



THE HEALTH  
COLLABORATIVE



**GDAHA**  
GREATER DAYTON AREA  
HOSPITAL ASSOCIATION

The Link to Quality Care

# Community Health Needs Assessment

A regional collaborative report produced by the Greater Dayton  
Area Hospital Association and The Health Collaborative

## **Kettering Health Network**

Fort Hamilton Hospital  
Grandview Medical Center  
Greene Memorial Hospital  
Kettering Medical Center  
Soin Medical Center  
Southview Medical Center  
Sycamore Medical Center

## **Premier Health**

Atrium Medical Center  
Good Samaritan Hospital  
Miami Valley Hospital  
Miami Valley South Hospital  
Upper Valley Medical Center

## **Wilson Health**

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# COMMUNITY HEALTH NEEDS ASSESSMENT

## Executive Summary

Twelve hospitals came together to conduct a collaborative Community Health Needs Assessment (CHNA), organized by The Health Collaborative in Cincinnati, Ohio and the Greater Dayton Area Hospital Association in Dayton, Ohio. The Health Collaborative assembled a highly-qualified team which included a consultant with prior CHNA experience and members of the graduate program of Xavier University's Department of Health Services Administration. A Senior Vice President at The Health Collaborative provided executive oversight. Staff of the Greater Dayton Area Hospital Association coordinated the community-based focus groups.

Representatives from three healthcare systems (representing the 13 hospitals) met twice in person and held four conference calls in the fall of 2015. They comprised the CHNA Committee. This group assisted in process design, provided feedback to the consultant and The Health Collaborative, and shared best practices with each other.

Consistent sources of comparable data were available only at the state and county level, and therefore each participating hospital identified which counties contained their services areas. Service areas spanned eight counties in Ohio, and data were included from two adjacent counties. Results in this report include data from a structured survey, qualitative data from multiple focus groups, an analysis of available secondary data, and findings from health department interviews and surveys.

This report fulfills most of the required activities for the CHNA. To complete the process, hospitals will take the report back to their administrations to design and execute a prioritization process, describe what has happened with the implementation strategies of their last CHNA, obtain board approval, and post publicly. Both the Greater Dayton Area Hospital Association and The Health Collaborative will publish the report on their websites at [gdaha.org](http://gdaha.org) and [healthcollab.org](http://healthcollab.org).

The CHNA Team collected 106 measures from publicly available sources, starting with the County Health Rankings. Criteria for inclusion included availability of trend data at the county level and ease of comparison and updating.<sup>1</sup>

The Community Need Index analytic tool identified ZIP Codes where residents are likely to experience barriers to care and not receive needed services. Twenty-two ZIP Codes, or 17.9% of the total 123 ZIP Codes, had high scores indicating a likelihood of disparities in health care for some ZIP Codes in: Butler, Clark, Darke, Greene, Miami, and Montgomery Counties.

Primary data collection involved interviews of public health officials; online and paper surveys; and community focus groups. There were four distinct stakeholder groups with separate analysis for comparison: 1) consumers and organizations which attended focus group meetings, 2) individuals

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<sup>1</sup> Two limitations of secondary data were 1) the time lag between incidence and online data retrieval and 2) inconsistent measuring and reporting of infectious disease (e.g., Hepatitis C).

surveyed, 3) organizations surveyed, and 4) health departments. All respondents answered questions about serious health issues, issues handled well, issues not addressed enough, and barriers to care.

Hospitals invited nonprofit agencies and organizations serving the medically underserved, low-income, and minority populations to attend meetings and complete surveys. Sixty-seven organizations sent 83 representatives to participate in focus groups. Meeting attendees shared the names of the individuals representing each organization. Survey respondents also identified the types of vulnerable populations served. Participating organizations provided the name of—and areas served by—their organization. Fourteen representatives of local health departments attended focus group meetings, including nine health commissioners.

The CHNA Team compared the secondary data to what each of the four stakeholder groups identified as priorities or the most serious health issues facing the community. For the secondary data, the criteria for determining priorities included presence of health issues in multiple counties, worsening trends, and rates worse than the state and national rates. For the primary data, the CHNA Team tabulated the votes at the community focus groups and how often phrases and themes recurred in survey and interview responses. Primary input included identification of underserved populations and unmet needs. There were 104 people who voted for their top three priorities in a focus group, and 469 individual consumers whose survey responses were combined to determine the priorities mentioned most frequently. The CHNA Team also analyzed responses from 94 agencies and 11 health departments to identify their consensus on priorities. In total, 629 people provided input for the regional Community Health Needs Assessment process.

Four counties had a high number of measures with worsening trends: Montgomery (15 issues); Clark (13); Shelby (12); and Darke (8). The combined priorities across the region reflected the top issues from all four primary sources plus secondary data.

- All five sources of input identified as a priority: Substance abuse.
- Four sources of input identified as priorities: Access to care and/or services.
- Three sources of input identified as priorities: Chronic diseases; Diabetes; Mental health; and Obesity.
- Two sources of input identified as priorities: Cancer; Heart disease; and Infant mortality.

Other highlights from the secondary data included:

- Nine measures showed trends going in the wrong direction for at least 50% of the counties. They were: Cancer (all types, overall), Substance abuse, Diabetes, Breast cancer, Accidents, Access to care, Respiratory diseases, Lung cancer, and Heart disease. Cancer overall had a worsening trend in eight of the 10 counties. Substance abuse was next, as a problem in seven of the 10 counties. Diabetes prevalence and deaths were trends getting worse in six counties.
- Based on mortality data from the CDC, there were two causes of death with regional impact. Both Heart disease and Lung cancer were top causes of death in all 10 counties. In 2014:
  - Atherosclerotic heart disease was the cause of 6.6% of deaths in the region.
  - Malignant neoplasm of the bronchus or lung was the cause of 6.3% of deaths.

The data and comments reflect similar concerns across a large and diverse region, and they reinforce the value of a comprehensive and collaborative approach to the Community Health Needs Assessment. Prioritization and collaboration are both important, because no one entity can effect dramatic change in these serious areas within the three-year timeframe of the CHNA process.

# COMMUNITY HEALTH NEEDS ASSESSMENT

## Chapter 1. Collaborative Partners

In recognition of the Cincinnati and Dayton markets growing together, The Health Collaborative and the Greater Dayton Area Hospital Association (GDAHA) started in 2007 to develop a closer working relationship and provide some joint services to members. They combined their efforts and resources to offer a collaborative approach for the Community Health Needs Assessment (CHNA) process. Nonprofit hospitals in the greater Dayton region agreed to work together to produce a comprehensive CHNA. Each participating healthcare system designated a representative to join the CHNA Committee. Partner organizations also provided a representative. The healthcare systems signed an agreement with The Health Collaborative to develop and implement the process with a CHNA report as the end product. The hospitals will use the report as a basis for determining their priorities. They are listed on the cover of the report and below:

- Kettering Health Network
  - Fort Hamilton Hospital
  - Grandview Medical Center
  - Greene Memorial Hospital
  - Kettering Medical Center
  - Soin Medical Center
  - Southview Medical Center
  - Sycamore Medical Center
  
- Premier Health
  - Atrium Medical Center
  - Good Samaritan Hospital
  - Miami Valley Hospital
  - Miami Valley South Hospital
  - Upper Valley Medical Center
  
- Wilson Health

The CHNA Team involved four entities working closely together: The Health Collaborative (lead agency); GDAHA (coordination of communications and relationship management); Gwen Finegan (project manager); and Xavier University (secondary data collection). The Health Collaborative contracted with Gwen Finegan to conduct a comprehensive and collaborative assessment for the healthcare systems and hospitals and hired two graduate student interns from Xavier University to assist her.

## ROLES AND RESPONSIBILITIES

### Hospitals

The hospitals agreed to the following:

- Identify a single point-of-contact as a representative on the CHNA Committee;
- Attend 1-2 CHNA meetings and weekly conference calls, or designate a representative;
- Participate in planning and provide feedback;
- Create a diverse and inclusive invite list for community meetings;
- Distribute invitations (by mail, email, in person, social media, and/or on bulletin boards) two weeks in advance of scheduled meeting;
- In counties with only one hospital, the hospital would identify an accessible and central location;
- Coordinate timing of community events with GDAHA and The Health Collaborative; and
- In counties with multiple hospitals, the hospitals agreed to collaborate with GDAHA and other hospitals as needed for joint meetings in neutral meeting spaces.

### Partners

The partner organizations each agreed to share information and expertise with the CHNA Team throughout the process; identify a single point-of-contact as its representative on the CHNA Committee; and attend CHNA Committee meetings.

#### *The Health Collaborative*

##### **Dora Anim, MPA**

Senior Vice President, Programs and Services

The Health Collaborative is a nonprofit organization serving the Greater Cincinnati area. It works with its member hospitals on health care improvement projects, shares best practices, and gains exclusive access to comprehensive data. In late 2014 Ms. Dora Anim contacted its member hospitals to determine their interest in sharing the cost and services of a consultant. They agreed to pursue a collaborative regional approach for Greater Cincinnati, and, for the second time, The Health Collaborative served as the convenor and conduit for conducting a regional Community Health Needs Assessment (CNHA).

Ms. Anim contracted with consultant Gwen Finegan, who had been responsible for the 2013 CHNAs for six Mercy Health hospitals. At the same time Dr. Edmond Hooker, from Xavier University, contacted Ms. Anim. The three of them agreed to work together and determined that Dr. Hooker's graduate students would assist with data collection. They also decided to include in the project budget the cost to cover two interns. The team is described in more detail below.

Dora Anim was the executive sponsor of this initiative at The Health Collaborative. Ms. Anim convened member hospitals, managed the contractual agreements, provided executive oversight, and reported results to the board and other community stakeholders. In the summer of 2015, The Health Collaborative and the Greater Dayton Area Hospital Association agreed to apply the same process, with the same team, to collaborate on a regional approach for Greater Dayton.

## *Greater Dayton Area Hospital Association*

### **Shawn Imel**

Practice Integration Specialist

The Greater Dayton Area Hospital Association (GDAHA) is a nonprofit organization serving the Greater Dayton area. It works with its member hospitals on health care improvement projects, shares best practices, and gains exclusive access to comprehensive data. Mr. Imel contacted community organizations, arranged for meeting spaces and refreshments, provided meeting handouts, scribed at focus group meetings, and served as liaison with local health departments and the Dayton community.

## *Gwen Finegan*

Gwen Finegan is a consultant who works for corporations, small businesses, and nonprofits, writing and consulting in the areas of strategic planning, organizational development, board retreats, and meeting facilitation. She has extensive experience in initiating and completing large-scale projects and engaging community participation at neighborhood and regional levels.

Past experience includes her role as the Regional Director, Community Outreach for Mercy Health, where she was responsible for developing the 2013 CHNA reports for six Mercy Health hospitals serving urban, suburban, and rural areas. She shared best practices with hospital members of the Greater Cincinnati Health Council (now known as The Health Collaborative, or THC), and she served on a statewide committee of Catholic Health Partners to understand and implement the new IRS regulations for Community Health Needs Assessments. THC hired her to produce the 2016 Greater Cincinnati CHNA for 10 healthcare systems and their 20 hospitals in 23 counties. She teaches the Health Data Management course for the Department of Health Services Administration at Xavier University, drawing from her ten years of experience with Mercy Health.

Her role involved the following activities:

- Day-to-day management of operations
- Identifying and vetting data resources
- Liaison with community organizations
- Process design and implementation (including but not limited to timeline creation; creation of marketing materials; creation of survey questions; meeting design; and overall approach and methodology)
- Quality control
- Supervision of interns
- Support for hospital representatives (including presentations to hospital stakeholders, meeting facilitation, communication by phone and email, consideration of hospital-specific requests, and sharing best practices)
- Writing and formatting report and creating report's appendices

## *Xavier University*

### **Edmond A. Hooker, MD, DrPH**

Associate Professor, Department of Health Services Administration  
Xavier University

Edmond Hooker, MD, DrPH, is an Associate Professor of Epidemiology at Xavier University and an active Emergency Medicine physician. He offered his graduate students to perform the preliminary collection of secondary data and to update it annually. In past years, Xavier University had published an

annual report, titled “Indicators of Healthy Communities,” based on data compilation by its Health Services Administration students. Ms. Finegan had served as one of their community resource experts for this project in 2012, when she was Mercy’s Advocacy & Public Affairs Officer.

Dr. Hooker supervised the graduate students’ data collection and facilitated the process of recruiting interns for this project. Going forward, he has agreed to have his graduate students provide annual data updates to the information collected for the CHNA.

### **James Horne**

Graduate Student | Master of Health Services Administration ‘17

Mr. Horne had prior experience in research with the Dean of Economics at the University of Dayton and in management information systems through his internships with LexisNexis and Teradata Corporation. Mr. Horne took a lead role with contacting health departments, scheduling meetings and refreshments, and managing RSVPs for community meetings.

### **Zachary Oglesby**

Graduate Student | Master of Health Services Administration ‘17

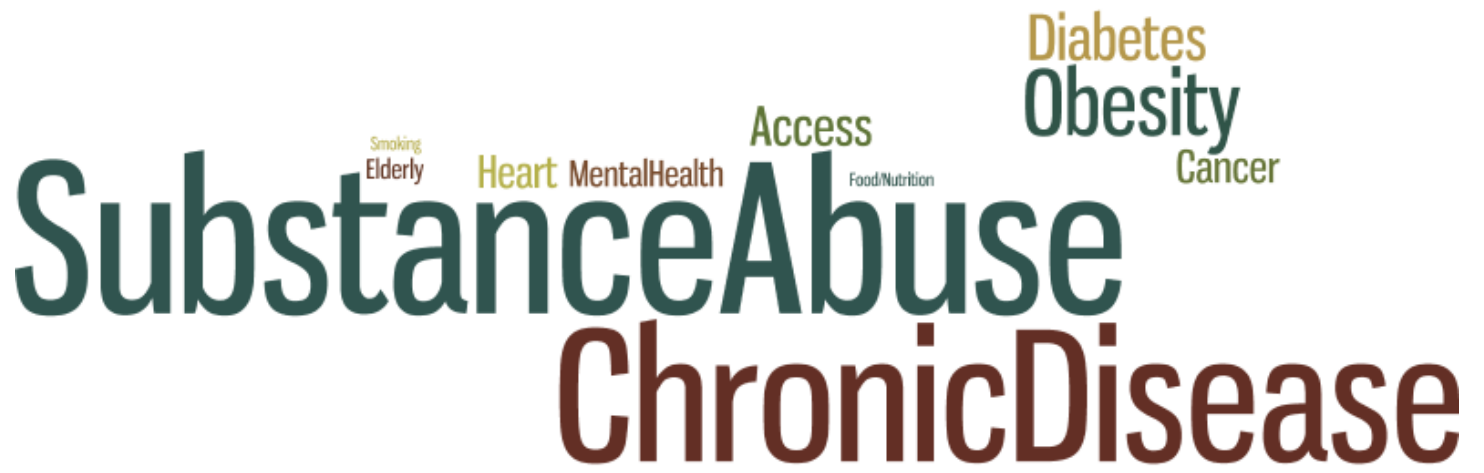
Mr. Oglesby has data analysis and presentation experience as a research assistant for Dr. Eileen Alexander, Assistant Professor of Health Services Administration at Xavier University. He also had prior work experience training physicians on use of the electronic medical record. Mr. Oglesby took a lead role on design and layout of charts, maps, reports, surveys, and tables.

Both interns shared the following responsibilities:

- Data collection, verification, proofreading, interpretation, analysis, and compilation
- Evaluation of and tracking data sources
- Evaluation and analysis of GIS mapping resources
- Production of marketing materials
- Compilation and analysis of survey results
- Compilation of responses and qualifications of health departments
- Communications with Ohio Department of Health staff and other experts
- Facilitating and scribing community meetings
- Creation of resource list
- Contributions to written report

See the Acknowledgments in Appendix A for a full list of health systems’ representatives and partners.

FIGURE 1. CONSUMER PRIORITIES: MOST SERIOUS HEALTH ISSUES WORD CLOUD



# Chapter 2. Communities Served

## DESCRIPTION

Hospitals reviewed their standard method of evaluating a geographic service area, for example where 75% or more of their patients live. They also considered geographic areas where vulnerable and under-served populations live – both within the service area (in a ‘doughnut hole’) or in areas immediately adjacent to the service area traditionally considered for marketing or statistical purposes. This approach recognizes that people may live in or next to a service area but encounter financial or other barriers that keep them from seeking hospital care.

Figure 2 on the next page shows the ten counties of the Greater Dayton region included in the CHNA.

## DEFINITION

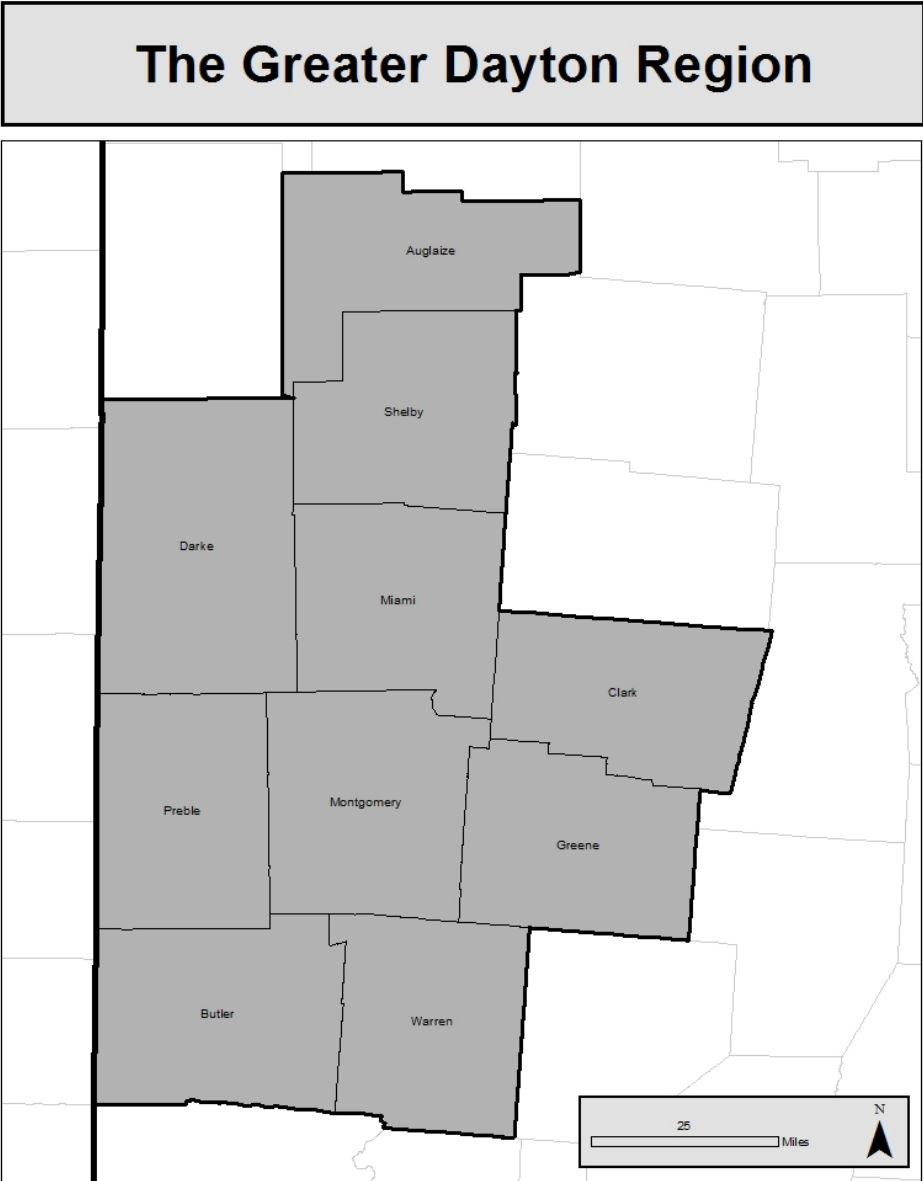
The healthcare systems identified which counties included the geographic areas served by their hospitals. In addition, data were collected from Auglaize and Clark Counties, adjacent to the GDAHA service area. See Table 1 below for the hospitals’ primary service areas.

**TABLE 1. HOSPITAL SERVICE AREAS**

Hospital / System Name	Hospital Facilities Included in CHNA	Service Areas Defined by County
Kettering Health Network	Fort Hamilton Hospital Grandview Medical Center Greene Memorial Hospital Kettering Medical Center Soin Medical Center Southview Medical Center Sycamore Medical Center	Butler Darke Greene Miami Montgomery Preble Shelby Warren
Premier Health	Atrium Medical Center Good Samaritan Hospital Miami Valley Hospital Miami Valley South Upper Valley Medical Center	Butler Darke Greene Miami Montgomery Preble Shelby Warren
Wilson Health	Wilson Health	Shelby



FIGURE 2. 10-COUNTY REGION



HealthLandscape

Source: The Health Collaborative

FIGURE 3. CONSUMER PRIORITIES: ISSUES HANDLED WELL WORD CLOUD



## Chapter 3. Process and Methods

For the third time, The Health Collaborative (THC) convened nonprofits hospitals to participate in a regional CHNA. THC kept the elements that worked well from Greater Cincinnati for 2013 and 2016 and incorporated the collective learning from those efforts.

What worked well was the collaborative nature of the project that included hospital representatives as active participants in regular meetings. This time, THC asked for the hospital representatives to take a more active role with process design and encouraged continuous feedback for ongoing improvement. GDAHA coordinated with hospital representatives to make arrangements for focus group meetings.

Focus groups, stakeholder interviews, and surveys served to solicit primary data. Comments and discussion from 11 community-based focus groups informed the report and provided a context for the secondary data. Focus group participants numbered 106, and they represented 41 ZIP Codes (one-third of all ZIP Codes in the 10-county region). GDAHA, THC, and hospitals distributed links to surveys for both individuals and organizations serving vulnerable populations, most of which were completed online. Forty-five agencies and 469 individuals completed surveys.

Eleven health departments participated at the local and county level, responding to surveys or agreeing to interviews. In addition, nine health commissioners attended meetings in person, and five health department staff attended.

The involvement of Xavier University's graduate students in Health Services Administration made possible more robust secondary data collection. Dr. Hooker's students in Spring 2015 collected five years' worth of county-level data for some of the counties using County Health Rankings. THC hired two of the graduate students as interns from May 2015 to January 2016, and the interns added considerably to the data sources, completed the data compilation, researched the best approach for some elusive data and data comparisons, and contacted the Ohio Department of Health to fill in the blanks and help validate the data.

### PRINCIPLES

The approach to designing a regional and community-oriented CHNA started with five key attributes:

**Collaborative** – The hospitals were active participants in contributing to the design and execution of the CHNA. THC and GDAHA worked well together to represent their respective hospital members and convened their representatives at regular intervals to obtain input and feedback.

**Inclusive** – THC and hospitals cast the net widely to include agencies serving vulnerable populations. Choices of meeting spaces took into consideration access, transportation, welcoming environment, and location in areas where underserved people live.

**Participatory** – Forty-five minutes to an hour of each focus group was devoted to hearing from the people who arrived to share their ideas and experiences.

**Reproducible** – Facilitators asked the same questions at focus groups, interviews, and in surveys. If people could not attend a focus group, they had the opportunity to respond to the same questions via

survey. Facilitators asked consistent questions in urban areas, rural areas, large counties, and small counties.

**Transparent** – Interns created ‘County Snapshots’ from secondary data to share at community meetings. Each County Snapshot was one page. Attached to the Snapshot was a Community Need Index (CNI) map for all the ZIP Codes per county. In order to avoid influencing the top-of-mind concerns of focus group participants, the facilitators asked the first question about ‘most serious health issues’ before sharing the Snapshot and CNI map. Then participants had the same information that the meeting facilitators had. At each meeting, facilitators shared THC’s and GDAHA’s websites where the final report will be available to the region, as well as on hospitals’ websites.

## Healthcare Equity and Disparity

The CNI identifies the severity of health disparity based on specific barriers known to limit health care access. Catholic Healthcare West and Solucient developed the original CNI maps more than 10 years ago. They conducted validation testing on this standardized approach to create a high-level assessment of relative need.

The validation testing affirmed the link between community need, access to care, and preventable hospitalizations. A comparison of CNI scores to hospital utilization showed a strong correlation between high need and high use. Admission rates were more than 60% higher for communities with the highest need (CNI score = 5) compared to communities with the lowest need (CNI score = 1).<sup>2</sup>

For ambulatory sensitive conditions, the highest need ZIP Codes had hospital admission rates 97% higher than the lowest need ZIP Codes – almost twice as high. These are conditions that can be successfully treated in an outpatient setting and would not usually require hospital admission.

The CNI is an objective and unbiased assessment of community need and socioeconomic barriers to health care. A high CNI score is a warning sign. It announces: ‘Look here! People living in this ZIP Code are more likely to have a disadvantage in accessing care, affording care, preventing and managing disease, obtaining an early diagnosis, having access to health information, and understanding medication and doctors’ instructions.’

Scores were based on the barriers shown in Table 2 on the next page.

“Higher early/premature death, preventable chronic diseases, and poor social conditions”

-Montgomery County resident

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<sup>2</sup> Roth, R., Presken, P., and Pickens G. (2004). “A Standardized National Community Needs Index for the Objective High-Level Assessment of Community Health Care.” San Francisco: Catholic Healthcare West. [www.dignityhealth.org/stellent/groups/public/@xinternet\\_con\\_sys/documents/webcontent/084757.pdf](http://www.dignityhealth.org/stellent/groups/public/@xinternet_con_sys/documents/webcontent/084757.pdf).

**TABLE 2. COMMUNITY NEED INDEX - BARRIERS**

Barrier	Description	Reason for Inclusion
Income	Percentage of elderly, children, and single parents living in poverty	Patients may be less able to pay for insurance and/or health expenses
Cultural/ Language	Percentage Caucasian/ non-Caucasian and percentage of adults over the age of 25 with limited English proficiency	Barrier can contribute to increased prevalence of disease and lower recruitment into government health programs. Patients may not understand medical instructions or be able to read prescription labels.
Education	Percentage without high school diploma	It is an indicator of poor health and increased likelihood of poverty and lack of insurance. Patients may not recognize early disease symptoms or understand medical information.
Insurance	Percentage uninsured and percentage unemployed	Patients may delay or forego treatment, resulting in hospitalization for chronic conditions.
Housing	Percentage renting houses	Rental housing is more likely to be sub-standard and be located in areas with higher crime rates, lower quality schools, limited healthy food choices, and fewer recreational opportunities. It is associated with transitory lifestyles that may deter health prevention.

The CNI is a starting point for looking at geographic areas with a fresh perspective. Hospitals cannot always know about the barriers experienced by people who don't come to the hospital. This is a foundation on which to layer specialized knowledge, local context, and information about emerging trends. Addressing the underlying causes of health inequity and disparity of care can also achieve the Triple Aim of improved care for individuals, improved health of the community, and reduced costs associated with unnecessary hospitalizations and diseases discovered only at a late stage.

The Centers for Disease Control and Prevention has published two reports on health disparities and inequalities in 2011 and 2013.<sup>3</sup> A summary of their findings is included as Appendix B. The summary describes 32 areas where disparity and inequality has been documented within the categories of Social Determinants of Health; Environmental Hazards; Health-Care Access and Preventive Health Services; Mortality; Morbidity; and Behavioral Risk Factors.

**“Care solutions designed for people who may not fit traditional care model.”**

**-Community-based organization**

<sup>3</sup> CDC Health Disparities & Inequalities Report – 2013. MMWR / November 22, 2013 / Vol. 62.  
 CDC Health Disparities & Inequalities Report – 2011. MMWR / January 14, 2011 / Vol. 60.

## COLLABORATIVE DESIGN

In the summer of 2015 THC and GDAHA convened representatives from the participating hospitals for an initial meeting. The group agreed on the process. Dr. Edmond Hooker offered his expertise and guidance through the data collection process, providing assistance on the significance of medical indicators. In the fall of 2015 the group met again via conference call to review initial data collection and to refine strategies for publicizing the focus groups. Wilson Health developed a press release to share with partners for consistent regional messaging about the focus groups. Healthcare partners, THC, and GDAHA posted survey links on their websites. The partners met again at the conclusion of the primary data gathering to review the preliminary results at the regional level and to agree on the Table of Contents for the CHNA report.

## METHODS

For the collaborative design, the process for gathering primary data, and the process for identifying, collecting and analyzing secondary data, the CHNA team depended on a variety of methods. Here is a brief description of the activities and tools utilized most often.

- Analysis of priorities to identify areas of consensus, from all data sources, by geographic area
- Categorization and analysis of key phrases and key words in all collected responses
- Community Need Index
- Comparison of most frequent health issues by geographic area and by secondary or primary data source (i.e., individual, agency, meeting, health department)
- Consultation with physicians and public health experts (e.g., regarding heroin, Sexually Transmitted Diseases, environmental health)
- Design and feedback meetings with hospital representatives (8/5 & 12/11 in person; conference calls on 10/12, 10/19, 10/26 & 11/2/2015)
- Facilitated brainstorming with individuals and agencies serving vulnerable populations
- Focus group meetings that included a '3-dot' process to identify the top three priorities
- Geographic Information System (GIS) mapping programs to identify compelling data and represent data visually
- Initial data entry by graduate students in Xavier University's Department of Health Services Administration
- Marketing materials for hospitals to use or adapt to their needs
- Online databases for researching accurate and reliable data
- Personal interviews with health commissioners (some preferred responding by survey)
- Phone calls with local and state health departments
- Proofreading of secondary data entry for accuracy and consistency by graduate student interns
- Regular communication with hospital representatives
- Review of reports and publications on health, and health-related, topics
- Shared data in form of County Snapshots and Community Need Index maps
- Standard set of stakeholder questions (for individual, agency, focus group, health department)
- SurveyMonkey (Gold) for tracking responses at meetings, from interviews, or on surveys
- Tabulation of responses by geographic area and region-wide
- Trained scribes to record every meeting comment and 'dot' priorities
- Word cloud creation to identify top broad categories

- Word count to determine frequent categories and to identify dominant topic within a category (e.g., how many times ‘heroin’ was mentioned within ‘Substance abuse’ category)

None of the hospitals reported receiving written comments from the public regarding the 2013 CHNA or subsequent Implementation Plan.

## SECONDARY DATA

### Data Collection and Entry

Dr. Hooker at Xavier University offered the services of his graduate students in the Department of Health Services Administration to collect data for the CHNA. Ms. Finegan designed a data collection worksheet and instructed students in two class meetings. Initially, the County Health Rankings (CHR) formed the foundation for data collection with its county-level focus on health outcomes, health factors, health behaviors, quality of life, clinical care, physical environment, and socioeconomic factors.

The Health Collaborative hired two of the graduate students as interns for nine months. They verified the data and ensured consistent formatting. Mr. Horne and Mr. Oglesby identified and collected supplemental data. They accessed the interactive CNI tool on the Dignity Health website to create county-level maps and ZIP Code tables.<sup>4</sup> The interns also monitored periodic data updates on the CHR and CNI websites and revised the data worksheets until September 2015.

### Data Sources

The standards for researching and including data were:

- Comparable (measures that could be compared, across all counties, to benchmarks or state/national rates)
- County-level data (ZIP Code level preferred but rare)
- Focus on health outcome data (preferred over subjective survey data when both were available)
- Reproducible (new update available in three years or every three years)
- Reputable source
- Trend data available (more than one data point; five years preferred)

These standards are consistent with and extend the measurement principles of the Institute for Healthcare Improvement’s Triple Aim.<sup>5</sup> The CHR was an excellent starting point, but the CHNA Team discovered additional sources with more recent data as well as indicators for measures not collected by CHR. The prevalence of certain cancers, the rapid increase of heroin overdose deaths in the region, and additional mortality data are examples of supplemental data. Many excellent sources of information did not have a breakdown below the state level or did not include the entire region. The CHNA Team contacted the state health department, local health departments, and local experts when there was confusion about wording or collection of data that varied by county.

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<sup>4</sup> [www.dignityhealth.org/cm/content/pages/community-health.asp](http://www.dignityhealth.org/cm/content/pages/community-health.asp).

<sup>5</sup> Stiefel M. and Nolan K. (2012). A Guide to Measuring the Triple Aim: Population Health, Experience of Care, and Per Capita Cost. IHI Innovation Series white paper, p. 3. Cambridge MA.

The CHR measures and the supplemental measures are listed below. More detail is available in: Appendix C. List of Data Sources, which lists each measure and the years covered, and Appendix D. Explanation of Measures and Trends, which describes the meaning of each trend.

### *County Health Rankings*

*(2015 and preceding years – drawn from the following sources)*

- Behavioral Risk Factor Surveillance Survey (BRFSS)
- Bureau of Labor Statistics
- Business Analyst - ESRI (aka Environmental Systems Research Institute)
- Centers for Disease Control and Prevention (CDC) - Diabetes Interactive Atlas
- Centers for Disease Control and Prevention - WONDER mortality data
- Centers for Medicare and Medicaid Services (CMS) - National Provider Identification File
- County Business Patterns
- Dartmouth Atlas of Health Care
- Data.gov
- Delorme Map Data
- Federal Bureau of Investigation (FBI) - Uniform Crime Reporting
- Feeding America - Map the Meal Gap
- Health Indicators Warehouse (HIW)
- Health Resources and Services Administration (HRSA) - Area Health Resource File/American Medical Association
- Health Resources and Services Administration - Area Health Resource File/National Provider Identification File
- National Center for Education Statistics
- National Center for Health Statistics
- National Center for HIV/AIDS, Viral Hepatitis, STD, and TB prevention
- National Highway Traffic Safety Administration (NHTSA) - Fatality Analysis Reporting System
- United States Census - American Community Survey
- United States Census - Population Estimates
- United States Census – Small Area Income and Poverty Estimates
- United States Census - Tigerline Files
- United States Department of Agriculture (USDA) - Food Environment Atlas

### *Supplements to County Health Rankings*

- Centers for Disease Control and Prevention - WONDER Mortality Data - Cause of Death & Underlying Causes of Death
- Community Commons (mapping based on County Health Rankings, 2014)
- Community Need Index (maintained by Dignity Health and Trueven Analytics)
- Environmental Protection Agency (EPA)
- Greater Cincinnati Community Health Status Survey (GCCHSS) – for Butler and Warren Counties
- Health Indicators Warehouse (HIW)
- Healthy Ohio - Ohio Department of Health (ODH)
- New York Times - Enroll America and Civis Analytics
- Ohio Department of Mental Health and Addiction
- Pride Student Drug Use Survey (administered in Butler and Warren Counties by PreventionFIRST!)



## Data Challenges and Gaps

The first and most persistent challenge was the lag time from when data was first recorded to the time when it became publicly available in an easy-to-use format. For many measures, the CHNA Team counted it as a major victory if it discovered data as recent as 2013 – the year of the previous CHNA. For example, the most recent “Summary of Notifiable Diseases,” published by the *Morbidity and Mortality Weekly Report* was dated September 19, 2014 and reported on 2012 data. There are many such examples. Finding the actual dates of the information can require reading tiny footnotes or searching several levels deep in a website. Some excellent reports have been discontinued, are published irregularly, or have long multi-year gaps between updates.

For counties with small populations, mortality and disease statistics are sometimes suppressed to preserve confidentiality and privacy, have numbers too small to be reliable, or the reported data are not actual but based on a state average (which can be misleading for a small rural county). Due to the time lag between incidence and online data retrieval, emerging problems such as the heroin epidemic in the region are difficult to quantify accurately. For example, a heroin drug overdose might be characterized as drug poisoning. One intern found a cause of death listed as drug poisoning caused by multiple drugs. The fine print described the multiple drugs as heroin and caffeine. Comments at the local level, by individuals and by agencies, indicate a much bigger problem than demonstrated by the available data.

