auglaize County

Mercer County Community Health Improvement Plan July 2017 – June 2020

- Decrease underage alcohol consumption, adult binge drinking, starter drug abuse amongst youth ages 12-18 and use of illicit drugs is a priority health need goal for Mercer County

Ohio Department of Health 2016 State Health Assessment

- Drug and alcohol abuse are identified as a health need for Northwest Ohio from the community health assessment and regional forums

Mental Health

- Community leaders identified mental health as the number two significant health need for the community

County Health Rankings and Roadmaps. (2019). Retrieved from <https://www.countyhealthrankings.org/app/ohio/2019/overview>, on May 28, 2019.

- 3.7 average unhealthy days per month for Auglaize County and 3.7 for Mercer County, compared to 4.3 days for Ohio
- 11% of Auglaize and Mercer County residents have frequent mental distress, compared to 14% for Ohio
- 2,410:1 and 1,240:1 mental health providers to population for Auglaize and Mercer Counties respectively, compared to 470:1 for Ohio

2017 Auglaize County Community Health Assessment

- 27% of adults rated their mental health as not good on 4 or more days in previous month
- 4.1 average days that mental health was not good in past month for adults, compared to 4.3 for Ohio and 3.7 for U.S.
- 2.8 average days that poor physical or mental health kept them from doing their usual activities in past month for adults
- 27% of adults were limited in some way because of physical, mental or emotional problems, compared to 21% for Ohio and U.S.
- 27% of youth felt sad or hopeless almost every day for 2 or more weeks in a row, compared to 26% for Ohio and 30% for U.S.
- 17% of youth had seriously considered attempting suicide in the past year, compared to 14% for Ohio and 18% for U.S.
- 12% of youth had made a plan to attempt suicide, compared to 11% for Ohio and 15% for U.S.
- 4% of youth had attempted suicide in the past year, compared to 6% for Ohio and 9% for U.S.
- 6% of youth had a suicide attempt that resulted in an injury, poisoning or overdose that had to be treated by a doctor or nurse, compared to 1% for Ohio and 3% for U.S.

Auglaize County Community Health Improvement Plan 2014-2017

- Decrease adult and youth mental health issues is a priority health issue for Auglaize County

Mercer County Community Health Improvement Plan July 2017 – June 2020

- Decrease suicide rates and access to and availability of mental health services is a goal for the Mercer County Health Improvement Plan

Ohio Department of Health 2016 State Health Assessment

- Mental health is identified as a health need for Northwest Ohio from the community health assessment and regional forums

Obesity

- Community leaders identified obesity as the number three significant health need for the community

County Health Rankings and Roadmaps. (2019). Retrieved from

<https://www.countyhealthrankings.org/app/ohio/2019/overview>, on May 28, 2019.

- 35% of Auglaize County and 32% of Mercer County adults are obese, compared to 32% for Ohio
- 30% of Auglaize County and 25% of Mercer County adults are physically inactive, compared to 25% for Ohio
- 78% of Auglaize County and 68% of Mercer County adults have access to exercise opportunities, compared to 84% for Ohio

Ohio Department of Health. (n.d.). Data Warehouse. Retrieved at

<http://ship.oh.networkofcare.org/ph/HealthIndicatorsByPriority.aspx?range=all>, on May 28, 2019.

- Auglaize County is ranked “poor” for adults who are obese
- Auglaize and Mercer Counties are ranked “very poor” for walking or biking to work
- Mercer County is ranked “poor” for recreation and fitness facilities

2017 Auglaize County Community Health Assessment

- 11% of Auglaize County adults have been diagnosed with diabetes, compared to 11% for Ohio and 10% for the U.S.
- 37% of Auglaize County adults have been diagnosed with high blood pressure, compared to 34% for Ohio and 31% for the U.S.
- 34% of Auglaize County adults have been diagnosed with high blood cholesterol, compared to 37% for Ohio and 36% for the U.S.
- 39% of Auglaize County adults are overweight, compared to 37% for Ohio and 36% for the U.S.
- 39% of Auglaize County adults are obese, compared to 30% for Ohio and the U.S.
- 21% of Auglaize County youth are obese, compared to 13% for Ohio and 14% for the U.S.
- 11% of Auglaize County youth are overweight, compared to 16% for Ohio and the U.S.

- 31% of Auglaize County youth described themselves as slightly or very overweight, compared to 28% for Ohio and 32% for the U.S.
- 48% of Auglaize County youth exercise to lose weight
- 25% of Auglaize County youth were physically active at least 60 minutes per day on every day in the past week, compared to 26% for Ohio and 27% for the U.S.

Auglaize County Community Health Improvement Plan 2014-2017

- Decrease adult and youth obesity is a priority health issue

Mercer County Community Health Improvement Plan July 2017 – June 2020

- Raise awareness about obesity issues in Mercer County and provide resources and best practices to key partners to combat the issue is a goal for the health improvement plan

Ohio Department of Health 2016 State Health Assessment

- Obesity is identified as a health need for Northwest Ohio from the community health assessment and regional forums

Education, Prevention, and Health Promotion

- Community leaders identified education, prevention, and health promotion as the number four significant health need for the community
- 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

Ohio Department of Health. (n.d.). Data Warehouse. Retrieved at <http://ship.oh.networkofcare.org/ph/HealthIndicatorsByPriority.aspx?range=all>, on May 28, 2019.

- Auglaize County is ranked “very poor” for cervical cancer screening
- Auglaize County is ranked “poor” and Mercer County is ranked “very poor” for mammography screening

2017 Auglaize County Community Health Assessment

- 59% of adults visited a doctor for routine checkup in past year, compared to 72% for Ohio and 70% for the U.S.
- 61% of adults aged 65 and over had a pneumonia vaccine, compared to 72% for Ohio and 75% for the U.S.
- 52% of adults aged 50 and over had a sigmoidoscopy/colonoscopy in past 5 years, compared to 68% for Ohio and 69% for the U.S.
- 66% of women aged 40 and over had a clinical breast exam in the past 2 years
- 64% of women had a mammogram in the past 2 years, compared to 72% for Ohio and 73% for the U.S.

- 64% of women had a pap smear in the past 3 years, compared to 74% for Ohio and 75% for the U.S.
- 12% of adults had a digital rectal exam in past year
- 11% of youth in 6th -12th grade and 20% of youth in 9th -12th grade used condoms at last intercourse, compared to 43% for Ohio and 41% for the U.S.
- 21% of youth in 6th – 12th grade 23% in 9th-12th grade used birth control at last intercourse, compared to 24% for Ohio and 18% for the U.S.

Auglaize County Community Health Improvement Plan 2014-2017

- Increase preventive health (health screenings and vaccinations) is a priority health issue for Auglaize County

Socioeconomic Factors – Transportation, Housing, Nutritional Needs

- Community leaders identified socioeconomic factors, including transportation, housing, and nutritional needs as the number five significant health need for the community

County Health Rankings and Roadmaps. (2019). Retrieved from <https://www.countyhealthrankings.org/app/ohio/2019/overview>, on May 28, 2019.

- 11% of Auglaize County and 10% of Mercer County residents experience food insecurity, compared to 15% for Ohio and 9% for the U.S.
- 2% of Auglaize County and 1% of Mercer County residents have limited access to healthy foods, compared to 7% for Ohio and 2% for the U.S.
- 76% of Auglaize County and 77% of Mercer County residents own their own home, compared to 66% for Ohio and 61% for the U.S.
- 9% of Auglaize County and 7% of Mercer County residents experience severe housing cost burden, compared to 13% or Ohio and 7% for the U.S.
- 88% of Auglaize County and 89% of Mercer County residents drive alone to work, compared to 83% for Ohio and 72% for the U.S.
- 21% of Auglaize County and 18% of Mercer County residents have long commutes driving alone, compared to 30% for Ohio and 15% for the U.S.

Ohio Department of Health. (n.d.). Data Warehouse. Retrieved at <http://ship.oh.networkofcare.org/ph/HealthIndicatorsByPriority.aspx?range=all>, on May 28, 2019.

- Auglaize and Mercer Counties are ranked “very poor” for walking or biking to work
- Auglaize and Mercer Counties are ranked “very poor” for availability of fresh food
- Auglaize County is ranked “poor” for SNAP approved stores
- Auglaize and Mercer Counties are ranked “very poor” for residential segregation
- Auglaize and Mercer Counties are ranked “poor” for median household income

Mercer County Community Health Improvement Plan July 2017 – June 2020

- Increase availability of healthy food choices is a goal of the health improvement plan

Source for Auglaize County data: Ohio Department of Development. (n.d.). County Profiles. Retrieved at <https://development.ohio.gov/files/research/C1055.pdf>, on May 28, 2019.

Source for Mercer County data: .Ohio Department of Development. (n.d.). County Profiles. Retrieved at <https://development.ohio.gov/files/research/C1007.pdf>, on May 28, 2019.

- Auglaize County has 7.4% and Mercer County has 9.1% of housing units that are vacant
- The median year housing units were built is 1968 for Auglaize County and 1972 for Mercer County
- The median value of occupied housing units is \$138,700 for Auglaize County and \$134,800 for Mercer County
- Median gross rent is \$651 for Auglaize county and \$647 for Mercer County
- Median gross rent is 23.9% of household income for Auglaize County and 24.3% for Mercer County
- Median monthly owners cost for owner occupied housing is \$1,146 for Auglaize County and \$1,114 for Mercer County
- Median monthly owners cost is 18.9% of household income for Auglaize County and 19% for Mercer county

E. PROCESS OF OBTAINING DATA

JTDMH contracted with INCompliance Consulting to assist in conducting their CHNA. INCompliance Consulting identified data sources and indicators which reflect a healthcare issue that is pertinent to the community and came from sources that are reliable and are likely to be available in the future. The consultant identified areas of concern from the data sources by comparing Auglaize County and Mercer County data to state and national data for the metric and health issues that were identified by multiple data sources. Along with web sourced data, the 2017 Auglaize County Community Health Assessment, released August 28, 2017, was utilized in this CHNA. The data and information was reviewed by the CHNA Steering Committee and discussed during the June 17, 2019 Community Forum. A summary of data is provided in Appendix C, D, and E.

The 2017 Auglaize County Community Health Assessment

The 2017 Auglaize County Community Health Assessment findings are based on self-administered surveys. The survey questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for the national and state Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavioral Surveillance System (YRBSS). The community health assessment included a written survey of adults and adolescents within Auglaize County. Community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the study. Two survey instruments were designed: one for adults and one for adolescents in grades 6-12. Appendix E provides a summary of the Adult and Youth survey results, including a comparison to Ohio and U.S. data.

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

The consultant from INCompliance Consulting 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 June 17, 2019. 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. The Steering Committee considered the following questions when identifying the health concerns of the community:

- What are the health issues facing your community today?
- What additional programs, resources, or services are needed in the community that are not currently available?
- Are there any emerging health needs that you believe are going to become more relevant in the next few years?

Common themes were identified and significant health needs were chosen. In identifying the significant health needs of the community, the Steering Committee considered the following criteria:

- Most prevalent throughout the community
- Magnitude of the need – impact on the community
- Involvement of vulnerable populations

The Steering Committee then prioritized the significant health needs. Each member of the Steering Committee was given three dot stickers and asked to place the stickers next to the significant health needs that they believed to be the most significant based on the following criteria:

- Severity or urgency of the health need
- Health disparities associated with the need
- Importance the community places on addressing the need

This process resulted in ten votes for drug/alcohol abuse, nine votes for mental health, eight votes for obesity, six votes for education, prevention, health promotion, and three votes for socioeconomic factors such as transportation, housing and nutritional needs.

The significant health needs in priority order:

1. Drug/alcohol abuse
2. Mental health
3. Obesity

4. Education, prevention, health promotion
5. Socioeconomic factors, including transportation, housing, and nutritional needs

Finally, the Steering Committee identified the following existing resources within the community potentially available to address the significant health needs.

<p>Drug / Alcohol Abuse</p> <ul style="list-style-type: none"> • Foundations Behavioral Health Services – community based behavioral health center providing professional counseling and support services to local residents • Medicated Assisted Treatment Program (MATP) through the Auglaize County court system • House of Hope – provides alcohol and other drug treatment services to those who are most in need • Local church support • Screening, brief intervention, and referral to treatment (SBIRT) in primary care settings – an evidence based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and other illicit drugs • Bright Heart Health – coordinated efforts with JTDMH, the Department of Mental Health and Substance Abuse, and other organizations to provide a network of providers to ensure appropriate care is received • The Auglaize and Mercer Counties Drug Coalition – review drug activity statistics, propose methods of prevention, and provide education to the community • DARE education – teaching students decision making for safe and healthy living
<p>Mental Health</p> <ul style="list-style-type: none"> • Geropsychiatric unit at JTDMH • Mental Health First Aide (MHFA) training – teaches how to identify, understand, and respond to signs of mental illnesses and substance use disorders in the community • Coleman Behavioral Health – provides behavioral health services to adults • Foundations Behavioral Health Services - community based behavioral health center providing professional counseling and support services to local residents • Schools – Gate Keepers/mental health professionals/Social Counselors – providing direct service or appropriate referrals to mental health services • Catholic Social Services • JTDMH Employee Assistance Program • Employee assistance programs of local businesses • Pastoral counseling • Honoring Angels Support Group – loss of a child bereavement support • Healing Memories Support Group – bereavement support group
<p>Obesity</p> <ul style="list-style-type: none"> • Grand Lake Health System Healthsmart • JTDMH emergency department screening goals and incentives • Grand Lake Health System Rehabilitation Wellness Center • Access to healthy food through community garden and farmers markets • 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) – fitness training
- Curves
- YMCA
- SNAP Fitness
- Wapak Athletic Club
- JTDMH Cardiac Wellness Program

Education, Prevention, and Health Promotion

- JTDMH - community health fair screenings (including cancer and diabetes) nutritionist, discounted lab work, vendors, and dentists
- JTDMH Wellness Program
- Incentives for completion of prevention screening
- Health observances – days or months devoted to the observance of healthy lifestyle choices
- Immunization education
- 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 - dedicated to the prevention and treatment of alcohol, tobacco and other drug abuse problems.
- Veterans Service Center
- Employer sponsored health fairs
- Area Agency on Aging
- Mental Health Recovery Service Board
- Drug Abuse Resistance Education (DARE)
- JTDMH Grand Health Challenge – making healthy lifestyle choices
- JTDMH Speaker Bureau
- Elder Abuse Program at Area Agency on Aging

Socioeconomic Factors – Transportation, housing, nutritional needs

- Local food pantries
- Mercy Unlimited – food bank
- Community Action Life Line.(CALL) - Mercer county food pantry

- Agape Ministries – food bank

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 June 17, 2019. 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. A list of community health issues was developed. From the list of health issues, related issues were combined. Each member of the Steering Committee was given 3 dots stickers to identify the significant health needs of the community and prioritize those significant health needs. Finally, the Steering Committee identified community resources currently available to address the significant health needs identified.

Community input was obtained from all required sources.

No written comments were received on the previously conducted CHNA.

H. EVALUATION OF IMPACT OF ACTIONS IN PRIOR CHNA

The 2016 CHNA for JTDMH identified mental health, obesity, risky behaviors, access to care, and education, prevention, and health promotion as the significant health needs of the community served. JTDMH chose to address all five significant needs in the 2016 Implementation Strategy covering 2017, 2018, and 2019. Please refer to Appendix F for an evaluation of the impact of actions taken in addressing these significant health needs.

I. COLLABORATING PARTNERS

JTDMH collaborating with organizations represented on the CHNA Steering Committee identified in Appendix A to conduct this CHNA.

JTDMH engaged Bricker & Eckler LLP/INCompliance Consulting, 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 28 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 INCompliance Consulting, an affiliate of Bricker & Eckler LLP. Ms. Kenney has over 39 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.

J. SOLICIT WRITTEN COMMENTS

Written comments concerning this CHNA report and related Implementation Strategy may be submitted to Cindy Berning, CPA, MBA, Vice President of Operations, 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.

K. ALIGNMENT WITH OHIO DEPARTMENT OF HEALTH 2017-2019 STATE HEALTH IMPROVEMENT PLAN

The Ohio Department of Health (ODH) identified three priority topics in the 2017-2019 State Health Improvement Plan (SHIP): Mental health and addiction, chronic disease, and maternal and infant health. As part of the alignment process, ODH encourages hospitals and local health districts to select at least two priority topics from the SHIP to address in the collaborative community health improvement plan/implementation strategy. However, the final priority health needs selected by the hospitals and local health districts should be guided by the needs identified through the data collection and analysis for the community served. As such, the CHNA Steering Committee, through review of the data and discussion, identified mental health and drug/alcohol abuse as a significant health need for Auglaize and Mercer Counties, which align with the mental health and addiction priority topic in the SHIP. The CHNA Steering Committee also chose obesity as a significant health need for Auglaize and Mercer Counties. Addressing obesity relates to the chronic disease priority topic in the SHIP by impacting heart disease, diabetes and asthma, priority outcomes related to chronic disease.

APPENDIX A

Member Organizations of the JTDMH CHNA Steering Committee

Organization	Populations Represented
Grand Lake Health System / Healthcare	All populations of Auglaize and Mercer Counties, including the medically underserved, low-income, and minority populations
Grand Lake Health System / Outreach	All populations of Auglaize and Mercer Counties, including the medically underserved, low-income, and minority populations
Grand Lake Health System Foundation / Home Health and Hospice	All populations of Auglaize and Mercer Counties, including the medically underserved, low-income, and minority populations
Grand Lake Health System / Physician Practice	All populations of Auglaize and Mercer Counties, including the medically underserved, low-income, and minority populations
Auglaize County Health Department*	All populations of Auglaize County, including the medically underserved, low-income, and minority populations
Mercer County Health District*	All populations of Mercer County, including the medically underserved, low-income, and minority populations
Auglaize County Council on Aging	Age 60 and over population of Auglaize County, including those elderly who are medically underserved, low-income, and minority populations
St. Marys City Schools	Education
United Way	Medically underserved, low-income, and minority populations of Auglaize and Mercer Counties

**Expertise in public health*

APPENDIX B

Ohio County Profiles

Source for Auglaize County data: Ohio Department of Development. (n.d.). County Profiles. Retrieved at <https://development.ohio.gov/files/research/C1055.pdf>, on May 28, 2019.

Source for Mercer County data: .Ohio Department of Development. (n.d.). County Profiles. Retrieved at <https://development.ohio.gov/files/research/C1007.pdf>, on May 28, 2019.

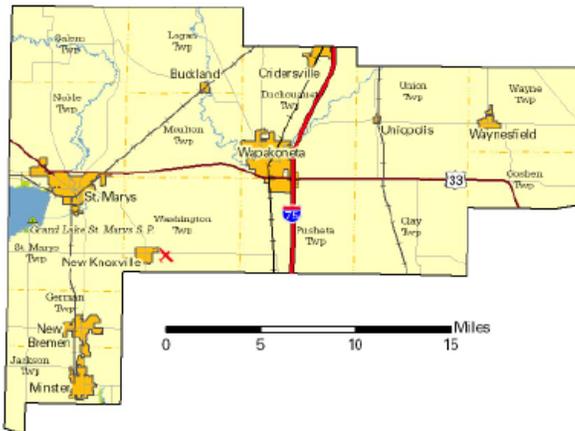
Ohio County Profiles



Prepared by the Office of Research

Auglaize County

Established: Act - February 14, 1848
2018 Population: 45,804
Land Area: 401.3 square miles
County Seat: Wapakoneta City
Named for: French: "Eau" meaning water and "Glaise" meaning clay



Taxes

Taxable value of real property	\$1,056,599,470
Residential	\$668,800,660
Agriculture	\$234,152,050
Industrial	\$57,067,800
Commercial	\$96,578,960
Mineral	\$0
Ohio income tax liability	\$27,387,042
Average per return	\$1,241.99

Land Use/Land Cover

	Percent
Developed, Lower Intensity	7.79%
Developed, Higher Intensity	1.23%
Barren (strip mines, gravel pits, etc.)	0.06%
Forest	7.30%
Shrub/Scrub and Grasslands	0.51%
Pasture/Hay	2.17%
Cultivated Crops	79.17%
Wetlands	0.47%
Open Water	1.30%

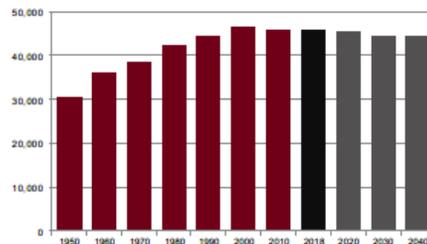
Largest Places

	Est. 2018	Census 2010
Wapakoneta city	9,733	9,867
St. Marys city	8,224	8,332
St. Marys twp UB	3,154	3,194
New Bremen vlg	2,980	2,978
Duchouquet twp UB	2,837	2,876
Minster vlg (pt.)	2,820	2,805
Union twp	1,904	1,902
Cridersville vlg	1,800	1,852
Moulton twp UB	1,627	1,654
Pusheta twp UB	1,260	1,245

UB: Unincorporated balance.

Total Population

Census		Estimated
1800		2013 45,828
1810		2014 45,766
1820		2015 45,761
1830		2016 45,800
1840		2017 45,791
1850	11,338	2018 45,804
1860	17,187	Projected
1870	20,041	2020 45,590
1880	25,444	2030 44,690
1890	28,100	2040 44,430
1900	31,192	
	1910 31,246	
	1920 29,527	
	1930 28,034	
	1940 28,037	
	1950 30,637	
	1960 36,147	
	1970 38,602	
	1980 42,554	
	1990 44,585	
	2000 46,611	
	2010 45,949	



Population by Race	Number	Percent
ACS Total Population	45,778	100.0%
White	44,405	97.0%
African-American	163	0.4%
Native American	80	0.2%
Asian	276	0.6%
Pacific Islander	28	0.1%
Other	264	0.6%
Two or More Races	562	1.2%
Hispanic (may be of any race)	712	1.6%
Total Minority	1,830	4.0%

Educational Attainment	Number	Percent
Persons 25 years and over	30,928	100.0%
No high school diploma	2,014	6.5%
High school graduate	13,612	44.0%
Some college, no degree	6,175	20.0%
Associate degree	3,411	11.0%
Bachelor's degree	3,678	11.9%
Master's degree or higher	2,038	6.6%

Family Type by Employment Status	Number	Percent
Total Families	12,724	100.0%
Married couple, husband and wife in labor force	6,253	49.1%
Married couple, husband in labor force, wife not	1,608	12.6%
Married couple, wife in labor force, husband not	770	6.1%
Married couple, husband and wife not in labor force	1,736	13.6%
Male householder, in labor force	518	4.1%
Male householder, not in labor force	178	1.4%
Female householder, in labor force	1,040	8.2%
Female householder, not in labor force	621	4.9%

Household Income	Number	Percent
Total Households	18,342	100.0%
Less than \$10,000	777	4.2%
\$10,000 to \$19,999	1,603	8.7%
\$20,000 to \$29,999	1,819	9.9%
\$30,000 to \$39,999	1,870	10.2%
\$40,000 to \$49,999	1,628	8.9%
\$50,000 to \$59,999	1,559	8.5%
\$60,000 to \$74,999	2,211	12.1%
\$75,000 to \$99,999	2,780	15.2%
\$100,000 to \$149,999	2,903	15.8%
\$150,000 to \$199,999	756	4.1%
\$200,000 or more	436	2.4%
Median household income	\$59,516	

Percentages may not sum to 100% due to rounding.