Another challenge was the inconsistent measuring and reporting of infectious disease. States vary in what and how they report. For example, HIV and AIDS in Ohio are not listed in Class A (report immediately) or Class B or C (report by end of next business day). These diseases and related conditions are to be reported “in a manner prescribed by the Director.” There is mandatory and voluntary reporting, but standards are not consistent among states. Mandatory reporting includes personal identification, and each state decides what is reportable. The regulations can also change over time. Some diseases are considered voluntarily notifiable (without personal identification) at the national level, but a state may choose not to report it.<sup>6</sup>

The CHNA Team was not able to use Hepatitis C data, which is on the increase in the region, because the Centers for Disease Control and Prevention (CDC) consider it to be unreliable based on the geographic variations in testing methods. According to the CDC,<sup>7</sup>

Disease reporting is likely incomplete, and completeness might vary depending on the disease and reporting state. The degree of completeness of data reporting might be influenced by the diagnostic facilities available, control measures in effect, public awareness of a specific disease, and the resources and priorities of state and local officials responsible for disease control and public health surveillance. Finally, factors such as changes in methods for public health surveillance, introduction of new diagnostic tests, or discovery of new disease entities can cause changes in disease reporting that are independent of the actual incidence of disease.

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<sup>6</sup> National Notifiable Disease Surveillance System. “Data collection and reporting.” <http://wwwn.cdc.gov/nndss/data-collection.html>.

<sup>7</sup> [www.cdc.gov/mmwr/PDF/wk/mm6153.pdf](http://www.cdc.gov/mmwr/PDF/wk/mm6153.pdf)

## Analysis of Secondary Data

After assembling data worksheets for a total of 106 measures for each county, the CHNA team applied the following criteria to determine the most significant health needs for a one-page summary, titled a County Snapshot. The criteria for inclusion on a County Snapshot and potential use as a 'call-out' were:

- Top causes of death
- Worsening trend
- Lagging national and state rates
- Falling behind a Healthy People 2020 target
- County in the bottom quartile for a measure (compared to other counties in the state)

The analysis included identifying key data points to use as 'call-outs' to make it easy for people at community meetings to see, at a glance, some of the large problems facing their community. For this reason, the CHNA team collected and analyzed the secondary data in advance of the meetings in order to share county-level data with people and agencies in the community.

Some measures were retained for a County Snapshot, even if not critically important, when the measure was relevant to an adjacent county or for the whole region. Other considerations for inclusion were if a measure represented a risk factor for serious disease (e.g., smoking) or conditions easily treated or prevented (e.g., sexually transmitted disease).

The CHNA Team also kept track of measures mentioned in the previous CHNA and priorities identified at the state level. After reviewing the data at the county level, the County Snapshots and CNI maps helped the CHNA Team to identify regional issues that affected multiple counties. HealthLandscape created maps for the data reflecting significant regional issues.

“People still go without their meds and lab work.”

-Montgomery County resident

## PRIMARY DATA

Primary data were obtained, with a uniform set of questions, via the following:

- Interviews with, or surveys submitted by, 11 local and county public health commissioners (or their delegates) to identify critical health needs and identify community resources to meet the needs;
- Focus group meetings, held in 10 counties -- with 104 representatives of community organizations and/or members of medically underserved and vulnerable populations -- to identify serious issues, identify barriers (financial and non-financial), give input for current needs assessment, prioritize issues, and identify resources to address health and health-related issues; and
- Online surveys throughout the region of individuals (469) and agencies (45) serving vulnerable populations.

## Community Invitations

Hospitals chose a variety of ways to invite stakeholders to participate. They used mailed letters, emails, newsletters, and flyers. The CHNA Team created marketing materials for a communications toolkit that hospitals could use or adapt for their purposes. Materials provided were:

- Choice of two flyers to publicize community focus groups – with space to insert date, time, location, and hospital name(s) (A copy of a flyer is included in Appendix E.)
- Key messages (talking points) - to be used internally or externally
- Purpose of community meetings - for internal use
- Draft letter of invitation - adaptable for hospital use to invite people to attend community meetings (sent out two+ weeks before a scheduled meeting)
- Sign-in sheet for community meetings
- Paragraph for newsletter - primarily intended for external audience that includes community organizations with which hospitals partner

The CHNA Team also provided suggestions of the types of community partners to contact, both for inviting to a community meeting but also to invite people to take the survey if they couldn't attend a meeting. Nonprofit agencies were asked to share the survey links with staff and clients and to post flyers about focus group meetings in public areas. Wilson Health developed a news release that Premier Health and Kettering Health Network customized for their communities.

## *Recommended Invitation List*

### **Local and county Health Departments**

### **Organizations that represent the interests of low-income, underserved, minority, and/or ethnic populations**

- Community Action Agency
- Senior Services
- Council on Aging
- St. Vincent de Paul
- Salvation Army
- Other nonprofit human services agencies

## Other community partners or potential partners:

- Business
- Civic groups
- Community health centers
- Community health workers
- Community leaders (not otherwise represented)
- Cultural centers
- Employers
- Faith-based organizations
- Federally qualified health centers
- General public
- Higher education
- K-12 schools
- Local foundations
- Local government
- Local health board(s)
- Local or regional committee focused on health issue(s)
- Mental health providers
- Patient advocates and navigators
- Policy makers
- Religious leaders
- Transportation
- United Way
- YMCA

## Focus Groups

The purpose of the focus group meetings was to solicit primary input. The objectives were to:

- Gather diverse people to share their ideas -- general public and/or community leaders
- Receive input from agencies that represent vulnerable populations
- Hear concerns and questions about existing health/health-related issues
- Obtain evidence of financial and non-financial barriers
- Identify resources available locally to address issues
- Obtain insight into local conditions from local people
- Discover health and health-related priorities of attendees

In advance of each meeting, Ms. Finegan developed a standard script and trained Mr. Imel, Mr. Horne, and Mr. Oglesby in active listening as scribes. The interns had the opportunity to rehearse the facilitation of a meeting. Each intern was capable of performing, and did perform, both roles – facilitator and scribe. Ms. Finegan did most of the facilitation, and Mr. Imel did most of the transcribing.

Each focus group followed the same format and agenda. (A sample agenda is in Appendix F.) Refreshments were served, and nametags were used to generate a welcoming atmosphere. Locations were selected for convenience, access, and trusted reputation in the community. The CHNA Team first shared state-level health and health-related data to provide context. The survey questions were used,

but the first question – about most serious health issues – was asked separately. This technique was intended to capture first thoughts without an opportunity to be influenced by the more specific county-level data or by other attendees. All responses were captured verbatim or shortened only with the approval of the speaker.

After the first question, the CHNA Team (comprising at least two people per focus group) shared the County Snapshot and the CNI Map for the county or counties invited to the meeting. Then the remaining questions were asked and transcribed. Most meetings lasted 70 to 75 minutes; the longest was 90 minutes. The brainstorming with focused questions lasted typically 45 to 60 minutes, and discussion involved the whole group. At the end, each person was given 3 colored dots. They walked around the room and placed the dots next to issues they prioritized as most important. People regularly voted for other people's ideas.

Each focus group concluded with the facilitator answering any questions, giving information about next steps, thanking them for their time and ideas, and providing survey links to take home or to work for family, friends, and colleagues to participate.

The CHNA Team provided the following types of support to hospitals, as needed:

- Invited additional organizations that represent vulnerable populations
- Arranged for neutral and central meeting locations in shared service areas
- Customized and disseminated flyers (A sample is available in Appendix E.)
- Collected and reported RSVPs daily (by phone & email)

A total of 104 people (unduplicated) attended 11 focus groups. Of these, 83 people attended who represented 67 organizations. The organizations served the following populations: children; court-involved population; elderly; ethnic minorities; homeless people; LGBTQ; low-income people; people with dementia; people with disabilities; people with mental illness and/or substance abuse disorders; pregnant women; racial minorities; refugees; rural residents; and the uninsured. Community advocates and representatives of faith-based organizations attended. Fourteen representatives of local public health departments attended, including nine health commissioners. In Appendix G is the full list of focus group meeting attendees with their organizational affiliations. There is also a separate list in Appendix H that shows all organizations that participated, either by sending someone to a meeting or completing a survey.

## Surveys

The CHNA Team developed three types of surveys. It used SurveyMonkey to collect responses, tabulate data, analyze results, and create categories to track key words and phrases.

### *Survey Development*

Three versions of the survey were customized for: consumer, agency, and health department. The hospital representatives on the CHNA Committee provided valuable feedback. See Appendix I for examples.

Health departments had a choice of how to respond. Many submitted an online survey, but some health commissioners preferred an in-person or phone interview. If the interview method was chosen, then the interns transcribed their responses into SurveyMonkey soon after the interview.

## Survey Administration

The CHNA Team and the healthcare systems all helped distribute the survey. At focus groups, a handout provided the survey link, and the links were written on an easel pad at the front of the room. Agencies and hospitals were encouraged to circulate the links and post on their websites. THC and GDAHA also posted the links on their websites.

The focus group responses were transcribed into SurveyMonkey for ease of categorizing, sorting, and comparing data. Each meeting was treated as a single response in order to keep one community's responses together in a survey.

The process produced:

- 469 Individual Consumer Surveys
- 45 Agency Surveys
- 11 Health Department Surveys

Appendix J contains the list of the 12 Health Departments in the region and who responded from each department. Only one Health Department did not respond, although its Director of Nursing participated actively in a focus group. Several Health Commissioners completed the survey in collaboration with, or after obtaining input from, senior staff members.

## Analysis of Primary Data

The CHNA Team identified most serious health issues and top priorities by method of collection (focus group or survey) and by type of respondent. Team members counted and identified most frequent key words and phrases recurring at both the county level and at the regional level. Common themes emerged across counties and respondents. Whenever possible, the CHNA Team respected the word choices of each respondent, and so there is some variation in terms. For example, access to care could include barriers such as lack of transportation or affordability as well as lack of providers or specialists in a rural area. When a specific type of access problem or challenge was repeated by many people, then the subordinate idea was also captured in its own right. So in some instances transportation became its own category because people felt so strongly about its importance to the health of the community.

For focus groups, the '3-dot' voting system identified the top priorities of those in attendance. For agencies and health departments, the respondents were asked to identify their priorities in a separate survey question. For individual consumer surveys, the CHNA Team tabulated the most frequently cited 'serious issues' to determine priority areas. Each County Profile contains a "Consensus on Priorities" described by the different types of stakeholders.

FIGURE 4. CONSUMER PRIORITIES: NOT ADDRESSED ENOUGH WORD CLOUD



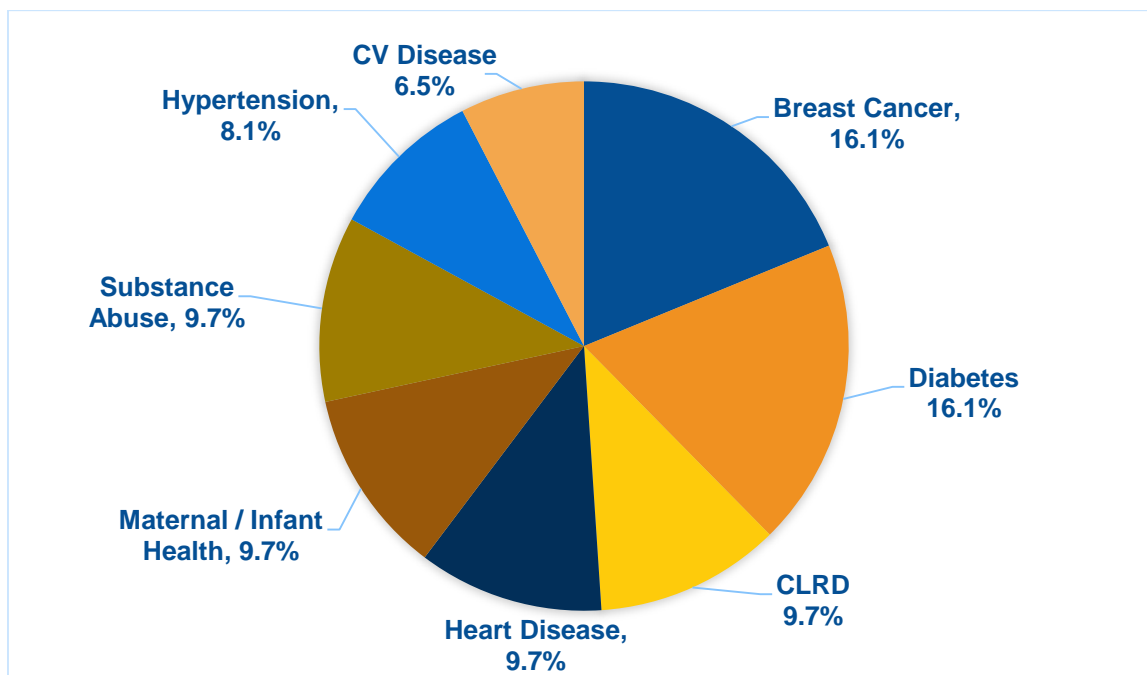
# Chapter 4. Regional Summary

## OVERVIEW OF SIGNIFICANT HEALTH NEEDS

While collecting primary and secondary data, the CHNA team noticed that some of the priorities identified three years ago still concerned residents and organizations in the region. See Appendix K.

In 2013, hospitals in the Greater Dayton region identified their top priorities. The chart below reflects how many times hospitals selected the same priority. The priorities shown in Figure 5 represent 85.5% of all the priorities identified three years ago. The priorities which recurred as important for 2016 were: Breast cancer, Diabetes, Heart disease, Infant health, Lung cancer, and Substance abuse.

**FIGURE 5. REGIONAL CHNA PRIORITIES (2013)**



The most striking difference in the intervening three years is the increased awareness and severity of the heroin and prescription drug abuse problem in the region. On surveys and in focus groups, heroin was mentioned in rural counties and in urban counties, in large counties and in small counties. Substance abuse and addiction were issues raised at focus groups and by health departments, individuals, and agencies responding by survey. Related diseases like Hepatitis C, HIV, and sexually transmitted disease were also mentioned.

Access to care, Cancer in general, Chronic disease, Mental health, and Obesity emerged in 2016 as higher priorities than they did in 2013.

The secondary data also indicated that the region's rates for Lung cancer mortality and deaths due to Chronic Lower Respiratory Disease were high and getting worse for multiple counties. People at some focus groups were surprised how often Dementia and/or Alzheimer's were the cause of death. Multiple survey respondents requested more support for caregivers of the elderly.



Progress was reported in areas of breast cancer awareness, infant mortality, opportunities for exercise, and availability of vaccines and immunizations in many counties.

### Unmet Needs

One of the survey questions, ‘What important health issues are not being addressed enough,’ revealed perceived gaps related to important health issues. The focus group responses were transcribed from the community focus group meetings. The consumers’ and agencies’ responses were tabulated from online surveys. The Health Department responses were a mixture of personal interview notes, phone interview notes, and online surveys. All primary sources placed Access to care/services in their top three. Mental health and Substance abuse were also among the top three concerns of agencies, individual consumers, and people who attend focus groups.

**TABLE 3. PRIORITIZED UNMET NEEDS IN THE REGION**  
(in descending order of number of mentions)

Focus Groups	Consumers	Agencies	Health Depts.
Mental health	Substance abuse	Mental health	Access to care/services
Access to care/services	Access to care/services	Substance abuse	Environmental issues (tied for 2 <sup>nd</sup> )
Substance abuse	Mental health	Access to care/Services	Smoking (tied for 2 <sup>nd</sup> )
Wellness/Prevention	Obesity	Healthy food/Nutrition (tied for 4 <sup>th</sup> )	Obesity (tied for 3 <sup>rd</sup> )
Care for elderly (tied for 5 <sup>th</sup> )	Healthy food/ Nutrition	Wellness (tied for 4 <sup>th</sup> )	Socioeconomic factors (tied for 3 <sup>rd</sup> )
Health education (tied for 5 <sup>th</sup> )	Opportunity for exercise & Wellness/ Prevention (tied for 6 <sup>th</sup> )	Dental (tied for 5 <sup>th</sup> )	Substance abuse (tied for 3 <sup>rd</sup> )
Healthy food/Nutrition (tied for 5 <sup>th</sup> )	Cancer & Health education (tied for 7 <sup>th</sup> )	Health education (tied for 5 <sup>th</sup> )	
Provider shortage (tied for 5 <sup>th</sup> )	Care for elderly & Diabetes (tied for 8 <sup>th</sup> )	Obesity (tied for 5 <sup>th</sup> )	
Socioeconomic factors (tied for 5 <sup>th</sup> )	Socioeconomic factors	Infant mortality (tied for 6 <sup>th</sup> )	
Dental & Smoking (tied for 6 <sup>th</sup> )	Hospital care & Smoking (tied for 10 <sup>th</sup> )	Poverty (tied for 6 <sup>th</sup> )	

“\$8,000 family deductible”

-Greene County resident

## Barriers

On the next two pages are comparisons of the financial and non-financial barriers to health care identified by the various groups that provided their feedback.

For focus group attendees, the most frequent concerns were the limitations and restrictions of insurance coverage. The next most common barrier was the high deductible amounts for many insurance plans. The high deductible is an issue that has emerged with this CHNA and was not a concern in 2013. The biggest non-financial barrier was access to care and/or services. Lack of transportation and a shortage of local providers were the second and third most cited barriers. Most counties had no public transportation. In some places with limited transportation for medical appointments, there was a long waiting time and/or the hours of operations were not sufficient to meet the need. Focus group discussions identified some barriers not mentioned in survey responses.

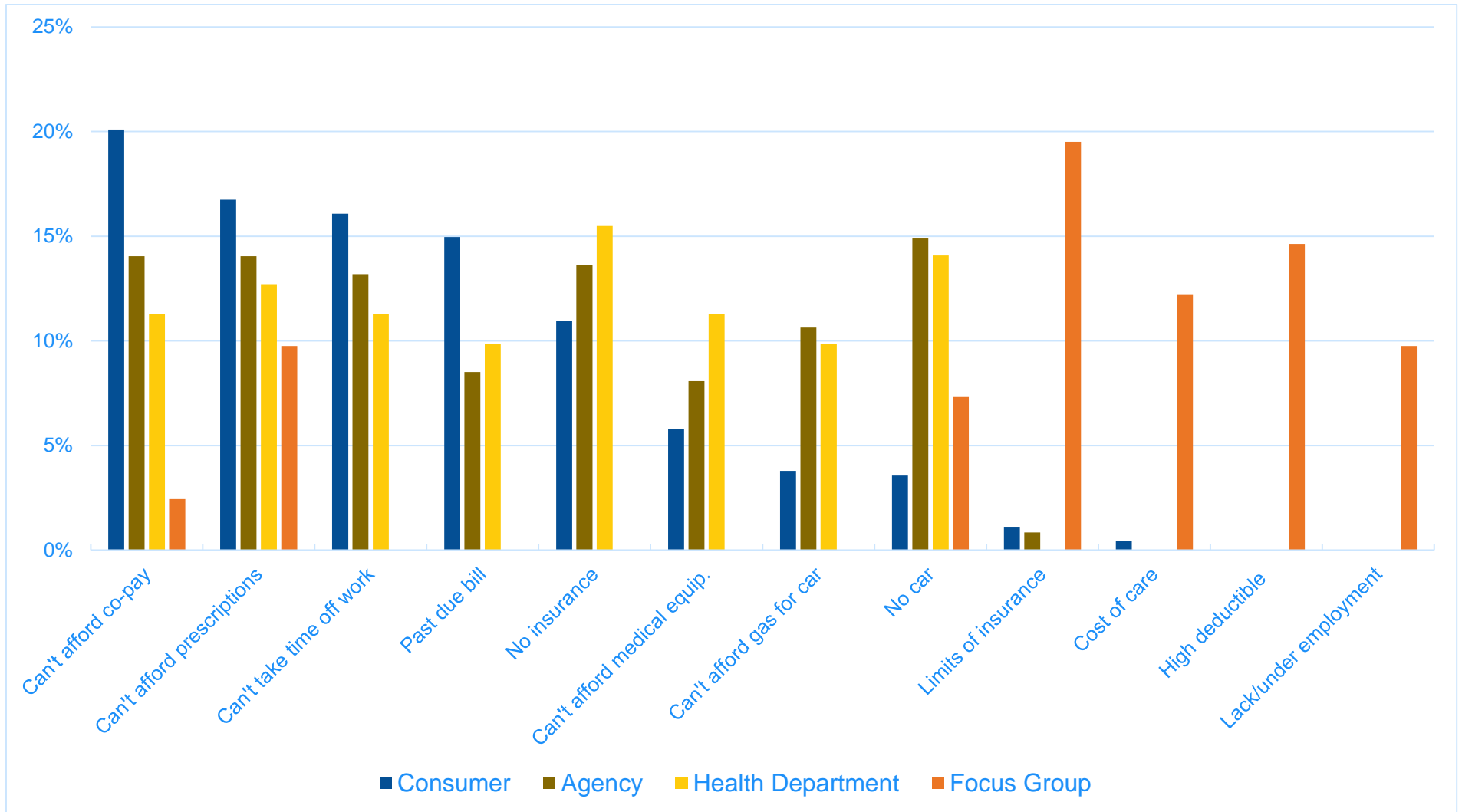
For individual survey respondents, the number one barrier was the co-pay. Next came the cost of prescriptions, and then the inability to take time off from work to seek care. Another significant financial barrier was a past due bill with a federally qualified health center, which can make a person ineligible for an appointment until the balance is paid. Having no insurance was in fifth place. The biggest non-financial barrier was finding a local physician who would accept the type of insurance and/or was included in the health plan. Not having a local choice of doctor and having instead to drive to Dayton for care was described in comments as a barrier.

Agencies place having no car as the top financial barrier for the people they serve. Not being able to afford a co-pay or prescribed medications followed closely, in second and third place. Having no insurance was in fourth place. The greatest variation was in their view of non-financial barriers. They identified health literacy, the need for childcare, and mental disability as the top three non-financial barriers they have observed.

For health departments that responded, no insurance and no car were in first and second place as financial barriers, followed by not being able to afford prescriptions, co-pay, or medical equipment. Health literacy was the top non-financial barrier. Tied in second place were: Don't know where to go for help; Provider doesn't take insurance; Childcare; and Don't speak English.

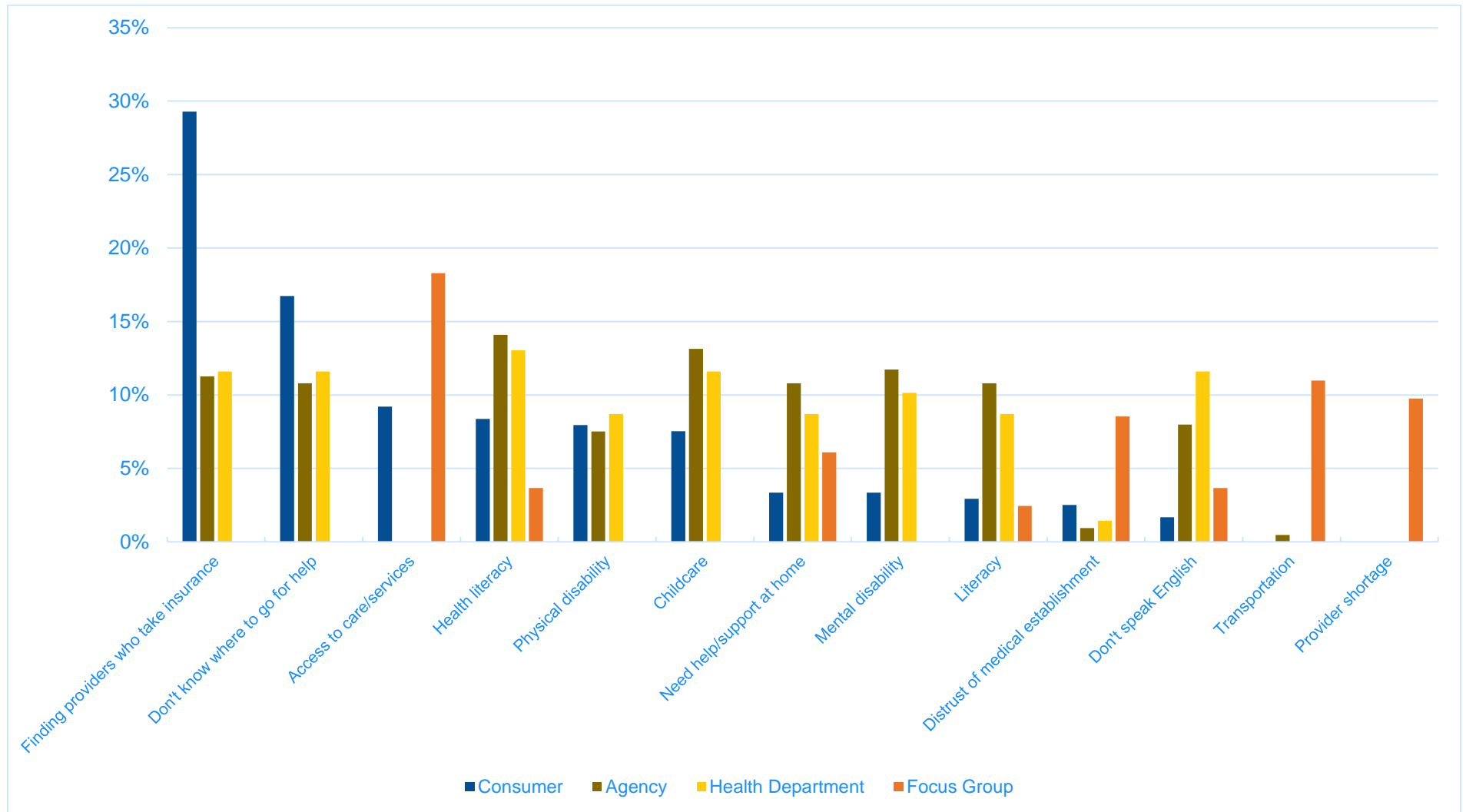
TABLE 4. REGION: FINANCIAL BARRIERS

### Comparison by Stakeholder Group



**TABLE 5. REGION: NON-FINANCIAL BARRIERS**

## Comparison by Stakeholder Group

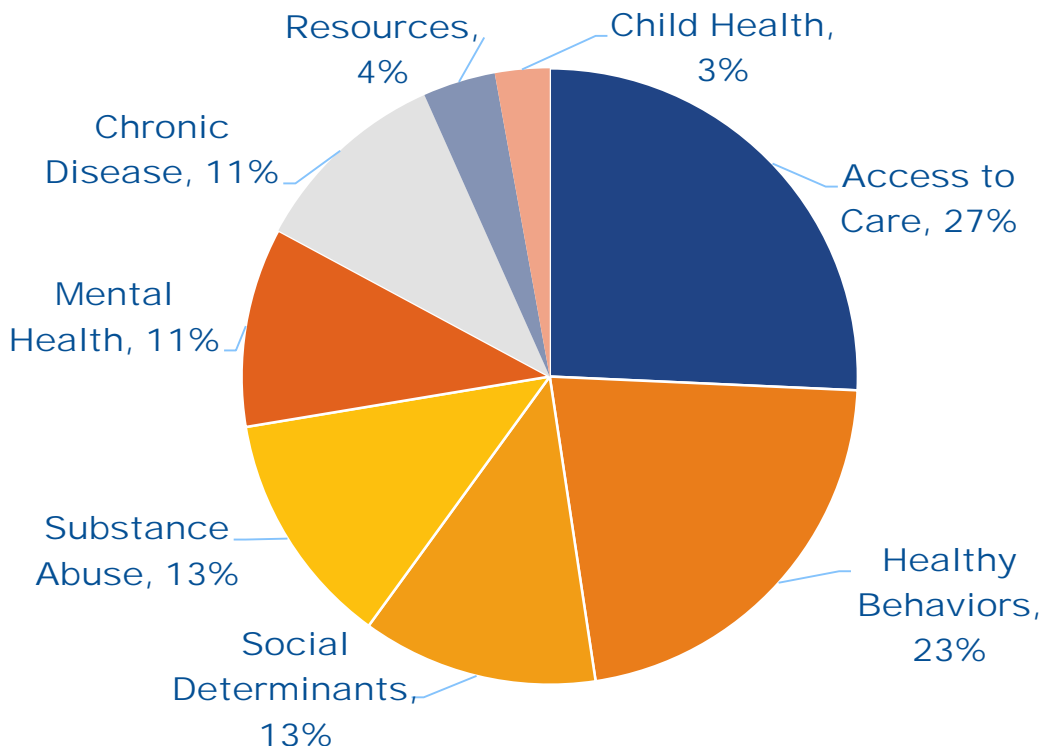


PRIMARY DATA

Focus Group Meetings

At the community focus group meetings, each attendee received three brightly colored dots to apply next to the issues deemed most serious or important, based on their knowledge and experience and the discussion during the focus group. All the comments, from all questions, were posted on the walls. People gave the process a great deal of thought and often voted for someone else’s idea, instead of their own. Percentages represent how many dots an issue received divided by the number of total votes.

**FIGURE 6. REGION: PRIORITY VOTING AT FOCUS GROUP MEETINGS**



**TABLE 6. REGION: TOP FOCUS GROUP ISSUES BY COUNTY**

TOP ISSUES (by # of votes)	COUNTIES
Access to care	Butler, Clark, Darke, Greene, Montgomery, Shelby
Healthy behaviors	Butler, Darke, Greene, Miami, Montgomery
Social determinants	Montgomery, Shelby
Substance abuse	Auglaize, Butler, Greene, Montgomery, Preble, Shelby, Warren
Mental health	Butler, Clark, Darke, Montgomery, Shelby, Warren

FIGURE 7. REGION: BREAKDOWN OF TOP PRIORITIES FROM FOCUS GROUP MEETINGS



**TABLE 7. REGION: COMMUNITY PRIORITIES AT FOCUS GROUP MEETINGS**  
 (in descending order by number of votes)

Auglaize	Butler	Clark	Darke	Greene	Miami	Montgomery	Preble	Shelby	Warren
Substance Abuse	Health Behaviors	Poverty	Provider Shortage	Healthy Behaviors	Healthy Behaviors	Social Determinants of Health	Lack Services/ Providers	Social Factors	Healthy Behaviors
Provider Shortage	Mental Health/ Addiction	Mental Health	Strong Community Partnerships	Access to Care		Access to Care	Child Health	Access to Care	Access to Care
	Transportation		Access to Care	Chronic Diseases		Mental Health	Funding	Chronic Diseases	Substance Abuse
	Access to Care		Mental Health			Substance Abuse	Substance Abuse	Mental Health	Mental Health
	Child Health		Poverty			Resources	Chronic Health Issues	Wellness	
	Resources		Social Skills Lacking			Healthy Behaviors		Centralize Case Management	
	Dementia							Substance Abuse	

Sixty-seven organizations, serving vulnerable populations, sent 83 representatives to focus groups. The populations, for whom they advocated, included:

- Children
- Elderly
- Ethnic minorities
- Low-income people
- People who are homeless
- People with dementia
- People with mental illness and/or substance abuse disorders
- Pregnant women
- Racial minorities
- Recent immigrants
- Refugees
- Rural
- Unemployed
- Uninsured

### Consumer Surveys

Below are the key words and phrases repeated most often by individual consumers who completed a survey between June 15 and November 30, 2015. There were 469 people who participated. In response to the question, ‘What are the most serious health issues facing your community,’ they offered 837 answers about what they perceived as the most serious health or health-related issues.

**TABLE 8. REGION: CONSUMER – MOST SERIOUS HEALTH ISSUES**

Most Serious Health Issues	# Mentions	% Mentions
Substance abuse	225	26.9%
Chronic diseases <i>(includes all mentions of cancer, chronic disease, diabetes, heart disease, hypertension, &amp; respiratory disease combined)</i>	203	24.3%
Obesity	101	12.1%
Diabetes	68	8.1%
Access to care/services	59	7.0%
Heart	48	5.7%
Cancer	45	5.4%
Mental health	40	4.8%
Care for elderly	27	3.2%
Healthy food/Nutrition	24	2.9%
Smoking	20	2.4%

Other issues receiving more than 1% of all mentions were: Respiratory disease; Hypertension; Infectious disease; Poverty; Opportunity for exercise; Wellness/Prevention; and Violence.

One of the questions asked on the survey was, ‘Which important health issues are being handled well in your community?’ This question generated 457 answers.

“Pediatric healthcare is well done in the city of Springfield.”

-Clark County resident



**TABLE 9. REGION: CONSUMER - IMPORTANT ISSUES BEING HANDLED WELL**

Important Issues Being Handled Well	# Mentions	% Mentions
Access to care/services	54	11.8%
Heart	39	8.5%
Substance abuse	38	8.3%
Cancer (20 mentions = breast cancer)	35	7.7%
Wellness/Prevention (9 mentions = immunization)	35	7.7%
Hospital	22	4.8%
Infectious disease (12 mentions = flu)	22	4.8%
Diabetes	21	4.6%
Care for elderly	17	3.7%
Increased awareness (10 mentions = breast cancer)	16	3.5%
Health education	15	3.3%
Opportunity for exercise	11	2.4%
Stroke	11	2.4%

Other responses receiving more than 1% of total mentions were: Emergency care; Smoking cessation; Child health; Hypertension; Obesity; Healthy food/Nutrition; Mental health; Respiratory disease; Breast health; Clinic; Public safety; and Quality of care.

The next question on the survey was: ‘Which important health issues are not being addressed enough in your community?’ The individual consumers gave 520 replies.

**TABLE 10. REGION: CONSUMER - IMPORTANT ISSUES NOT BEING ADDRESSED ENOUGH**

Important Issues Not Being Addressed Enough	# Mentions	% Mentions
Substance abuse	97	18.7%
Access to care/services	70	13.5%
Mental health	45	8.7%
Obesity	36	6.9%
Healthy foods/Nutrition	29	5.6%
Opportunity for exercise	22	4.2%
Wellness/Prevention	22	4.2%
Cancer	15	2.9%
Health education	15	2.9%
Care for elderly	14	2.7%
Diabetes	14	2.7%
Socioeconomic factors	10	1.9%
Hospital	9	1.7%
Smoking	9	1.7%

Although Substance abuse and Access appear at the top of both tables (‘handled well’ and ‘not addressed enough’), the number of mentions for these two issues are much higher in the table for ‘Important Issues Not Being Addressed Enough.’ Substance abuse came up most often during the

question about ‘Most Serious Health Issues.’ In some communities, efforts to address heroin, for example, were recognized, but survey respondents acknowledged the scope of the problem.

Other issues receiving more than 1% of mentions were: Child health; Community outreach; Quality of care; Chronic disease; Dental; Heart; and Infectious disease.

‘What can you do to improve your health?’ generated the most responses: 1,635. People chose multiple ways they could improve their health, and many of the people who answered ‘Eat healthier’ also chose ‘Exercise more.’ Most of them knew what to do, and many expressed the desire to do more or do better. Only three respondents (0.6%) said they were happy with their behavior and just wanted to maintain their current health status.

**TABLE 11. REGION: CONSUMER - WHAT CAN YOU DO TO IMPROVE YOUR HEALTH?**

Health Improvement Activity	# Mentions	% Mentions
Exercise more	322	19.7%
Eat healthier	272	16.6%
Lose weight	210	12.8%
Drink more water	148	9.1%
Cope better with stress	142	8.7%
Get enough sleep	140	8.6%
Practice self-care	108	6.6%
Make better lifestyle choices	86	5.3%
Received regular checkups	59	3.6%
Take prescribed medications	39	2.4%

The two other responses with more than 1% of mentions were: Follow doctor's instructions and Get information.

See Appendix G for the full list of focus group participants.

“Laugh More.”

-Individual from Montgomery County

## Agency Surveys

A total of 45 agencies and organizations completed the survey online. They served one or more counties. All 10 counties were included in at least one organization’s service area. A few organizations had more than one person from the agency respond. Twenty-four organizations provided their names. They represent a good cross-section of sectors and geographic areas. Appendix H lists the self-identified organizations responding to the survey.