Population by Age	Number	Percent
ACS Total Population	45,778	100.0%
Under 5 years	2,920	6.4%
5 to 17 years	8,250	18.0%
18 to 24 years	3,680	8.0%
25 to 44 years	10,278	22.5%
45 to 64 years	12,870	28.1%
65 years and more	7,780	17.0%
Median Age	41.1	

Family Type by Presence of Own Children Under 18	Number	Percent
Total Families	12,790	100.0%
Married-couple families with own children	3,750	29.3%
Male householder, no wife present, with own children	349	2.7%
Female householder, no husband present, with own children	1,010	7.9%
Families with no own children	7,681	60.1%

Poverty Status of Families By Family Type by Presence Of Related Children	Number	Percent
Total Families	12,790	100.0%
Family income above poverty level	11,871	92.8%
Family income below poverty level	919	7.2%
Married couple, with related children	156	17.0%
Male householder, no wife present, with related children	67	7.3%
Female householder, no husband present, with related children	453	49.3%
Families with no related children	243	26.4%

Ratio of Income To Poverty Level	Number	Percent
Population for whom poverty status is determined	45,115	100.0%
Below 50% of poverty level	1,726	3.8%
50% to 99% of poverty level	2,353	5.2%
100% to 124% of poverty level	2,273	5.0%
125% to 149% of poverty level	1,528	3.4%
150% to 184% of poverty level	2,657	5.9%
185% to 199% of poverty level	1,096	2.4%
200% of poverty level or more	33,482	74.2%

Geographical Mobility	Number	Percent
Population aged 1 year and older	45,142	100.0%
Same house as previous year	39,981	88.6%
Different house, same county	2,781	6.2%
Different county, same state	1,951	4.3%
Different state	398	0.9%
Abroad	31	0.1%

Travel Time To Work	Number	Percent
Workers 16 years and over	22,321	100.0%
Less than 15 minutes	8,970	40.2%
15 to 29 minutes	8,643	38.7%
30 to 44 minutes	3,145	14.1%
45 to 59 minutes	871	3.9%
60 minutes or more	692	3.1%
Mean travel time	19.6 minutes	

Housing Units	Number	Percent
Total housing units	19,810	100.0%
Occupied housing units	18,342	92.6%
Owner occupied	13,903	75.8%
Renter occupied	4,439	24.2%
Vacant housing units	1,468	7.4%

Year Structure Built	Number	Percent
Total housing units	19,810	100.0%
Built 2014 or later	136	0.7%
Built 2010 to 2013	206	1.0%
Built 2000 to 2009	1,704	8.6%
Built 1990 to 1999	2,269	11.5%
Built 1980 to 1989	1,934	9.8%
Built 1970 to 1979	3,333	16.8%
Built 1960 to 1969	1,875	9.5%
Built 1950 to 1959	2,588	13.1%
Built 1940 to 1949	1,293	6.5%
Built 1939 or earlier	4,472	22.6%
Median year built	1968	

Value for Specified Owner-Occupied Housing Units	Number	Percent
Specified owner-occupied housing units	13,903	100.0%
Less than \$20,000	457	3.3%
\$20,000 to \$39,999	175	1.3%
\$40,000 to \$59,999	416	3.0%
\$60,000 to \$79,999	1,118	8.0%
\$80,000 to \$99,999	2,017	14.5%
\$100,000 to \$124,999	1,790	12.9%
\$125,000 to \$149,999	1,350	9.7%
\$150,000 to \$199,999	3,032	21.8%
\$200,000 to \$299,999	2,331	16.8%
\$300,000 to \$499,999	867	6.2%
\$500,000 to \$999,999	297	2.1%
\$1,000,000 or more	53	0.4%
Median value	\$143,100	

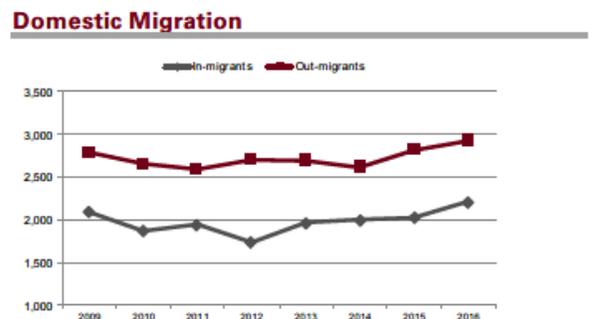
House Heating Fuel	Number	Percent
Occupied housing units	18,342	100.0%
Utility gas	8,982	49.0%
Bottled, tank or LP gas	2,969	16.2%
Electricity	4,900	26.7%
Fuel oil, kerosene, etc	350	1.9%
Coal, coke or wood	736	4.0%
Solar energy or other fuel	289	1.6%
No fuel used	116	0.6%

Percentages may not sum to 100% due to rounding.

Gross Rent	Number	Percent
Specified renter-occupied housing units	4,439	100.0%
Less than \$100	28	0.6%
\$100 to \$199	36	0.8%
\$200 to \$299	121	2.7%
\$300 to \$399	262	5.9%
\$400 to \$499	432	9.7%
\$500 to \$599	647	14.6%
\$600 to \$699	612	13.8%
\$700 to \$799	630	14.2%
\$800 to \$899	569	12.8%
\$900 to \$999	240	5.4%
\$1,000 to \$1,499	350	7.9%
\$1,500 or more	235	5.3%
No cash rent	277	6.2%
Median gross rent	\$688	
Median gross rent as a percentage of household income	23.7	

Selected Monthly Owner Costs for Specified Owner-Occupied Housing Units	Number	Percent
Specified owner-occupied housing units with a mortgage	8,352	100.0%
Less than \$400	36	0.4%
\$400 to \$599	455	5.4%
\$600 to \$799	1,182	14.2%
\$800 to \$999	1,399	16.8%
\$1,000 to \$1,249	1,713	20.5%
\$1,250 to \$1,499	1,514	18.1%
\$1,500 to \$1,999	1,332	15.9%
\$2,000 to \$2,999	539	6.5%
\$3,000 or more	182	2.2%
Median monthly owners cost	\$1,161	
Median monthly owners cost as a percentage of household income	18.5	

Vital Statistics	Number	Rate
Births / rate per 1,000 women aged 15 to 44	590	75.4
Teen births / rate per 1,000 females 15-19	34	23.4
Deaths / rate per 100,000 population	479	1,047.0



Agriculture

Land in farms (acres)	210,018
Number of farms	976
Average size (acres)	215
Total cash receipts	\$206,904,000
Per farm	\$211,992
Receipts for crops	\$98,009,000
Receipts for livestock/products	\$108,895,000

Education

Traditional public schools buildings	17
Students	7,504
Teachers (Full Time Equivalent)	467.0
Expenditures per student	\$8,216
Graduation rate	97.0
Community/charter schools buildings	0
Students	0
Teachers (Full Time Equivalent)	0.0
Expenditures per student	
Graduation rate	
Private schools	1
Students	147
4-year public universities	0
Regional campuses	0
2-year public colleges/satellites	0
Ohio Technical Centers	0
Private universities and colleges	0
Public libraries (Districts / Facilities)	2 / 7

Transportation

Registered motor vehicles	62,004
Passenger cars	35,798
Noncommercial trucks	10,344
Total license revenue	\$1,753,535.35
Permissive tax revenue	\$1,003,327.50
Interstate highway miles	12.52
Turnpike miles	0.00
U.S. highway miles	29.35
State highway miles	170.53
County, township, and municipal road miles	821.86
Commercial airports	1

Health Care

Physicians	43
Registered hospitals	1
Number of beds	131
Licensed nursing homes	8
Number of beds	440
Licensed residential care	5
Number of beds	417
Persons with health insurance (Aged 0 to 64)	94.3%
Adults with insurance (Aged 18 to 64)	93.6%
Children with insurance (Aged Under 19)	96.0%

Communications

Television stations	0
Radio stations	0
Daily newspapers	2
Circulation	7,900
Average monthly unique visitors	36,000
Weekly newspapers	2
Circulation	12,482
Average monthly unique visitors	0
Online only	0
Average monthly unique visitors	0

Crime

Total crimes reported in Uniform Crime Report	468
Violent crime	23
Property crime	445

Finance

FDIC insured financial institutions (HQs)	3
Assets (000)	\$789,865
Branch offices	19
Institutions represented	9

Transfer Payments

Total transfer payments	\$370,401,000
Payments to individuals	\$359,162,000
Retirement and disability	\$151,637,000
Medical payments	\$166,286,000
Income maintenance (Supplemental SSI, family assistance, food stamps, etc)	\$19,808,000
Unemployment benefits	\$2,880,000
Veterans benefits	\$9,220,000
Federal education and training assistance	\$5,009,000
Other payments to individuals	\$4,322,000
Total personal income	\$2,102,659,000
Dependency ratio	17.6%
(Percent of income from transfer payments)	

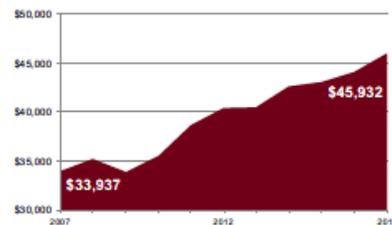
Voting

Number of registered voters	32,253
Voted in 2018 election	19,580
Percent turnout	60.7%

State Parks, Forests, Nature Preserves, Scenic Waterways, And Wildlife Areas

Areas/Facilities	3
Acreage	2,893

Per Capita Personal Income



Civilian Labor Force	2018	2017	2016	2015	2014
Civilian labor force	24,500	24,700	24,600	24,400	24,100
Employed	23,700	23,800	23,700	23,500	23,100
Unemployed	800	800	900	900	1,000
Unemployment rate	3.3	3.7	3.7	3.7	4.3

Establishments, Employment, and Wages by Sector: 2017

Industrial Sector	Number of Establishments	Average Employment	Total Wages	Average Weekly Wage
Private Sector	958	19,017	\$820,678,821	\$830
Goods-Producing	200	9,288	\$530,773,657	\$1,099
Natural Resources and Mining	13	110	\$3,961,610	\$692
Construction	98	853	\$43,691,261	\$985
Manufacturing	90	8,325	\$483,120,786	\$1,116
Service-Providing	758	9,729	\$289,905,164	\$573
Trade, Transportation and Utilities	227	3,330	\$118,451,065	\$684
Information	12	200	\$8,316,005	\$799
Financial Services	100	431	\$19,102,777	\$853
Professional and Business Services	103	634	\$25,225,678	\$766
Education and Health Services	114	2,731	\$79,726,980	\$561
Leisure and Hospitality	106	1,671	\$22,769,785	\$262
Other Services	97	733	\$16,312,874	\$428
Federal Government		93	\$4,476,931	\$922
State Government		100	\$5,653,828	\$1,093
Local Government		2,145	\$80,904,163	\$725

Private Sector total includes Unclassified establishments not shown.

Change Since 2012

Private Sector	3.2%	12.6%	30.8%	16.1%
Goods-Producing	5.8%	20.7%	36.8%	13.3%
Natural Resources and Mining	0.0%	39.2%	56.0%	11.8%
Construction	6.5%	10.2%	37.1%	24.4%
Manufacturing	7.1%	21.7%	36.6%	12.3%
Service-Producing	2.4%	5.8%	21.1%	14.4%
Trade, Transportation and Utilities	4.1%	8.6%	25.6%	15.5%
Information	20.0%	2.0%	20.7%	18.0%
Financial Services	-2.0%	4.1%	24.0%	19.1%
Professional and Business Services	17.0%	-22.6%	11.3%	44.0%
Education and Health Services	10.7%	11.9%	17.7%	5.1%
Leisure and Hospitality	-4.5%	6.4%	24.8%	17.5%
Other Services	-10.2%	5.9%	15.6%	8.9%
Federal Government		10.7%	6.0%	-5.1%
State Government		6.4%	26.4%	19.5%
Local Government		1.0%	7.0%	5.8%

Residential

Construction	2014	2015	2016	2017	2018
Total units	74	108	113	193	110
Total valuation (000)	\$13,851	\$23,903	\$25,448	\$33,509	\$25,895
Total single-unit bldgs	61	98	101	120	106
Average cost per unit	\$212,185	\$238,244	\$242,507	\$220,910	\$244,288
Total multi-unit bldg units	13	10	12	73	4
Average cost per unit	\$69,846	\$55,500	\$79,583	\$95,890	\$0

Major & Notable Employers

American Trim	Mfg
Crown Equipment Corp	Mfg
Danone Group/Dannon Co	Mfg
Hitachi Metals/AAP St. Mary's Corp	Mfg
JTD Health Systems	Serv
KN Rubber	Mfg
Nidec Minster	Mfg
Setex Inc	Mfg
St Mary's City Schools	Govt
ContiTech/Veyance Technologies	Mfg
Wapakoneta City Schools	Govt

Ohio County Profiles



Prepared by the Office of Research

Mercer County

Established: Act - April 1, 1820
2018 Population: 40,959
Land Area: 463.3 square miles
County Seat: Celina City
Named for: General Hugh Mercer, Revolutionary War



Taxes

Taxable value of real property	\$1,074,969,570
Residential	\$662,134,800
Agriculture	\$309,142,770
Industrial	\$32,930,640
Commercial	\$70,755,670
Mineral	\$5,690
Ohio income tax liability	\$21,073,393
Average per return	\$1,023.33

Land Use/Land Cover

	Percent
Developed, Lower Intensity	6.55%
Developed, Higher Intensity	1.08%
Barren (strip mines, gravel pits, etc.)	0.07%
Forest	4.62%
Shrub/Scrub and Grasslands	0.34%
Pasture/Hay	0.79%
Cultivated Crops	81.96%
Wetlands	0.99%
Open Water	3.59%

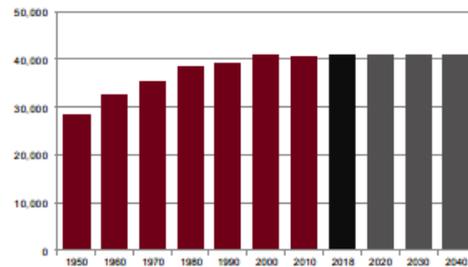
Largest Places

	Est. 2018	Census 2010
Celina city	10,296	10,400
Coldwater vlg	4,547	4,427
Marion twp UB	2,743	2,680
Jefferson twp UB	2,723	2,766
St. Henry vlg	2,540	2,427
Franklin twp UB	2,114	2,120
Butler twp UB	1,962	1,918
Granville twp UB	1,516	1,433
Fort Recovery vlg	1,456	1,430
Washington twp	1,221	1,190

UB: Unincorporated balance.

Total Population

Census	Estimated
1800	2013 40,614
1810	2014 40,730
1820 95	2015 40,720
1830 1,110	2016 40,713
1840 8,277	2017 40,910
1850 7,712	2018 40,959
1860 14,104	2019 40,814
1870 17,254	2020 41,040
1880 21,808	2030 41,230
1890 27,220	2040 40,960
1900 28,021	
1910 27,536	
1920 26,872	
1930 25,096	
1940 26,256	
1950 28,311	
1960 32,559	
1970 35,265	
1980 38,334	
1990 39,443	
2000 40,924	
2010 40,814	



Population by Race	Number	Percent
ACS Total Population	40,723	100.0%
White	39,541	97.1%
African-American	278	0.7%
Native American	3	0.0%
Asian	175	0.4%
Pacific Islander	151	0.4%
Other	251	0.6%
Two or More Races	324	0.8%
Hispanic (may be of any race)	731	1.8%
Total Minority	1,716	4.2%

Educational Attainment	Number	Percent
Persons 25 years and over	26,909	100.0%
No high school diploma	1,963	7.3%
High school graduate	13,018	48.4%
Some college, no degree	4,670	17.4%
Associate degree	2,785	10.3%
Bachelor's degree	2,700	10.0%
Master's degree or higher	1,773	6.6%

Family Type by Employment Status	Number	Percent
Total Families	11,310	100.0%
Married couple, husband and wife in labor force	5,661	50.1%
Married couple, husband in labor force, wife not	1,277	11.3%
Married couple, wife in labor force, husband not	631	5.6%
Married couple, husband and wife not in labor force	1,672	14.8%
Male householder, in labor force	755	6.7%
Male householder, not in labor force	162	1.4%
Female householder, in labor force	928	8.2%
Female householder, not in labor force	224	2.0%

Household Income	Number	Percent
Total Households	16,142	100.0%
Less than \$10,000	643	4.0%
\$10,000 to \$19,999	1,470	9.1%
\$20,000 to \$29,999	1,607	10.0%
\$30,000 to \$39,999	1,723	10.7%
\$40,000 to \$49,999	1,585	9.8%
\$50,000 to \$59,999	1,532	9.5%
\$60,000 to \$74,999	2,081	12.9%
\$75,000 to \$99,999	2,227	13.8%
\$100,000 to \$149,999	2,366	14.7%
\$150,000 to \$199,999	490	3.0%
\$200,000 or more	418	2.6%
Median household income	\$57,052	

Percentages may not sum to 100% due to rounding.

Population by Age	Number	Percent
ACS Total Population	40,723	100.0%
Under 5 years	2,832	7.0%
5 to 17 years	7,646	18.8%
18 to 24 years	3,336	8.2%
25 to 44 years	8,971	22.0%
45 to 64 years	11,181	27.5%
65 years and more	6,757	16.6%
Median Age	39.8	

Family Type by Presence of Own Children Under 18	Number	Percent
Total Families	11,319	100.0%
Married-couple families with own children	3,500	30.9%
Male householder, no wife present, with own children	467	4.1%
Female householder, no husband present, with own children	653	5.8%
Families with no own children	6,699	59.2%

Poverty Status of Families By Family Type by Presence Of Related Children	Number	Percent
Total Families	11,319	100.0%
Family income above poverty level	10,770	95.1%
Family income below poverty level	549	4.9%
Married couple, with related children	103	18.8%
Male householder, no wife present, with related children	34	6.2%
Female householder, no husband present, with related children	280	51.0%
Families with no related children	132	24.0%

Ratio of Income To Poverty Level	Number	Percent
Population for whom poverty status is determined	40,213	100.0%
Below 50% of poverty level	1,129	2.8%
50% to 99% of poverty level	1,860	4.6%
100% to 124% of poverty level	1,044	2.6%
125% to 149% of poverty level	2,307	5.7%
150% to 184% of poverty level	2,261	5.6%
185% to 199% of poverty level	1,031	2.6%
200% of poverty level or more	30,581	76.0%

Geographical Mobility	Number	Percent
Population aged 1 year and older	40,136	100.0%
Same house as previous year	35,764	89.1%
Different house, same county	2,805	7.0%
Different county, same state	1,015	2.5%
Different state	406	1.0%
Abroad	146	0.4%

Travel Time To Work	Number	Percent
Workers 16 years and over	19,909	100.0%
Less than 15 minutes	9,689	48.7%
15 to 29 minutes	6,555	32.9%
30 to 44 minutes	2,304	11.6%
45 to 59 minutes	902	4.5%
60 minutes or more	459	2.3%
Mean travel time	17.5 minutes	

Housing Units	Number	Percent
Total housing units	17,851	100.0%
Occupied housing units	16,142	90.4%
Owner occupied	12,497	77.4%
Renter occupied	3,645	22.6%
Vacant housing units	1,709	9.6%

Year Structure Built	Number	Percent
Total housing units	17,851	100.0%
Built 2014 or later	97	0.5%
Built 2010 to 2013	271	1.5%
Built 2000 to 2009	1,648	9.2%
Built 1990 to 1999	2,688	15.1%
Built 1980 to 1989	1,907	10.7%
Built 1970 to 1979	2,928	16.4%
Built 1960 to 1969	1,514	8.5%
Built 1950 to 1959	2,306	12.9%
Built 1940 to 1949	1,027	5.8%
Built 1939 or earlier	3,465	19.4%
Median year built	1972	

Value for Specified Owner-Occupied Housing Units	Number	Percent
Specified owner-occupied housing units	12,497	100.0%
Less than \$20,000	533	4.3%
\$20,000 to \$39,999	279	2.2%
\$40,000 to \$59,999	526	4.2%
\$60,000 to \$79,999	1,060	8.5%
\$80,000 to \$99,999	1,528	12.2%
\$100,000 to \$124,999	1,627	13.0%
\$125,000 to \$149,999	1,351	10.8%
\$150,000 to \$199,999	2,275	18.2%
\$200,000 to \$299,999	2,017	16.1%
\$300,000 to \$499,999	1,067	8.5%
\$500,000 to \$999,999	165	1.3%
\$1,000,000 or more	69	0.6%
Median value	\$137,900	

House Heating Fuel	Number	Percent
Occupied housing units	16,142	100.0%
Utility gas	7,387	45.8%
Bottled, tank or LP gas	2,936	18.2%
Electricity	4,466	27.7%
Fuel oil, kerosene, etc	517	3.2%
Coal, coke or wood	437	2.7%
Solar energy or other fuel	222	1.4%
No fuel used	177	1.1%

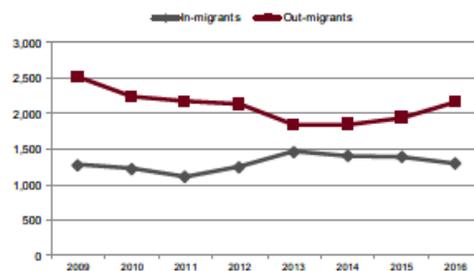
Percentages may not sum to 100% due to rounding.

Gross Rent	Number	Percent
Specified renter-occupied housing units	3,645	100.0%
Less than \$100	0	0.0%
\$100 to \$199	20	0.5%
\$200 to \$299	109	3.0%
\$300 to \$399	152	4.2%
\$400 to \$499	387	10.6%
\$500 to \$599	687	18.8%
\$600 to \$699	658	18.1%
\$700 to \$799	619	17.0%
\$800 to \$899	306	8.4%
\$900 to \$999	135	3.7%
\$1,000 to \$1,499	183	5.0%
\$1,500 or more	48	1.3%
No cash rent	341	9.4%
Median gross rent	\$646	
Median gross rent as a percentage of household income	23.3	

Selected Monthly Owner Costs for Specified Owner-Occupied Housing Units	Number	Percent
Specified owner-occupied housing units with a mortgage	6,598	100.0%
Less than \$400	36	0.5%
\$400 to \$599	373	5.7%
\$600 to \$799	918	13.9%
\$800 to \$999	1,361	20.6%
\$1,000 to \$1,249	1,364	20.7%
\$1,250 to \$1,499	1,036	15.7%
\$1,500 to \$1,999	858	13.0%
\$2,000 to \$2,999	584	8.9%
\$3,000 or more	68	1.0%
Median monthly owners cost	\$1,112	
Median monthly owners cost as a percentage of household income	19.0	

Vital Statistics	Number	Rate
Births / rate per 1,000 women aged 15 to 44	643	94.5
Teen births / rate per 1,000 females 15-19	24	18.9
Deaths / rate per 100,000 population	395	970.4

Domestic Migration



Agriculture

Land in farms (acres)	268,958
Number of farms	1,231
Average size (acres)	218
Total cash receipts	\$631,612,000
Per farm	\$513,088
Receipts for crops	\$123,310,000
Receipts for livestock/products	\$508,302,000

Education

Traditional public schools buildings	19
Students	7,724
Teachers (Full Time Equivalent)	554.5
Expenditures per student	\$9,580
Graduation rate	96.0
Community/charter schools buildings	0
Students	0
Teachers (Full Time Equivalent)	0.0
Expenditures per student	
Graduation rate	
Private schools	1
Students	100
4-year public universities	0
Regional campuses	1
2-year public colleges/satellites	0
Ohio Technical Centers	0
Private universities and colleges	0
Public libraries (Districts / Facilities)	4 / 7