Below is a table showing the percentage of responding agencies serving different vulnerable populations. Most agencies served more than one at-risk population. In the ‘Other’ category were included the uninsured; LGBTQ community; court-involved population; people who are homeless; people with dementia; people with mental illness and/or substance abuse disorders; pregnant women; and refugees.

**TABLE 12. VULNERABLE POPULATIONS SERVED BY AGENCIES**

Populations Served	% Agencies
Low-income	95.2%
Racial minorities	88.1%
People with disabilities	88.1%
Children	88.1%
Ethnic minorities	81.0%
Elderly	76.2%
Rural	57.1%
Other people at risk	40.5%

“Opiate addiction is the number one health issue in Miami County.”

-Nonprofit agency

Forty-five organizations provided 126 responses for the question, ‘What are the most serious health issues facing your community?’

**TABLE 13. REGION: AGENCY – MOST SERIOUS HEALTH ISSUES**

Most Serious Health Issues	# Mentions	% Mentions
Substance abuse	26	23.9%
Chronic diseases <i>(includes all mentions of cancer, chronic disease, diabetes, hypertension, &amp; respiratory disease combined)</i>	16	14.7%
Obesity	15	13.8%
Mental health	13	11.9%
Infant mortality	10	9.2%
Access to care/services	8	7.3%
Diabetes	8	7.3%
Healthy food/Nutrition	6	5.5%
Hypertension	4	3.7%
Smoking	4	3.7%

The following issues each received 2.8% of mentions: Infectious disease; Dental; Poverty; and Respiratory disease. The other issues that received more than 1% of mentions were Cancer and Teen pregnancy.

For the question, ‘Which important health issues are being handled well in your community?’ there were 65 responses.

**TABLE 14. REGION: AGENCY - IMPORTANT ISSUES BEING HANDLED WELL**

Important Issues Being Handled Well	# Mentions	% Mentions
Access to care/services	11	15.3%
Wellness/Immunization	7	9.7%
Infant mortality	5	6.9%
Health education	4	5.6%
Healthy food/Nutrition	4	5.6%
Opportunity for exercise	3	4.2%
Prenatal care	3	4.2%
Substance abuse	3	4.2%
Cancer	2	2.8%
Care for children	2	2.8%
Health Department	2	2.8%

Table 14 contains every suggestion that received more than one vote.

Organizations gave 80 mentions for the next question: ‘Which important health issues are not being addressed enough in your community?’

**TABLE 15. REGION: AGENCY - IMPORTANT ISSUES NOT BEING ADDRESSED ENOUGH**

Important Issues Not Being Addressed Enough	# Mentions	% Mentions
Mental health	12	14.0%
Substance abuse	11	12.8%
Access to care/services	9	10.5%
Healthy food/Nutrition	5	5.8%
Wellness	5	5.8%
Dental	4	4.7%
Health education	4	4.7%
Obesity	4	4.7%
Infant mortality	3	3.5%
Poverty	3	3.5%

Receiving two mentions each were: Care for elderly; Collaboration/coordination; Communicable diseases; Opportunity for exercise; and Reproductive health.

As with the consumer surveys, the question that prompted the most responses (316) was: ‘What can the people you serve do to improve their health?’

**TABLE 16. REGION: AGENCY - WHAT CAN THE PEOPLE YOU SERVE DO TO IMPROVE THEIR HEALTH?**

Health Improvement Activity	# Mentions	% Mentions
Eat healthier	32	10.1%
Exercise more	29	9.1%
Make healthy lifestyle choices	29	9.1%
Quit smoking	27	8.5%
Get regular medical check-ups	23	7.3%
Practice self-care	23	7.3%
Cope with stress	22	6.9%
Follow doctor's instructions	22	6.9%
Drink less alcohol	21	6.6%
Drink more water	21	6.6%
Lose weight	21	6.6%
Take prescribed medications	21	6.6%
Get enough sleep	19	6.0%

One answer received four mentions: Be responsible.

**TABLE 17. REGION: AGENCY – TOP PRIORITIES**

<b>Top Priorities</b>	<b># Mentions</b>	<b>% Mentions</b>
Substance abuse	18	16.2%
Access to care/services	15	13.5%
Mental health	14	12.6%
Obesity	11	9.9%
Healthy food/Nutrition	6	5.4%
Infant mortality	5	4.5%
Care for children	4	3.6%
Diabetes	4	3.6%

There were 111 responses to the question, ‘Given the health and health-related issues facing the community, which ones would be your top priorities?’ Compared to the responses for ‘most serious health issues,’ Access to care/services moved up in level of importance.



## Health Departments

The Health Commissioners for the cities of Hamilton and Middletown both completed surveys and also attended the Butler County meeting. All 10 county health departments completed the survey and/or attended a focus group meeting. The CHNA Team first contacted the Health Commissioners, some of whom answered the questions on their own or with their senior leaders. Others delegated the survey to a member of their staff. Only one did not respond, despite contact by phone and email, but sent a representative to the focus group. The results of 11 surveys are provided below. The CHNA Team received the responses between July 7 and October 20, 2015.

**TABLE 18. REGION: HEALTH DEPARTMENT – MOST SERIOUS HEALTH ISSUES**

Most Serious Health Issues	# Mentions	% Mentions
Obesity	8	15.4%
Substance abuse (including heroin)	7	13.5%
Infant mortality and low birth weight	5	9.6%
Chronic disease (tied for 4 <sup>th</sup> place)	4	7.7%
Mental health (tied for 4 <sup>th</sup> place)	4	7.7%
Diabetes (tied for 5 <sup>th</sup> place)	3	5.8%
Heart disease (tied for 5 <sup>th</sup> place)	3	5.8%
Respiratory disease (tied for 6 <sup>th</sup> place)	2	3.8%
Smoking/tobacco (tied for 6 <sup>th</sup> place)	2	3.8%

Three-fourths of the health departments mentioned Obesity. In the category of Substance abuse, heroin was mentioned specifically in three different surveys. In the category of Respiratory disease, COPD and lung disease were each mentioned once by separate respondents.

One of the questions asked on the survey was, ‘Which important health issues are being handled well in your community?’

**TABLE 19. REGION: HEALTH DEPARTMENT - IMPORTANT ISSUES BEING HANDLED WELL**

Important Issues Being Handled Well	# Mentions	% Mentions
Substance abuse	6	27.3%
Infant mortality	4	18.2%
Access to care	3	13.6%

Half the health departments answered that the Substance abuse issue was being handled well, and three surveys cited the existence and activity of community-based coalitions formed to combat the rise in heroin. All other suggestions received only one mention each.

The next question was, ‘Which important health issues are not being addressed enough in your community?’

**TABLE 20. REGION: HEALTH DEPARTMENT - IMPORTANT ISSUES NOT BEING ADDRESSED ENOUGH**

Important Issues Not Being Addressed Enough	# Mentions	% Mentions
Access to care	6	25.0%
Environmental issues (tied for 2 <sup>nd</sup> place)	3	12.5%
Smoking (tied for 2 <sup>nd</sup> place)	3	12.5%
Obesity (tied for 3 <sup>rd</sup> place)	2	8.3%
Socioeconomic factors/Social determinants (tied for 3 <sup>rd</sup> place)	2	8.3%
Substance abuse (tied for 3 <sup>rd</sup> place)	2	8.3%

Within the category, Access to care, Transportation received two mentions, and there were two mentions related to provider availability. There was one mention each for the need for more dental care and the need for more primary care physicians.

Comments about Environmental health issues included: enforcement, blight, living conditions, and safety.

The next question concerned the people served by public health departments: ‘What can they do to improve their health?’

**TABLE 21. REGION: HEALTH DEPARTMENT - WHAT CAN PEOPLE DO TO IMPROVE THEIR HEALTH?**

Health Improvement Activity	# Mentions	% Mentions
Get regular checkups	9	9.9%
Eat healthier (tied for 2 <sup>nd</sup> place)	7	7.7%
Exercise more (tied for 2 <sup>nd</sup> place)	7	7.7%
Get quality information (tied for 2 <sup>nd</sup> place)	7	7.7%
Make better lifestyle choices (tied for 2 <sup>nd</sup> place)	7	7.7%
Cope better with stress (tied for 3 <sup>rd</sup> place)	6	6.6%
Drink less alcohol (tied for 3 <sup>rd</sup> place)	6	6.6%
Drink more water (tied for 3 <sup>rd</sup> place)	6	6.6%
Follow doctor's instructions (tied for 3 <sup>rd</sup> place)	6	6.6%
Lose weight (tied for 3 <sup>rd</sup> place)	6	6.6%
Practice self-care (tied for 3 <sup>rd</sup> place)	6	6.6%
Quit smoking (tied for 3 <sup>rd</sup> place)	6	6.6%
Get enough sleep (tied for 4 <sup>th</sup> place)	5	5.5%
Take prescribed medications (tied for 4 <sup>th</sup> place)	5	5.5%

Most of the responses could easily be categorized as specific details about the type of ‘better lifestyle choices’ that local residents might make.



In addition to asking health departments about the most serious issues, the CHNA Team wanted to know their top priorities for their communities.

**TABLE 22. REGION: HEALTH DEPARTMENT – TOP PRIORITIES**

Top Priorities	# Mentions	% Mentions
Substance abuse	6	18.8%
Chronic disease (diabetes, heart)	5	15.6%
Obesity	5	15.6%
Infant mortality (premature births; prenatal care)	3	9.4%
Child health	2	6.3%
Immunizations	2	6.3%

Four of the top priorities address the highly ranked ‘most serious issues’ of Substance abuse, Obesity, Infant mortality, and Chronic disease. In the category of Chronic disease, Diabetes and Heart disease were specifically cited. The category of Infant mortality includes Premature birth and Prenatal care. The priorities tied for fourth place, Child health and Immunizations, were not mentioned earlier as ‘serious health issues.’

See Appendix J for the list of Health Department respondents and their qualifications.

“Focus limited resources on prevention of disease as opposed to using precious resources for treatment of the disease.”

-Health Commissioner

## SECONDARY DATA

### County Health Rankings and Supplemental Data

Xavier University graduate students collected data for more than 100 measures. The CHNA Team narrowed the number of measures per county to create one-page 'Snapshots.' For each county, the CHNA Team tracked the health and health-related issues that were the most serious.

Four of the 10 counties (40%) had multiple issues that lagged state and national rates and for which the trend was worsening. The major categories, where worsening and lagging trends appeared, were: Health outcomes; Health behaviors; Substance abuse/Mental health; Access to care; and Socioeconomic/ Demographic.

The counties with the most health issues were:

- Montgomery County had 15 worsening/lagging trends, distributed across all the categories.
- Clark County had 13 trends, distributed across all the categories.
- Shelby County had 12 trends in all categories except Socioeconomic/Demographic.
- Darke County had 8 trends in all categories except Socioeconomic/Demographic.

Among these measures, the health and health-related issues with worsening trends, and also lagging state and national rates, were:

- Cancer mortality (worsening/lagging in 8 counties; breast cancer in 5 counties)
- Substance abuse (7 counties)
- Diabetes (6 counties)
- Access to care (5 counties)
- Accidents (5 counties)
- Respiratory disease (5 counties)
- Heart disease (Shelby County)

“Gap for people too poor to afford care and not eligible for Medicaid”

-Warren County Focus Group participant

## GIS Mapping

A regional map, based on CNI scores for each ZIP Code, is shown on the next page. As discussed earlier, the CNI is a validated high-level assessment of the risk of health disparities.

The CNHA Team selected eight measures for GIS mapping to illustrate the scope of the regional health challenges. These measures are worsening over time and lagging state and national rates in one to five counties. A map for each measure follows the CNI map. Some of the measures do not show up later on the County Snapshots, because they were not the biggest problems in the county.

In the prevalence and mortality maps, blue does not represent 'healthy' as it does in the CNI map. Instead it reflects the counties closest to the low, or healthier, range. Few counties in the region met the Healthy People (HP) 2020 targets. The maps show the range of rates within the region. Each of these maps represents a poor health outcome.

Below is a description of the significance of each map.

### CNI

Twenty-two out of 123 regional ZIP Codes, or 17.9%, have CNI scores of 3.4 or higher. High scores indicate a likelihood of disparities in health care. Six of the ten counties (60%) had at least one high CNI score. Darke and Miami Counties each had one high-scoring ZIP Code, or 9.1% of their total ZIP Codes. Butler and Greene Counties had two high-scoring ZIP Codes, for respective rates of 16.7% and 15.4% of total ZIP Codes. Four of Clark County's 11 ZIP Codes, or 36.4%, had high scores. Montgomery County had the highest percentage with 40%, or 12 of its 30 ZIP Codes, reflecting likely healthcare disparities

**TABLE 23. RISK OF HEALTH DISPARITIES**

County	High Risk ZIPs	Total ZIPs	% High Risk
Montgomery	12	30	40.0%
Clark	4	11	36.4%
Butler	2	12	16.7%
Greene	2	13	15.4%
Darke	1	11	9.1%
Miami	1	11	9.1%

### Breast cancer mortality rate

The HP 2020 target is 20.7 deaths per 100,000. Only three states' rates fell below that target: Greene, Miami, and Warren. The highest rates occurred in Clark (35.7), Darke (30.9), Auglaize (28.7), and Shelby (27.0). (*Preble was excluded due to a lack of comparable data for the reporting year.*)

### Lung cancer mortality rate

Only Greene County's rate (40.1) fell below the HP 2020 target of 45.5 deaths per 100,000. Butler (66.1), Clark (57.6), and Warren (57.5) had the highest rates per 100,000.

### *Drug poisoning deaths*

The HP 2020 target is 11.3 deaths per 100,000. Auglaize is the only county below this target. Montgomery (26), Preble (20), Butler (19.3), and Clark (18.5) had the highest rates per 100,000. This map is provided in addition to the heroin map, because heroin is not always identified as the cause of the overdose. Drug poisoning also includes prescription opioid overdose deaths. (*The Warren County number is from 2013; the other counties' data is from 2015.*)

### *Heroin poisoning overdose deaths*

The age-adjusted rate for heroin-poisoning deaths nearly quadrupled from 0.7 deaths per 100,000 in 2000 to 2.7 deaths per 100,000 in 2013.<sup>8</sup> Butler (15.9) had the highest rates in the region, followed by Montgomery (10), Darke (9.5), Preble (9.5), and Clark (9.4). Only Auglaize and Shelby Counties had rates lower than the rate calculated by the National Vital Statistics System.

### *Diabetes prevalence*

The national rate is 8.5%. The Ohio rate is 11.2%. All counties' rates exceeded the national rate. Clark (13.1%), Montgomery (13%), Auglaize (12%), Darke (11.6%), and Butler (11.5%) also exceeded the state rate.

### *Diabetes mortality*

The age-adjusted state average for 2011-2013 was 26.1 deaths per 100,000. Five counties exceeded the state rate. Clark County had the worst mortality rate with 38.9 deaths per 100,000, followed by Preble (33.2), Montgomery (31.6), Darke (28.3), and Shelby (26.4).

### *Coronary heart disease mortality*

This is a different measure than the heart disease death rate cited in the County Snapshots, which includes more than coronary heart disease. The HP 2020 target for coronary heart disease is 103.4 deaths per 100,000. Darke County had the worst rate with 142.8 deaths per 100,000, followed by Clark (136.7), Shelby (135.1), and Auglaize (127.4). Only Butler and Miami Counties had rates below the HP target.

### *Prevalence of Alzheimer's disease*

Six counties exceeded the state average of 10.2% prevalence. The rates ranged from 10.5 to 11.3, with Clark (11.3) and Montgomery (11.1) at the high end. This measure is for Medicare beneficiaries, a different measure than used in the County Snapshot.

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<sup>8</sup> Hedegaard H. and Kochanek KD (2015). Drug-poisoning deaths Involving heroin: United States, 2000–2013. NCHS data brief, no. 190, March. Hyattsville, MD: National Center for Health Statistics. [www.cdc.gov/nchs/data/databriefs/db190.htm](http://www.cdc.gov/nchs/data/databriefs/db190.htm)