Transportation

Registered motor vehicles	60,644
Passenger cars	31,494
Noncommercial trucks	10,111
Total license revenue	\$2,181,169.52
Permissive tax revenue	\$805,365.00
Interstate highway miles	0.00
Turnpike miles	0.00
U.S. highway miles	44.70
State highway miles	165.78
County, township, and municipal road miles	950.21
Commercial airports	1

Health Care

Physicians	51
Registered hospitals	1
Number of beds	88
Licensed nursing homes	6
Number of beds	405
Licensed residential care	6
Number of beds	308
Persons with health insurance (Aged 0 to 64)	93.7%
Adults with insurance (Aged 18 to 64)	93.0%
Children with insurance (Aged Under 19)	95.3%

Communications

Television stations	0
Radio stations	3
Daily newspapers	1
Circulation	8,500
Average monthly unique visitors	0
Weekly newspapers	0
Circulation	0
Average monthly unique visitors	0
Online only	0
Average monthly unique visitors	0

Crime

Total crimes reported in Uniform Crime Report	193
Violent crime	10
Property crime	183

Finance

FDIC insured financial institutions (HQs)	3
Assets (000)	\$922,535
Branch offices	22
Institutions represented	9

Transfer Payments

Total transfer payments	\$316,416,000
Payments to individuals	\$306,378,000
Retirement and disability	\$134,019,000
Medical payments	\$135,858,000
Income maintenance (Supplemental SSI, family assistance, food stamps, etc)	\$16,926,000
Unemployment benefits	\$2,256,000
Veterans benefits	\$8,886,000
Federal education and training assistance	\$4,475,000
Other payments to individuals	\$3,958,000
Total personal income	\$1,886,263,000
Dependency ratio	16.8%
(Percent of income from transfer payments)	

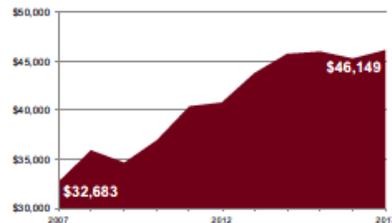
Voting

Number of registered voters	29,411
Voted in 2018 election	17,565
Percent turnout	59.7%

State Parks, Forests, Nature Preserves, Scenic Waterways, And Wildlife Areas

Areas/Facilities	6
Acreage	11,493

Per Capita Personal Income



Civilian Labor Force	2018	2017	2016	2015	2014
Civilian labor force	23,500	23,500	23,400	23,000	22,600
Employed	22,900	22,800	22,700	22,200	21,800
Unemployed	600	600	800	800	900
Unemployment rate	2.8	3.1	3.3	3.3	3.8

Establishments, Employment, and Wages by Sector: 2017

Industrial Sector	Number of Establishments	Average Employment	Total Wages	Average Weekly Wage
Private Sector	981	17,394	\$679,178,723	\$751
Goods-Producing	239	8,386	\$384,199,608	\$881
Natural Resources and Mining	41	479	\$17,765,822	\$714
Construction	102	1,004	\$52,794,900	\$1,011
Manufacturing	96	6,903	\$313,638,886	\$874
Service-Providing	743	9,008	\$294,979,115	\$630
Trade, Transportation and Utilities	267	3,930	\$149,258,719	\$730
Information	9	152	\$5,226,262	\$663
Financial Services	85	654	\$33,103,933	\$974
Professional and Business Services	84	619	\$24,414,328	\$758
Education and Health Services	86	1,604	\$50,449,123	\$605
Leisure and Hospitality	104	1,317	\$16,981,837	\$248
Other Services	106	731	\$15,516,702	\$408
Federal Government		91	\$4,867,044	\$1,033
State Government		177	\$8,138,579	\$885
Local Government		2,381	\$92,646,651	\$748

Private Sector total includes Unclassified establishments not shown.

Change Since 2012

Private Sector	4.1%	13.3%	28.8%	13.8%
Goods-Producing	6.2%	21.7%	32.5%	8.9%
Natural Resources and Mining	28.1%	-2.8%	18.6%	22.3%
Construction	-5.6%	20.5%	45.6%	20.8%
Manufacturing	12.9%	24.0%	31.4%	6.1%
Service-Producing	3.6%	6.5%	24.3%	16.9%
Trade, Transportation and Utilities	1.5%	10.8%	27.2%	14.8%
Information	-25.0%	-13.1%	-9.6%	4.2%
Financial Services	-11.5%	-6.7%	14.1%	22.2%
Professional and Business Services	18.3%	1.6%	27.8%	25.7%
Education and Health Services	3.6%	2.1%	22.7%	20.3%
Leisure and Hospitality	11.8%	4.7%	27.0%	21.6%
Other Services	10.4%	24.1%	35.4%	9.1%
Federal Government		-7.1%	1.8%	10.0%
State Government		15.7%	34.0%	15.8%
Local Government		-0.3%	10.3%	10.7%

Major & Notable Employers

Celina Aluminum Precision Technology	Mfg
Celina City Schools	Govt
Cooper Farms Inc	Mfg
Crown Equipment Corp	Mfg
Fort Recovery Industries Inc	Mfg
J & M Manufacturing Co.	Mfg
Mercer Health Hospital	Serv
Pax Machine Works	Mfg
Reynolds & Reynolds Co	Mfg
Taylor Communications	Mfg
Visions/Awardcraft	Mfg

Residential

Construction	2014	2015	2016	2017	2018
Total units	65	66	67	94	138
Total valuation (000)	\$15,145	\$14,873	\$15,484	\$21,807	\$19,979
Total single-unit bldgs	57	58	54	70	71
Average cost per unit	\$249,906	\$243,501	\$265,059	\$289,419	\$260,613
Total multi-unit bldg units	8	8	13	24	67
Average cost per unit	\$112,500	\$93,750	\$90,031	\$64,500	\$22,015

APPENDIX C

Data Summary

Secondary Data:

Ohio Department of Development County Profiles

County Profile	Auglaize County	Mercer County
2010 census	45,949	40,814
2017 estimate	45,778	40,873
2020 projected	45,590	41,040
2030 projected	44,690	41,230
White	97%	97.4%
African American	.4%	.5%
Native American	.2%	
Asian	.6%	.4%
Pacific Islander		.3%
Other	.6%	.5%
2 or more races	1.1%	.9%
Hispanic any race	1.4%	1.8%
<5	6.3%	6.7%
5-17	18%	18.9%
18-24	8.1%	8.1%
25-44	22.6%	22.1%
45-64	28.1%	27.5%
65 and older	16.9%	16.7%

Source: Ohio Department of Development. (n.d.). County Profiles. Retrieved at <https://development.ohio.gov/files/research/C1055.pdf>, on May 28, 2019.

Ohio Department of Development. (n.d.). County Profiles. Retrieved at <https://development.ohio.gov/files/research/C1007.pdf>, on May 28, 2019

Ohio Department of Health Data Warehouse

Metric	Auglaize County		Mercer County	
	Very Poor	Poor	Very Poor	Poor
Cancer	X		X	
Excessive drinking	X		X	
Death rate due to motor vehicle collision: alcohol related				X
Cervical cancer screening	X			
Mammography screening		X	X	
Adults who are obese		X		
Aortic aneurysm				X
Heart disease				X
% diabetic Medicare enrollees				X
Viral meningitis infection rate				X
Walk or bike to work	X		X	
Recreation and fitness facilities				X
Particulate matter days				X

Availability of fresh food	X		X	
SNAP approved stores		X	X	
Residential segregation black/white	X		X	
High school graduation	X		X	
Student teacher ratio	X			X
• Age 25+ with Bachelor's degree		X		X
Median household income		X		X
Income inequality	X		X	
Drinking water violations			X	

Ohio Department of Health. (n.d.). Data Warehouse. Retrieved at <http://ship.oh.networkofcare.org/ph/HealthIndicatorsByPriority.aspx?range=all>, on May 28, 2019.

County Health Rankings and Roadmaps 2019 (summary)

Measure	Auglaize County	Mercer County	Ohio
Areas to explore			
Adult smoking	19%	16%	23%
Adult obesity	35%	32%	32%
Primary care physician	2,550:1		1,300:1
Air pollution particulate matter	12.4		11.5
Worsening trend			
Adult obesity	35% from 34% in 2016	32% from 29% in 2016	32%
Primary care physician	2,550:1 from 2,090:1 in 2016	2,270:1 from 2,040:1 in 2016	1,300:1
Sexually transmitted infections		185.5 newly diag/100,000 from 173.7 in 2016	

Source: County Health Rankings and Roadmaps. (2019). Retrieved at <http://www.countyhealthrankings.org/app/ohio/2016/rankings/auglaize/county/outcomes/overall/snapshot>, on May 28, 2019.

Source: County Health Rankings and Roadmaps. (2019). Retrieved at <http://www.countyhealthrankings.org/app/ohio/2016/rankings/mercercounty/outcomes/overall/snapshot>, on May 28, 2019.

Auglaize County Community Health Assessment 2017 (Measures with more than 3% adverse change from 2012 rate or from Ohio rate)

Adult Measure	Auglaize County 2017	Ohio 2015	U.S. 2015
Mental health not good for 4 or more days in past month	27%	20%	
Average days mental health not good in past month	4.1 Compared to 2.9 in 2012		
Visited doctor for routine checkup in past year	59%	72%	70%
Diagnosed with arthritis	36%	28%	25%
Obesity	39%	30%	30%
Had alcoholic beverage in past month	61%	53%	54%
Binged in past month	28%	18%	16%

Had pneumonia vaccine (65+)	61%	72%	75%
Had sigmoidoscopy/colonoscopy in past 5 years (50+)	52%	68%	69%
Clinical breast exam in past 2 years (40+)	66%		
	Compared to 77% in 2012		
Had mammogram in past 2 years (40+)	64%	72%	73%
Had pap smear in past 3 years	64%	74%	75%
Had digital rectal exam in past year	12%		
	Compared to 24% in 2012		
Limited because of physical, mental, or emotional problems	27%	21%	21%

Youth Measure	6 th -12 th grade 2017	9 th -12 th grade 2017	Ohio 2013	U.S. 2015
Obese	18%	21%	13%	14%
Overweight	14%	11%	16%	16%
Always wore seatbelt	57%	60%	92%	94%
Seriously considered attempting suicide in past year	13%	17%	14%	18%
Suicide attempt resulted in injury, poisoning, or overdose that had to be treated by doctor or nurse	5%	6%	1%	3%
Used condoms at last intercourse	11%	20%	43%	41%
Used birth control at last intercourse	21%	23%	24%	18%

Source: 2017 Auglaize County Community Health Assessment. (2017). Retrieved from https://odh.ohio.gov/wps/wcm/connect/gov/5b635347-ee96-496e-9a47-9fb4eb617a5b/AuglaizeCountyHD-CHA-2017.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-5b635347-ee96-496e-9a47-9fb4eb617a5b-mlfufm, on May 28, 2019.

2016 Joint Township District Memorial Hospital Community Health Needs Assessment

Significant health needs:

1. Mental Health

- 11% of Auglaize and Mercer County residents are identified as having frequent mental distress, compared to 13% for Ohio

2. Obesity

- 34% of Auglaize County adults and 29% of Mercer County adults are obese, compared with 30% for Ohio

3. Risky Behaviors

- 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.
- In Auglaize County, 20% of adults smoke and in Mercer County, 16% of adults smoke, compared to 21% for Ohio

4. Access to 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
- Auglaize County has 2,870:1 and Mercer County has 3,710:1 residents to dentists, compared to 1,710:1 for Ohio
- Auglaize County has 2,290:1 and Mercer County has 1,320:1 residents to mental health providers, compared to 640:1 for Ohio
- 10% of Auglaize County and 12% of Mercer County residents are uninsured, compared to 13% for Ohio

5. Education, Prevention and Health Promotion

- 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

Auglaize County Community Health Improvement Plan 2014-2017

Priority health issues for Auglaize County

1. Decrease adult and youth obesity
2. Decrease adult and youth risky behaviors (alcohol, tobacco, and drug use, distracting driving, and youth sexual behaviors)
3. Decrease adult and youth mental health issues
4. Increase preventive health (health screenings and vaccinations)

Source: Auglaize County Community Health Improvement Plan 2014-2017. (2016). Retrieved at https://odh.ohio.gov/wps/wcm/connect/gov/b41d18b1-c30d-4ccf-8793-620862987d27/AuglaizeCountyHD-CHIP-2014-2017.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-b41d18b1-c30d-4ccf-8793-620862987d27-mlsIFuv0, on May 28, 2019.