FIGURE 8. COMMUNITY NEED INDEX - RISK OF HEALTH DISPARITIES

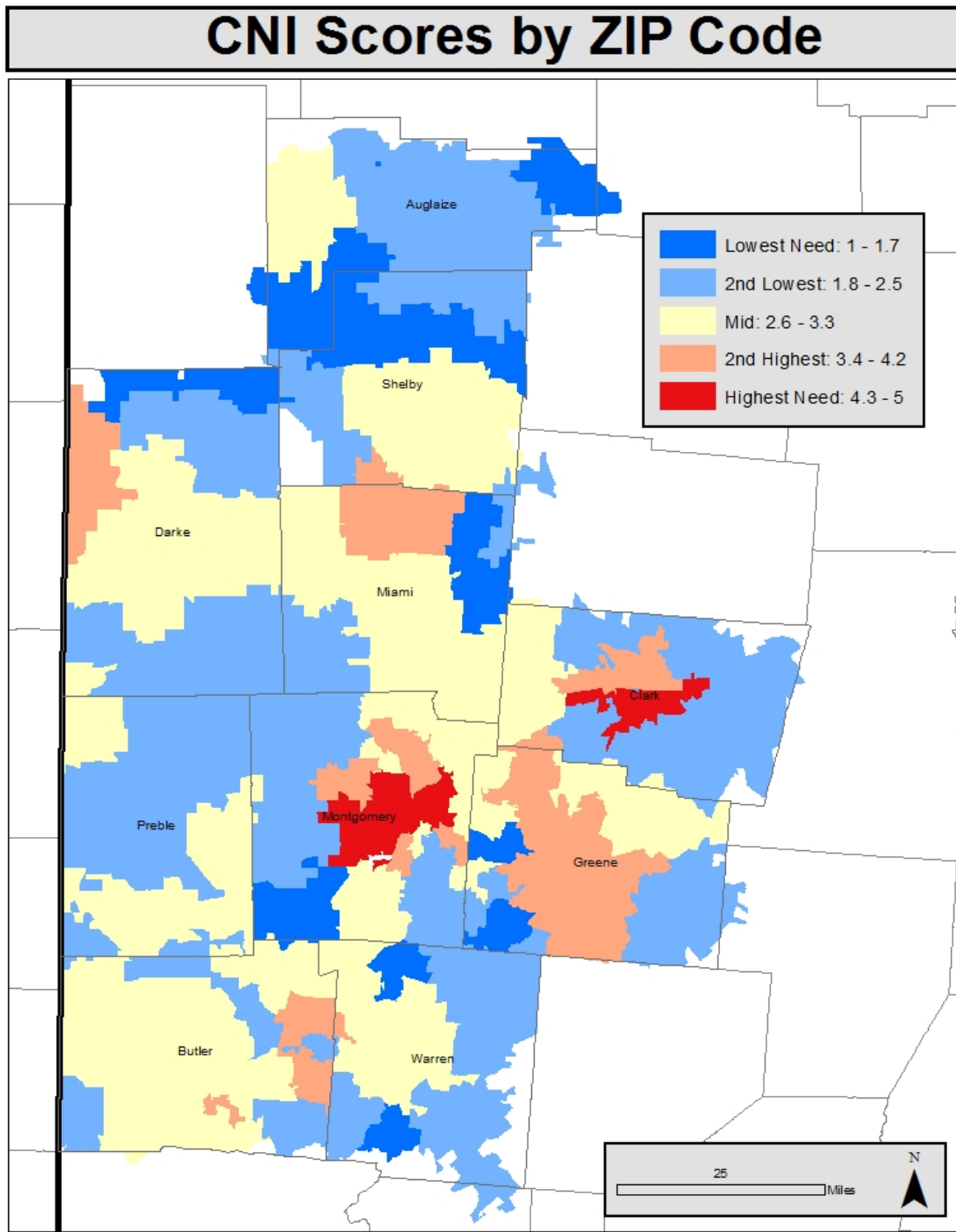


FIGURE 9. BREAST CANCER DEATHS

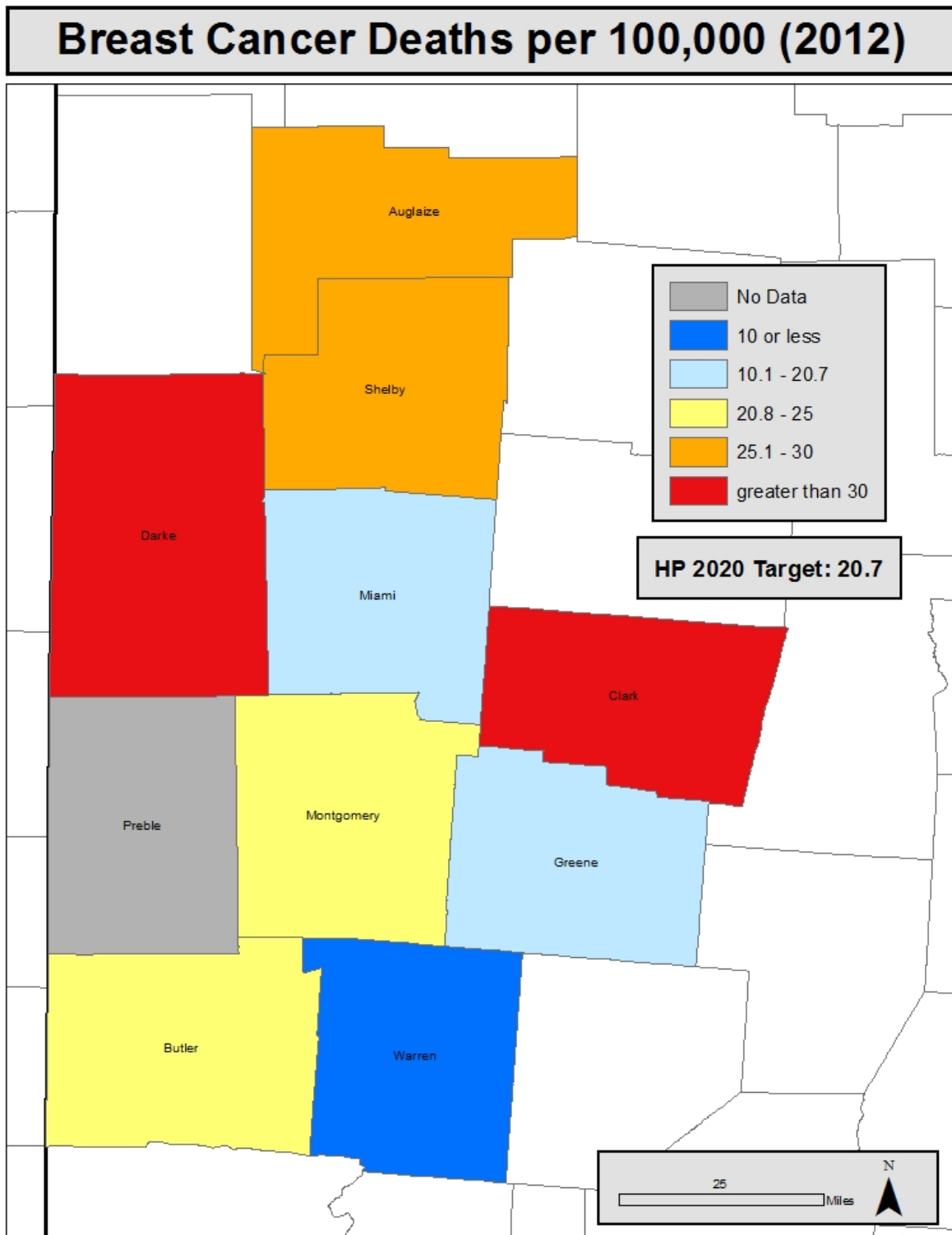


FIGURE 10. LUNG CANCER DEATHS

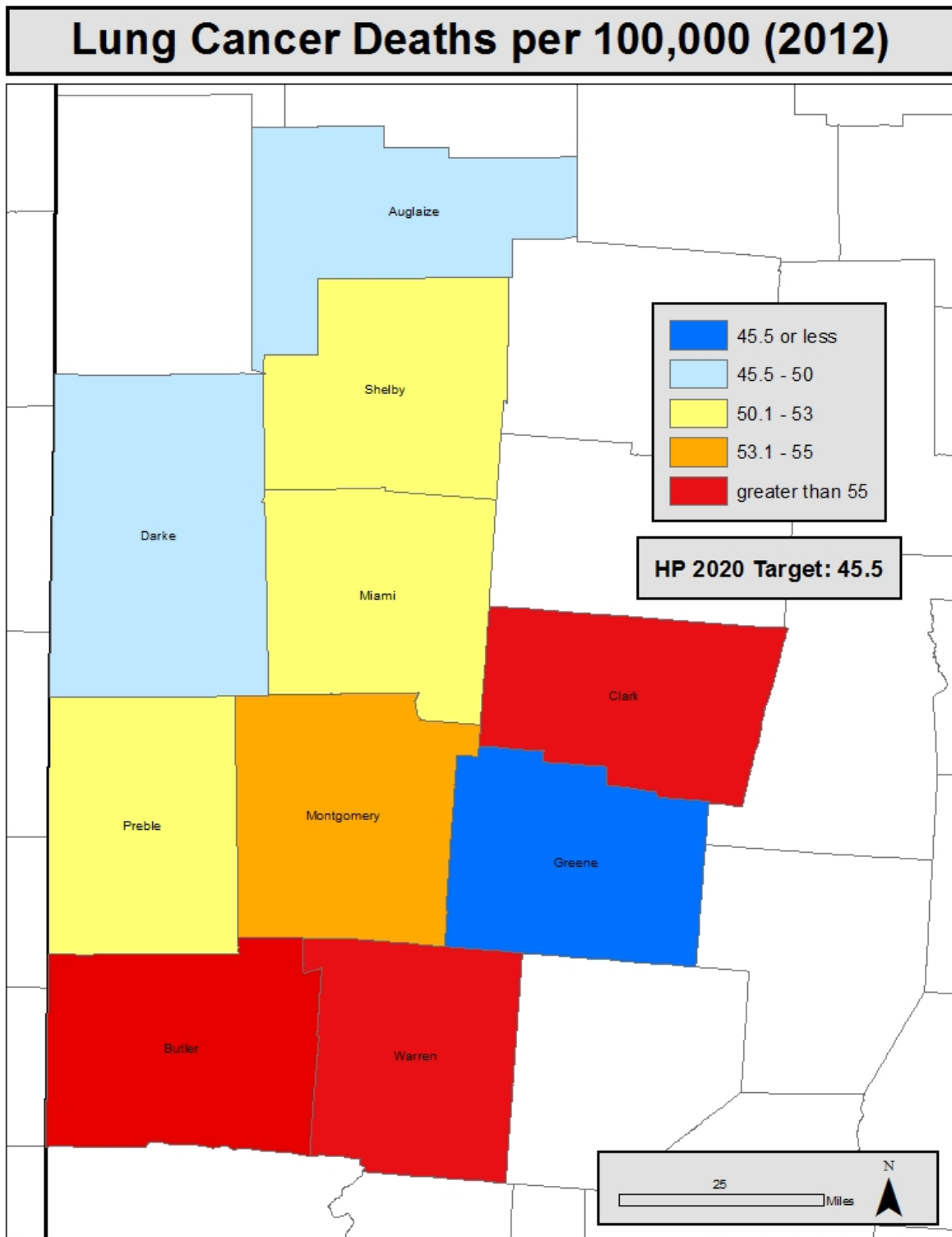


FIGURE 11. DRUG POISONING DEATHS

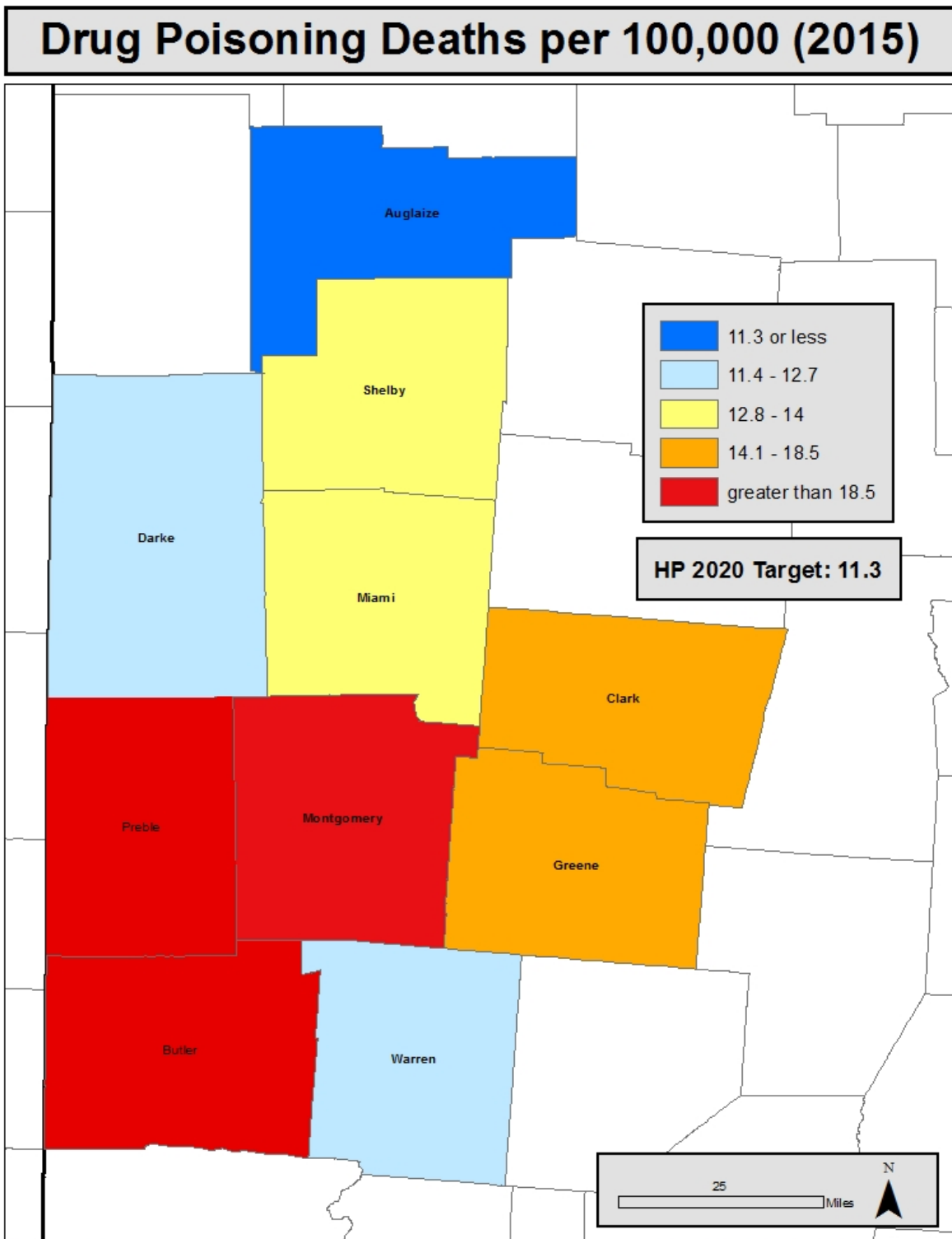




FIGURE 12. DEATHS FROM HEROIN OVERDOSE

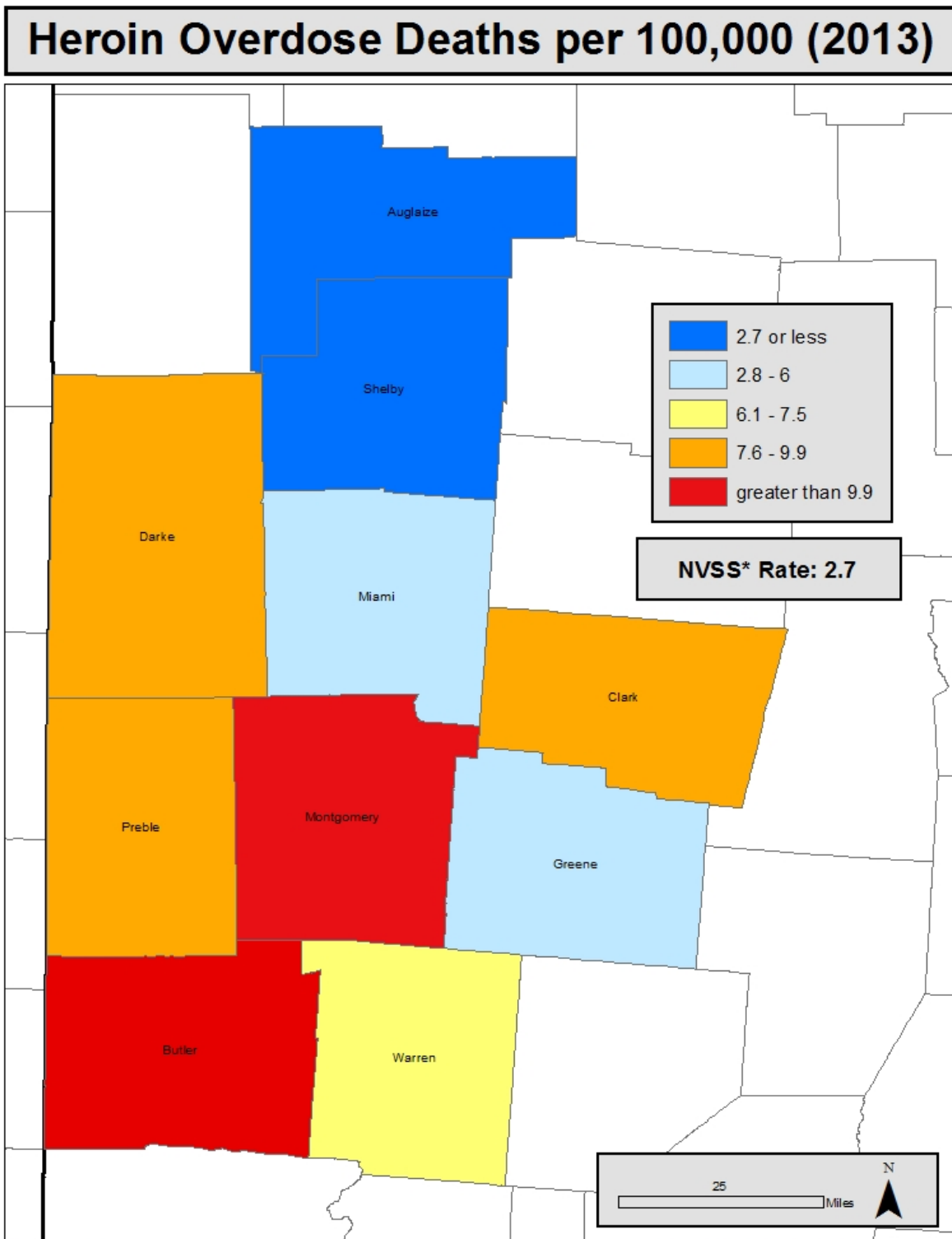


FIGURE 13. PERCENTAGE OF PEOPLE WITH DIABETES

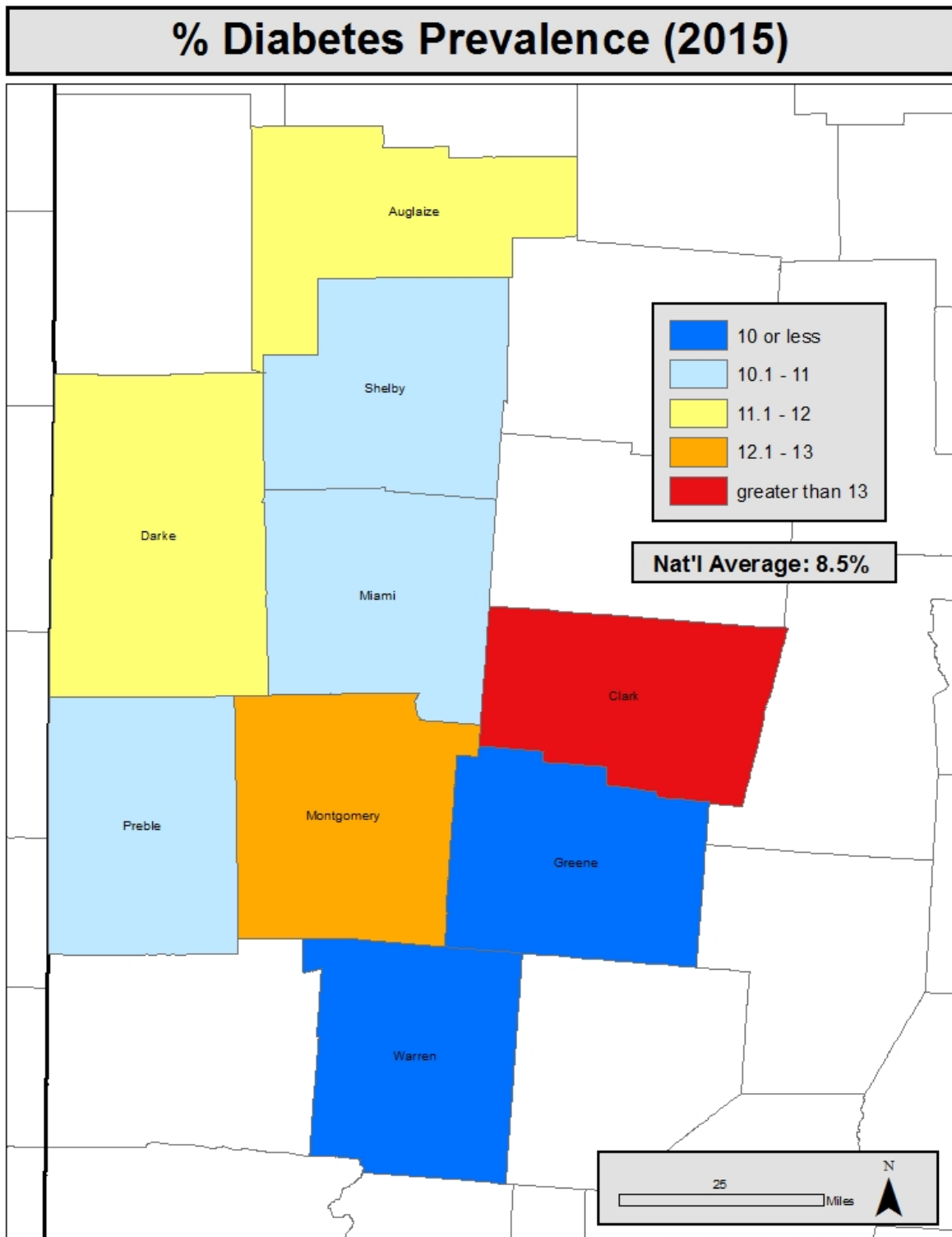


FIGURE 14. DEATHS FROM DIABETES

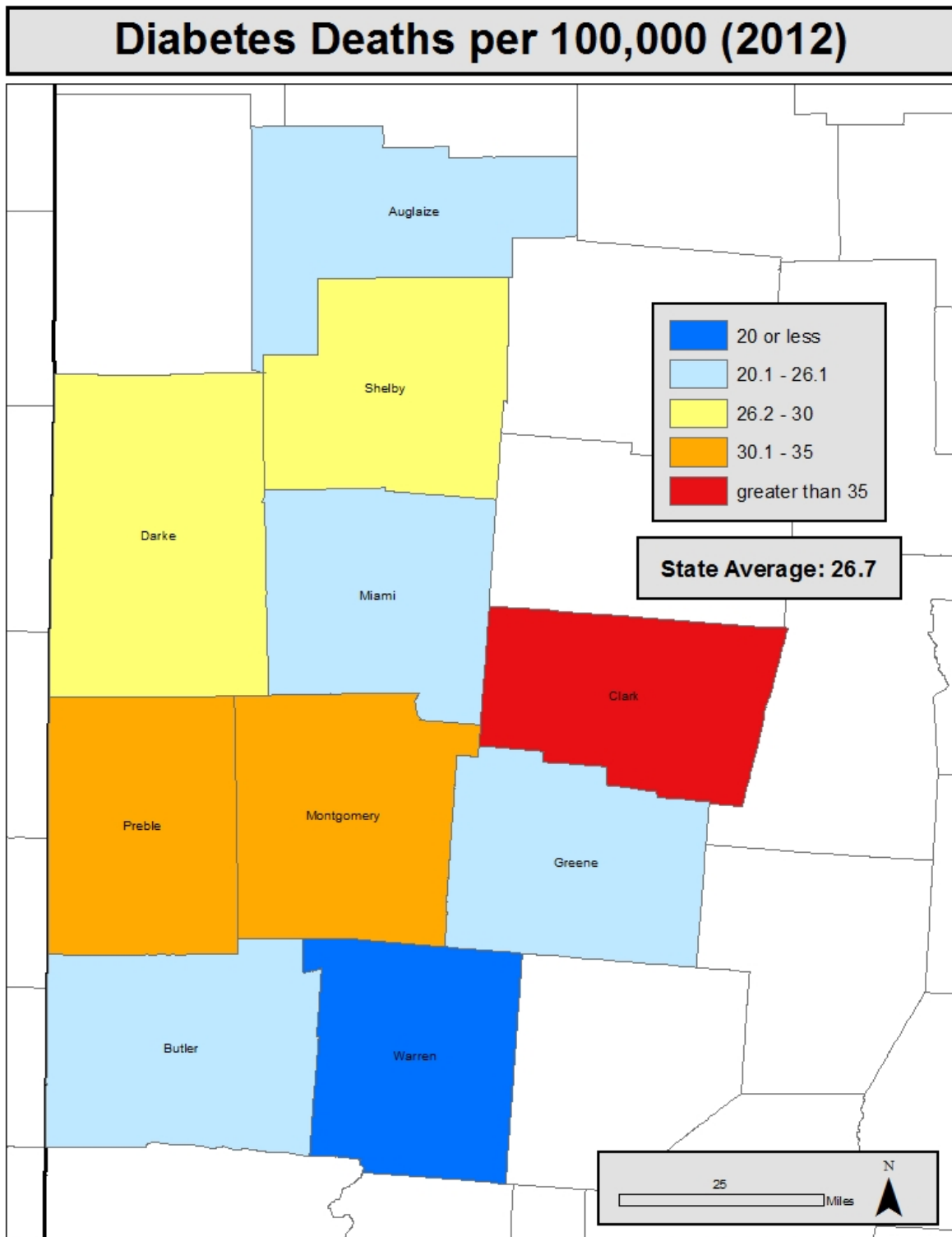


FIGURE 15. DEATHS FROM CORONARY HEART DISEASE

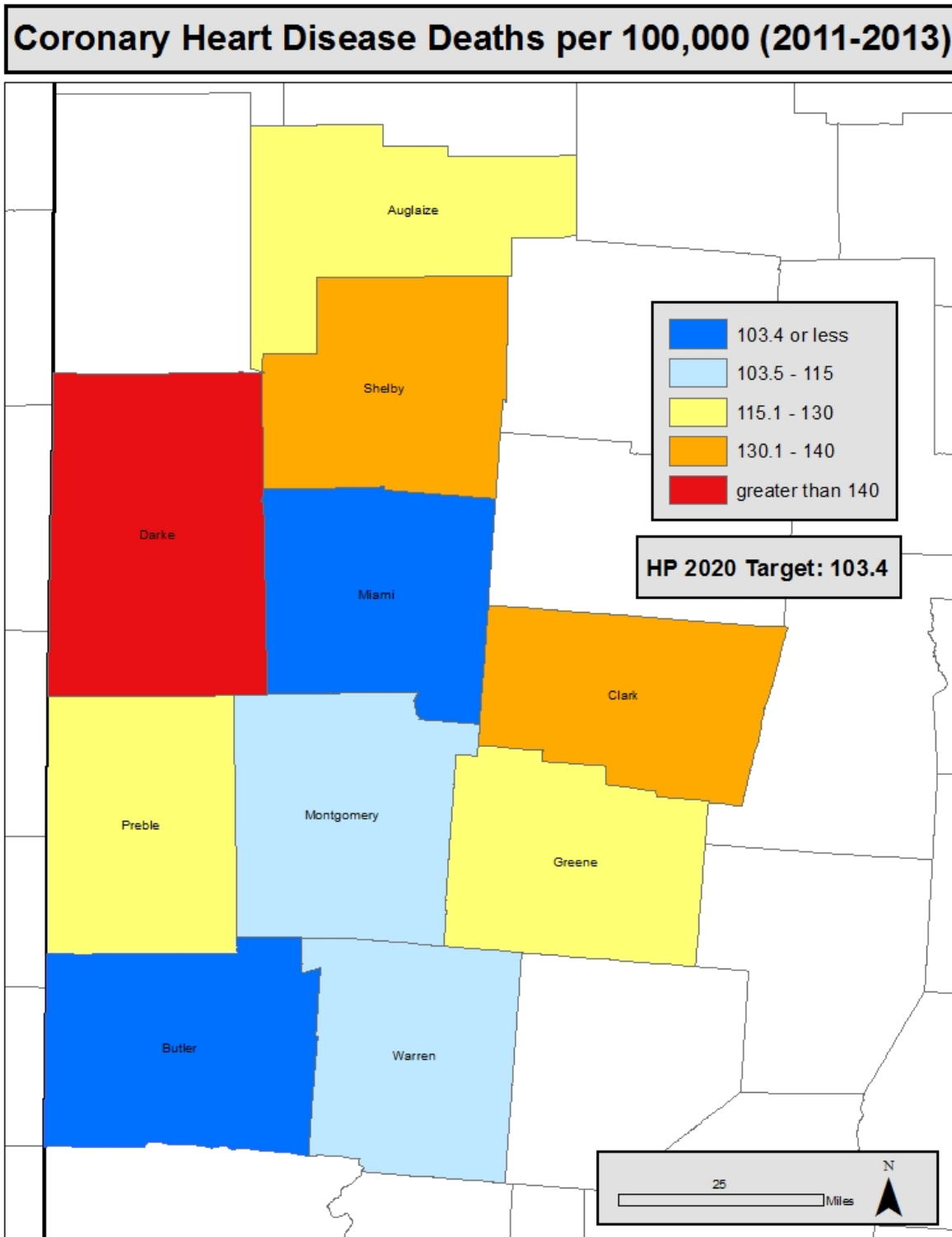
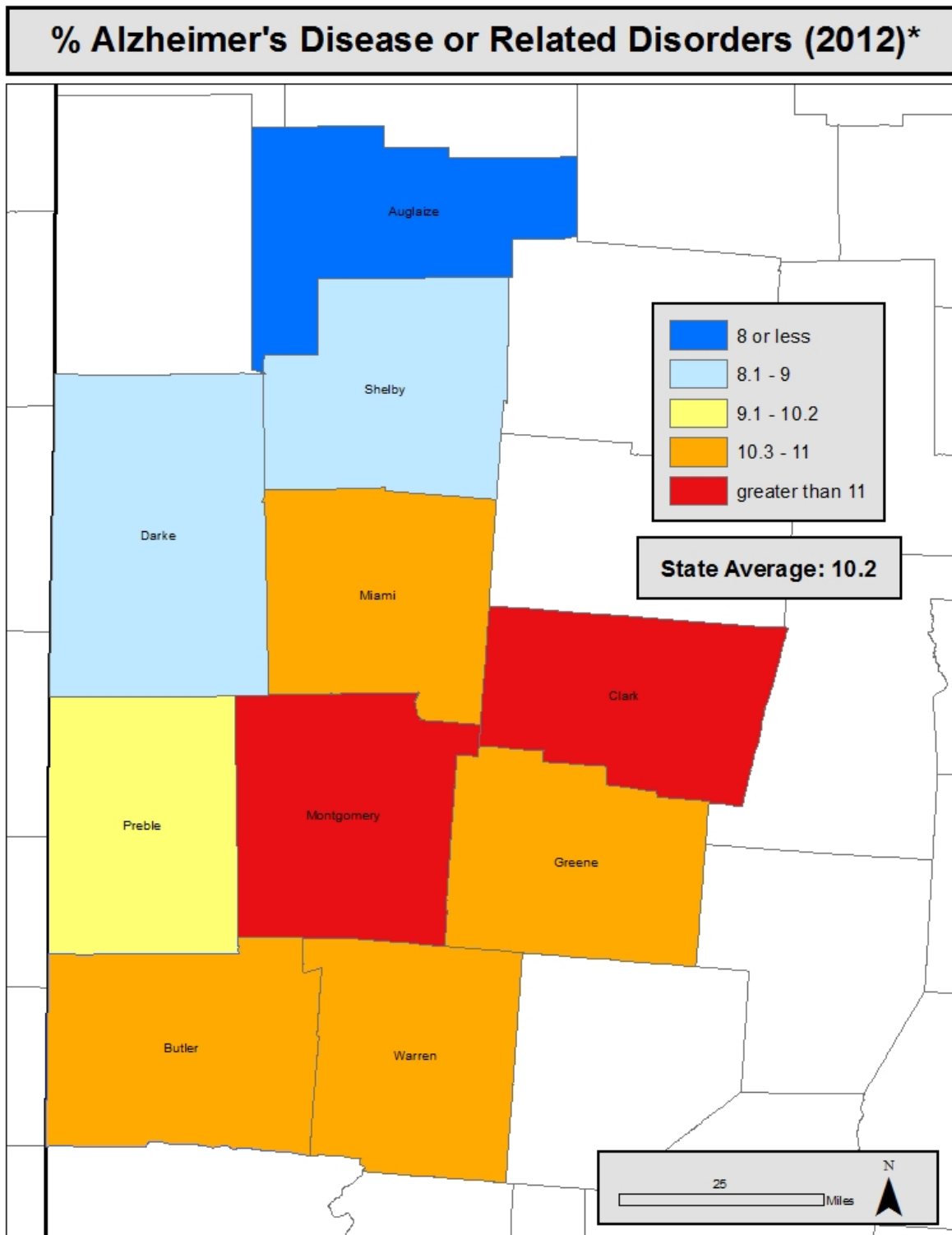


FIGURE 16. PEOPLE WITH ALZHEIMER'S DISEASE



## Causes of Death

Based on 2014 mortality data from CDC Wonder, the following data identified several causes of death prominent in the region.

- Atherosclerotic heart disease was the top cause of death in the region, and one of the top three causes in all 10 counties.
- Lung cancer was the second most common cause of death in the region, and in the top two for every county.
- Dementia and Alzheimer's disease were the next most frequent causes of death regionally. Dementia was a top cause of death in six counties; and Alzheimer's was a top cause of death in six counties. They were both present in the top five causes of death for Clark, Greene, Montgomery, and Warren Counties. Only Preble and Shelby did not have one of them among the top five.
- COPD occurred in seven counties as a top cause of death.
- Heart attack (Acute Myocardial Infarction, or AMI) was a top cause of death in six counties.

Table 24 on the following page shows the top causes of death in the region for three years: 2012, 2013, and 2014 (most recent year available).<sup>9</sup> During these three years, seven causes of death repeated every year: Atherosclerotic heart disease; Alzheimer's disease; Heart attack; Lung cancer; COPD; Dementia; and Stroke. Congestive heart failure replaced Atherosclerotic cardiovascular disease after 2012.

Another common way to view causes of death is the CDC's "15 Causes of Death." This report uses the same mortality data but combines similar diagnoses to demonstrate the impact of a specific disease type. For example heart disease and cancer are the top two causes of death in the United States; together they account for 50% of all deaths in the country. Table 25 shows the 15 causes of death with combined diagnostic codes. Appendix M contains a description of the codes.

The "15 Causes of Death" report, by combining related diagnoses, shows several mortality rates in more prominent positions. For the Greater Dayton region, the table contains multiple causes that are not listed in Table 24. For example, 'Accidents' is in a more prominent position. For the region's population of 1,721,781, Accidents accounted for 1,147 deaths in 2014. Flu and pneumonia were responsible for 337 deaths, and Suicide accounted for 234 deaths.

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<sup>9</sup> The 2014 data became available during the writing of the CHNA report. It was not available when the Snapshots (in the next chapter) were developed for sharing with the focus groups.

TABLE 24. REGION: CAUSES OF DEATH

## Causes of Death by Year and % of Total Deaths

2012	2013	2014
Bronchus or lung - Malignant neoplasms (6.9%)	Atherosclerotic heart disease (6.8%)	Atherosclerotic heart disease (6.6%)
Atherosclerotic heart disease (6.4%)	Bronchus or lung - Malignant neoplasms (6.6%)	Bronchus or lung - Malignant neoplasms (6.3%)
Dementia (5.0%)	Dementia (5.0%)	Dementia (4.8%)
Chronic obstructive pulmonary disease (4.5%)	Acute myocardial infarction (4.4%)	Alzheimer's disease (4.6%)
Acute myocardial infarction (4.4%)	COPD (4.3%)	COPD (4.4%)
Alzheimer's disease (4.2%)	Alzheimer's disease (4%)	Acute myocardial infarction (4.2%)
Stroke (2.6%)	Stroke (2.5%)	Stroke (2.8%)
Atherosclerotic cardiovascular disease (2.1%)	Congestive heart failure (2.0%)	Congestive heart failure (2.3%)

Appendix L contains the causes of death by county.



**TABLE 25. 15 LEADING CAUSES OF DEATH**

<b>15 Leading Causes of Death in 2014</b>
Diseases of heart
Malignant neoplasms
Accidents (unintentional injuries)
Chronic lower respiratory diseases
Cerebrovascular diseases
Alzheimer's disease
Diabetes mellitus
Influenza and pneumonia
Septicemia
Nephritis, nephrotic syndrome and nephrosis
Intentional self-harm (suicide)
Chronic liver disease and cirrhosis
Essential hypertension and hypertensive renal disease
Parkinson's disease
Pneumonitis due to solids and liquids

See Appendix M for the accompanying diagnostic codes that comprise each of the above composite causes of death in the 10-county area.



## State Health Priorities

The CHNA Team researched and kept in mind the priorities established by the State of Ohio.<sup>10</sup> Most of these priorities were reflected in the input provided by various stakeholders.

**TABLE 26. STATE HEALTH PRIORITIES**

State of Ohio Health Priorities
Access to Care
Infant Mortality / Preterm Births
Chronic Disease
Injury and Violence
Infectious Disease
Integration of Physical and Behavioral Health
Public Health System Funding
Electronic Health Records / Health Information Exchange / Data Warehouse
Workforce Development

## REGIONAL PRIORITIES

Criteria were applied to determine which health and health-related issues were regional priorities:

- County in bottom quartile for measure(s)
- Easily treated or prevented
- Emerging trend
- High risk to life
- Local rates not meeting national targets of Healthy People 2020
- Measure is a state priority
- Regional rates lagging state and/or national rates
- Risk factor for serious disease
- Worsening trend

The table on the next page shows the combined regional priorities from all five data sources: Focus groups, consumer surveys, agency surveys, health departments, and secondary data.

“People are in denial about drugs, homelessness, and teen pregnancy.”

-Darke County Focus Group participant

<sup>10</sup> Ohio 2012 – 2014 State Health Improvement Plan. Columbus, Ohio October, 2012.

**TABLE 27. REGION: COMBINED TOP PRIORITIES**

Focus Groups	Consumers	Agencies	Health Departments	Secondary Data
Healthy behaviors	Substance abuse	Substance abuse	Substance abuse	Cancer (esp. Breast & Lung)
Access to care	Chronic disease (cancer, diabetes, heart)	Access to care/services	Chronic diseases (diabetes, heart)	Substance abuse
Substance abuse	Obesity	Mental health	Obesity	Diabetes
Mental health	Diabetes	Obesity	Infant mortality; premature births; prenatal care	Accidents
Social determinants	Access to care/services	Healthy food/Nutrition	Child health	Access to care
Provider shortage	Heart	Infant mortality	Immunizations	Respiratory disease
Chronic diseases	Cancer	Care for children		Heart disease
Transportation	Mental health	Diabetes		

Priorities were determined from the ‘dot’ exercise at focus groups; from the ‘most serious issues’ in consumer surveys; from ‘top priorities’ on agency and health department surveys; and worsening trends or causes of death that affected at least 50% of counties.

All five sources of input identified as a priority: Substance abuse.

Four sources of input identified as priorities: Access to care and/or services.

Three sources of input identified as priorities: Chronic diseases; Diabetes; Mental health; and Obesity.

Two sources of input identified as priorities: Cancer; Heart disease; and Infant mortality.

Nine priorities were mentioned once: Accidents; Child health; Healthy behaviors; Healthy food/Nutrition; Immunizations; Provider shortage; Respiratory disease; Social determinants; and Transportation.

FIGURE 17. CONSUMER PRIORITIES: WAYS TO IMPROVE HEALTH WORD CLOUD



## Chapter 5. Community Profiles

For each county, the community profile includes results from the community focus group meeting, consumer surveys, agency surveys, health department responses, Snapshot of secondary data, and the CNI map with ZIP Code scores. When the Snapshots were created, only 2013 Cause of Death data were available. The Snapshots were used at the focus group meetings. For each county, the 2014 data has been added as an update in the narrative preceding the Snapshot.

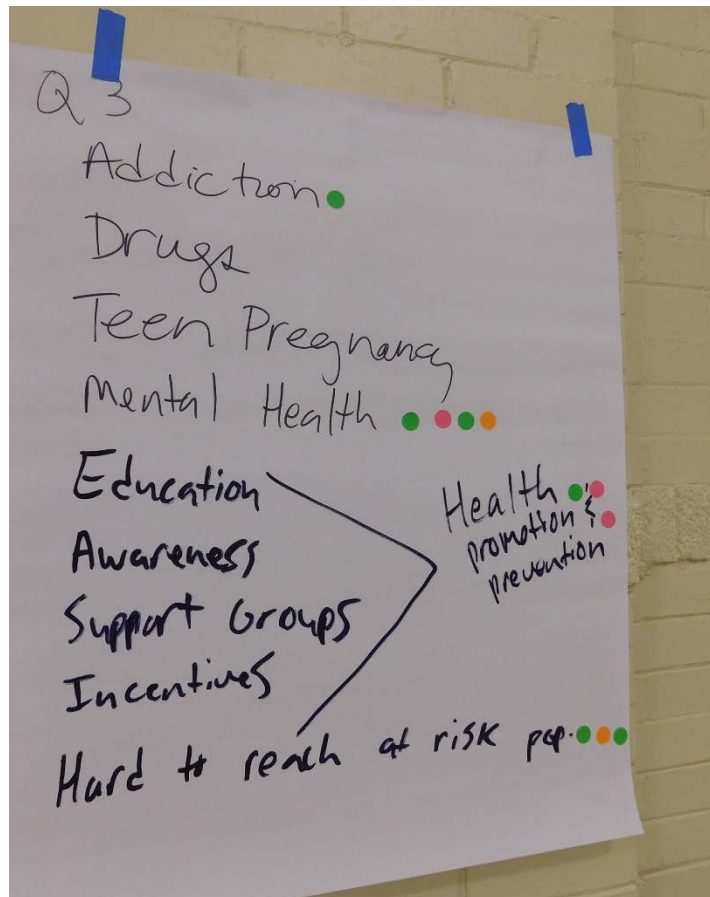


FIGURE 18. VOTING BY DOTS IN SHELBY COUNTY

“Our loyalty customers are not familiar  
with the services offered.”

-Fire Department official

## AUGLAIZE COUNTY

The County Seat of Auglaize County is the City of Wapakoneta. The Micropolitan Statistical Area of Wapakoneta is also part of the Lima-Van Wert-Celina Combined Statistical Area. The population density is 114.5 persons per square mile, compared to the state average of 282.3. The Ohio Department of Health considers it a suburban county, and Auglaize County is a Health Professional Shortage Area for Mental Health. The county has no high-scoring CNI ZIP Codes.

### Consensus on Priorities

The clear consensus from focus group attendees, agency surveys, and the Health Department was Substance abuse as the shared concern. It was a top priority among all three groups. Obesity was a priority for the Health Department and for agencies. Its significance is supported by the statistical evidence. Thirty-four per cent of adults are obese, above the state rate of 30%, and the county rate is increasing.

### Top Causes of Death

The top causes of death in 2014 were Heart disease, Lung cancer, Heart attack, and Dementia. With small changes in rank, these have been the same top four causes of death for the last three years. Auglaize County also has a high breast cancer mortality rate (28.7 per 100,000). The mortality rates for breast cancer and colon cancer were worse than state and national rates and trending in the wrong direction.

### Priorities from Community Meeting on October 6, 2015

Substance abuse and Provider shortage were the top 'dot' vote-getting issues in the focus group meeting. Part of the concern with substance abuse was that not enough county residents could pass the drug test to fill the many open positions with large employers.

Although attendance was small, the representatives were knowledgeable. They represented the Fire Department and EMS Services in Wapakoneta; the County's Job and Family Services Department, the Mental Health and Recovery Services Board (of Allen, Auglaize & Hardin Counties), the Family and Children First Council, and the Family Life Center. The Fire & EMS Chief explained that most hospitals runs go to Lima, 15 miles away.

**TABLE 28. AUGLAIZE COUNTY MEETING PRIORITIES**

Priority	# Votes	% Votes
Substance abuse	3	33.3%
Provider shortage	2	22.2%

### Survey Priorities

The CHNA Team received surveys from two agencies but no consumer surveys. Due to the proximity of the City of Lima, county residents may not have viewed questions about Dayton as a priority. For the responding agencies, which completed a survey between October 5 and November 23, 2015, the 'most serious health issue' identified by them was Substance abuse. Their 'top priorities' were Obesity and Substance abuse.

## Response from Health Department

The Health Department identified its top priorities as Substance abuse and Obesity.

“Largest employer has 92 job openings -- Not enough unskilled labor who can pass a drug test.”

-Auglaize County Focus Group participant

# Auglaize County Health Snapshot

Population: 45,920

## Health Outcomes

Alzheimer's disease or related disorders Medicare beneficiaries (%)	7.6	↓	10.2	9.8
Cancer mortality, Breast (rate per 100,000)	28.7	↑	22.6	21.3
Cancer mortality, Colon (rate per 100,000)	31.5	↑	16.1	14.7
Cancer mortality, Lung (rate per 100,000)	49.2	↓	54.1	44.9
Cancer mortality, Overall (rate per 100,000)	181.3	↓	182	166.4
Child mortality (rate per 100,000)	58.6	↑	59.1	50.7
Chronic Lower Respiratory Disease (CLRD) deaths age 65+ (rate per 100,000)	338	↑	332.9	284.5
Diabetes (%)	12	↑	11.2	8.5
Infant mortality (rate per 1,000 live births)	6.4	↑	7.8	6
Poor or fair health (%)	14	↑	15	9.5
Stroke deaths (rate per 100,000)	38.7	↓	39.9	36.2

## Health Behaviors

Adult obesity (%)	34	↑	30	34.9
Adult smoking (%)	16	↑	21	18.2
Alcohol-impaired driving deaths (%)	36	↑	36	31
Motor vehicle crash deaths (rate per 100,000)	16	↓	10	NA
Physical inactivity (%)	27	-	26	NA
Teen births (rate per 1,000 aged 15 - 19)	34	-	36	26.5

## Access to Care

Could not see doctor due to cost (%)	9	↑	13	NA
Dentists (ratio)	2,870:1	↓	1789:1	NA
Primary care physicians (ratio)	2,182:1	↑	1332:1	NA

## Socio-Economic/Demographic

Children eligible for free lunch (%)	26	↑	38
Children in poverty (%)	14	↑	23
Homicide (rate per 100,000)	1	-	5
Percent African American	0.4	-	12.2
Percent Hispanic	1.4	-	3.4
Percentage of population that is 65 and older	16.5	-	15.1
Percentage of population that is below 18 years of age	24.6	-	22.9
Rural population (%)	39.1	-	22.1
Violent crime (rate per 100,000)	39	↓	307

## Top Causes of Death

Heart Attack  
Dementia  
Lung Cancer

## Cancer Mortality (when compared to state rates)

Breast: 58% higher  
Colon: 96% higher

## Respiratory Health

Adult smoking rate increasing  
CLRD death rate higher than state & national rates

## Obesity

19% higher than the state figure  
Physical inactivity is higher than the state figure

## Diabetes

% high & increasing

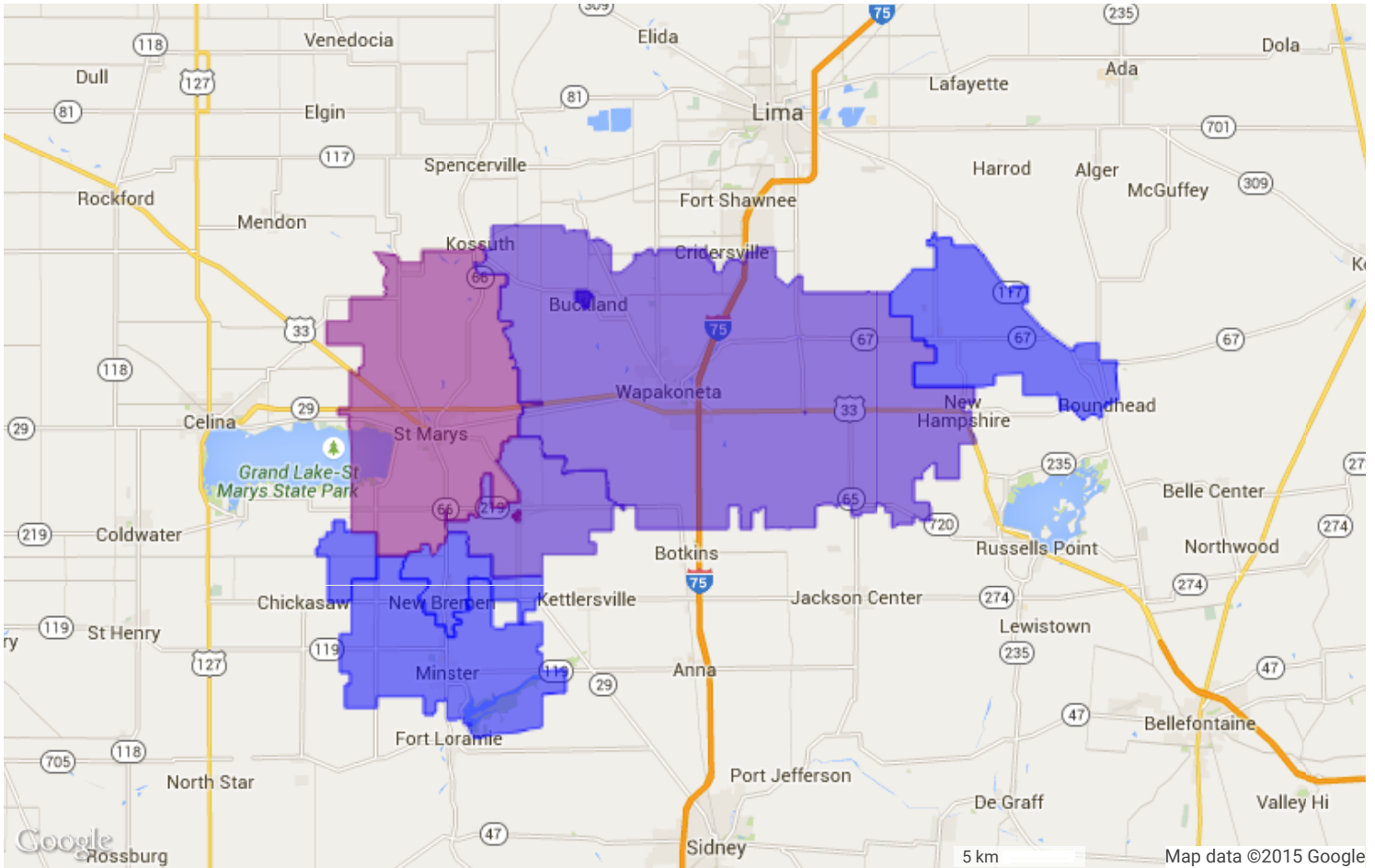
## Community Need Index

A high CNI score (3.4 to 5.0) is an indicator for socioeconomic variation, barriers to care, and increased need for health care services. None of the County's ZIP Codes exceed a score of 3.4.

Source data range: 2010-2015

Lowest Need

Highest Need



Mean(zipcode): 1.7 / Mean(person): 2

CNI Score Median: 1.8

CNI Score Mode: 1.6

Zip Code	CNI Score	Population	City	County	State
45819	1.4	252	Buckland	Auglaize	Ohio
45865	1.6	5143	Minster	Auglaize	Ohio
45869	1.2	4377	New Bremen	Auglaize	Ohio
45871	1.8	1892	New Knoxville	Auglaize	Ohio
45885	2.6	12881	Saint Marys	Auglaize	Ohio
45895	2	18318	Wapakoneta	Auglaize	Ohio
45896	1.6	2063	Waynesfield	Auglaize	Ohio



## BUTLER COUNTY

The County Seat of Butler County is the City of Hamilton. With the City of Middletown, they represent the industrial history of the County, and both cities have struggled with the types of problems experienced by many Rust Belt cities. At the same time, Butler County's suburbs are growing. The City of Oxford is home to Miami University. It is a large county, and 9% of its population is still rural. The Census reported the Latino population at 4.3% of the total, a number that is likely underreported since some Latino residents are undocumented. Two of the county's 12 ZIP Codes had high CNI scores.

### Consensus on Priorities

Substance abuse, and especially heroin addiction, was a top concern from every type of stakeholder. In the community focus group, it was linked with Mental health. Mental health also emerged as a problem for agencies. Consumers, agencies, and health departments all cited Obesity as a concern. Both agencies and health departments expressed concern about Infant mortality. Access to care/services was identified as a serious issue by individuals, both at the focus group and in surveys.

### Top Causes of Death

Deaths from Lung cancer and Respiratory disease were high for the past three years. Like the rates of death from Lung cancer and Chronic Lower Respiratory Disease (which includes COPD), the rate of adult smokers in Butler County exceeded the national rate. The top causes of death for Butler County in 2014 (in descending order) were:

- Lung cancer
- Heart disease
- Dementia
- COPD
- Acute Myocardial Infarction (AMI)

### Priorities from Community Meeting on July 30, 2015

The focus group had strong representation from leaders in the community. Seventeen participants represented the Cities of Fairfield, Hamilton, Middletown, and Oxford. Both the City of Hamilton and City of Middletown Health Commissioners attended. Several advocates for the Latino community shared their concerns. A couple of priorities under 'Addiction' and 'Access' are also child health issues.

**TABLE 29. BUTLER COUNTY MEETING PRIORITIES**

Priority	# Votes	% Votes
Health behaviors ( <i>Obesity mentioned 7 times</i> )	14	27%
Mental health and/or Addiction ( <i>Substance abuse mentioned 12 times</i> )	13	25%
Access to care (other than transportation)	8	16%
Transportation	8	16%
Child health issues (not already identified under Addiction or Access)	4	8%
Resources	3	6%

## Survey Priorities

Below are the most common responses from individual consumers, living in Butler County, who completed a survey between June 15 and November 23, 2015. There were 93 who answered the question, 'What are the most serious health issues facing your community?' They mentioned 187 health and/or health-related issues of particular concern to them.

**TABLE 30. BUTLER COUNTY: CONSUMER – MOST SERIOUS HEALTH ISSUES**

Most Serious Health Issues	# Mentions	% Mentions
Substance abuse	81	43.3%
Obesity	15	8.0%
Access to care/services	15	8.0%
Cancer	10	5.3%
Heart	9	4.8%
Mental health	9	4.8%
Diabetes	8	4.3%
Respiratory disease	8	4.3%
Care for elderly	6	3.2%
Chronic disease	4	2.1%

There were three mentions each for Healthy food/nutrition and Poverty. Receiving two mentions each were: Communicable disease; Health education; and Violence.

Ten organizations, serving Butler County, answered the survey. Substance abuse was a major concern to them, especially heroin addiction. Obesity received the second most mentions as a concern.

**TABLE 31. BUTLER COUNTY: AGENCY – MOST SERIOUS HEALTH ISSUES**

Most Serious Health Issues	# Mentions	% Mentions
Substance abuse	6	21.4%
Obesity	4	14.3%
Access to care/services	3	10.7%
Mental health	3	10.7%
Diabetes	2	7.1%
Infant mortality	2	7.1%

## Responses from Health Departments

Three health departments provided input: City of Hamilton, City of Middletown, and Butler County. All three Health Commissioners identified Obesity and Substance abuse as the most serious health issues, and, of the two, the top priority was addressing heroin and prescription drug abuse.

**TABLE 32. BUTLER COUNTY HEALTH DEPARTMENTS – MOST SERIOUS HEALTH ISSUES**

Most Serious Health Issues	# Mentions	% Mentions
Obesity	3	23.1%
Substance abuse	3	23.1%
Infant mortality	2	15.4%

“Neonates withdrawing from heroin, opiates, and alcohol.”

-Butler County Focus Group participant

# Butler County Health Snapshot

Population: 371,272

Measure/Indicator	County	Trend	State	National
<b>Health Outcomes</b>				
Alzheimer's disease or related disorders Medicare beneficiaries (%)	10.5	↓	10.2	9.8
Cancer mortality, Breast (rate per 100,000)	23.8	-	22.6	21.3
Cancer mortality, Lung (rate per 100,000)	66.1	↑	54.1	44.9
Cancer mortality, Overall (rate per 100,000)	185.8	↓	182	166.4
Child mortality (rate per 100,000)	50.7	-	59.1	50.7
Chronic Lower Respiratory Disease (CLRD) deaths age 65+ (rate per 100,000)	353.4	↓	332.9	284.5
Diabetes (%)	11.5	-	11.2	8.5
Infant mortality (rate per 1,000 live births)	7.7	-	7.8	6
Injury deaths (rate per 100,000)	60.2	↑	62	58.8
Poor or fair health (%)	16.3	-	15	9.5
Poor physical health days (in past 30 days)	4	-	3.7	3.9

<b>Health Behaviors</b>				
Adult obesity (%)	29.3	-	30	34.9
Adult smoking (%)	22.7	-	21	18.2
Alcohol-impaired driving deaths (%)	41.5	-	36	31
Chlamydia incidence (rate per 100,000)	351.9	↑	470.2	453.3
Gonorrhea incidence (rate per 100,000)	109	↑	138.9	106.7
HIV prevalence (rate per 100,000)	84.2	↑	178	18.3
Teen births (rate per 1,000 aged 15 - 19)	34.1	↓	36	26.5
Total syphilis (rate per 100,000)	9.4	↑	10.5	8.6

<b>Substance Abuse/Mental Health</b>				
Drug poisoning deaths (rate per 100,000)	19.3	↑	15	NA
Excessive drinking (%)	18.9	-	18	28.2
Heroin poisoning overdose deaths (rate per 100,000)	15.9	↑	8.5	NA

<b>Access to Care</b>				
Dentists (ratio)	2171:1	-	1789:1	NA
Mammography screening (%)	58	-	60	72.4
Uninsured (%)	8	↓	9.4	16.9

<b>Socio-Economic/Demographic</b>				
Percent African American	7.6	-	12.2	
Percent Hispanic	4.3	-	3.4	
Percentage of population that is 65 and older	12.8	-	15.1	
Percentage of population that is below 18 years of age	24.4	-	22.9	
Rural population (%)	9.3	-	22.1	
Violent crime (rate per 100,000)	353.1	↓	307	

## Top Causes of Death

Lung Cancer  
Dementia  
COPD

## Cancer Mortality

(when compared to national rates)

Breast: 12% higher  
Lung: 47% higher  
Overall: 12% higher

## Respiratory Health

(Higher than state and national rates)

-Smoking rate  
-CLRD death rate 24% higher than national rate

## STDs

Rates are high and increasing

## Drug Abuse

(Higher than state rate)

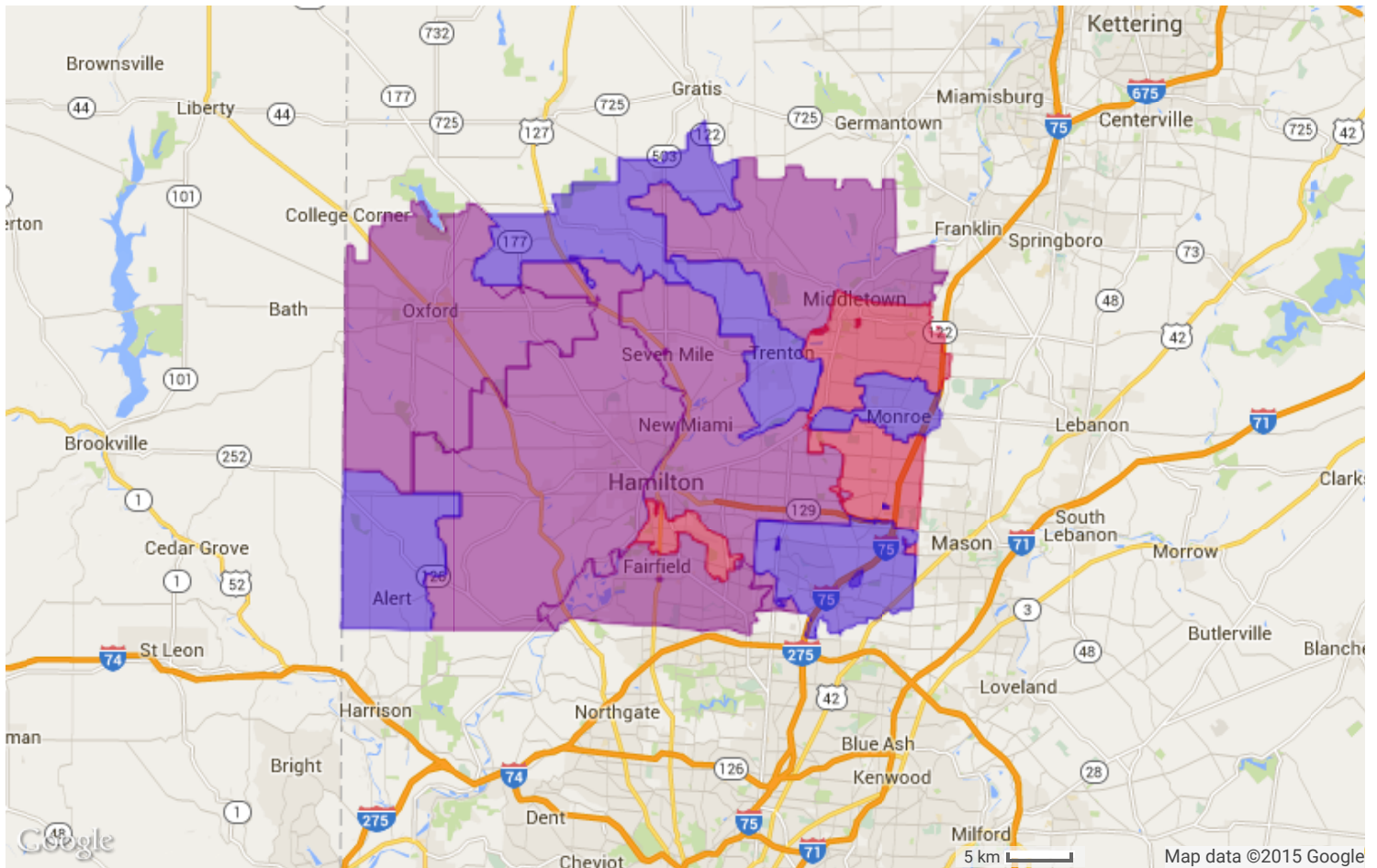
-Heroin overdose deaths are 87% higher  
-29% more overall drug overdose deaths

## Community Need Index

A high CNI score (3.4 to 5.0) is an indicator for socioeconomic variation, barriers to care, and increased need for health care services. Two of the County's 12 ZIP Codes exceed a score of 3.4.

Lowest Need

Highest Need



Mean(zipcode): 2.8 / Mean(person): 3

CNI Score Median: 3

CNI Score Mode: 3.2

Zip Code	CNI Score	Population	City	County	State
45011	3.2	72847	Hamilton	Butler	Ohio
45013	3.2	51964	Hamilton	Butler	Ohio
45014	3	44239	Fairfield	Butler	Ohio
45015	3.8	11822	Hamilton	Butler	Ohio
45042	3	25339	Middletown	Butler	Ohio
45044	3.8	52515	Middletown	Butler	Ohio
45050	2	10121	Monroe	Butler	Ohio
45053	2.2	3093	Okeana	Butler	Ohio
45056	3.2	27059	Oxford	Butler	Ohio
45064	2	3237	Somerville	Butler	Ohio
45067	2.2	15017	Trenton	Butler	Ohio
45069	1.8	50041	West Chester	Butler	Ohio

## CLARK COUNTY

Clark County's County Seat is the City of Springfield. The Springfield Metropolitan Statistical Area is included in the Dayton-Springfield-Sidney Combined Statistical Area. The Ohio Department of Health considers it a suburban county. Four of its 11 ZIP Codes have high CNI scores.

### Consensus on Priorities

Heart disease was a constant thread across all the data sources. Obesity was an issue identified in surveys by consumers, agencies, and the Health Department. Mental health came up as a serious issue in the focus group and for the Health Department. Individuals mentioned Access as an issue in both the focus group meeting and in consumer surveys.

### Top Causes of Death

In 2014, the top causes of death (in descending order) were:

- Heart disease
- Lung cancer
- Alzheimer's disease
- Heart attack (Acute myocardial infarction)
- Dementia

The previous two years COPD had been on the list, but not Dementia.

### Priorities from Community Meeting on October 13, 2015

Three issues received the same number of mentions: Children in extreme poverty, Mental health, and Access to services. Under 'Access to services,' the lack of coordination, communication, and ease of access were highlighted. See a summary in the table below.

**TABLE 33. CLARK COUNTY MEETING PRIORITIES**

Priority	# Votes	% Votes
More than 17% of children living in extreme poverty	3	27.3%
Mental health	3	27.3%
Access to services	3	27.3%

“There are 15 to 18 organizations doing diabetes prevention and education who aren't communicating or coordinating with each other.”

-Clark County nonprofit

## Survey Priorities

Thirteen consumers responded by survey with 24 answers. Obesity was cited most often. Diabetes, Heart, and Substance abuse each received three mentions. Access to care/Services received two mentions.

**TABLE 34. CLARK COUNTY: CONSUMER – MOST SERIOUS HEALTH ISSUES**

Most Serious Health Issues	# Mentions	% Mentions
Obesity	6	25.0%
Diabetes	3	12.5%
Heart	3	12.5%
Substance abuse	3	12.5%
Access to care/Services	2	8.3%

Six agencies responded by survey. Substance abuse received the most mentions as the ‘most serious health issue.’ The remaining issues were in a five-way tie for second place: Dental, Healthy food/Nutrition, Infant mortality, Mental health, and Obesity.

Agency respondents also identified Substance abuse as their top priority with Infant mortality and Obesity next. See Table 35.

**TABLE 35. CLARK COUNTY: AGENCY – TOP PRIORITIES**

Top Priorities	# Mentions	% Mentions
Substance abuse	3	23.1%
Infant mortality	2	15.4%
Obesity	2	15.4%

## Response from Health Department

The Clark County Health Department identified its five top priorities as:

- Heart disease
- Lung cancer
- Premature birth
- Chronic illness
- Obesity

These topics reflected many of the issues considered most serious except for Substance abuse and Mental health. They were recognized as serious health issues in the community but not as top priorities for the Health Department.

# Clark County Health Snapshot

Population: 136,167

Measure/Indicator	County	Trend	State	National
<b>Health Outcomes</b>				
Alzheimer's disease or related disorders Medicare beneficiaries (%)	11.3	↓	10.2	9.8
Cancer mortality, Breast (rate per 100,000)	35.7	↑	22.6	21.3
Cancer mortality, Lung (rate per 100,000)	57.6	↓	54.1	44.9
Cancer mortality, Overall (rate per 100,000)	201.4	↓	182	166.4
Cancer mortality, Prostate (rate per 100,000)	21	↓	19.2	19.6
Child mortality (rate per 100,000)	52.5	↓	59.1	50.7
Chronic Lower Respiratory Disease (CLRD) deaths age 65+ (rate per 100,000)	414.7	↑	332.9	284.5
Diabetes (%)	13.1	↑	11.2	8.5
Diabetes deaths (rate per 100,000)	38.9	↓	25.4	21.2
Heart disease deaths (rate per 100,000)	205.1	↓	187.9	169.8
Infant mortality (rate per 1,000 live births)	7.2	↑	7.8	6
Injury deaths (rate per 100,000)	72	↑	62	58.8
Low birthweight (%)	8.5	-	8.6	8
Poor or fair health (%)	15	-	15	9.5
Poor physical health days (in past 30 days)	3.9	-	3.7	3.9
Stroke deaths (rate per 100,000)	49.9	↓	39.9	36.2

<b>Health Behaviors</b>				
Adult obesity (%)	30.1	↓	30	34.9
Adult smoking (%)	27.8	↑	21	18.2
Alcohol-impaired driving deaths (%)	33.8	↑	36	31
Chlamydia incidence (rate per 100,000)	447.2	↑	470.2	453.3
HIV prevalence (rate per 100,000)	107.8	↑	178	18.3
Motor vehicle crash deaths (rate per 100,000)	12.8	↑	10	NA
Physical inactivity (%)	28.4	↑	26	NA
Teen births (rate per 1,000 aged 15 - 19)	53.2	↓	36	26.5
Total syphilis (rate per 100,000)	21.3	↑	10.5	8.5

<b>Substance Abuse/Mental Health</b>				
Drug poisoning deaths (rate per 100,000)	18.5	↑	15	NA
Heroin poisoning overdose deaths (rate per 100,000)	9.4	-	8.5	NA
Naloxone administration rate (rate per 10,000)	24.7	↑	13.9	NA
Suicide (rate per 100,000)	14	-	12.9	12.6

<b>Access to Care</b>				
Could not see doctor due to cost (%)	13.4	↑	13	NA
Dentists (ratio)	2,196:1	↓	1789:1	NA
Health care costs (Medicare per enrollee)	10,682	↑	10,389	NA
Primary care physicians (ratio)	2,018:1	-	1332:1	NA
Uninsured (%)	10	↓	9.4	16.9

<b>Socio-Economic/Demographic</b>				
Children eligible for free lunch (%)	49.1	↑	38	
Children in poverty (%)	28.3	↓	23	
Homicide (rate per 100,000)	5.1	↓	5	
Percent African American	8.8	-	12.2	
Percent Hispanic	3	-	3.4	
Percentage of population that is 65 and older	17.5	-	15.1	
Percentage of population that is below 18 years of age	23	-	22.9	
Rural population (%)	23.6	-	22.1	
Violent crime (rate per 100,000)	321.6	↓	307	

**Top Causes of Death**  
Lung Cancer  
Alzheimer's  
Heart Attack

**Respiratory Health**  
CLRD rate is 25% higher than state rate  
Adult smoking % is high increasing

**Diabetes**  
Diabetes % high and increasing  
Diabetes deaths 53% higher than state rate

**STD rates**  
High and increasing  
Syphilis rate over double the state rate

**Substance Abuse**  
(when compared to state rates)  
Drug overdose deaths: 23% higher  
Naloxone administration: 78% higher  
Heroin overdose deaths: 11% higher

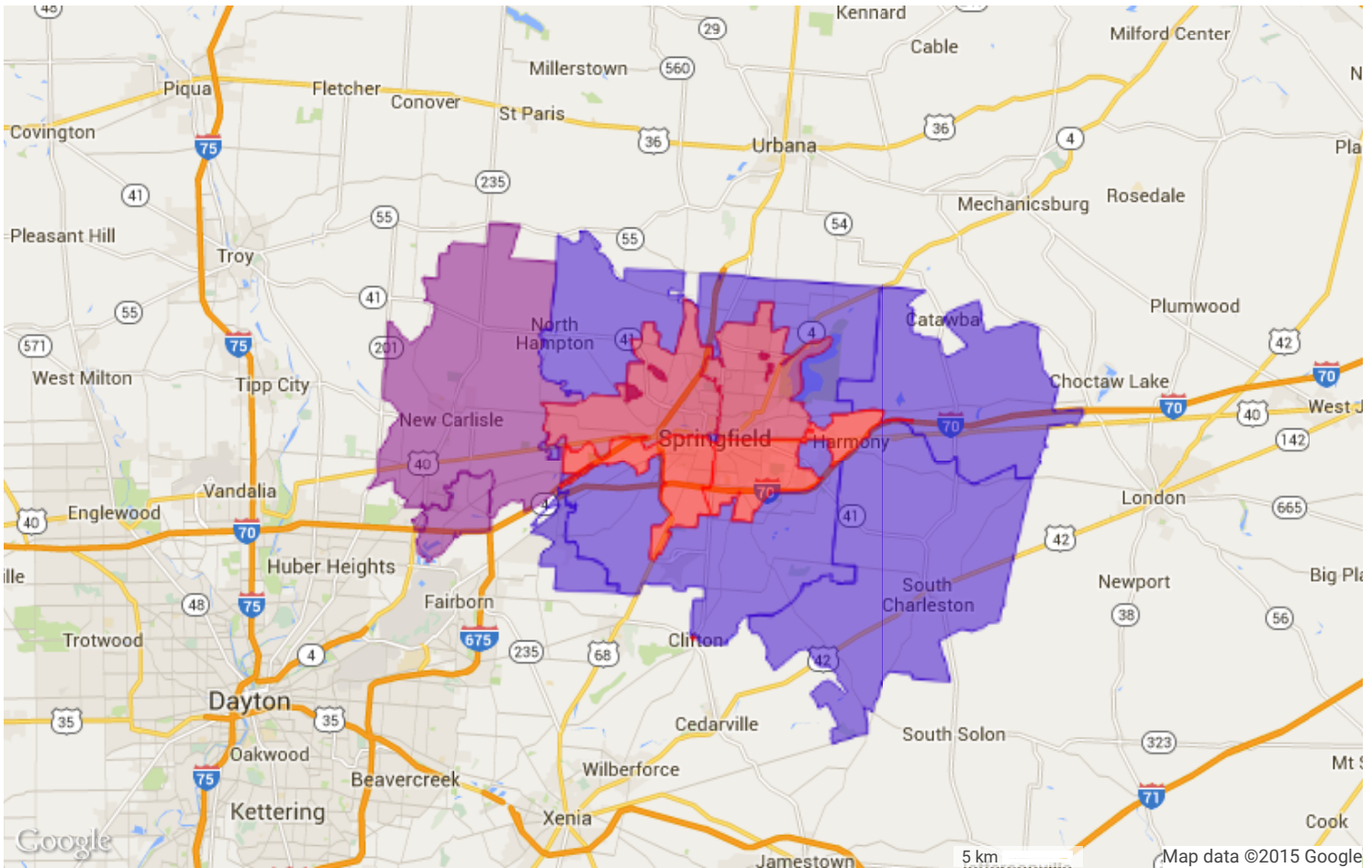
**Children**  
49.1% are eligible for free lunch  
28.3% in poverty

**Community Need Index**  
A high CNI score (3.4 to 5.0) is an indicator for socioeconomic variation, barriers to care, and increased need for health care services. 4 of the County's 11 ZIP Codes exceed a score of 3.4.



Lowest Need

Highest Need



Mean(zipcode): 3 / Mean(person): 3.3

CNI Score Median: 3.2

CNI Score Mode: 2,2,4,3,6

Zip Code	CNI Score	Population	City	County	State
45319	2.2	215	Donnelsville	Clark	Ohio
45323	2.4	5236	Enon	Clark	Ohio
45341	3.2	3825	Medway	Clark	Ohio
45344	2.6	16843	New Carlisle	Clark	Ohio
45368	2.4	4659	South Charleston	Clark	Ohio
45369	2	3382	South Vienna	Clark	Ohio
45502	2	16854	Springfield	Clark	Ohio
45503	3.6	32128	Springfield	Clark	Ohio
45504	3.6	17036	Springfield	Clark	Ohio
45505	4.4	20029	Springfield	Clark	Ohio
45506	4.6	13477	Springfield	Clark	Ohio

## DARKE COUNTY

Darke County is one of the more sparsely populated counties in the region. It has 88.5 residents per square mile, compared to the Ohio average of 282.3. The Ohio Department of Health considers it a non-Appalachian rural county. The County is a Health Professional Shortage Area for both Mental Health and Primary Care. One of its CNI 11 ZIP Codes is high. The County Seat is Greenville.

### Consensus on Priorities

Substance abuse and Obesity were mentioned most often. Substance abuse was in the top three issues for four out of five data sources but not in the focus group. In addition to Substance abuse, Obesity was cited by four sources. Diabetes was mentioned as a serious issue by agencies and the Health Department. Access to care, especially due to Provider shortage, was cited at the focus group meeting and, to a lesser extent, by agencies.

### Top Causes of Death

The top causes of death in 2014 were similar to 2013's. The only difference was the order of the top five causes. There were:

- Heart disease
- Lung cancer (3<sup>rd</sup> in 2013)
- Alzheimer's disease (2<sup>nd</sup> in 2013)
- Stroke (5<sup>th</sup> in 2013)
- Heart attack, or Acute myocardial infarction (4<sup>th</sup> in 2013)

### Priorities from Community Meeting on October 15, 2015

Provider shortage was the number one issue, with five responses about the lack of primary care and family physicians. Three people described the lack of access due to a shortage of psychiatrists. The Coalition for a Healthy Darke County was cited as a model coalition that is addressing Mental health and Substance abuse issues in the County.

**TABLE 36. DARKE COUNTY MEETING PRIORITIES**

Priority	# Votes	% Votes
Provider shortage	9	37.5%
Strong community partnerships	4	16.7%
Access to care (other than provider shortage)	3	12.5%
Healthy behaviors	3	12.5%
Mental health	3	12.5%
Poverty	2	8.3%

“Our homeless shelter is always full.”

-Darke County nonprofit

## Survey Priorities

Seven consumers submitted surveys. Only two issues received more than one mention each.

**TABLE 37. DARKE COUNTY: CONSUMER – MOST SERIOUS HEALTH ISSUES**

Most Serious Health Issues	# Mentions	% Mentions
Obesity	3	33.3%
Substance abuse	2	22.2%

Among the eight agency respondents, Substance abuse received the most mentions. See Table 38. When asked about their ‘top priorities,’ Substance abuse remained in the top three along with Infant mortality and Obesity. See Table 39.

**TABLE 38. DARKE COUNTY: AGENCY – MOST SERIOUS HEALTH ISSUES**

Most Serious Health Issues	# Mentions	% Mentions
Substance abuse	5	21.7%
Dental	2	8.7%
Diabetes	2	8.7%
Infant mortality	2	8.7%
Mental health	2	8.7%
Obesity	2	8.7%

**TABLE 39. DARKE COUNTY: AGENCY – TOP PRIORITIES**

Top Priorities	# Mentions	% Mentions
Infant mortality	3	15.8%
Obesity	3	15.8%
Substance abuse	3	15.8%
Access to care/Services	2	10.5%
Dental	2	10.5%
Diabetes	2	10.5%

## Response from Health Department

The Health Department identified the following issues as the most serious in the County: Chronic disease; Substance abuse; Respiratory disease (lung); Diabetes; and Heart failure. Its top priorities were Substance abuse; Chronic disease; Nutrition; Lack of exercise; and Obesity.

## Other Community Priorities

Wayne HealthCare shared its Community Health Needs Assessment for Darke County, completed in 2015. Its top three priorities for implementation are: chronic disease prevention & education; coordinated care & coordinated management; and mental health & substance abuse.

# Darke County Health Snapshot

Population: 52,376

Measure/Indicator	County	Trend	State	National
<b>Health Outcomes</b>				
Cancer mortality, Breast (rate per 100,000)	30.9	↑	22.6	21.3
Cancer mortality, Lung (rate per 100,000)	46.8	↓	54.1	44.9
Cancer mortality, Prostate (rate per 100,000)	19.7	↓	19.2	19.6
Child mortality (rate per 100,000)	63	↓	59.1	50.7
Chronic Lower Respiratory Disease (CLRD) deaths age 65+ (rate per 100,000)	327.5	↑	332.9	284.5
Diabetes (%)	11.6	↑	11.2	8.5
Diabetes deaths (rate per 100,000)	28.3	↑	25.4	21.2
Heart disease deaths (rate per 100,000)	193.7	↓	187.9	169.8
Infant mortality (rate per 1,000 live births)	5.4	↑	7.8	6
Injury deaths (rate per 100,000)	74.2	↑	62	58.8
Poor or fair health (%)	19.1	↑	15	9.5
Stroke deaths (rate per 100,000)	40.2	↓	39.9	36.2

## Top Causes of Death

Alzheimer's  
Lung Cancer  
Heart Attack

## Diabetes

Diabetes % & diabetes death rate are above state rate and increasing

## Health Behaviors

Adult obesity (%)	33.7	↑	30	34.9
Adult smoking (%)	18.1	-	21	18.2
Alcohol-impaired driving deaths (%)	29.3	↑	36	31
HIV prevalence (rate per 100,000)	58.5	-	178	18.3
Motor vehicle crash deaths (rate per 100,000)	21.3	↓	10	NA
Physical inactivity (%)	34.6	↑	26	NA
Teen births (rate per 1,000 aged 15 - 19)	37.9	↓	36	26.5

## Physical Health

(when compared to state rates)

Adult obesity:  
12% higher and increasing

Physical inactivity:  
33% higher and increasing

## Substance Abuse/Mental Health

Drug poisoning deaths (rate per 100,000)	12.7	↑	15	NA
Heroin poisoning overdose deaths (rate per 100,000)	9.5	↑	8.5	NA
Suicide (rate per 100,000)	14	-	12.9	12.6

## Substance Abuse

Heroin & drug poisoning overdose deaths are high and increasing

## Access to Care

Could not see doctor due to cost (%)	13.3	-	13	NA
Dentists (ratio)	3,741:1	↓	1789:1	NA
Health care costs (Medicare per enrollee)	10,008	↑	10,389	NA
Primary care physicians (ratio)	2,100:1	↑	1332:1	NA

## Breast Cancer

37% higher than state rate and increasing

## Socio-Economic/Demographic

Children eligible for free lunch (%)	25	↑	38
Children in poverty (%)	21.2	↑	23
Homicide (rate per 100,000)	2.7	-	5
Percent African American	0.5	-	12.2
Percent Hispanic	1.4	-	3.4
Percentage of population that is 65 and older	18.1	-	15.1
Percentage of population that is below 18 years of age	24.6	-	22.9
Rural population (%)	66.3	-	22.1
Violent crime (rate per 100,000)	139.9	↓	307

## Injury Deaths

20% higher than state rate and increasing

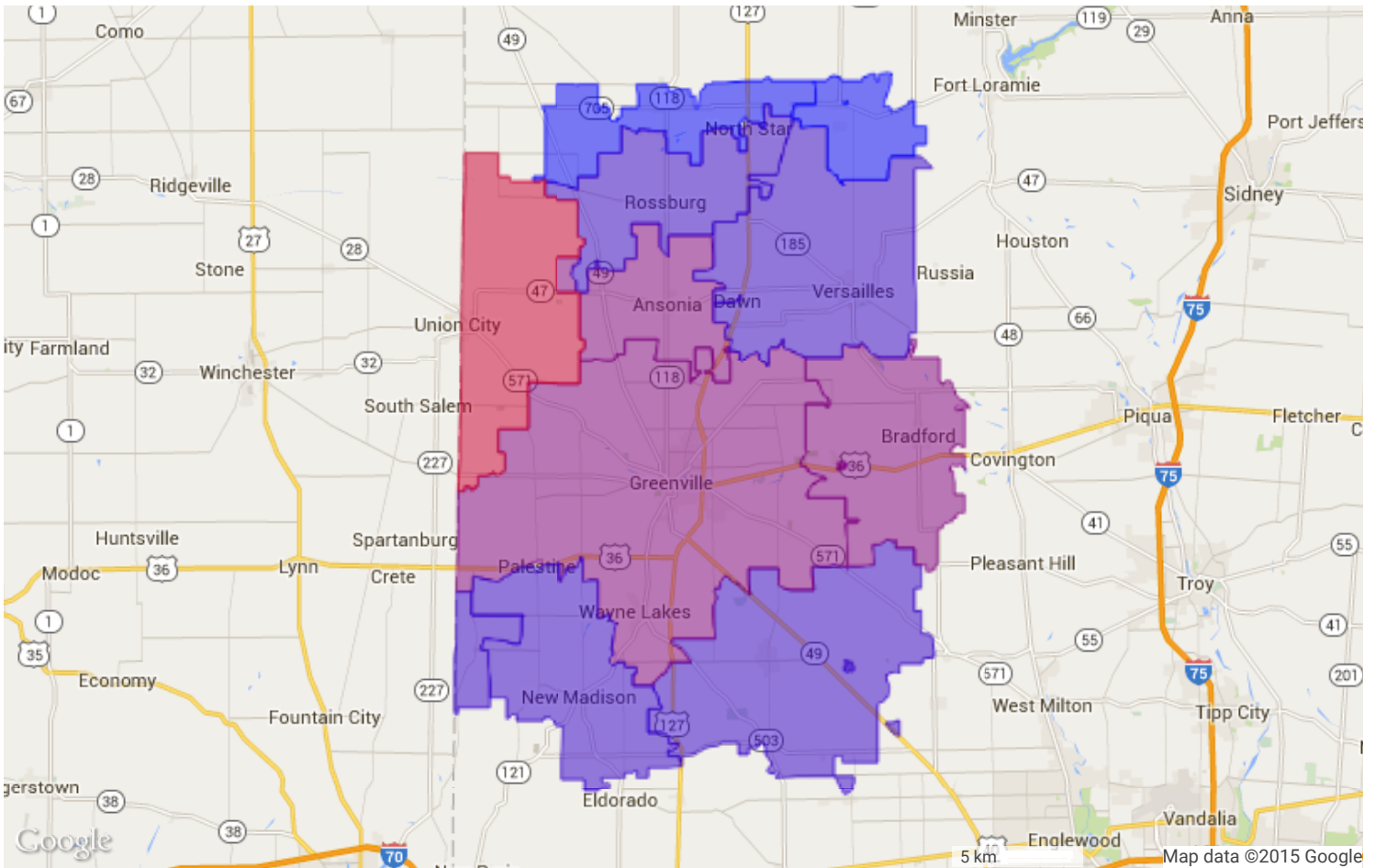
## Community Need Index

A high CNI score (3.4 to 5.0) is an indicator for socioeconomic variation, barriers to care, and increased need for health care services. 1 of the County's 11 ZIP Codes exceed a score of 3.4.

Lowest Need

Highest Need

■ 1 - 1.7 Lowest    
 ■ 1.8 - 2.5 2nd Lowest    
 ■ 2.6 - 3.3 Mid    
 ■ 3.4 - 4.1 2nd Highest    
 ■ 4.2 - 5 Highest



Mean(zipcode): 2.3 / Mean(person): 2.7

CNI Score Median: 2.4

CNI Score Mode: 2

Zip Code	CNI Score	Population	City	County	State
45303	3	2023	Ansonia	Darke	Ohio
45304	1.8	7416	Arcanum	Darke	Ohio
45308	2.6	5266	Bradford	Darke	Ohio
45331	3.2	23028	Greenville	Darke	Ohio
45332	2.4	557	Hollansburg	Darke	Ohio
45346	2	2159	New Madison	Darke	Ohio
45348	1.6	1161	New Weston	Darke	Ohio
45362	2.2	1153	Rosburg	Darke	Ohio
45380	2	5273	Versailles	Darke	Ohio
45388	1	1067	Yorkshire	Darke	Ohio
45390	4	3514	Union City	Darke	Ohio

## GREENE COUNTY

Greene County is part of the Dayton Metropolitan Statistical Area. Its County Seat is Xenia. The Ohio Department of Health considers it as a suburban county. Two of its 13 ZIP Codes, in Fairborn and Xenia, have high CNI scores.

### Consensus on Priorities

Substance abuse was mentioned in the focus group, consumer survey, and agency survey. Chronic diseases were mentioned in the focus group, consumer survey, and represented by Diabetes in the agency survey. Chronic disease, as identified in the focus group meeting, included Alzheimer's, Cancer, Diabetes, and Heart disease. Alzheimer's, Cancer, and Heart disease are reflected in the top three causes of death. Cancer was mentioned in the focus group and in the consumer survey.

Access to care was mentioned in the focus group and the consumer survey.

### Top Causes of Death

Top causes of death in 2014 were:

- Heart disease
- Lung cancer
- Alzheimer's disease
- Dementia
- COPD

In 2012 and 2013, heart attack (Acute myocardial infarction) was in the top five.

### Priorities from Community Meeting on October 29, 2015

Healthy behaviors was the top priority at the focus group. 'Lack of personal accountability' was mentioned four times. Two of the seven 'Access' comments related to pulmonary rehab. The chronic diseases mentioned were Alzheimer's, Cancer, Diabetes, and Heart disease.

**TABLE 40. GREENE COUNTY MEETING PRIORITIES**

Priority	# Votes	% Votes
Healthy behaviors (Substance abuse mentioned 3 times)	11	50.0%
Access to care	7	31.8%
Chronic disease	4	0.2%

### Survey Priorities

Thirty-five individuals gave 65 replies to the question about 'most serious health issue.' Substance abuse received the most mentions. See the table on the next page.

**TABLE 41. GREENE COUNTY: CONSUMER – MOST SERIOUS HEALTH ISSUES**

Most Serious Health Issues	# Mentions	% Mentions
Substance abuse	16	24.6%
Obesity	8	12.3%
Diabetes	6	9.2%
Access to care/Services	5	7.7%
Care for elderly	4	6.2%
Poverty	4	6.2%
Cancer	3	4.6%
Healthy food/Nutrition	3	4.6%
Smoking	3	4.6%

Heart and Wellness/Prevention each received two mentions in the consumer surveys.

Eleven agencies completed online surveys and gave 35 answers to the question about ‘most serious health issues.’ The responses receiving the most mentions are shown in the table below.

**TABLE 42. GREENE COUNTY: AGENCY – MOST SERIOUS HEALTH ISSUES**

Most Serious Health Issues	# Mentions	% Mentions
Diabetes	4	11.4%
Obesity	4	11.4%
Substance abuse	4	11.4%
Dental	3	8.6%
Infant mortality	3	8.6%

All of the above ‘most serious health issues’ also appeared on the agencies’ list of ‘top priorities.’ In addition to these five issues, the agencies also ranked as ‘top priorities:’ Healthy food/Nutrition and Mental health.

The following each received two mentions each as serious health issues: Chronic disease; Healthy food/Nutrition; Hypertension; Mental health; and Respiratory disease.

### Response from Health Department

The Health Department identified the ‘most serious health issues’ to be: Community health; Environmental health; and Health education.

“The process you have put together is very organized and spurs thoughtful conversations.”