Mercer County Community Health Improvement Plan July 2017 – June 2020

Priority health needs / goal for health improvement plan:

1. Substance abuse
 - a. Decrease underage alcohol consumption
 - b. Decrease adult binge drinking
 - c. Decrease starter drug abuse (tobacco and marijuana) amongst ages 12-18
 - d. Decrease use of illicit drugs
2. Nutrition and weight status
 - a. Increase physical activity through access and availability
 - b. Increase availability of healthy food choices
 - c. Raise awareness about obesity issues in Mercer County and provide resources and best practices to key partners to combat the issue

3. Mental health
 - a. Decrease suicide rates in Mercer County
 - b. Increase access to and availability of mental health services

Source: Mercer County Community Health Improvement Plan July 2017 – June 2020. (n.d.). Retrieved at https://odh.ohio.gov/wps/wcm/connect/gov/ee0755dc-6392-4f56-96ce-52564b69be20/MercerCountyHD-CHIP-2017-2020.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-ee0755dc-6392-4f56-96ce-52564b69be20-msllwQk, on May 28, 2019.

Ohio Department of Health 2016 State Health Assessment: Ohio 2016 Priority Health Needs

- Mental health and addiction – depression, suicide, drug dependency / abuse, drug overdose deaths
- Chronic disease – heart disease, diabetes, child asthma
- Maternal and infant health – preterm births, low birth weight, infant mortality

Source: Ohio 2017-2019 State Health Improvement Plan

Ohio Department of Health 2016 State Health Assessment: Northwest Ohio 2016 Priority Health Needs

<u>Community Health Assessment</u>	<u>Regional Forum</u>
Obesity	Obesity
Mental health	Drug and alcohol abuse
Drug and alcohol abuse	Access to behavioral health care
Cardiovascular disease	Mental health
Cancer	Physical activity

Source: Ohio 2016 State Health Assessment

Community Commons Community Indicator Report

Indicator	Year	Auglaize and Mercer Counties	Ohio	U.S.
Median family income	2012-2016	\$68,828		
Median age	2012-2016	41		
% with high school education	2012-2016	92.4%		
Health insurance	2012-2016	No insurance: 5.5% Public insurance: 25.5% Private insurance: 64.4%		
Low-income status	2012-2016	17.3%		
Area of deprivation score	2018	96.6		Within US avg
Life expectancy for those born in 2014	2017	79.2	77.9	79.1
Mortality trends for cardiovascular disease /100,000 population	2014	291.43	276.8	262.7

Source: Community Commons. (n.d.). Community Indicator Report. Retrieved at <https://www.communitycommons.org/board/BOARD/Qm9hcmROb2RIOjE4MTc0>, on May 28, 2019.

Centers for Disease Control and Prevention: State Profile

All Cancers 2011 – 2015	Auglaize County	Mercer County
Rate of new cancers	1,322 or 456/100,000	1,183 or 456/100,000
# died of cancer	529 or 173/100,000	485 or 182/100,000

Source: Centers for Disease Control and Prevention. (n.d.). Retrieved at <https://www.cdc.gov>, on May 28, 2019.

APPENDIX D

County Health Rankings and Roadmaps

County Health Rankings and Roadmaps. (2019). Retrieved from <https://www.countyhealthrankings.org/app/ohio/2019/overview>, on May 28, 2019.

Auglaize (AU)

Show areas to explore Show areas of strength

County Demographics +

	Auglaize County	Trend	Error Margin	Top U.S. Performers	Ohio	Rank (of 88)
Health Outcomes						9
Length of Life						9
Premature death	6,300		5,400-7,200	5,400	8,500	
Quality of Life						12
Poor or fair health	14%		14-15%	12%	17%	
Poor physical health days	3.6		3.4-3.8	3.0	4.0	
Poor mental health days	3.7		3.5-3.9	3.1	4.3	
Low birthweight	7%		6-8%	6%	9%	
Additional Health Outcomes (not included in overall ranking) -						
Life expectancy	79.5		78.7-80.3	81.0	77.0	
Premature age-adjusted mortality	300		270-330	280	400	
Child mortality	50		30-70	40	60	
Infant mortality	5		3-8	4	7	
Frequent physical distress	11%		10-11%	9%	13%	
Frequent mental distress	11%		11-12%	10%	14%	
Diabetes prevalence	12%		10-14%	9%	12%	
HIV prevalence	53			49	213	
Health Factors						13

Health Behaviors 22

Adult smoking	19%		18-19%	14%	23%
Adult obesity	35%		31-40%	26%	32%
Food environment index	8.7			8.7	6.7
Physical inactivity	30%		26-34%	19%	25%
Access to exercise opportunities	78%			91%	84%
Excessive drinking	20%		19-21%	13%	19%
Alcohol-impaired driving deaths	18%		10-28%	13%	33%
Sexually transmitted infections	270.3			152.8	520.9
Teen births	26		23-30	14	26

Additional Health Behaviors (not included in overall ranking) -

Food insecurity	11%			9%	15%
Limited access to healthy foods	2%			2%	7%
Drug overdose deaths	12		7-19	10	37
Motor vehicle crash deaths	11		7-15	9	10
Insufficient sleep	34%		33-36%	27%	38%

Clinical Care 50

Uninsured	5%		4-6%	6%	7%
Primary care physicians	2,550:1			1,050:1	1,300:1
Dentists	2,860:1			1,260:1	1,620:1
Mental health providers	2,410:1			310:1	470:1
Preventable hospital stays	5,439			2,765	5,135
Mammography screening	38%			49%	41%
Flu vaccinations	46%			52%	47%

Additional Clinical Care (not included in overall ranking) -

Uninsured adults	6%		5-7%	6%	8%
Uninsured children	4%		2-5%	3%	4%
Other primary care providers	3,815:1			726:1	1,161:1

Social & Economic Factors

6

High school graduation	97%		96%	85%	
Some college	65%	60-70%	73%	65%	
Unemployment	3.7%		2.9%	5.0%	
Children in poverty	12%		9-14%	11%	20%
Income inequality	3.8		3.6-4.0	3.7	4.8
Children in single-parent households	25%		19-30%	20%	36%
Social associations	15.9		21.9	11.2	
Violent crime	58		63	293	
Injury deaths	56		47-66	57	82

Additional Social & Economic Factors (not included in overall ranking) -

Disconnected youth			4%	6%
Median household income	\$63,300	\$57,700-69,000	\$67,100	\$54,100
Children eligible for free or reduced price lunch	39%		32%	39%
Residential segregation - black/white			23	69
Residential segregation - non-white/white	26		15	58
Homicides			2	6
Firearm fatalities	9	6-14	7	12

Physical Environment

47

Air pollution - particulate matter	 12.4		6.1	11.5
Drinking water violations	No			
Severe housing problems	11%	9-12%	9%	15%
Driving alone to work	88%	87-88%	72%	83%
Long commute - driving alone	21%	19-23%	15%	30%

Additional Physical Environment (not included in overall ranking) -

Homeownership	76%	74-77%	61%	66%
Severe housing cost burden	9%	8-11%	7%	13%

Note: Blank values reflect unreliable or missing data

Mercer (MC)

Show areas to explore Show areas of strength

County Demographics +

	Mercer County	Trend	Error Margin	Top U.S. Performers	Ohio	Rank (of 88)
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Health Outcomes 8

Length of Life 13

Premature death 6,800  5,800-7,800 5,400 8,500

Quality of Life 5

Poor or fair health 14% 14-15% 12% 17%

Poor physical health days 3.4 3.3-3.6 3.0 4.0

Poor mental health days 3.7 3.5-3.9 3.1 4.3

Low birthweight 5% 5-6% 6% 9%

Additional Health Outcomes (not included in overall ranking) -

Life expectancy 79.1 78.2-80.0 81.0 77.0

Premature age-adjusted mortality 320 290-350 280 400

Child mortality 50 30-80 40 60

Infant mortality 5 3-8 4 7

Frequent physical distress 10% 10-11% 9% 13%

Frequent mental distress 11% 11-12% 10% 14%

Diabetes prevalence 12% 9-14% 9% 12%

HIV prevalence 30 49 213

Health Factors 6

Health Behaviors		5		
Adult smoking	16%	15-17%	14%	23%
Adult obesity	32%	27-37%	26%	32%
Food environment index	8.9		8.7	6.7
Physical inactivity	25%	21-30%	19%	25%
Access to exercise opportunities	68%		91%	84%
Excessive drinking	20%	19-21%	13%	19%
Alcohol-impaired driving deaths	19%	9-30%	13%	33%
Sexually transmitted infections	185.5		152.8	520.9
Teen births	21	18-24	14	26
Additional Health Behaviors (not included in overall ranking) -				
Food insecurity	10%		9%	15%
Limited access to healthy foods	1%		2%	7%
Drug overdose deaths	14	8-22	10	37
Motor vehicle crash deaths	15	11-20	9	10
Insufficient sleep	35%	34-36%	27%	38%
Clinical Care		40		
Uninsured	6%	5-6%	6%	7%
Primary care physicians	2,270:1		1,050:1	1,300:1
Dentists	3,410:1		1,260:1	1,620:1
Mental health providers	1,240:1		310:1	470:1
Preventable hospital stays	4,696		2,765	5,135
Mammography screening	39%		49%	41%
Flu vaccinations	47%		52%	47%
Additional Clinical Care (not included in overall ranking) -				
Uninsured adults	6%	5-7%	6%	8%
Uninsured children	4%	3-6%	3%	4%
Other primary care providers	2,725:1		726:1	1,161:1

Social & Economic Factors 5

High school graduation	96%		96%	85%	
Some college	61%	55-66%	73%	65%	
Unemployment	3.1%		2.9%	5.0%	
Children in poverty	10%		7-13%	11%	20%
Income inequality	3.8	3.4-4.3	3.7	4.8	
Children in single-parent households	21%	16-25%	20%	36%	
Social associations	14.2		21.9	11.2	
Violent crime	83		63	293	
Injury deaths	63	52-74	57	82	

Additional Social & Economic Factors (not included in overall ranking) -

Disconnected youth	6%	2-10%	4%	6%
Median household income	\$60,100	\$55,200-64,900	\$67,100	\$54,100
Children eligible for free or reduced price lunch	32%		32%	39%
Residential segregation - black/white	74		23	69
Residential segregation - non-white/white	33		15	58
Homicides			2	6
Firearm fatalities	9	5-14	7	12

Physical Environment 45

Air pollution - particulate matter	12.5		6.1	11.5
Drinking water violations	No			
Severe housing problems	9%	7-10%	9%	15%
Driving alone to work	89%	88-90%	72%	83%
Long commute - driving alone	18%	16-20%	15%	30%