-Greene County Focus Group participant

# Greene County Health Snapshot

Population: 163,204

Measure/Indicator	County	Trend	State	National
<b>Health Outcomes</b>				
Alzheimer's disease or related disorders Medicare beneficiaries (%)	10.9	↓	10.2	9.8
Cancer mortality, Breast (rate per 100,000)	20.3	↓	22.6	21.3
Cancer mortality, Lung (rate per 100,000)	40.1	↓	54.1	44.9
Child mortality (rate per 100,000)	51.9	↑	59.1	50.7
Diabetes (%)	9.5	↓	11.2	8.5
Diabetes deaths (rate per 100,000)	22.2	↑	25.4	21.2
Heart disease deaths (rate per 100,000)	177.3	↑	187.9	169.8
Infant mortality (rate per 1,000 live births)	6.1	↑	7.8	6
Injury deaths (rate per 100,000)	58.2	↑	62	58.8
Poor or fair health (%)	11.2	-	15	9.5

<b>Health Behaviors</b>				
Adult obesity (%)	25.1	↓	30	34.9
Adult smoking (%)	16.4	↓	21	18.2
Alcohol-impaired driving deaths (%)	37.7	↓	36	31
Chlamydia incidence (rate per 100,000)	447.2	↑	470.2	453.3
HIV prevalence (rate per 100,000)	107.8	↑	178	18.3
Motor vehicle crash deaths (rate per 100,000)	12.8	↑	10	NA
Physical inactivity (%)	25.8	↑	26	NA

<b>Substance Abuse/Mental Health</b>				
Drug poisoning deaths (rate per 100,000)	16.3	↑	15	NA
Heroin poisoning overdose deaths (rate per 100,000)	5.5	↑	8.5	NA
Suicide (rate per 100,000)	11	↑	12.9	12.6

<b>Access to Care</b>				
Dentists (ratio)	1,295:1	↓	1789:1	NA
Health care costs (Medicare per enrollee)	9,793	↑	10,389	NA
Primary care physicians (ratio)	1,168:1	↑	1332:1	NA

<b>Socio-Economic/Demographic</b>				
Children eligible for free lunch (%)	27.7	↑	38	
Children in poverty (%)	15.7	↓	23	
Homicide (rate per 100,000)	2.5	↑	5	
Percent African American	7.2	-	12.2	
Percent Hispanic	2.6	-	3.4	
Percentage of population that is 65 and older	15.1	-	15.1	
Percentage of population that is below 18 years of age	20.9	-	22.9	
Rural population (%)	14.9	-	22.1	
Violent crime (rate per 100,000)	114	↓	307	

**Top Causes of Death**  
Alzheimer's  
Lung Cancer  
Dementia

**Child health**  
Both child and infant mortality rates are rising

**Substance Abuse**  
Heroin overdose deaths are increasing  
Drug poisoning overdose deaths are above state rate and increasing

**STD rates**  
Chlamydia incidence & HIV prevalence rates are increasing

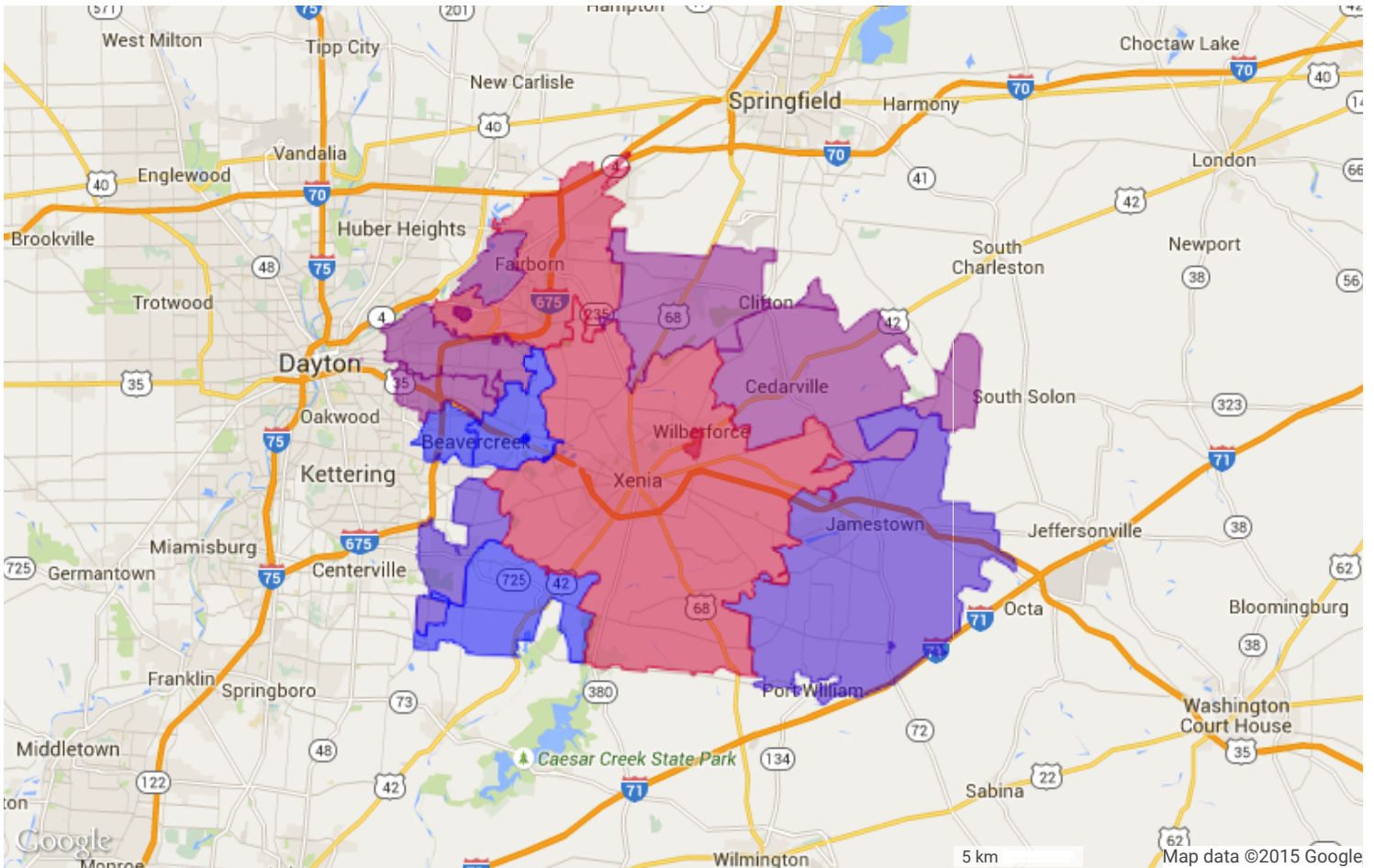
**Motor Vehicle Crash Deaths**  
28% higher than state rate and increasing

**Community Need Index**  
A high CNI score (3.4 to 5.0) is an indicator for socioeconomic variation, barriers to care, and increased need for health care services. 2 of the County's 13 ZIP Codes exceed a score of 3.4.



Lowest Need Highest Need

■ 1 - 1.7 Lowest    
 ■ 1.8 - 2.5 2nd Lowest    
 ■ 2.6 - 3.3 Mid    
 ■ 3.4 - 4.1 2nd Highest    
 ■ 4.2 - 5 Highest



Mean(zipcode): 2.4 / Mean(person): 3

CNI Score Median: 2.6

CNI Score Mode: 1.6,2.6

Zip Code	CNI Score	Population	City	County	State
45301	1.8	135	Alpha	Greene	Ohio
45305	1.8	10870	Bellbrook	Greene	Ohio
45314	2.8	5680	Cedarville	Greene	Ohio
45324	4	40537	Fairborn	Greene	Ohio
45335	2.2	7323	Jamestown	Greene	Ohio
45370	1.6	2371	Spring Valley	Greene	Ohio
45385	3.4	39411	Xenia	Greene	Ohio
45387	2.6	5447	Yellow Springs	Greene	Ohio
45430	1.6	7315	Dayton	Greene	Ohio
45431	3.2	28680	Dayton	Greene	Ohio
45432	2.6	14362	Dayton	Greene	Ohio
45433	2.6	1320	Dayton	Greene	Ohio
45434	1.6	12414	Dayton	Greene	Ohio

## MIAMI COUNTY

Miami County is directly north of Montgomery County and is part of the Metropolitan Statistical Area. The County Seat is the City of Troy. The Ohio Department of Health considers it as a suburban county. Miami County is a Health Professional Shortage Area for Mental Health. Only one ZIP Code, in Piqua, had a high CNI score.

### Consensus on Priorities

Substance abuse, Mental health, Diabetes, and Obesity were shared concerns on the consumer surveys and on the surveys completed by agencies.

### Top Causes of Death

The most common causes of death in 2014 were:

- Heart disease
- Lung cancer
- COPD
- Alzheimer's disease
- Heart attack, or Acute myocardial infarction

### Priorities from Community Meeting on November 3, 2015

Healthy behaviors was the only category that received more than 1 vote. Its emphasis overlapped with a broad interpretation of health education. Participants at the focus group described the need for screenings, the need to seek information about resources, and the value of wellness and lifestyle education.

### Survey Priorities

Nineteen individual consumers provided 35 responses to the question about 'most serious health issues.' Substance abuse leads the list, followed by Mental health.

**TABLE 43. MIAMI COUNTY: CONSUMER – MOST SERIOUS HEALTH ISSUES**

Most Serious Health Issues	# Mentions	% Mentions
Substance abuse	8	24.2%
Mental health	5	15.2%
Heart	4	12.1%
Obesity	4	12.1%
Access to care/Services	2	6.1%
Diabetes	2	6.1%
Stroke	2	6.1%

Seven agencies provided 21 responses about what they thought were the ‘most serious health issues’ facing Miami County.

**TABLE 44. MIAMI COUNTY: AGENCY – MOST SERIOUS HEALTH ISSUES**

Most Serious Health Issues	# Mentions	% Mentions
Mental health	3	14.3%
Substance abuse	3	14.3%
Dental	2	9.5%
Diabetes	2	9.5%
Infant mortality	2	9.5%
Obesity	2	9.5%

When agencies were asked to prioritize, only Mental health fell off the list. Agencies listed the other five issues as their ‘top priorities’ in the following order:

- Infant mortality, Obesity, and Substance abuse: 3 votes each
- Dental and Diabetes: 2 votes each

### Response from Health Department

The Health Commissioner of Miami County did not respond to requests for participation, but did send the Director of Nursing to the focus group. The focus group findings strongly echo her concerns and reflect her contributions to the discussion.

“More could be done with diabetes, obesity, and cardiac health.”

-Miami County Focus Group participant

# Miami County Health Snapshot

Population: 103,439

Measure/Indicator	County	Trend	State	National
<b>Health Outcomes</b>				
Alzheimer's disease or related disorders Medicare beneficiaries (%)	10.6	↓	10.2	9.8
Cancer mortality, Lung (rate per 100,000)	51.4	-	54.1	44.9
Cancer mortality, Overall (rate per 100,000)	170.4	↓	182	166.4
Chronic Lower Respiratory Disease (CLRD) deaths age 65+ (rate per 100,000)	361.8	↑	332.9	284.5
Diabetes deaths (rate per 100,000)	25.9	↑	25.4	21.2
Heart disease deaths (rate per 100,000)	178	↓	187.9	169.8
Infant mortality (rate per 1,000 live births)	6.4	↑	7.8	6
Injury deaths (rate per 100,000)	56	↑	62	58.8
Poor or fair health (%)	13	-	15	9.5
Poor physical health days (in past 30 days)	4.1	↑	3.7	3.9
Stroke deaths (rate per 100,000)	39.6	↑	39.9	36.2

<b>Health Behaviors</b>				
Adult obesity (%)	31	↑	30	34.9
Adult smoking (%)	18	↓	21	18.2
Chlamydia incidence (rate per 100,000)	224	↑	470.2	453.3
Gonorrhea incidence (rate per 100,000)	70.6	↑	138.9	106.7
HIV prevalence (rate per 100,000)	69	-	178	18.3
Teen births (rate per 1,000 aged 15 - 19)	36	↓	36	26.5
Total syphilis (rate per 100,000)	4.8	↑	10.5	8.5

<b>Substance Abuse/Mental Health</b>				
Drug poisoning deaths (rate per 100,000)	14	-	15	NA
Heroin poisoning overdose deaths (rate per 100,000)	9.4	-	8.5	NA
Naloxone administration rate (rate per 10,000)	13.4	↑	13.9	NA
Suicide (rate per 100,000)	11.6	↑	12.9	12.6

<b>Access to Care</b>				
Could not see doctor due to cost (%)	15	↓	13	NA
Dentists (ratio)	2,111:1	↓	1789:1	NA
Primary care physicians (ratio)	1,945:1	↓	1332:1	NA
Uninsured (%)	8	↓	9.4	16.9

<b>Socio-Economic/Demographic</b>				
Children eligible for free lunch (%)	30	↑	38	
Percent African American	2.2	-	12.2	
Percent Hispanic	1.5	-	3.4	
Percentage of population that is 65 and older	16.9	-	15.1	
Percentage of population that is below 18 years of age	23.3	-	22.9	
Rural population (%)	30.8	-	22.1	

## Top Causes of Death

Lung Cancer  
Heart Attack  
Dementia

## Chronic Lower Respiratory Disease

Death rate 27% higher than national rate and increasing

## Diabetes

Diabetes death rate is increasing

## Mental Health

Alzheimer's % nearly triple state figure  
Suicide rate is increasing

## Substance Abuse

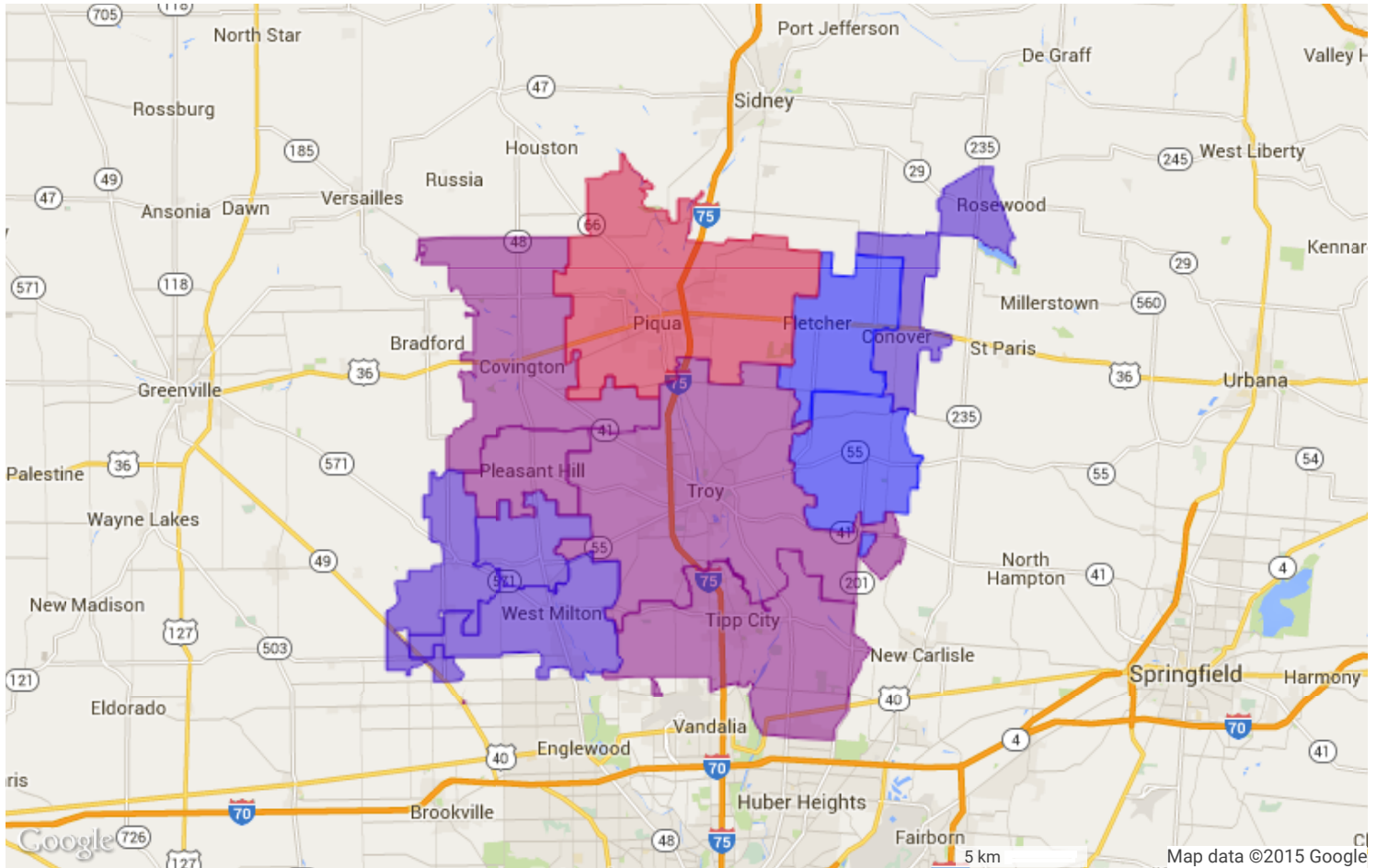
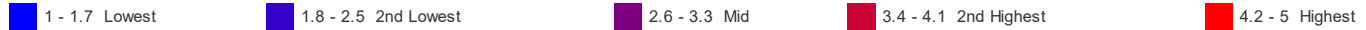
Heroin overdose deaths above state rate  
Naloxone administration rate is increasing

## Community Need Index

A high CNI score (3.4 to 5.0) is an indicator for socioeconomic variation, barriers to care, and increased need for health care services. 1 of the County's 11 ZIP Codes exceed a score of 3.4.

Lowest Need

Highest Need



Mean(zipcode): 2.5 / Mean(person): 3

CNI Score Median: 2.6

CNI Score Mode: 2.4

Zip Code	CNI Score	Population	City	County	State
45312	1	1711	Casstown	Miami	Ohio
45317	2.2	1149	Conover	Miami	Ohio
45318	2.8	5378	Covington	Miami	Ohio
45326	1.6	1088	Fletcher	Miami	Ohio
45337	2.4	1856	Laura	Miami	Ohio
45339	2.4	1491	Ludlow Falls	Miami	Ohio
45356	3.8	25305	Piqua	Miami	Ohio
45359	2.6	1762	Pleasant Hill	Miami	Ohio
45371	2.8	18907	Tipp City	Miami	Ohio
45373	3	36204	Troy	Miami	Ohio
45383	2.4	6762	West Milton	Miami	Ohio

## MONTGOMERY COUNTY

The City of Dayton is the County Seat. The Dayton Metropolitan Statistical Area (MSA) encompasses Montgomery County as well as Greene, Miami, and Preble Counties. Montgomery County is the fifth most populous county in Ohio, and Dayton is the fourth-largest MSA in the state. Twelve of its 30 ZIP Codes had high CNI scores.

Montgomery County experienced multiple trends that were showing signs of worsening. They were:

- Access to care due to cost
- Birth outcomes (low birthweight and preterm births)
- Cancer of the Breast, Lung, and Prostate
- Childhood poverty
- Chlamydia incidence
- Chronic Lower Respiratory Disease
- Diabetes prevalence
- Heart disease
- Heroin poisoning overdose deaths
- HIV prevalence
- Injury deaths

### Consensus on Priorities

Mental health was mentioned prominently in the focus group meeting, in consumer surveys, in agency surveys, and by Public Health. Chronic diseases were mentioned directly in the focus group and by Public Health, while specific chronic diseases were described in the consumer and agency surveys (diabetes and hypertension in both places; cancer and heart also in consumer surveys). Infant mortality was important to the focus group participants, the agencies, and Public Health. Substance abuse was mentioned, specifically in the context of heroin addiction, by people at the focus group, and in both consumer and agency surveys. Access to care was mentioned in the meeting and in consumer and agency surveys.

### Top Causes of Death

For 2014, the top causes of death were:

- Lung cancer
- Heart disease
- Alzheimer's disease
- Dementia
- COPD

The causes of death were identical in order in 2012. The only change in 2013 was Heart attack instead of COPD in fifth place.

### Priorities from Community Meeting on October 22, 2015

The largest category for comments at the focus group was 'Social determinants of health.' The comments receiving multiple votes within this category were: lack of opportunity in impoverished neighborhoods; education; housing; poverty; and unemployment. 'Access to care' was in second place. Within the Access category, limitations of insurance and transportation received the most votes.

“Full-time childcare costs more than my mortgage payment.”

-Montgomery County consumer

**TABLE 45. MONTGOMERY COUNTY MEETING PRIORITIES**

Priority	# Votes	% Votes
Social determinants of health	16	25.8%
Access to care	12	19.4%
Mental health	11	17.7%
Substance abuse (specifically addiction)	7	11.3%
Resources	6	9.7%
Healthy behaviors	5	8.1%
Chronic diseases	3	4.8%
Infant mortality	2	3.2%

### Survey Priorities

By survey, 154 individual consumers provided 192 responses to answer the question about ‘most serious health issues.’ Substance abuse received the most dots in the voting process.

**TABLE 46. MONTGOMERY COUNTY: CONSUMER – MOST SERIOUS HEALTH ISSUES**

Most Serious Health Issues	# Mentions	% Mentions
Substance abuse	62	18.1%
Obesity	44	12.9%
Diabetes	40	11.7%
Access to care/Services	19	5.6%
Cancer	19	5.6%
Heart	19	5.6%
Mental health	18	5.3%
Healthy food/Nutrition	14	4.1%
Care for elderly	13	3.8%
Hypertension	10	2.9%

If all the chronic diseases mentioned were combined into one category, it would be the largest category and at the top of the list. The total votes combined for cancer, heart, hypertension, and diabetes equals 88 mentions.

Other issues mentioned frequently, with at least 2% of all mentions, were: Infectious disease, Smoking, and Opportunity for exercise.

Seventeen agencies serving Montgomery County provided their feedback.



**FIGURE 19. VOTING IN MONTGOMERY COUNTY**

**TABLE 47. MONTGOMERY COUNTY: AGENCY – MOST SERIOUS HEALTH ISSUES**

Most Serious Health Issues	# Mentions	% Mentions
Infant mortality	8	15.7%
Substance abuse	8	15.7%
Obesity	6	11.8%
Diabetes	5	9.8%
Mental health	5	9.8%
Healthy Food/Nutrition	4	7.8%
Hypertension	3	5.9%

When agencies were asked for their ‘top priorities,’ all of the above issues were included with the addition of ‘Access to care.’

### Response from Health Department

Public Health - Dayton and Montgomery County identified its ‘top priorities’ as:

- Chronic disease prevention
- Infant mortality reduction
- Behavioral health - care coordination

“Stop prescriptions of heavy paid meds for minor issues.”

-Montgomery County consumer



# Montgomery County Health Snapshot

Population: 535,846

## Health Outcomes

Alzheimer's disease or related disorders Medicare beneficiaries (%)	11.1	↓	10.2	9.8
Cancer mortality, Lung (rate per 100,000)	53.8	↓	54.1	44.9
Cancer mortality, Overall (rate per 100,000)	186.6	↓	182	166.4
Cancer mortality, Prostate (rate per 100,000)	25.3	↑	19.2	19.6
Child mortality (rate per 100,000)	62.5	↑	59.1	50.7
Chronic Lower Respiratory Disease (CLRD) deaths age 65+ (rate per 100,000)	356.2	↑	332.9	284.5
Diabetes (%)	13	↑	11.2	8.5
Diabetes deaths (rate per 100,000)	31.6	↓	25.4	21.2
Heart disease deaths (rate per 100,000)	176.6	↑	187.9	169.8
Infant mortality (rate per 1,000 live births)	7.6	-	7.8	6
Injury deaths (rate per 100,000)	87	↑	62	58.8
Low birthweight (%)	9.2	↑	8.6	8
Poor or fair health (%)	16	-	15	9.5
Total preterm live births (%)	13.8	↑	3.7	3.9

## Health Behaviors

Adult obesity (%)	30	-	30	34.9
Adult smoking (%)	21	-	21	18.2
Alcohol-impaired driving deaths (%)	38	-	36	31
Chlamydia incidence (rate per 100,000)	546	↑	470.2	453.3
HIV prevalence (rate per 100,000)	245	↑	178	18.3
Teen births (rate per 1,000 aged 15 - 19)	43	↓	36	26.5

## Substance Abuse/Mental Health

Drug poisoning deaths (rate per 100,000)	26	-	15	NA
Heroin poisoning overdose deaths (rate per 100,000)	10	↑	8.5	NA
Naloxone administration rate (rate per 10,000)	22.3	-	13.9	NA
Suicide (rate per 100,000)	15.1	-	12.9	12.6

## Access to Care

Could not see doctor due to cost (%)	14	↑	13	NA
Diabetic monitoring (% diabetic Medicare enrollees 65 -75 that receive HbA1c monitoring)	82	↓	84	NA
Mammography screening (%)	58.5	↓	60	72.4
Preventable hospital stays (rate per 1,000 Medicare enrollees)	57	↓	78	NA
Uninsured (%)	10	↓	9.4	16.9

## Socio-Economic/Demographic

Children eligible for free lunch (%)	43	↑	38
Children in poverty (%)	29	↑	23
Homicide (rate per 100,000)	9	-	5
Percent African American	20.7	-	12.2
Percent Hispanic	2.5	-	3.4
Percentage of population that is 65 and older	16.2	-	15.1
Percentage of population that is below 18 years of age	22.4	-	22.9
Rural population (%)	4.3	-	22.1
Violent crime (rate per 100,000)	421	↓	307

## Top Causes of Death

Lung Cancer  
Dementia  
Alzheimer's

## Cancer Mortality (when compared to state rates)

Overall: 32% higher  
Breast: 8% higher  
Low mammogram rate

## Alzheimer's %

More than triple  
the state figure

## Diabetes

Diabetes % is high  
and increasing  
Diabetes deaths 24%  
higher than state rate

## IV Drug Use

(High rates and worsening)

Heroin poisoning  
overdose deaths  
HIV prevalence:  
38% higher than state rate

## Child Health

(High rates and worsening)

Child mortality rate  
&  
Children in poverty

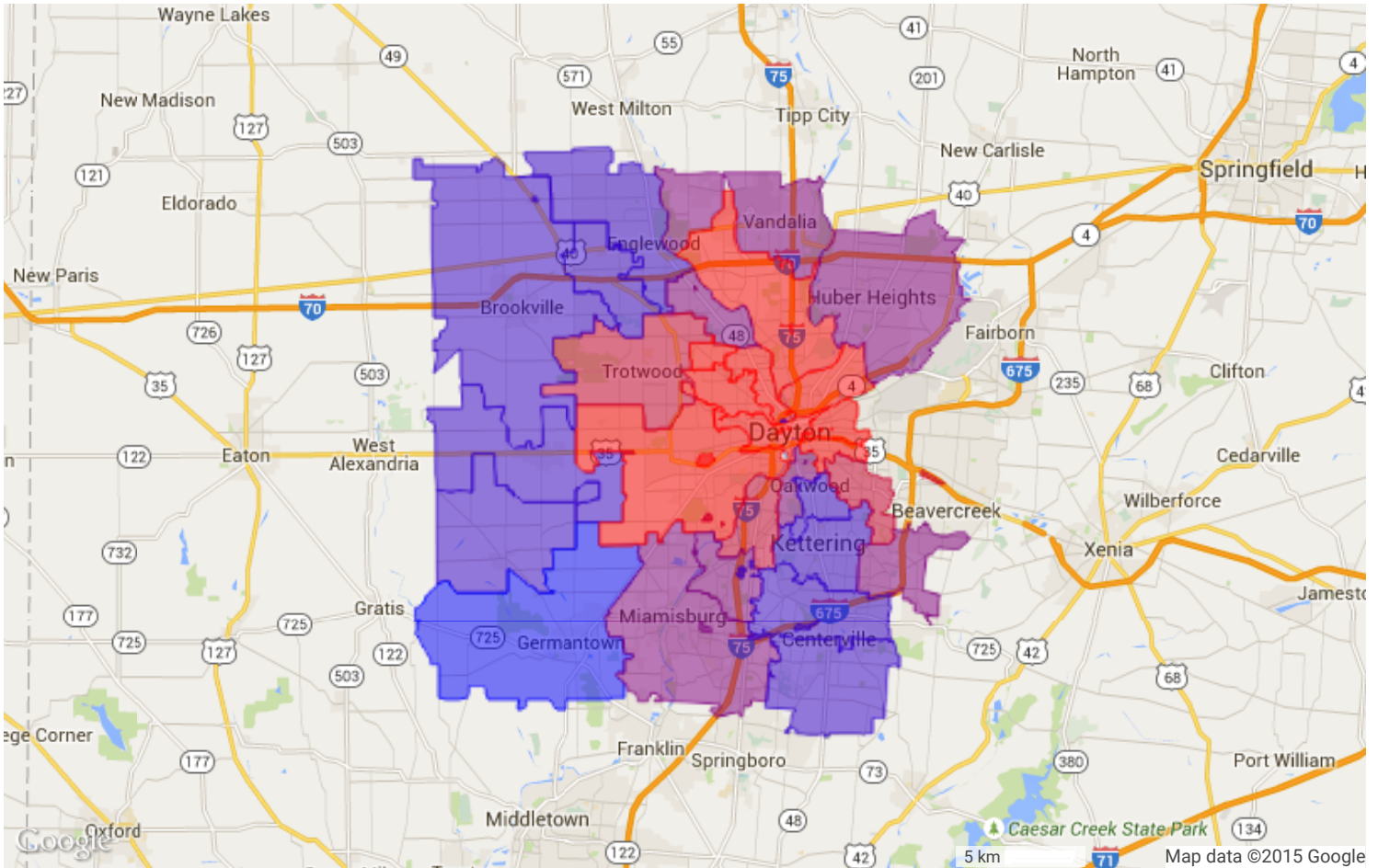
## Community Need Index

A high CNI score (3.4 to 5.0) is an indicator for socioeconomic variation, barriers to care, and increased need for health care services. 12 of the County's 30 ZIP Codes exceed a score of 3.4.

Lowest Need

Highest Need

■ 1 - 1.7 Lowest    
 ■ 1.8 - 2.5 2nd Lowest    
 ■ 2.6 - 3.3 Mid    
 ■ 3.4 - 4.1 2nd Highest    
 ■ 4.2 - 5 Highest



Mean(zipcode): 3.3 / Mean(person): 3.3

CNI Score Median: 3.1

CNI Score Mode: 2.4,4.6

Zip Code	CNI Score	Population	City	County	State
45322	2.4	21778	Englewood	Montgomery	Ohio
45325	2	2575	Farmersville	Montgomery	Ohio
45327	1.6	9034	Germantown	Montgomery	Ohio
45342	3.2	38272	Miamisburg	Montgomery	Ohio
45345	2.4	6500	New Lebanon	Montgomery	Ohio
45377	3	14731	Vandalia	Montgomery	Ohio
45402	5	11612	Dayton	Montgomery	Ohio
45403	4.6	14890	Dayton	Montgomery	Ohio
45404	4.8	10127	Dayton	Montgomery	Ohio
45405	4.6	18187	Dayton	Montgomery	Ohio
45406	4.6	20949	Dayton	Montgomery	Ohio
45409	2.8	9843	Dayton	Montgomery	Ohio
45410	4.6	15699	Dayton	Montgomery	Ohio
45414	4.2	21327	Dayton	Montgomery	Ohio
45415	3	12404	Dayton	Montgomery	Ohio
45417	5	31028	Dayton	Montgomery	Ohio
45419	2.2	15611	Dayton	Montgomery	Ohio
45424	2.8	50500	Dayton	Montgomery	Ohio
45426	3.8	15514	Dayton	Montgomery	Ohio
45429	2.4	25534	Dayton	Montgomery	Ohio
45439	3.6	11226	Dayton	Montgomery	Ohio

45440	2.8	21059	Dayton	Montgomery	Ohio
45449	3.2	18622	Dayton	Montgomery	Ohio
45458	2.2	31562	Dayton	Montgomery	Ohio
45459	2.4	27127	Dayton	Montgomery	Ohio
45469	3.2	3570	Dayton	Montgomery	Ohio
45315	2	5016	Clayton	Montgomery	Ohio
45420	3.4	23751	Dayton	Montgomery	Ohio
45309	2.2	12300	Brookville	Montgomery	Ohio
45416	4.4	5513	Dayton	Montgomery	Ohio

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## PREBLE COUNTY, OHIO

Preble County is part of the Dayton MSA. More than 69% of Preble County's population is considered rural. There are 99.7 residents per square mile, compared to the state average of 282.3. None of its ZIP Codes had a high CNI score. The people who attended the community focus group meeting expressed concern that Preble County wasn't poor enough to attract grant funding, but that the health of the community was not secure enough to stay healthy without additional funding for programs and services. Preble County is a Health Professional Shortage Area for both Primary Care and Mental Health.

### Consensus on Priorities

Substance abuse, especially of heroin, was mentioned by the four primary sources. Access to care (especially access to specialists and to providers who take Medicaid) was mentioned at the focus group, in a consumer survey, and by the Health Department. Diabetes and obesity were each mentioned twice. Child health was also cited twice.

### Top Causes of Death

The top three causes of death for Preble County in 2014 were (in descending order):

- COPD
- Lung cancer
- Heart disease

### Priorities from Community Meeting on July 29, 2015

The focus group brought together very knowledgeable county representatives of Public Health, Job & Family Services, and the Mental Health and Recovery Board. Part of the conversation, while not receiving specific votes, centered on the problem of environmental issues (e.g., bed bug infestation, households can't afford exterminator, need for solid waste removal) and the lack of funding to address these issues. Participants also expressed concern that small counties can't attract high quality doctors and specialists, when Dayton is nearby.

**TABLE 48. PREBLE COUNTY MEETING PRIORITIES**

Priority	# Votes	% Votes
Lack of providers/services	4	33%
Child health	3	25%
Lack of funding	2	17%
Drugs and alcohol	2	17%

### Survey Priorities

Below are the most common responses from eight individuals who completed a survey between August 3 and November 3, 2015. They answered the question, 'What are the most serious health issues facing your community?' Substance abuse received the most mentions.

**TABLE 49. PREBLE COUNTY: CONSUMER – MOST SERIOUS HEALTH ISSUES**

Most Serious Health Issues	# Mentions	% Mentions
Substance abuse	6	27.3%
Access to care/services	3	13.6%
Heart	3	13.6%
Cancer	2	9.1%
Diabetes	2	9.1%

Eight organizations, serving Preble County, answered the survey, with the following results.

**TABLE 50. PREBLE COUNTY: AGENCIES - MOST SERIOUS HEALTH ISSUES**

Priority	# Votes	% Votes
Mental health	4	16.7%
Diabetes	3	12.5%
Substance abuse	3	12.5%
Healthy food/nutrition	2	8.3%
Infant mortality	2	8.3%
Obesity	2	8.3%

### Response from Health Department

The Health Department listed these four serious issues:

- Access to care
- Heroin
- Obesity
- Transportation

Access to care was its number one priority, especially in the areas of prenatal care, sexual health, immunizations, and child health.

“Offer more resources for those in need.”

-Preble County resident

# Preble County Health Snapshot

Population: 41,732

Measure/Indicator	County	Trend	State	National
<b>Health Outcomes</b>				
Cancer mortality, Breast (rate per 100,000)	30.2	-	22.6	21.3
Cancer mortality, Colon (rate per 100,000)	18.4	↑	16.1	14.7
Cancer mortality, Lung (rate per 100,000)	51	↓	54.1	44.9
Cancer mortality, Overall (rate per 100,000)	174.8	↓	182	166.4
Cancer mortality, Prostate (rate per 100,000)	22.1	-	19.2	19.6
Child mortality (rate per 100,000)	56.7	↑	59.1	50.7
Chronic Lower Respiratory Disease (CLRD) deaths age 65+ (rate per 100,000)	295.8	↓	332.9	284.5
Diabetes deaths (rate per 100,000)	33.2	-	25.4	21.2
Heart disease deaths (rate per 100,000)	208.3	-	187.9	169.8
Infant mortality (rate per 1,000 live births)	6.1	-	7.8	6
Injury deaths (rate per 100,000)	81	-	62	58.8
Poor physical health days (in past 30 days)	7.6	-	3.7	3.9
Stroke deaths (rate per 100,000)	40	↓	39.9	36.2

## Top Causes of Death

Lung Cancer  
Atherosclerosis

## Heart Disease

Each risk factor is above the state rate

## Health Behaviors

Adult obesity (%)	31	-	30	34.9
Adult smoking (%)	22	-	21	18.2
Alcohol-impaired driving deaths (%)	34	↑	36	31
HIV prevalence (rate per 100,000)	34	↑	178	18.3
Gonorrhea incidence (rate per 100,000)	33.4	↑	138.9	106.7
Motor vehicle crash deaths (rate per 100,000)	23	↑	10	NA
Physical inactivity (%)	29	-	26	NA
Teen births (rate per 1,000 aged 15 - 19)	38	↓	36	26.5

## Injury Deaths

Rate is above the state and national rates

Motor vehicle crash deaths over double the state rate

## Substance Abuse/Mental Health

Drug poisoning deaths (rate per 100,000)	20	↑	15	NA
Excessive drinking (%)	21	-	18	28.2
Heroin poisoning overdose deaths (rate per 100,000)	9.5	↑	8.5	NA
Naloxone administration rate (rate per 10,000)	17.1	↓	10.5	NA
Poor mental health days (last 30 days)	4.3	-	3.8	3.7
Suicide (rate per 100,000)	18	-	12.9	12.6

## Diabetes

Diabetes death rate is higher than both state & national rates

## Access to Care

Dentists (ratio)	6955:1	-	1789:1	NA
Mammography screening (%)	53.5	-	60	72.4
Preventable hospital stays (rate per 1,000 Medicare enrollees)	82	↓	78	NA
Primary care physicians (ratio)	4189:1	-	1332:1	NA
Uninsured (%)	9	↓	9.4	16.9

## Substance Abuse

(rates compared to the state)

Drug poisoning deaths and heroin overdose deaths are higher than state rate and increasing

## Socio-Economic/Demographic

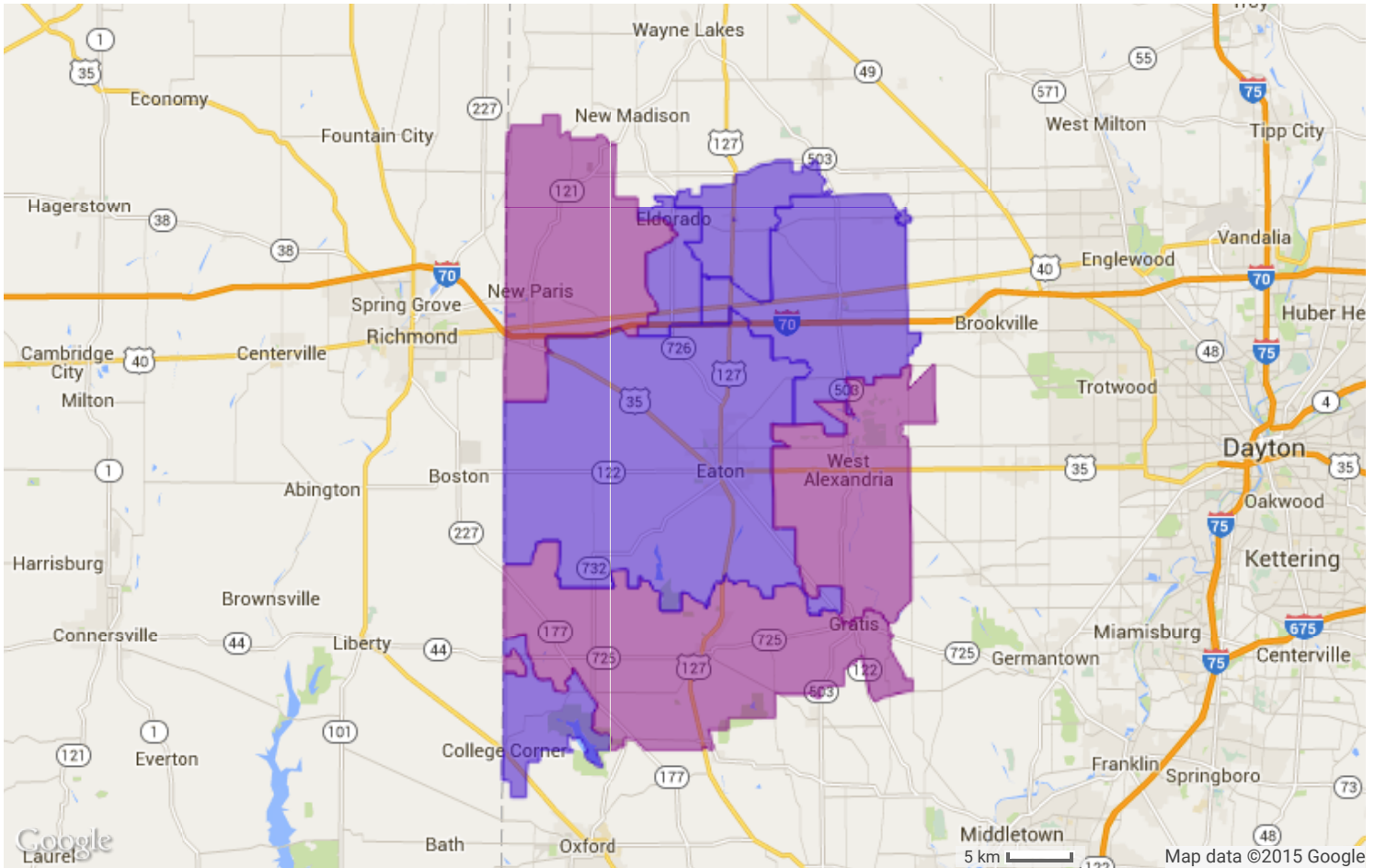
Children eligible for free lunch (%)	36	↑	38
Children in poverty (%)	20	-	23
Percent African American	0	-	12.2
Percent Hispanic	0.7	-	3.4
Percentage of population that is 65 and older	16.7	-	15.1
Percentage of population that is below 18 years of age	23.4	-	22.9
Rural population (%)	69.2	-	22.1

## Community Need Index

A high CNI score (3.4 to 5.0) is an indicator for socioeconomic variation, barriers to care, and increased need for health care services. None of the County's ZIP Codes exceed a score of 3.4.

Lowest Need

Highest Need



Mean(zipcode): 2.3 / Mean(person): 2.5

CNI Score Median: 2.2

CNI Score Mode: 2.2

Zip Code	CNI Score	Population	City	County	State
45003	2.2	762	College Corner	Preble	Ohio
45311	2.6	6399	Camden	Preble	Ohio
45320	2.4	16100	Eaton	Preble	Ohio
45321	2.2	967	Eldorado	Preble	Ohio
45338	2.2	5346	Lewisburg	Preble	Ohio
45347	2.8	4150	New Paris	Preble	Ohio
45378	2	333	Verona	Preble	Ohio
45381	2.6	5722	West Alexandria	Preble	Ohio
45382	2	1070	West Manchester	Preble	Ohio

## SHELBY COUNTY

The Ohio Department of Health considers Shelby County to be a rural, non-Appalachian county. It has 121.2 residents per square mile, compared to the Ohio average of 282.3. Its County Seat is Sidney, the only city in the County. Shelby County comprises the Sidney Micropolitan Statistical Area, which is also part of the Dayton-Springfield-Sidney Combined Statistical Area. Shelby County is a Health Professional Shortage Area for Mental Health.

### Consensus on Priorities

Substance abuse was mentioned by the focus group, surveyed consumers, surveyed agencies, and the Health Department. Access to care, Mental health, and Obesity were each mentioned by three sources of input. Access to care and Mental health were important in the focus group, consumer surveys, and agency surveys. Obesity was a top concern in surveys from consumers and agencies, and for the Health Department.

### Top Causes of Death

The top causes of death in 2014 were:

- COPD
- Lung cancer
- Heart disease
- Heart attack (Acute myocardial infarction)

COPD was not a top cause of death in 2012 or 2013. In 2013, Alzheimer's disease was in fourth place.

### Priorities from Community Meeting on October 20, 2015

The meeting in Sidney was well-attended by representatives from key organizations serving the County. From the government side, the City, the County, and the Health Department were all represented. In attendance were also people from Big Brothers Big Sisters, Catholic Social Services, HeadStart, the Senior Center, United Way, and the YMCA.

Among the social factors identified, the Breakdown of the family structure received 7 votes. Hard-to-reach at-risk populations received 3 votes. Under Access to care, the top vote-getter was the lack of primary care providers. Cancer and Diabetes were mentioned under Chronic disease. Heroin and the rise of HIV were included under Substance abuse.

**TABLE 51. SHELBY COUNTY MEETING PRIORITIES**

Priority	# Votes	% Votes
Social factors	12	32.4%
Access to care	5	13.5%
Chronic disease	5	13.5%
Mental health	5	13.5%
Wellness	5	13.5%
Centralize case management	3	8.1%
Substance abuse	2	5.4%



## Survey Priorities

Sixteen consumers provided 28 responses. Substance abuse was the predominant issue.

**TABLE 52. SHELBY COUNTY: CONSUMER – MOST SERIOUS HEALTH ISSUES**

Most Serious Health Issues	# Mentions	% Mentions
Substance abuse	11	39.3%
Obesity	4	14.3%
Access to care/Services	2	7.1%
Heart	2	7.1%
Infectious disease	2	7.1%
Mental health	2	7.1%

Twelve agencies gave 30 answers to the question about ‘most serious health issues.’ Substance abuse was again the top concern.

**TABLE 53. SHELBY COUNTY: AGENCY – MOST SERIOUS HEALTH ISSUES**

Most Serious Health Issues	# Mentions	% Mentions
Substance abuse	8	26.7%
Access to care/Services	4	13.3%
Obesity	4	13.3%
Mental health	3	10.0%
Infectious disease	2	6.7%
Poverty	2	6.7%

## Response from Health Department

The Health Department identified Smoking and Obesity as the ‘most serious health issues’ in Shelby County. Its ‘top priorities’ were:

- Child health
- Diabetes
- Immunizations
- Obesity
- Substance abuse

“Dispel the false information about immunizations.”

-Shelby County consumer

# Shelby County Health Snapshot

Population: 49,192

## Health Outcomes

Alzheimer's disease or related disorders Medicare beneficiaries (%)	8.2	↑	10.2	9.8
Cancer mortality, Breast (rate per 100,000)	27	↑	22.6	21.3
Cancer mortality, Colon (rate per 100,000)	23.6	↑	16.1	14.7
Cancer mortality, Lung (rate per 100,000)	51	↑	54.1	44.9
Cancer mortality, Overall (rate per 100,000)	195.2	↑	182	166.4
Child mortality (rate per 100,000)	54.3	↑	59.1	50.7
Diabetes deaths (rate per 100,000)	26.4	↑	25.4	21.2
Heart disease deaths (rate per 100,000)	200.7	↑	187.9	169.8
Infant mortality (rate per 1,000 live births)	7.3	↑	7.8	6
Injury deaths (rate per 100,000)	63	-	62	58.8
Poor mental health days (in past 30 days)	4.2	↑	3.8	3.7
Poor or fair health (%)	19	↑	15	9.5
Poor physical health days (in past 30 days)	4	↑	3.7	3.9
Stroke deaths (rate per 100,000)	48.5	↑	39.9	36.2

## Health Behaviors

Adult obesity (%)	32	↑	30	34.9
Adult smoking (%)	19	↓	21	18.2
Alcohol-impaired driving deaths (%)	45	↑	36	31
Chlamydia incidence (rate per 100,000)	295	↑	470.2	453.3
Motor vehicle crash deaths (rate per 100,000)	12	-	10	NA
Teen births (rate per 1,000 aged 15 - 19)	44	↓	36	26.5
Total syphilis (rate per 100,000)	6.1	↑	10.5	8.5

## Substance Abuse/Mental Health

Drug poisoning deaths (rate per 100,000)	14	↑	15	NA
Naloxone administration rate (rate per 10,000)	13.3	↑	13.9	NA
Suicide (rate per 100,000)	14.6	-	12.9	12.6

## Access to Care

Dentists (ratio)	4,099:1	-	1789:1	NA
Mammography screening (%)	58.1	↓	60	72.4
Primary care physicians (ratio)	2,732:1	↑	1332:1	NA
Uninsured (%)	14	↓	9.4	16.9

## Socio-Economic/Demographic

Children eligible for free lunch (%)	30	↑	38
Children in poverty (%)	15	↓	23
Percent African American	2.2	-	12.2
Percent Hispanic	1.5	-	3.4
Percentage of population that is 65 and older	14.2	-	15.1
Percentage of population that is below 18 years of age	26.4	-	22.9
Rural population (%)	51.1	-	22.1
Violent crime (rate per 100,000)	150	↑	307

## Top Causes of Death

Heart Attack  
Lung Cancer  
Alzheimer's

## Health Outcomes and Deaths

Trends are worsening  
Alzheimer's rate is 177% higher than state

## Cancer Mortality (when compared to national rates)

Breast: 27% higher  
Colon: 60% higher  
Lung: 14% higher  
Overall: 17% higher

## Driving deaths

(when compared to state rates)

Motor vehicle crash deaths are 20% higher  
Alcohol-impaired driving deaths are 25% higher

## Drug Deaths

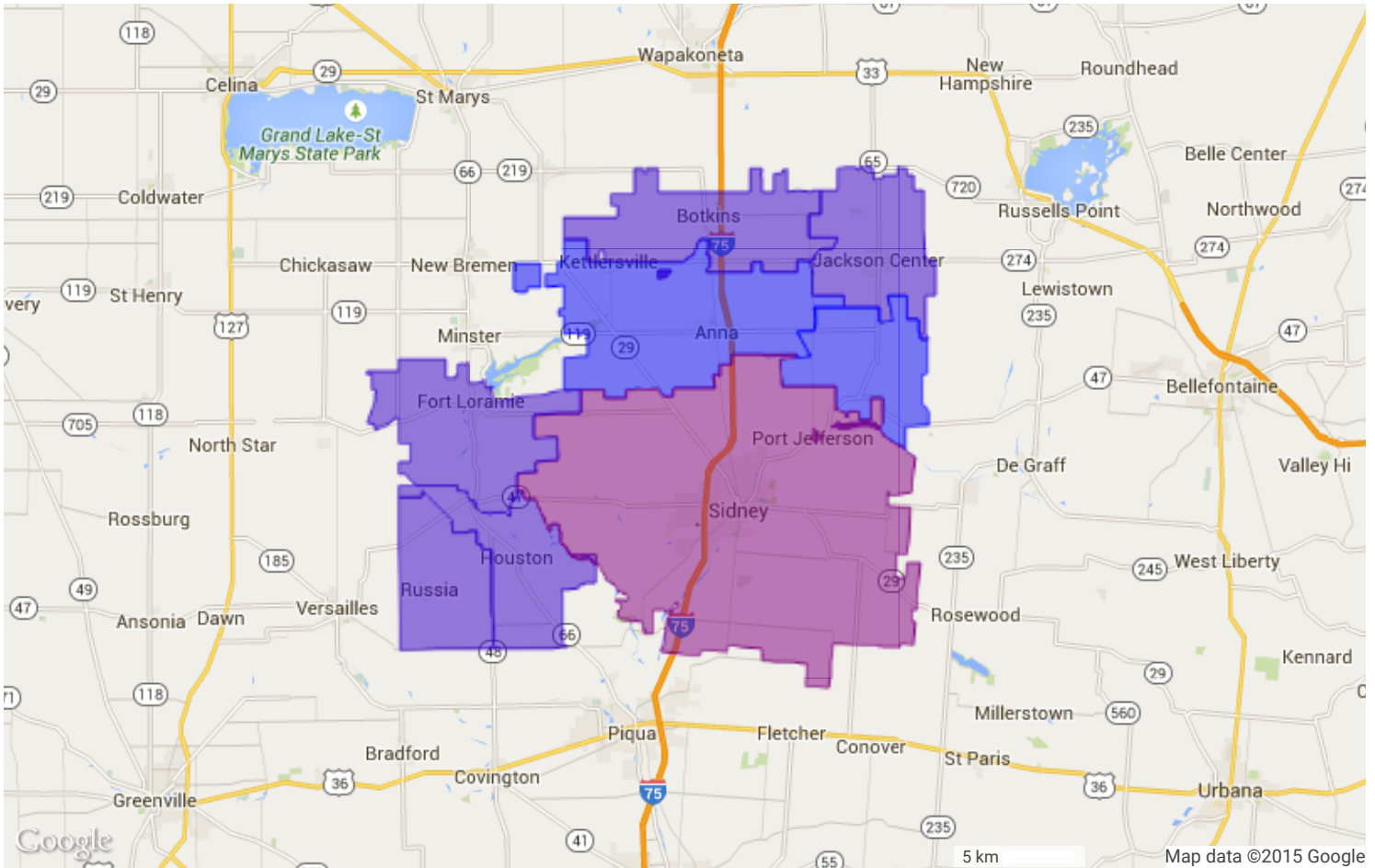
Drug poisoning deaths and Naloxone administration rates are increasing

## Community Need Index

A high CNI score (3.4 to 5.0) is an indicator for socioeconomic variation, barriers to care, and increased need for health care services. None of the County's ZIP Codes exceed a score of 3.4.

Lowest Need

Highest Need



Mean(zipcode): 1.9 / Mean(person): 2.7

CNI Score Median: 1.8

CNI Score Mode: 1.8

Zip Code	CNI Score	Population	City	County	State
45302	1.4	4139	Anna	Shelby	Ohio
45306	1.8	2539	Botkins	Shelby	Ohio
45333	1.8	1377	Houston	Shelby	Ohio
45334	2	2072	Jackson Center	Shelby	Ohio
45340	1.4	759	Maplewood	Shelby	Ohio
45363	1.8	1697	Russia	Shelby	Ohio
45365	3.2	30751	Sidney	Shelby	Ohio
45845	2	3170	Fort Loramie	Shelby	Ohio

## WARREN COUNTY, OHIO

Warren County is one of the fastest growing counties in Ohio, both in residential population and in commercial growth. The majority of its residents enjoy the prosperity and stability that accompanies growth. The Ohio Department of Health considers Warren County to be a rural non-Appalachian county. None of its ZIP Codes had a high CNI score, but the county is not immune to the growing heroin epidemic. Heroin addiction has reached wealthy suburbs as well as less affluent areas. As a result the HIV prevalence rate has increased, and it exceeded the national rate.

### Consensus on Priorities

Substance abuse, specifically of heroin, was addressed by all four sources of input. Obesity was also consistent across all four sources. Access to care/services, Diabetes, Mental health, and Smoking were also significant issues for individuals and agencies at the focus group and those completing surveys. Individual and agency survey responses agreed with the Health Department that obesity was an issue. The Health Department identified Chronic diseases as a priority, and Cancer, Heart disease, and Respiratory disease were each mentioned twice by individuals at the meeting and those who responded by survey.

### Top Causes of Death

- Lung cancer
- Dementia
- Heart disease
- Alzheimer's
- COPD

### Priorities from Community Meetings on July 7 and October 1, 2015

The CHNA Team held two meetings in Warren County – one in the County Seat of Lebanon and one in Franklin – to solicit opinions representing all segments of the population. Substance abuse received the most votes in the 'dot' process. At both meetings, Substance abuse, Obesity, and Access to care were the top three issues in descending order.

**TABLE 54. WARREN COUNTY MEETING PRIORITIES**

Priority	# Votes	% Votes
Substance abuse	36	28.3%
Obesity	16	12.6%
Access to care/services	10	7.9%
Cancer	8	6.3%
Smoking	7	5.5%
Diabetes	6	4.7%
Heart	6	4.7%
Mental health	6	4.7%
Respiratory disease	5	3.9%
Care for elderly	4	3.1%

## Survey Priorities

Below are the most common responses from individual consumers, living in Warren County, who completed a survey between August 3 and November 3, 2015. Seventy-eight people answered the question, 'What are the most serious health issues facing your community?' They mentioned 127 health and/or health-related issues of particular concern to them.

**TABLE 55. WARREN COUNTY: CONSUMER – MOST SERIOUS HEALTH ISSUES**

Most Serious Health Issues	# Mentions	% Mentions
Substance abuse	31	27.9%
Obesity	12	10.8%
Cancer	8	7.2%
Access to care/services	7	6.3%
Heart	6	5.4%
Mental health	5	4.5%
Respiratory disease	5	4.5%
Smoking	5	4.5%
Care for elderly	4	3.6%
Diabetes	4	3.6%

Ten organizations, serving Warren County, answered the survey. Substance abuse received the most votes.

**TABLE 56. WARREN COUNTY: AGENCY – MOST SERIOUS HEALTH ISSUES**

Most Serious Health Issues	# Mentions	% Mentions
Substance abuse	6	18.8%
Access to care/services	4	12.5%
Obesity	4	12.5%
Infant mortality	3	9.4%
Mental health	3	9.4%
Diabetes	2	6.3%
Healthy food/Nutrition	2	6.3%
Smoking	2	6.3%

## Response from Health Department

The Warren County Health Commissioner would like to know the reasons why county residents go to the hospital. This would give him useful information for planning how best to address their health needs. He identified as the County's most serious health issues:

- Chronic disease
- Heroin
- Obesity
- Getting discharge information from hospitals

## Other Community Priorities

A consultant, who attended the Lebanon meeting, was working with the Warren County Health Department on its Community Health Assessment (CHA). She explained that many of the same issues were being discussed at both the CHNA and the CHA focus groups. The only difference was that the barrier of transportation had been emphasized more heavily in the Health Department focus groups.

“Shed light on obesity.”

-Warren County consumer

# Warren County Health Snapshot

Population: 219,169

Measure/Indicator	County	Trend	State	National
<b>Health Outcomes</b>				
Alzheimer's disease or related disorders Medicare beneficiaries (%)	10.6	↓	10.2	9.8
Cancer mortality, Breast (rate per 100,000)	23	-	22.6	21.3
Cancer mortality, Lung (rate per 100,000)	57.5	↑	54.1	44.9
Child mortality (rate per 100,000)	46.5	↑	59.1	50.7
Chronic Lower Respiratory Disease (CLRD) deaths age 65+ (rate per 100,000)	310.4	↓	332.9	284.5
Infant mortality (rate per 1,000 births)	6.3	↑	7.8	6
Poor or fair health (%)	11	-	15	9.5
Stroke deaths (rate per 100,000)	37.5	↓	39.9	36.2

<b>Health Behaviors</b>				
Adult obesity (%)	26	↓	30	34.9
Adult smoking (%)	14	↓	21	18.2
Alcohol-impaired driving deaths (%)	32	-	36	31
HIV prevalence (rate per 100,000)	70	↑	178	18.3
Teenage alcohol use (%)	15.1	↑	NA	NA
Teenage marijuana use (%)	9.5	↑	NA	NA

<b>Substance Abuse/Mental Health</b>				
Excessive Drinking	19	-	18	28.2
Heroin poisoning overdose deaths (rate per 100,000)	6.5	↑	8.5	NA
Naloxone administration rate (rate per 10,000)	10.4	↑	13.9	NA

<b>Access to Care</b>				
Mammography screening (%)	61.8	↓	60	72.4
Uninsured (%)	6	↓	9.4	16.9

<b>Socio-Economic/Demographic</b>				
Percent African American	3.4	-	12.2	
Percent Hispanic	2.5	-	3.4	
Percentage of population that is 65 and older	12.5	-	15.1	
Percentage of population that is below 18 years of age	26.3	-	22.9	
Rural population (%)	17.3	-	22.1	
Violent crime (rate per 100,000)	80	↑	307	

**Top Causes of Death**  
 Dementia  
 Lung Cancer  
 Heart Attack (AMI)

**CLRD Deaths**  
 -Nearly 10% higher than national rate  
 -Risk factor for lung cancer

**Mammography Screening Low**  
 -Below the national rate  
 -Rate is decreasing  
 -Breast Cancer rates are above state and national

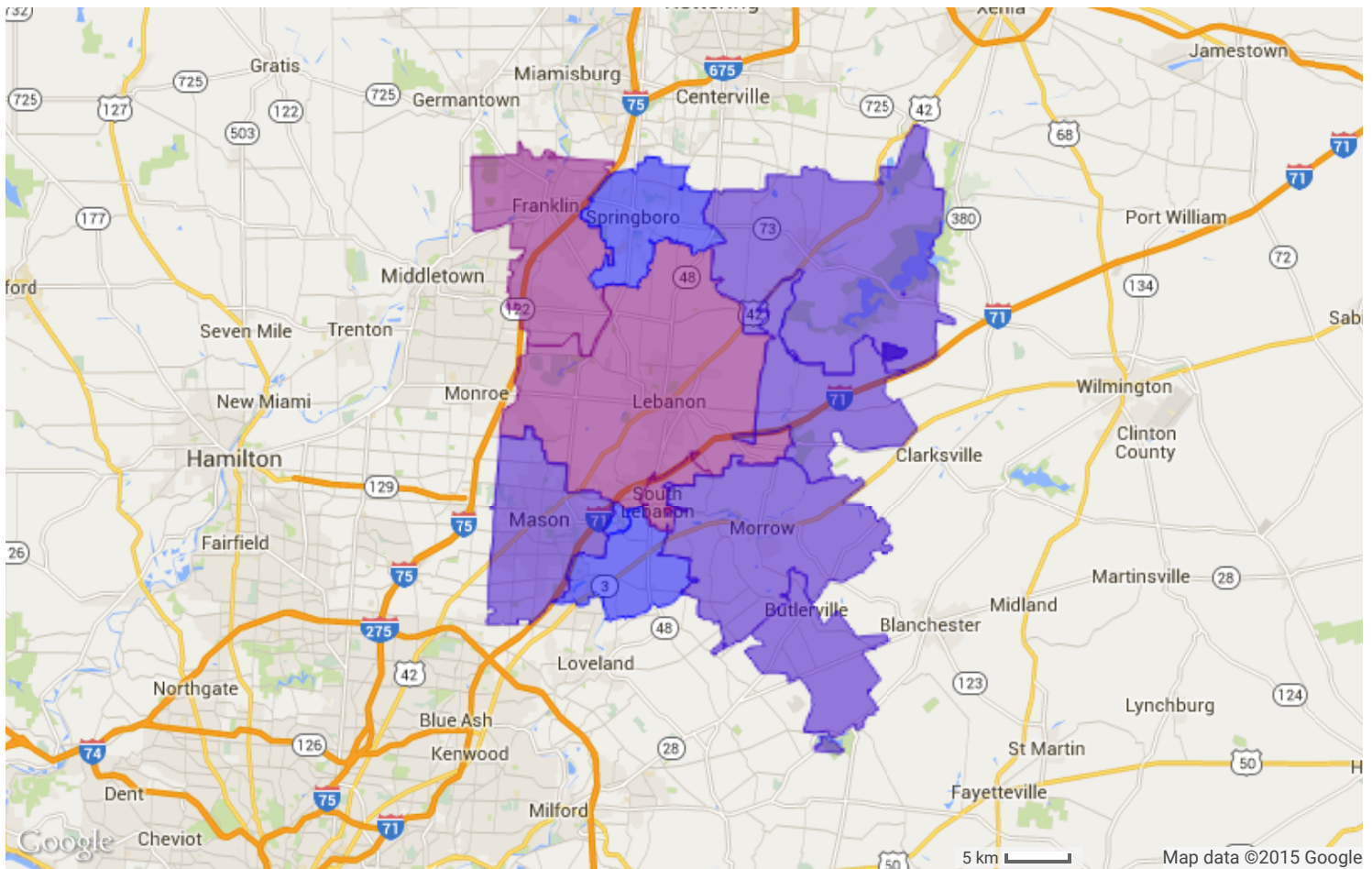
**HIV Prevalence**  
 -Rate is increasing  
 -Exceeds national rate

**Community Need Index**  
 A high CNI score (3.4 to 5.0) is an indicator for socioeconomic variation, barriers to care, and increased need for health care services. None of the County's ZIP Codes exceed a score of 3.4.

Source data range: 2010-2015

Lowest Need

Highest Need



Mean(zipcode): 2 / Mean(person): 2.1

CNI Score Median: 2

CNI Score Mode: 1.8

Zip Code	CNI Score	Population	City	County	State
45005	3	30211	Franklin	Warren	Ohio
45034	1.4	1082	Kings Mills	Warren	Ohio
45036	2.6	38492	Lebanon	Warren	Ohio
45039	1.4	24400	Maineville	Warren	Ohio
45040	1.8	53640	Mason	Warren	Ohio
45054	2	2203	Oregonia	Warren	Ohio
45065	3	5512	South Lebanon	Warren	Ohio
45066	1.6	24304	Springboro	Warren	Ohio
45068	1.8	11045	Waynesville	Warren	Ohio
45152	2	11618	Morrow	Warren	Ohio
45162	1.8	2725	Pleasant Plain	Warren	Ohio



“I ask my neighbors when I need to know something.”

-Butler County consumer



# Chapter 6. Community Resources

During the data collection and community input process, participants identified many specific community resources. They also identified types of resources that exist in many communities. Resources can include basic needs, emergency services, education, information, support, direct care, and/or social services. The following is the list of suggestions that were not limited to one specific location. These resources were mentioned in community focus groups, written in online surveys, or contributed by public health departments. Appendix N contains a list of the specific resource recommendations.

## Types of Community Resources

- 2-1-1 information and referral phone line
- Alcoholics Anonymous
- Alzheimer's units in nursing homes
- American Cancer Society
- American Red Cross
- Behavioral health organizations
- Churches
- Churches – Pastoral counseling
- Churches providing assistance to people
- Clinics
- Community centers
- Community education programs
- Community food pantry
- Community groups
- Community health centers
- Community hospitals
- Community outreach
- Community services
- Community wellness organizations
- Community-based agencies
- County
- County resources
- Curves
- Dentists
- Department of Job and Family Services
- Doctors
- Emergency Medical Services (EMS)
- Emergency Rooms
- Faith-based centers
- Family
- Family doctor
- Farmer's market
- Federal programs
- Federally Qualified Health Centers (FQHCs)
- Fire Department
- Fitness center at work
- Fitness centers
- Food Banks
- Food pantries
- Free clinics
- Fresh fruit and vegetable vendors
- Friends
- Grocery stores
- Gyms
- Health Department
- Health events
- Health fairs
- Health food stores
- Health insurance company
- Healthy restaurants
- Holistic practices
- Hospice organizations
- Hospital website
- Hospitals
- Insurance companies
- Job & Family Services
- Job center
- Libraries
- Life skills providers
- Local businesses
- Local newspaper and inserts in paper
- Marriage counselors
- Medical offices
- Men's health providers
- Mental health agencies
- Mentor programs
- Mother
- Neighborhood
- Neighbors
- Nonprofit organizations

## Community Resources, continued

- Organizations focused on youth health and family support
- Outpatient services at hospitals
- Outreach programs
- Parish Nursing/Health Ministries at local churches
- Parks and recreation
- Pastoral or church groups
- Pharmacies
- Physicians
- Police Department
- Police officers
- Primary care physicians
- Primary care provider
- Private physician
- Public Health Departments
- Radio
- Recreation centers
- Schools
- Social service agencies
- Support groups
- Support groups for stressed caregivers
- United Ways
- Urgent care facilities
- Vision care
- Voluntary outreach programs
- Web information online
- Wellness centers
- West Dayton
- WIC
- Women support groups
- Women, Infants, and Children (WIC) program
- Work web sites
- Workplace
- YMCA
- Youth mentors
- YWCA

## Conclusion

Just as having more data can improve the accuracy of a statistical model, so does the combination of secondary data with primary data from a variety of stakeholders inform and add value to the CHNA process. Although this 10-county area is diverse – spanning urban, suburban, and rural areas -- its major issues are illuminated when viewed through a regional lens. Access to care, drug abuse, and obesity (among many other health determinants) are not limited by geopolitical boundaries.

Few issues arose in isolation, of concern to only one county. A vote here and a vote there added up when the CHNA team consolidated information from 629 different informants. At the same time each county, and its ZIP Codes, represents a unique culture and landscape.

The absence of high CNI scores does not paint a picture of perfect health. A single measure, such as access, for example, could be uniformly low or high. A high score, however, is a strong indicator of disparity. For the six counties with a total of 22 high-need ZIP Codes, the CHNA points the way to identify and address access, process, or systemic issues that contribute to inequities in treatment and disparities of care.<sup>11</sup> In Appendix B are more details about specific issues where the CDC has identified ethnic and racial disparities.

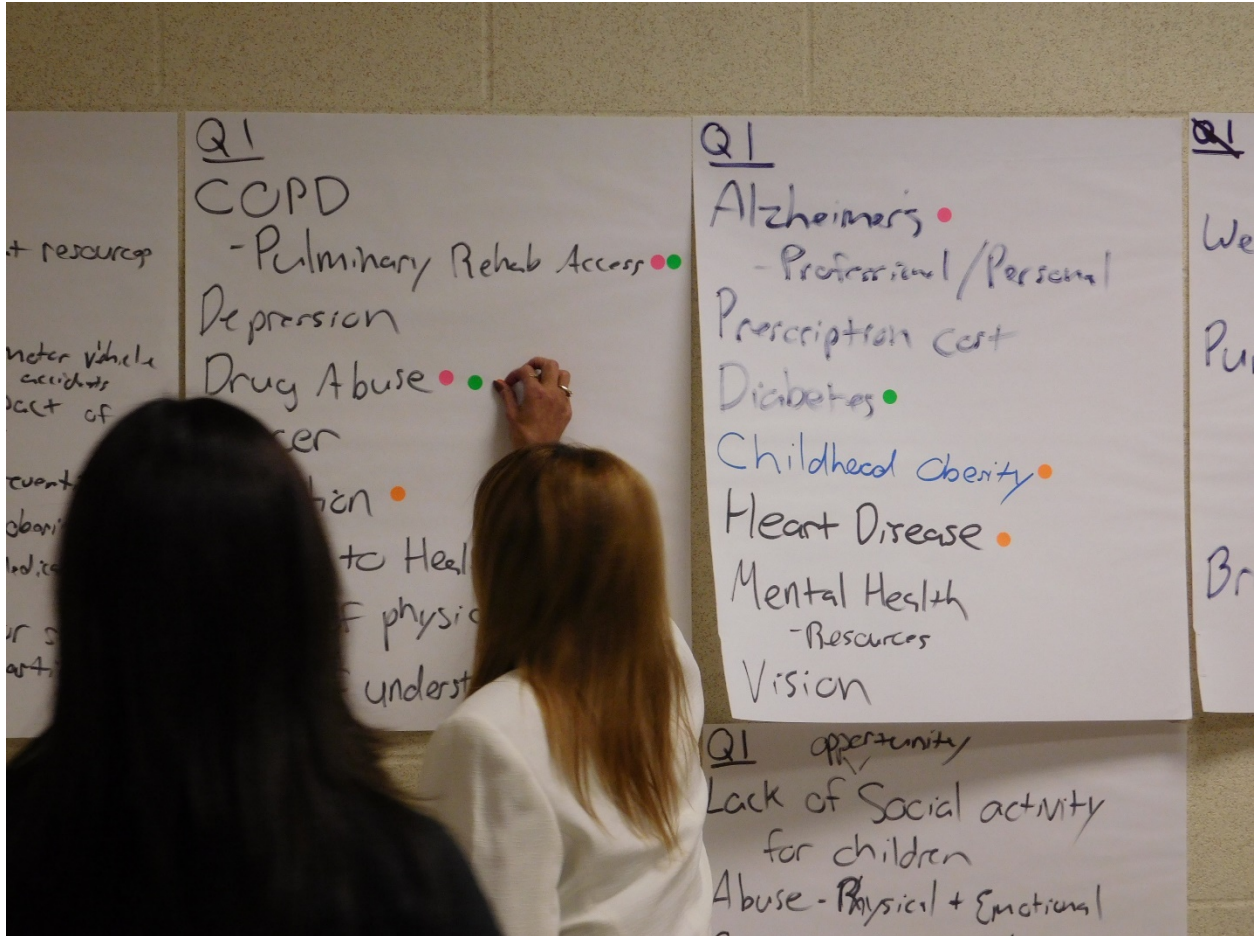
This CHNA report highlights important issues that will be addressed according to the partnerships, prioritizations, and resources that make sense and can be harnessed at the local level.