Additional Physical Environment (not included in overall ranking) -

Homeownership	77%	76-79%	61%	66%
Severe housing cost burden	7%	6-9%	7%	13%

Note: Blank values reflect unreliable or missing data

Appendix E

2017 Auglaize County Community Health Assessment Adult and Youth Trend Summaries

Adult Trend Summary

Adult Variables	Auglaize County 2008	Auglaize County 2012	Auglaize County 2017	Ohio 2015	U.S. 2015
Health Status					
Rated health as excellent or very good	54%	53%	50%	52%	52%
Rated general health as fair or poor	11%	11%	11%	17%	16%
Rated their mental health as not good on four or more days in the previous month	19%	20%	27%	N/A	N/A
Average days that physical health not good in past month	N/A	2.8	4.3	4.0*	3.8*
Average days that mental health not good in past month	N/A	2.9	4.1	4.3*	3.7*
Average days that poor physical or mental health kept them from doing their usual activities in past month	N/A	2.0	2.8	N/A	N/A
Healthcare Coverage, Access, and Utilization					
Uninsured	6%	12%	9%	8%	11%
Had at least one person they thought of as their personal doctor or health care provider	77%	77%	92%	82%	79%
Visited a doctor for a routine checkup in the past year	45%	52%	59%	72%	70%
Arthritis, Asthma, & Diabetes					
Has been diagnosed with diabetes	8%	11%	11%	11%	10%
Has been diagnosed with arthritis	27%	38%	36%	28%	25%
Has been diagnosed with asthma	9%	7%	10%	14%	14%
Cardiovascular Health					
Had angina	8%	7%	5%	4%	4%
Had a heart attack	6%	7%	6%	5%	4%
Had a stroke	4%	2%	4%	4%	3%
Has been diagnosed with high blood pressure	35%	41%	37%	34%	31%
Has been diagnosed with high blood cholesterol	30%	37%	34%	37%	36%
Had blood cholesterol checked within the past 5 years	74%	78%	75%	78%	78%
Weight Status					
Overweight	39%	33%	39%	37%	36%
Obese	33%	38%	39%	30%	30%
Alcohol Consumption					
Had at least one alcoholic beverage in past month	57%	51%	61%	53%	54%
Binged in past month (5 or more drinks in a couple of hours on an occasion)	20%	20%	28%	18%	16%
Tobacco Use					
Current smoker (currently smoke some or all days)	18%	19%	17%	22%	18%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	22%	23%	27%	24%	25%
Drug Use					
Adults who used marijuana in the past 6 months	1%	6%	6%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	2%	3%	4%	N/A	N/A

N/A - Not available

*2014 BRFSS Data

Indicates alignment with Ohio SHA

Adult Variables	Auglaize County 2008	Auglaize County 2012	Auglaize County 2017	Ohio 2015	U.S. 2015
Preventive Medicine					
Had a flu shot in the past year (age 65 and older)	N/A	65%	67%	58%	61%
Had a pneumonia vaccine (age 65 and older)	65%	58%	61%	72%	73%
Had a sigmoidoscopy/colonoscopy in the past 5 years (ages 50 and over)	N/A	50%	52%	68%*	69%*
Had a clinical breast exam in the past two years (age 40 and older)	71%	77%	66%	N/A	N/A
Had a mammogram in the past two years (age 40 and older)	64%	71%	64%	72%*	73%*
Had a pap smear in the past three years	70%	65%	64%	74%*	75%*
Had a PSA test in within the past year (age 40 & over)	N/A	N/A	48%	43%*	43%*
Had a digital rectal exam within the past year	24%	24%	12%	N/A	N/A
Quality of Life					
Limited in some way because of physical, mental or emotional problem	16%	22%	27%	21%	21%
Mental Health					
Considered attempting suicide in the past year	5%	3%	2%	N/A	N/A
Oral Health					
Adults who have visited the dentist in the past year	63%	65%	69%	65%*	65%*

N/A - not available

*2014 BFRSS Data

■ Indicates alignment with Ohio SHA

Youth Trend Summary

Youth Variables	Auglaize County 2008 (6 th -12 th)	Auglaize County 2012 (6 th -12 th)	Auglaize County 2017 (6 th -12 th)	Auglaize County 2017 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Weight Control						
Obese 	14%	13%	18%	21%	13%	14%
Overweight 	13%	11%	14%	11%	16%	16%
Described themselves as slightly or very overweight	30%	28%	31%	31%	28%	32%
Exercised to lose weight	N/A	28%	43%	48%	N/A	N/A
Ate less food, fewer calories, or foods lower in fat to lose weight	N/A	8%	28%	32%	N/A	N/A
Went without eating for 24 hours or more	11%	2%	3%	4%	10%	13%*
Took diet pills, powders, or liquids without a doctor's advice	5%	1%	1%	2%	5%	5%*
Vomited or took laxatives	3%	0%	1%	1%	5%	4%*
Ate 1 to 4 servings of fruits and vegetables per day 	N/A	81%	79%	82%	N/A	N/A
Physically active at least 60 minutes per day on every day in past week	N/A	69%	25%	25%	26%	27%
Physically active at least 60 minutes per day on 5 or more days in past week	N/A	49%	48%	49%	48%	49%
Did not participate in at least 60 minutes of physical activity on any day in past week	N/A	12%	10%	9%	13%	14%
Unintentional Injuries and Violence						
Always wore a seatbelt	39%	39%	57%	60%	92%	94%
Rarely or never wore a seatbelt	11%	14%	6%	4%	8%	6%
Carried a weapon in past month	13%	10%	10%	9%	14%	16%
Carried a weapon on school property in past month	3%	2%	1%	1%	N/A	4%
Been in a physical fight in past year	25%	23%	21%	19%	20%	23%
Threatened or injured with a weapon on school property in past year	4%	5%	3%	3%	N/A	6%
Did not go to school because felt unsafe 	1%	3%	3%	2%	5%	6%
Electronically/cyber bullied in past year 	8%	14%	12%	12%	15%	16%
Bullied in past year	56%	45%	46%	46%	N/A	N/A
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in past year 	6%	8%	2%	3%	N/A	10%
Mental Health						
Youth who felt sad or hopeless almost every day for 2 or more weeks in a row 	21%	20%	24%	27%	26%	30%
Youth who had seriously considered attempting suicide in the past year 	13%	10%	13%	17%	14%	18%
Youth who had made a plan to attempt suicide	N/A	N/A	10%	12%	11%	15%
Youth who had attempted suicide in the past year	6%	4%	4%	4%	6%	9%
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse	N/A	N/A	5%	6%	1%	3%

N/A – Not Available

*Comparative YRBS data for U.S. is 2013

 Indicates alignment with Ohio SHA

Youth Variables	Auglaize County 2008 (6 th -12 th)	Auglaize County 2012 (6 th -12 th)	Auglaize County 2017 (6 th -12 th)	Auglaize County 2017 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Alcohol Consumption						
Ever had at least one drink of alcohol in lifetime	60%	58%	38%	53%	71%**	63%
Used alcohol during past month 	38%	28%	19%	28%	30%	33%
Binged during past month (5 or more drinks in a couple of hours on an occasion) 	26%	18%	12%	18%	16%	18%
Drank for the first time before age 13 (of all youth)	20%	16%	9%	7%	13%	17%
Rode with someone who was drinking in past month	23%	18%	16%	12%	17%	20%
Drank and drove (of youth drivers)	8%	7%	2%	2%	4%	8%
Tobacco Use						
Ever tried cigarettes	30%	29%	21%	31%	52%*	32%
Current smokers	16%	14%	6%	8%	15%	11%
Smoked cigarettes on 20 or more days during the past month (of all youth)	7%	5%	1%	2%	7%	3%
Smoked a whole cigarette for the first time before the age of 13 (of all youth)	10%	7%	4%	5%	14%*	7%
Tried to quit smoking (of youth who smoked in the past year)	40%	47%	66%	71%	56%*	45%
Sexual Behavior***						
Ever had sexual intercourse	25%	25%	11%	20%	43%	41%
Used a condom at last intercourse	61%	66%	31%	35%	51%	57%
Used birth control pills at last intercourse	33%	28%	21%	23%	24%	18%
Had four or more sexual partners (of all youth)	5%	7%	2%	3%	12%	12%
Had sexual intercourse before the age 13 (of all youth)	3%	3%	1%	1%	4%	4%
Did not use any method to prevent pregnancy during last sexual intercourse	17%	16%	7%	8%	12%	14%
Drug Use						
Used marijuana in the past month 	8%	11%	5%	7%	21%	22%
Used methamphetamines in their lifetime	1%	2%	0%	0%	N/A	3%
Used cocaine in their lifetime	3%	2%	1%	1%	4%	5%
Used heroin in their lifetime	2%	2%	0%	0%	2%	2%
Used inhalants in their lifetime	9%	8%	4%	5%	9%	7%
Used ecstasy/MDMA/Molly in their lifetime	N/A	2%	1%	2%	N/A	5%
Ever misused medications	9%	10%	5%	7%	N/A	N/A
Oral Health						
Visited a dentist for a check-up within the past year	77%	77%	74%	76%	75%	74%

N/A – Not Available

*Comparative YRBS data for U.S. is 2013

**Comparative YRBS data for Ohio is 2011

***Two out of five participating Auglaize County school districts did not ask sexual behavior questions. Please use data with caution.

 Indicates alignment with Ohio SHA

Appendix F

Evaluation of JTDMH 2017-2019 Implementation Strategy Actions

**COMMUNITY HEALTH NEEDS ASSESSMENT
Implementation Strategy
2017 – 2019
June 2019 Progress Update**

Health Need	Action/Programs/ Resources	Expectations	Evaluation Plan	Partners	2017-19 Progress Update
<p>Mental Health</p>	<ul style="list-style-type: none"> Continue partnering with Coleman Behavioral Health 	<ul style="list-style-type: none"> Increase access to Mental Health services. 	<ul style="list-style-type: none"> Review ED patient referral records /annual ED visits, comparing 2017, 2018 & 2019. Review Coleman visit volume at Grand lake Physician Practice (GLPP) offices, comparing 2017, 2018 & 2019. 	<ul style="list-style-type: none"> Court Systems Coleman Foundations GLPP Grand Lake Health System (GLHS) Community Outreach Grand Lake Home Health 	<ul style="list-style-type: none"> Coleman referrals from the ED increased from 83 in 2016 to 93 in 2017 Coleman visit volume at the Celina GLPP location increased from 48 individual counseling sessions (7 clients) in 2016 to 76 in 2017 (12 clients) YTD Sept 2018 Coleman referrals from the ED = 67 pre-screens for crisis intervention New in 2018: peer counselor referrals from the ED for opioid overdoses. YTD Sept 2018 referrals = 4 YTD Oct 2018 Coleman visit volume at the Celina GLPP location = 8 clients 2018 Coleman referrals from ED = 91 pre-screens for crisis intervention and 5 peer counselor referrals for opioid OD; YTD April 2019 referrals from ED = 45 pre-screens for crisis intervention and 1 peer counselor referrals for opioid OD 2018 Coleman visit volume at the Celina GLPP location

Health Need	Action/Programs/ Resources	Expectations	Evaluation Plan	Partners	2017-19 Progress Update
	<ul style="list-style-type: none"> Horizon Health partnership/gero-psych program 	<ul style="list-style-type: none"> Increase access to Mental Health services 	<ul style="list-style-type: none"> Review of outpatient office visit volume performed by the psychiatrist recruited for the inpatient gero-psych unit (anticipated for 1/1/18), comparing 2018 & 2019. 	<ul style="list-style-type: none"> Horizon Health 	<p>was 72 individual counseling sessions (9 clients) - similar to 2017's volumes; YTD April 2019 = 36 sessions (6 clients)</p> <ul style="list-style-type: none"> Beginning 6/10/19, Coleman expanded to both Celina and Minster location offerings Clear Passage was surveyed by the Ohio Dept of Health on December 15, 2017, with the first patient admitted on December 19, 2017. CMS certification received January 11, 2018 effective January 1, 2018. Inpatient census has steadily increased; to date (as of 2/6/18) the highest daily census has been 7. January 2018's Avg Daily Census (ADC) was 3.55 compared to Budgeted January 2018 ADC of 3.4. The co-Medical Directors have committed to investigating offering an outpatient Nurse Practitioner program at a later date; after the inpatient program has stabilized with all the new processes, and assuring positive outcomes and

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	<ul style="list-style-type: none"> • Tele Mental Health Pilot 	<ul style="list-style-type: none"> • Improve assessment process for ED Behavioral Health patients 	<ul style="list-style-type: none"> • Reduced length of stay in ED for Behavioral Health patients 	<ul style="list-style-type: none"> • Mercy Health 	<p>compliance with regulatory standards.</p> <ul style="list-style-type: none"> • Total number of patients cared for since opening in December 2017 = 173. 2018's ADC: Q1 = 6.18; Q2 = 7.59; Q3 = 7.03 • Inpatient census continues to climb. In 2018, there were 213 admissions, 2,595 gero-psych days, with ADC of 7.1. YTD April 2019: 78 admissions, 845 gero-psych days, with ADC of 7.0. • There is continued interest in offering a Nurse Practitioner-based outpatient practice if office space becomes available. • St. Rita's Medical Center (SRMC) is running a successful telemedicine program in its Hardin County Community Clinic. JTDMH expressed interest in a potential pilot • Chose not to pursue telemedicine program with SRMC – satisfied with assessment process with Coleman Behavioral Health. Additionally, Coleman Behavioral Health

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					<p>support is needed for the disposition of behavioral health patients from our ED.</p> <ul style="list-style-type: none"> • Telemedicine partnership with Premier Health for stroke service in effect since November 2018. Premier's tele-psychiatry program for inpatient coverage is currently internal to the Premier network, with long-term goal of scaling to partner sites. • Established telemedicine process for addiction services via Bright Heart Health in ED in August 2018.
Obesity	<ul style="list-style-type: none"> • HealthSmart Program 	<ul style="list-style-type: none"> • Improved Biometrics. 	<ul style="list-style-type: none"> • Compare 2017, 2018 & 2019 data collection to prior years in major categories. 	<ul style="list-style-type: none"> • United Medical Records (UMR) 	<ul style="list-style-type: none"> • Comparison of 2018 to 2017 UMR Health Risk Reports' summary data reflects the following improved biometrics: <i>HDL ('good') Cholesterol</i> +3 percentage points <i>'Healthy' Triglyceride range</i> +2.5 percentage points <i>Daily physical activity level</i> +1.4 percentage points <i>Tobacco usage</i> decreased 1.9 percentage points from 2017 to 2018. Additionally, at 3.1%, we are 4.1 points lower than the UMR Book-of-Business norm <i>Overall perceived Stress Levels</i> are 10 points better than the UMR Book-of-Business norm

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	<ul style="list-style-type: none"> Grand Lake Health Challenge 	<ul style="list-style-type: none"> Participants will be able to identify, by program end, positive choices in food, exercise, and biometrics, to include BMI. Monitor monthly progress for participants. One education session/month for all participants age 8 and older. 	<ul style="list-style-type: none"> Utilization of beginning and end participant surveys. 	<ul style="list-style-type: none"> GLHS Community Outreach OSU Extension Office County Health Depts Newspapers YMCA Grocery Stores 	<p>(63.5% indicate no or low stress and only 3.5% indicate high stress)</p> <ul style="list-style-type: none"> Employee Biometrics screenings concluded in mid-November. UMR Health Risk Summary Data to be available mid-December. Comparison of 2019 to 2018 UMR Health Risk Reports' summary data reflects the following improved biometrics: <i>Average Wellness Score</i> +1 point <i>Physical Wellness Score</i> +2 points <i>Physical Health (Weight & BMI)</i> 'Healthy' improved by 3 percentage points; 'High risk (obese)' decreased by 3 percentage points <i>Tobacco usage</i> decreased 2 percentage points The 12th Grand Health Challenge began in January 2018 with 559 participants. This compares to the 11th Grand Health Challenge held in 2017 in which 537 participants lost 3,409.1 pounds. New for 2018 is a 'Master Maintainer' program with 3 additional weigh-ins after the close of the 2018 Challenge to bridge

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					<p>between the 2018 and 2019 programs</p> <ul style="list-style-type: none"> • The 12th Grand Health Challenge final results reflect 383 participants completed the challenge. Total pounds lost were 3,941.40, a 15.6% increase over the prior year. • Two of the three 2018 Master Maintainer weigh-ins occurred in July & September (neither were required); with 24 and 8 participants, respectively. The required weigh-in for the program will occur in January. • The 13th Grand Health Challenge final results reflect 308 participants completed the challenge. Total pounds lost was 2,759.10 pounds, a 30% decrease over the prior year. • 76 individuals participated in the 2018 Master Maintainer program from the 12th Grand Health Challenge, with the 1st thru 3rd place finishers losing between 18.94% and 16.28% of their bodyweight.

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					<ul style="list-style-type: none"> Master Maintainer program for the 13th Grand Health Challenge is currently underway, with final weigh-in in January 2020.
Risky Behaviors	<ul style="list-style-type: none"> Provide support to the Medication Assistance Treatment Program (MATP) 	<ul style="list-style-type: none"> Reduced heroin-related incarcerations 	<ul style="list-style-type: none"> Review reports provided by county courts to identify changes. 	<ul style="list-style-type: none"> MATP constituents Auglaize County court system 	<ul style="list-style-type: none"> The Auglaize County MATP continues. The original grant (June 2014-2016) was extended through June 2017. A 63% success rate was reported with success defined as no violations within the past year (29 out of 46 clients). A T-CAP grant (Targeted Community Alternatives to Prison) has been received for funds totaling \$199,218 to allow the program to continue from June 2017-2019. The program continues to be supported through the Auglaize County Court System. From July 2017 – September 2018 we have completed 35 inmate assessments and have provided treatment for 29 clients. The grant administrator is in the process of reapplying for grant continuation. The original grant (June 2014-2016)

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	<ul style="list-style-type: none"> Investigate Smoking Cessation Program offering (GLHS employees and dependents) 	<ul style="list-style-type: none"> Decreased smoking among participants 	<ul style="list-style-type: none"> Track participant success at program completion 	<ul style="list-style-type: none"> Ohio Department of Health 	<p>was extended twice through June 2019.</p> <ul style="list-style-type: none"> The program continues to be supported through the Auglaize County Court System. 29 participants began the program in 2018 and 11 YTD 2019. Of the 84 participants since program inception, 19 (23%) have successfully completed, with 26 participants remaining currently enrolled JTDMH Employee Health has been recently re-organized to now report to Occupational Health rather than Human Resources. JTDMH Outreach Support Specialist is now a certified smoking cessation instructor. We are also investigating the role of Patient Centered Medical Home Health Coordinator to become a certified smoking cessation instructor. Employer Outreach Coordinator provided education to all JTDMH physicians at their November 8th meeting

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					<p>regarding the new program.</p> <ul style="list-style-type: none"> • 1st of 2 group employee educational offerings planned for December re: GLHS' support to stop nicotine habits (overview of treatment options & pharmacy benefits available) • Individualized one-on-one sessions with Employer Outreach Coordinator to be offered in 2019 based on interest (8-12 sessions per employee; includes development of plan for employee to take to their Primary Care Physician) • Program will also be offered to employers in the community that define smoking as a risk factor based on their Wellness Screening Aggregate Report. • Program offered to all JTDMH employees, spouses and dependents 18 yrs and older (regardless of insurance coverage) • Successful in removing prior authorization and obtaining Pharma coverage of 7 FDA-approved cessation

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					<p>medications; significantly reduced cost for those not covered under the GLHS insurance plan</p> <ul style="list-style-type: none"> • 1 participant enrolled and has successfully completed the program/Feedback very positive • Employer Outreach Coordinator has developed communication plan and materials for identified tobacco users based on 2018 wellness screening criteria. In addition, coordinator has set up communication mechanisms with GLPP providers and GLHS' chronic care manager to capture patient progress in the program.
Access to Care	<ul style="list-style-type: none"> • Promote community awareness regarding services offered at GLHS; specifically, primary care access. 	<ul style="list-style-type: none"> • Increase referrals of new patients without existing primary care providers. 	<ul style="list-style-type: none"> • Review referral sources for positive changes in patient referral and need • Work with health department to track educative resources provided to un-attached patients 	<ul style="list-style-type: none"> • Health Departments GLPP ACCA GLHS Community Outreach 	<ul style="list-style-type: none"> • Auglaize County Health Dept. distributing comprehensive Auglaize County primary care provider listings, with location, contact info, office hours, and Medicaid acceptance to parents of young children at immunization appointments; distribution quantity tracking for the Immunizations, Family Planning, WIC, and Help

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	<ul style="list-style-type: none"> Promote awareness of GLHS services via website and social media outlets 	<ul style="list-style-type: none"> Increase promotional opportunities 	<ul style="list-style-type: none"> Review of social media post volume 	<ul style="list-style-type: none"> GLHS Community Outreach GLHS Marketing Hafenbrack 	<p>Me Grow divisions began in 2018</p> <ul style="list-style-type: none"> YTD 2018 (thru 11/9), a total of 13 comprehensive provider listings have been distributed by all divisions of the Auglaize County Health Dept. In 2018, a total of 18 comprehensive provider listings were distributed by all divisions of the Auglaize County Health Dept. YTD 2019, 4 have been distributed. In 2017, there were the following pageviews on the GLHS website: 815 on 'Urgent Care', 426 on 'Find a Physician' and 210 on 'Pediatrics'. In addition, there were 7,471 social media sessions tracked, 98.8% of which were via Facebook. Frequent promotion of new orthopedic providers also occurred in 2017/early 2018 via social media as well as print. For the 12 months ending Oct 2018, there were the following pageviews on the GLHS website: 1,126 on 'Urgent Care', 428 on 'Find a Physician' and 627

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					<p>on 'Pediatrics', putting these pages on track for annual year-over-year increases of 38%, 0.5% and 198%, respectively. In addition, 'St. Marys Primary Care' and 'Wapakoneta Primary Care' had combined 12-month views of 1,136.</p> <ul style="list-style-type: none"> • A targeted online marketing campaign was launched in September 2018 for Kemmler Orthopaedic Center, with 806 website sessions realized in the first two months of the campaign. • For the 12 months ending May 2019, there were the following pageviews on the GLHS website: 745 on 'Urgent Care', 513 on 'Find a Physician' and 1,036 on 'Pediatrics', putting the latter two pages on track for annual year-over-year increases of 20% and 65%, respectively.
Education/ Prevention/ Health Promotion	<ul style="list-style-type: none"> • Provide screenings at health fairs, county fairs, Harvest Fest, and other community functions 	<ul style="list-style-type: none"> • Increase screening participation over previous year. 	<ul style="list-style-type: none"> • Review/compare participant records as percent screened each year (2017, 2018, 2019) compared to prior year. 	<ul style="list-style-type: none"> • GLHS Community Outreach YMCA County Health Depts 	<ul style="list-style-type: none"> • 3,671 blood pressure screenings at 133 events in 2017 vs. 3,151 blood pressure screenings at 153 events in 2016; 16.5% increase

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	<ul style="list-style-type: none"> Colorectal screening kits 	<ul style="list-style-type: none"> Increase the number of kits provided over previous year 	<ul style="list-style-type: none"> Review/compare distribution volumes (2017, 2018, 2019) compared to prior year. 	<ul style="list-style-type: none"> GLHS Community Outreach YMCA 	<ul style="list-style-type: none"> 199 osteoporosis screenings at 11 events in 2017 vs. 126 osteoporosis screenings at 10 events in 2016; 57.9% increase YTD 2018 (thru 11/6): 3,193 blood pressure screenings at 90 events & 123 osteoporosis screenings at 8 events 3,362 blood pressure screenings at 115 events in 2018 vs. 3,671 at 133 events in 2017; 8.4% decrease 123 osteoporosis screenings at 8 events in 2018 vs. 199 at 11 events in 2017; 38.1% decrease YTD 2019 (thru May): 649 blood pressure screenings at 34 events and 84 osteoporosis screenings at 2 events Colorectal screening kits are distributed at the health fairs as well as throughout the month of March at wellness programs (National Colorectal Awareness Month). Distribution: 179 kits at 5 events in 2017, which represents a 10% increase over the last tracked year (162 kits in 2015)

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					<ul style="list-style-type: none"> • YTD 2018 (thru 11/6) distribution: 132 kits at 6 events • 2018 distribution: 132 kits at 6 events • YTD 2019 (thru May) distribution: 37 kits at 3 events