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<sup>11</sup> Examples of systemic issues are generational poverty, racism, lack of education or economic opportunities, segregation in housing, and other similar factors that impact health and quality of life.

# Appendix

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**FIGURE 20. FOCUS GROUP IN GREENE COUNTY**

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## Appendix A. Acknowledgments

The following people contributed their time and talent to ensure the success of a comprehensive and collaborative Community Health Needs Assessment.

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# Appendix B. CDC Healthcare Disparities and Inequalities

## Excerpts from CDC Health Disparities and Inequalities Reports United States – 2011<sup>1</sup> and 2013 supplement<sup>2</sup>

### Social Determinants of Health

Education and Income — 2005 and 2009. Rates of mortality, morbidity, and poor health behaviors decrease with increasing levels of education and income. For example, the prevalence of adult diabetes is higher among adults without college degrees and those with lower household incomes. Prevalence of smoking is highest for persons aged  $\geq 18$  years who do not have high school diploma.

Access to Healthier Food Retailers — 2011. (Added in 2013 supplement) People living in rural areas were four times more likely to lack access to healthy food as persons in urban areas. Areas with a high percentage of non-Hispanic whites and those with a high percentage of seniors also had consistently worse access. Access to chain supermarkets was lower in census tracts with predominantly non-Hispanic black residents than in tracts with predominantly non-Hispanic white residents. Persons living in tracts in the Midwest with a higher proportion of youths were 1.2 times as likely to lack access as persons in tracts with a low proportion of youths.

Unemployment — 2006 and 2010. (Added in 2013 supplement) Unemployed persons tend to have higher annual illness rates, lack health insurance and access to health care, and have an increased risk for death. Poor health predisposes persons to a more uncertain position in the labor market and increases the risk for unemployment. In 2010, the unemployment prevalence both for males and females was twice as high in the black and Hispanic populations as in the white population.

### Environmental Hazards

Inadequate and Unhealthy Housing, 2007 and 2009. Non-Hispanic blacks had the highest odds of householders living in inadequate housing (2.3), followed by Hispanics (2.0), American Indians/Alaskan Natives (1.9), and Asians/Pacific Islanders (1.1) when compared with non-Hispanic whites. A householder earning  $< \$25,000$ /year was approximately 4 times more likely to live in an inadequate housing unit as a householder making  $\geq \$75,000$  a year but was only 1.3 times more likely to live in an unhealthy (vs. inadequate) home.) No change in data from 2011 report to 2013 supplement.

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<sup>1</sup> MMWR 2011; 60 (January 14, 2011).

<sup>2</sup> MMWR 2013; 62 (Supplement, November 22, 2013). The new topics added in 2013 were: access to healthier food retailers, unemployment, nonfatal work-related injuries and illnesses, fatal work-related injuries, residential proximity to major highways, activity limitations due to chronic diseases, asthma attacks (replacing prevalence of asthma), health-related quality of life, periodontitis in adults, and tuberculosis.



Unhealthy Air Quality — 2006–2009. Minority groups, including Asians and Hispanics, were more likely to live in counties that have not met federal pollution standards for fine particulate matter and ozone. No change in data from 2011 report to 2013 supplement.

Nonfatal Work-Related Injuries and Illnesses — United States, 2010. (Added in 2013 supplement) The six high-risk occupations<sup>3</sup> in which more than 1 million workers were employed (in each occupation) accounted for 61% of private-sector workers employed in a high-risk job. The six high-risk occupations were: health aides; janitors and cleaners; maids and housekeepers; miscellaneous production workers; drivers: sales & trucks; and hand laborers: freight, stock, and material movers. Two demographic characteristics were statistically elevated in all six occupations: the proportion of non-Hispanic black workers and that of workers with a high school education or less.

Fatal Work-Related Injuries — 2005–2009. (Added in 2013 supplement) For every 100,000, 3.7 American workers died from an injury while at work. Hispanics and foreign-born workers had the highest work-related fatal injury rates (4.4 and 4.0 per 100,000 workers, respectively). Non-Hispanic blacks had either the highest or second highest fatality rate for every industry sector. About 10% of injury-related fatalities at work were homicides, which occurred most frequently during a robbery. Customer service workers who handled money and who often worked alone (e.g., cashiers and taxi drivers) were at highest risk. Black non-Hispanic workers were twice as likely as white non-Hispanic workers to be a homicide victim at work. Women were more likely to be the victim of a homicide perpetrated by a relative.

Residential Proximity to Major Highways (within 150 meters) — 2010. (Added in 2013 supplement) Minority populations (racial, ethnic, and foreign-born) and persons of lower socioeconomic status experienced higher residential exposure to traffic and traffic-related air pollution than non-minorities and persons of higher socioeconomic status.

## **Health-Care Access and Preventive Health Services**

Health Insurance Coverage — 2004 and 2008 Health Insurance Coverage — 2008 and 2010 During 2010, among adults aged 18–64 years, approximately two out of five persons of Hispanic ethnicity and one out of four non-Hispanic blacks were classified as uninsured. Approximately half of uninsured adults were non-Hispanic whites. Those with less than a high school diploma and Hispanics were groups with the highest uninsured rates. Hispanics accounted for 29.3% of the uninsured population.

Seasonal Influenza Vaccination Coverage — 2009–10 and 2010–11. Coverage among non-Hispanic black and Hispanic children has improved, and is either similar to, or slightly higher than, coverage among non-Hispanic white children. Among adults aged ≥65 years, influenza vaccination coverage was lower among non-Hispanic blacks than all other racial/ethnic groups.

Colorectal Cancer Incidence and Screening — 2008 and 2010 Colorectal Cancer incidence and death rates were higher among older, male, and non-Hispanic populations. Non-Hispanic blacks have higher rates than other racial and ethnic groups.

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<sup>3</sup> A high-risk occupation was defined as one with a 'day-away-from-work' rate of at least twice the national rate of 113.3 cases of injury and illness per 10,000 FTEs. Data exclude workers on farms with fewer than 11 employees, private household workers, and the self-employed.

## Health Outcomes: Mortality

Infant Deaths — 2005–2008. In Ohio, 2006-2008, the overall rate was 7.74. For non-Hispanic white women, the rate was 6.25. For non-Hispanic black women, the rate was 15.03, and it was 6.88 for Hispanic women.

Motor Vehicle–Related Deaths — 2005 and 2009. The overall motor vehicle–related age-adjusted death rate was 11.7 deaths per 100,000 population. The death rate for males was 2.5 times that for females (16.8 vs. 6.8). Approximately 4.3% of all American Indian/Alaska Native deaths and 3.3% of all Hispanic deaths were attributed to crashes, whereas crashes were the cause of death for <1.7% of blacks, whites, and Asian/Pacific Islanders. Males who were American Indian or Alaska Native had a death rate of 33.6, two to five times the rates of other races/ethnicities. Black males had the second-highest death rate (18.5), followed by white males (17.3), female American Indian/Alaska Native (17.3), Hispanics (14.7), and Asian/Pacific Islanders (6.3).

Suicides — 2005–2009. Men are far more likely to commit suicide than women, regardless of age or race/ethnicity at a rate of about four to one. 83.5% of suicides were among non-Hispanic whites, 7.0% among Hispanics, 5.5% among non-Hispanic blacks, 2.5% among Asian/Pacific Islanders, and 1.1% among American Indians/Alaska Natives. Although American Indians/Alaska Natives represented the smallest proportion of suicides of all racial/ethnic groups, they shared the highest rates with whites. The burden of suicide among their youth is considerably higher than that among other racial/ethnic groups. The highest rates occurred among American Indians/Alaska Natives aged 15–34 years. Rates of suicide of non-Hispanic blacks were highest among adolescents and young adults and leveled off with age. Rates among non-Hispanic whites were highest among those aged 40–54 years.

Drug-Induced Deaths — 1999–2010. Deaths from drug overdose have increased sharply. From 1999 to 2010, the increase has been associated with overdoses of prescription opioid pain relievers, which have more than tripled in the past 20 years, escalating to 16,651 deaths in 2010. The highest rates were among American Indians/Alaska Natives (17.1) and non-Hispanic whites (16.6). The data reflect a change from the 1980s and 1990s, when drug-induced mortality rates were higher among blacks than whites.

Coronary Heart Disease and Stroke Deaths — 2009. Risk factors for cardiovascular disease include tobacco use, physical inactivity, poor diet, diabetes, obesity, hypertension, and dyslipidemia. Death rates from coronary heart disease and stroke are declining overall, but disparities still remain in the rates of death between racial/ethnic groups. The age-adjusted death rate per 100,000 population from coronary heart disease was higher among men than women (155.8 versus 86.2) and higher among non-Hispanic blacks (141.3) than among any other racial/ethnic group. The rate of premature death (death among persons aged <75 years) was higher among non-Hispanic blacks than their white counterparts (65.5 versus 43.2). The age-adjusted rate of stroke was 38.9 deaths per 100,000 population. The age-adjusted death rate per 100,000 population from stroke was higher among non-Hispanic blacks (73.6) than among any other racial/ethnic group. The rate of premature death (death among persons aged <75 years) from stroke was higher among non-Hispanic blacks than their white counterparts (25.0 versus 10.2).

Homicides — 2007 and 2009. The relative rate difference reported for males was at least 250% higher than that of females in both data years. In addition, the relative rate difference for non-Hispanic blacks was at least 650% higher than the rate reported for non-Hispanic whites. Non-Hispanic American Indians/Alaska Natives and Hispanics also had rates that far exceeded those of non-Hispanic whites in both years. Rates were highest among persons aged 15–29 years.

## **Health Outcomes: Morbidity**

Expected Years of Life Free of Chronic Condition–Induced Activity Limitations — 1999–2008. (Added in 2013 supplement) Expected 'years-free-of-activity-limitations' caused by chronic conditions increased. Although disparities still existed between males and females as well as between whites and blacks, the extent of these disparities declined during the 10-year period.

Obesity — 1999–2010. The prevalence of obesity among non-Hispanic blacks (51%) was 10 percentage points higher than that among Mexican- Americans and 20 percentage points higher than that among non-Hispanic white women. High-priority groups for intervention are those with low levels of educational attainment, Mexican-American boys, and non-Hispanic black girls and women.

Periodontitis among Adults Aged  $\geq$ 30 Years — 2009–2010. (Added in 2013 supplement) Chronic infections associated with periodontitis can increase the risk for aspiration pneumonia in older adults and has been implicated in the pathogenesis of chronic inflammation that impairs general health and quality of life. Smoking and some chronic diseases such as diabetes are important modifiable risk factors for periodontitis. Significant disparities exist in the prevalence of periodontitis by race/ethnicity, education, and poverty level. Data suggest that non-Hispanic blacks and Mexican-Americans have similar prevalence of periodontitis but higher prevalence than non-Hispanic whites.

Preterm Births — 2006 and 2010. Although decreases in preterm births occurred for each of the race/ethnicity groups, the 2010 preterm rate for black infants (17.1%) was approximately 60% higher than the rate for white infants. The greatest absolute difference by race/ethnicity in total preterm, early preterm, and late preterm birth rates was among black infants. Black infants have had the highest risk for preterm birth since 1981 when comparable data on gestational age became available.

Potentially Preventable Hospitalizations — 2001–2009. Although rates have been decreasing, the rates of all groups decreased at a similar pace. This means that disparities present in 2001 persisted through 2009. Non-Hispanic blacks and Hispanics had higher rates of hospitalizations than non-Hispanic whites, and Asian/Pacific Islanders had lower rates than non-Hispanic whites. Rates of hospitalizations were higher among residents of neighborhoods in the three lower income quartiles compared with residents of neighborhoods in the highest income quartile.

Asthma Attacks among Persons with Current Asthma — 2001–2010. Asthma attacks were more prevalent among females, children, the poor, persons of multiple races, and Puerto Ricans.

HIV Infection — 2008 and 2010. All racial/ethnic minorities, except Asians, continue to experience higher rates of HIV diagnoses than whites. Rates of HIV infection are increasing among men having sex with men (MSM), particularly young black/African American men.

Diabetes — 2006 and 2010. Diabetes is the principal cause of kidney failure, non-traumatic lower extremity amputation, and new cases of blindness, and it is a major cause of cardiovascular disease among U.S. adults. Obesity and lack of physical activity are major risk factors for diabetes. The groups with the lowest levels of education and income continued to experience the greatest socioeconomic disparity in age-standardized prevalence and incidence rate of diagnosed diabetes. Socioeconomic disparities in the incidence of diagnosed diabetes worsened among the groups with the lowest level of education and income. Significant improvements were noted for prevalence of diagnosed diabetes among non-Hispanic black women compared with non-Hispanic white women, among those with a high school diploma or some college compared with those with a college degree or higher, and among the poor and middle income groups.

Prevalence of Hypertension and Controlled Hypertension — 2007–2010. The prevalence of hypertension has remained consistent over the past 10 years, at approximately 30%. Disparities have persisted at least since 1960, with the prevalence remaining highest among non-Hispanic black adults. Among adults with hypertension, Mexican-American persons born outside the U.S. and persons without health insurance had lower rates of blood pressure control in 2005–2008. During 2007–2010, the prevalence of hypertension was highest among those aged ≥65 years (71.6%) and among non-Hispanic blacks (41.3%), two population groups known to be disproportionately affected. Non-Hispanic blacks and Hispanics continue to have lower prevalence of control than their non-Hispanic white counterparts.

Health-Related Quality of Life — 2006 and 2010. (Added in 2013 Supplement) Groups with higher percentages of self-reported fair or poor health and who report more physically unhealthy days and more mentally unhealthy days are usually women, older persons (with respect to physical health), younger persons (with respect to mental health), minority racial/ethnic groups (except for Asian/Pacific Islanders), those with less education, those who speak another language besides English at home, and those with a disability.

Tuberculosis (TB) — 1993–2010. (Added in 2013 supplement) In U.S.-born persons, the relative difference in TB rates compared with whites was 614% for blacks, 429% for Asians/Pacific Islanders, 286% for Hispanics, and 757% for American Indians/Alaska Natives. Among foreign-born persons in 2010, the relative difference in TB rates compared with whites was 2,271% for Asians/Pacific Islanders, 1,771% for blacks, and 836% for Hispanics.

## **Health Outcomes: Behavioral Risk Factors**

Binge Drinking — 2011.<sup>4</sup> Binge drinking is a risk factor for many adverse health and social outcomes, including motor vehicle crashes; violence; suicide; hypertension; acute myocardial infarction; sexually transmitted diseases; unintended pregnancy; fetal alcohol syndrome; and sudden infant death syndrome. People who binge drink tend to do so frequently (average of four times per month) and with high intensity (average of eight drinks per occasion). Areas with the highest prevalence of binge drinking included states in the Midwest. In Ohio 20.5% to 25.1% are binge drinkers. States with the highest intensity of binge drinking were generally located in the Midwest (Ohio = 6.8 to 7 drinks on occasion). The groups at highest risk for binge drinking are persons aged 18–34 years, males, whites, non-Hispanics, and persons with higher household incomes. Binge drinkers aged ≥65 years reported the highest binge drinking frequency. The

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<sup>4</sup> The survey instrument, Behavioral Risk Factor Surveillance System, did not collect responses from persons living in institutions, such as on college campuses.

intensity of binge drinking was highest among American Indians/Alaska Natives (8.4 drinks per occasion).

Pregnancy and Childbirth among Females Aged 10–19 Years — 2007–2010. Teenagers who give birth are much more likely than older women to deliver a low birthweight or preterm infant, and their babies are at higher risk for dying in infancy. Within each age group, pregnancy rates among non-Hispanic black and Hispanic females were two to three times higher than rates for non-Hispanic white females.

Cigarette Smoking — 2006-2008 and 2009-2010. Progress has been achieved in reducing disparities in cigarette smoking among certain racial/ethnic groups. However, little progress has been made in reducing disparities in cigarette smoking among persons of low socioeconomic status (SES) and low educational attainment. Among racial/ethnic groups, smoking prevalence was lowest among black and Asian youth aged 12–17 years. Smoking prevalence remained highest among American Indian/Alaska Native youth and adults. Prevalence of smoking is highest for persons aged  $\geq 18$  years who do not have high school diploma.

Expected Years of Life Free of Chronic Condition–Induced Activity Limitations — 1999–2008. Expected 'years-free-of-activity-limitations' caused by chronic conditions increased. Although disparities still existed between males and females as well as between whites and blacks, the extent of these disparities declined during the 10-year period.

## Appendix C. List of Data Sources

Measure	Data Source(s)	Years
<b>Demographics</b>		
Percentage of population not proficient in English	CHR 2015 - American Community Survey	2009, 2007-2011, 2008-2012, 2009-2013
Percentage of population that is 65 and older	CHR 2015 - Census Population Estimates	2009, 2011, 2012, 2013
Percentage of population that is American Indian/Alaskan Native	CHR 2015 - Census Population Estimates	2009, 2011, 2012, 2013
Percentage of population that is Asian	CHR 2015 - Census Population Estimates	2009, 2011, 2012, 2013
Percentage of population that is below 18 years of age	CHR 2015 - Census Population Estimates	2009, 2011, 2012, 2013
Percentage of population that is Hispanic	CHR 2015 - Census Population Estimates	2009, 2011, 2012, 2013
Percentage of population that is Native Hawaiian/Other Pacific Islander	CHR 2015 - Census Population Estimates	2009, 2011, 2012, 2013
Percentage of population that is non-Hispanic African American	CHR 2015 - Census Population Estimates	2009, 2011, 2012, 2013
Percentage of population that is non-Hispanic white	CHR 2015 - Census Population Estimates	2011, 2012, 2013
Percentage of population that is rural	CHR 2015 - Census Population Estimates	2009, 2010
Population	CHR 2015 - Census Population Estimates	2009, 2011, 2012, 2013
<b>Health Outcomes</b>		
Child mortality (rate per 100,000)	CHR 2015 - CDC WONDER mortality data	2006-2010, 2007-2010, 2009-2012
Chronic lower respiratory disease deaths age 65+ (rate per 100,000)	Health Indicators Warehouse	2009-2011, 2010-2012, 2011-2013
Diabetes (%)	CHR 2015 - CDC Diabetes Interactive Atlas	2008, 2009, 2010, 2011
Diabetes deaths (rate per 100,000)	Health Indicators Warehouse	2011-2013
Heart disease deaths (rate per 100,000)	Health Indicators Warehouse	2009-2011, 2010-2012, 2011-2013
HIV incidence (rate per 100,000)	State Health Department	2011-2013
HIV prevalence (rate per 100,000)	CHR 2015 - National Center for HIV/AIDS, Viral Hepatitis, STD, and TB prevention	2007, 2008, 2009, 2010
Infant mortality (rate per 1,000 births) **	CHR 2015 - Health Indicators Warehouse	** 2006-2010, 2002-2008, 2004-2010
Causes of death	CDC Wonder - Cause of Death & Underlying Causes of Death	2011, 2012, 2013, 2014

## List of Data Sources, continued

Premature age-adjusted mortality (rate per 100,000)	CHR 2015 - CDC WONDER mortality data	2008-2010, 2010, 2012
Stroke deaths (rate per 100,000)	Health Indicators Warehouse	2009-2011, 2010-2012, 2011-2013
<b>Length of Life</b>		
Years of potential life lost before age 75	CHR 2015 - National Center for Health Statistics	2005-2007, 2006-2008, 2008-2010, 2010-2012
<b>Quality of life</b>		
Alzheimer's disease or related disorders Medicare beneficiaries (%)	Health Indicators Warehouse	2011-2013
Low birthweight (%)	CHR 2015 - National Center for Health Statistics	2001-2007, 2002-2008, 2004-2010, 2005-2011, 2006-2012
Poor mental health days (in past 30 days)	CHR 2015 - BRFSS	2003-2009, 2004-2010, 2005-2011, 2006-2012, 2006-2013
Poor or fair health (%)	CHR 2015 - BRFSS	2003-2009, 2004-2010, 2005-2011, 2006-2012
Poor physical health days (in past 30 days)	CHR 2015 - BRFSS	2003-2009, 2004-2010, 2005-2011, 2006-2012
Suicide (rate per 100,000)	Health Indicators Warehouse	2011-2013
Total preterm live births (%)	Health Indicators Warehouse	2011-2013
<b>Health Behaviors</b>		
Access to exercise opportunities (%)	CHR 2015 - Business Analyst ESRI, Delorme map data, & US Census Tigerline Files	2010 & 2012, 2010 & 2013
Adult obesity (%)	CHR 2015 - CDC Diabetes Interactive Atlas	2008, 2009, 2010, 2011
Adult smoking (%)	CHR 2015 - BRFSS	2003-2009, 2004-2010, 2005-2011, 2006-2012
Alcohol-impaired driving deaths (%)	CHR 2015 - Fatality Analysis Reporting System	2008-2012, 2009-2013
Chlamydia incidence (rate per 100,000)	State Health Department	2013-2015
Drug poisoning deaths (per 100,000)	CHR 2015 - CDC WONDER mortality data	2006-2012
Excessive drinking (%)	CHR 2015 - BRFSS	2003-2009, 2004-2010, 2005-2011, 2006-2012
Food environment index	CHR 2015 - USDA Food Environment Atlas, Map the Meal Gap	2010 & 2011, 2012

## List of Data Sources, continued

Food insecurity (%)	CHR 2015 - Map the Meal Gap	2011, 2012
Gonorrhea incidence (rate per 100,000)	State Health Department	2013-2015
Heroin poisoning overdose deaths (per 100,000)	State Health Department	2011-2013
Limited access to healthy foods (%)	CHR 2015 - USDA Food Environment Atlas, Map the Meal Gap	2012, 2010
Motor vehicle crash deaths (per 100,000)	CHR 2015 - National Center for Health Statistics	2004-2010, 2006-2012
Naloxone administration rate (per 10,000) Ohio Only	Ohio Dept. of Mental Health and Addiction	2011-2013
Physical inactivity (%)	CHR 2015 - CDC Diabetes Interactive Atlas	2009, 2010, 2011
Total syphilis (rate per 100,000)	State Health Department	2013-2015
Teen births (per 1,000 age 15-19)	CHR 2015 - National Center for Health Statistics	2001-2007, 2002-2008, 2004-2010, 2005-2011, 2006-2012
<b>Student Drug Use</b>		
Alcohol	Pride Student Drug Use Survey	2012, 2014
Marijuana	Pride Student Drug Use Survey	2012, 2014
Prescription/OTC drugs abuse	Pride Student Drug Use Survey	2012, 2014
Tobacco	Pride Student Drug Use Survey	2012, 2014
<b>Clinical Care</b>		
Could not see doctor due to cost (%)	CHR 2015 - BRFSS	2004-2010, 2005-2011, 2006-2012
Dentists (ratio)	CHR 2015 - Area Health Resource File/National Provider Identification File	2007, 2011-2012, 2012, 2013
Diabetic screening (% HbA1c)	CHR 2015 - Dartmouth Atlas of Health Care	2006-2007, 2009, 2010, 2011, 2012
Health care costs (Medicare per enrollee)	CHR 2015 - Dartmouth Atlas of Health Care	2007, 2009, 2011, 2012
Mammography screening (%)	CHR 2015 - Dartmouth Atlas of Health Care	2006-2007, 2009, 2010, 2011, 2013
Mental health providers (ratio)	CHR 2015 - CMS, National Provider Identification File	2007, 2008, 2011-2012, 2013, 2014
NP, PA, CNS (ratio)	CHR 2015 - CMS, National Provider Identification file	2012, 2014
Preventable hospital stays (per 1,000 Medicare enrollees)	CHR 2015 - Dartmouth Atlas of Health Care	2006-2007, 2009, 2010, 2011, 2012
Primary care physicians (ratio)	CHR 2015 - Area Health Resource File/American Medical Association	2008, 2009, 2011-2012, 2011, 2012
Uninsured % (Total)	New York Times - Enroll America and Civis Analytics	2013-2014



## List of Data Sources, continued

<b>Social &amp; Economic Factors</b>		
Children eligible for free lunch (%)	CHR 2015 - National Center for Education Statistics	Data for 2012 and future estimates based on 2012
Children in poverty (%)	CHR 2015 - Small Area Income and Poverty Estimates	2008, 2010, 2011, 2012, 2013
Children in single-parent households (%)	CHR 2015 - American Community Survey	2012
High school graduation (%)	CHR 2015 - data.gov, supplemented w/ National Center for Education Statistics	2006-2007, 2008-2010, varies by state
Homicide rate (per 100,000)	CHR 2015 - National Center for Health Statistics	2001-2007, 2006-2012
Inadequate social support (%)	CHR 2015 - County Business Patterns	2005-2009, 2004-2010, 2005-2010, 2012
Injury deaths (per 100,000)	CHR 2015 - CDC WONDER mortality data	2006-2010, 2008-2012
Median household income (\$)	CHR 2015 - Small Area Income and Poverty Estimates	2008, 2010, 2011, 2012, 2013
Some college (%)	CHR 2015 - American Community Survey	2005-2009, 2006-2010, 2007-2011, 2008-2012, 2009-2013
Unemployment (%)	CHR 2015 - Bureau of Labor Statistics	2009, 2010, 2011, 2012, 2013
Violent crime (per 100,000)	CHR 2015 - Uniform Crime Reporting - FBI	2006-2008, 2007-2009, 2008-2010, 2009-2011, 2010-2012
<b>Physical Environment</b>		
Annual average ambient concentrations of PM2.5 in mg/m3	CDC, EPA	2011-2013
Ozone - # of days with maximum 8-hour average ozone concentration over the NAAQS	CDC, EPA	2011-2013
<b>Greater Cincinnati Community Health Status Survey</b>		
(for Butler and Warren Counties)		
Adults with hypertension or high blood pressure (% Yes)	GCHSS	2010 & 2013
Alcohol (% Heavy Drinking)	GCHSS	2012 & 2014
Cost affecting care access (% Yes)	GCHSS	2012 & 2014
Daily intake of vegetables	GCHSS	2012 & 2014
Depression (%)	GCHSS	2012 & 2014
Diabetes (%)	GCHSS	2012 & 2014
Insurance barrier - lack of (% Yes)	GCHSS	2012 & 2014
Insurance barrier - type of (% Yes)	GCHSS	2012 & 2014

## List of Data Sources, continued

Obesity (% Moderately, Severely, Very Severely)	GCHSS	2012 & 2014
People with a usual primary care provider (%)	GCHSS	2012 & 2014
Physical exercise in the past month (% Yes)	GCHSS	2012 & 2014
Racial barriers to healthcare (% Yes)	GCHSS	2012 & 2014
Recreation facility use (% once a week or more) (Optional)	GCHSS	2012 & 2014
Smoking (% Current Smoker)	GCHSS	2012 & 2014
<b>Cancer</b>		
Cancer incidence, Breast (rate per 100,000)	Healthy Ohio - Ohio Department of Health	2006-2012
Cancer incidence, Colon (rate per 100,000)	Healthy Ohio - Ohio Department of Health	2006-2012
Cancer incidence, Kidney (rate per 100,000)	Healthy Ohio - Ohio Department of Health	2006-2012
Cancer incidence, Lung (rate per 100,000)	Healthy Ohio - Ohio Department of Health	2006-2012
Cancer incidence, Oro-pharyngeal (rate per 100,000)	Healthy Ohio - Ohio Department of Health	2006-2012
Cancer incidence, Overall (rate per 100,000)	Healthy Ohio - Ohio Department of Health	2006-2012
Cancer incidence, Prostate (rate per 100,000)	Healthy Ohio - Ohio Department of Health	2006-2012
Cancer incidence, Thyroid (rate per 100,000)	Healthy Ohio - Ohio Department of Health	2006-2012
Cancer incidence, Uterus (rate per 100,000)	Healthy Ohio - Ohio Department of Health	2006-2012
Cancer mortality, Breast (rate per 100,000)	Healthy Ohio - Ohio Department of Health	2006-2012
Cancer mortality, Colon (rate per 100,000)	Healthy Ohio - Ohio Department of Health	2006-2012
Cancer mortality, Kidney (rate per 100,000)	Healthy Ohio - Ohio Department of Health	2006-2012
Cancer mortality, Lung (rate per 100,000)	Healthy Ohio - Ohio Department of Health	2006-2012
Cancer mortality, Oro-pharyngeal (rate per 100,000)	Healthy Ohio - Ohio Department of Health	2006-2012
Cancer mortality, Overall (rate per 100,000)	Healthy Ohio - Ohio Department of Health	2006-2012
Cancer mortality, Prostate (rate per 100,000)	Healthy Ohio - Ohio Department of Health	2006-2012
Cancer mortality, Thyroid (rate per 100,000)	Healthy Ohio - Ohio Department of Health	2006-2012
Cancer mortality, Uterus (rate per 100,000)	Healthy Ohio - Ohio Department of Health	2006-2012

\*\* There is some overlap in the year span for data used in this measure, due to a change in the data provider. In the 2013 Rankings release year CHR used data from CDC WONDER Compressed Mortality File. In the 2014 and 2015 Rankings release years, CHR used data from the Health Indicators Warehouse (which used the Linked Birth/Infant Death Data Set).

## Appendix D. Explanation of Measures & Trends

Measure	Trend	Explanation
<b>Demographics</b>		
Percentage of population not proficient in English	↑	Indicates that the percentage of people living in the county that is not proficient in English is going up
Percentage of population that is 65 and older	↑	Indicates that the percentage of people living in the county that is 65 and older is going up
Percentage of population that is American Indian/Alaskan Native	↑	Indicates that the percentage of people living in the county that is American Indian/Alaskan Native is going up
Percentage of population that is Asian	↑	Indicates that the percentage of people living in the county that is Asian is going up
Percentage of population that is below 18 years of age	↑	Indicates that the percentage of people living in the county that is 18 and younger is going up
Percentage of population that is Hispanic	↑	Indicates that the percentage of people living in the county that is Hispanic is going up
Percentage of population that is Native Hawaiian/Other Pacific Islander	↑	Indicates that the percentage of people living in the county that is Native Hawaiian/Other Pacific Islander is going up
Percentage of population that is non-Hispanic African American	↑	Indicates that the percentage of people living in the county that is non-Hispanic African American' is going up
Percentage of population that is non-Hispanic white	↑	Indicates that the percentage of people living in the county that is non-Hispanic white is going up
Percentage of population that is rural	↑	Indicates that the percentage of people living in rural areas in the county is going up
Population	↑	Indicates that the population of the county is going up
<b>Health Outcomes</b>		
Child mortality (rate per 100,000)	↑	Indicates that the amount of people dying 18 and younger has been going up in the county
Diabetes (%)	↑	Indicates that the amount of people with diabetes has been going up in this county
Diabetes deaths (rate per 100,000)	↑	Indicates that the amount of people dying from diabetes has been going up in the county
HIV incidence (rate per 100,000)	↑	Indicates that the amount of people acquiring HIV has been going up in the county
HIV prevalence (rate per 100,000)	↑	Indicates that the amount of people living with HIV has been going up in the county
Infant mortality (rate per 1,000 births)	↑	Indicates that the amount of infants dying before age 1 has been going up in the county
Premature age-adjusted mortality (rate per 100,000)	↑	Indicates that the number of deaths among county residents under the age of 75 is going up

Explanation, *continued*

Measure	Trend	Explanation
<b>Length of Life</b>		
Years of potential life lost before age 75	↑	Indicates that the amount of age adjusted years of potential life lost before age 75 is going up in the county
<b>Quality of life</b>		
Alzheimer's disease or related disorders Medicare beneficiaries (%)	↑	Indicates that the amount of Medicare beneficiaries with Alzheimer's disease or a related dementia disorder is going up in the county
Low birthweight (%)	↑	Indicates that the amount of babies born at a low birthweight is going up in the county
Poor mental health days (in past 30 days)	↑	Indicates that the amount of people replying to the survey question "Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" has been going up in the county
Poor or fair health (%)	↑	Indicates that the amount of people replying to a survey that they have Poor or Fair health is going up in the county
Poor physical health days (in past 30 days)	↑	Indicates that the amount of people replying to the survey question "Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?" is going up in the county
Suicide (rate per 100,000)	↑	Indicates that the amount of people that die from a suicide is going up in the county
Total preterm live births (%)	↑	Indicates that the amount of babies born preterm is going up in the county
<b>Health Factors: Health Behaviors</b>		
Access to exercise opportunities (%)	↑	Indicates that the percentage of the population with access to exercise opportunities is going up in the county
Adult obesity (%)	↑	Indicates that the percentage of obese adults is going up in the county
Adult smoking (%)	↑	Indicates that the percentage of adults who smoke tobacco is going up in the county
Alcohol-impaired driving deaths (%)	↑	Indicates that the percentage of alcohol-impaired driving deaths is going up in the county
Drug poisoning deaths (per 100,000)	↑	Indicates that the percentage of adults who died from a drug poisoning is going up in the county

Explanation, *continued*

Measure	Trend	Explanation
<b>Health Factors: Health Behaviors</b>		
<i>continued</i>		
Excessive drinking (%)	↑	Indicates that the percentage of adults who drink more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days or those drinking more than 1 (women) or 2 (men) drinks per day on average is going up in the county
Food environment index	↑	Indicates that the amount of people that have limited access to healthy/reliable foods has been going down in the county
Food insecurity (%)	↑	Indicates that the amount of people with without a reliable source of food in the past year has been going up in the county
Heroin poisoning overdose deaths (per 100,000)	↑	Indicates that the amount of people dying from a heroin related heroin drug poisoning is going up in the county
Limited access to healthy foods (%)	↑	Indicates that the amount of people with limited access to healthy food is going up in the county
Motor vehicle crash deaths (per 100,000)	↑	Indicates that the amount of people who die in motor vehicle crashes is going up in the county
Naloxone administration rate (per 10,000)	↑	Indicates that the amount of Naloxone administrations is going up in the county. Naloxone is a drug that stops a heroin overdose.
Physical inactivity (%)	↑	Indicates that the percentage of adults aged 20 and over reporting no leisure-time physical activity
Teen births (per 1000 age 15-19)	↑	Indicates the amount of teenage mothers aged 15-19 giving birth is going up in the county
<b>Student Drug Use</b>		
Alcohol	↑	Indicates that high school children that report drinking alcohol is going up in the county
Marijuana	↑	Indicates that high school children that report smoking marijuana is going up in the county
Prescription/OTC drugs abuse	↑	Indicates that high school children that report abusing prescription or over the counter drugs is going up in the county
Tobacco	↑	Indicates that high school children that report using tobacco products is going up in the county

Explanation, *continued*

Measure	Trend	Explanation
<b>Clinical Care</b>		
Could not see doctor due to cost (%)	↑	Indicates that the amount of adults who could not see a doctor due to cost is going up in the county
Dentists (ratio)	↑	Indicates that the amount of residents per dentist is going up in the county
Diabetic screening (% HbA1c)	↑	Indicates that the percentage of diabetic Medicare enrollees aged 65-75 that receive HbA1c monitoring is going up in the county
Health care costs (Medicare per enrollee)	↑	Indicates that the Medicare costs per enrollee is going up in the county
Mammography screening (%)	↑	Indicates that the percentage of female Medicare enrollees aged 67-69 that receive mammography screening is going up in the county
Mental health providers (ratio)	↑	Indicates that the amount of residents per mental health provider is going up in the county
NP, PA, CNS (ratio)	↑	Indicates that the amount of residents per nurse practitioner/physician assistant/certified nurse specialist is going up in the county
Preventable hospital stays (per 1,000 Medicare enrollees)	↑	Indicates that the number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees is going up in the county
Primary care physicians (ratio)	↑	Indicates that the number of residents per primary care physician is going up in the county
<b>Social &amp; Economic Factors</b>		
Children eligible for free lunch (%)	↑	Indicates that the percentage of children eligible for a free lunch at school is going up in the county
Children in poverty (%)	↑	Indicates that the percentage of children who live in poverty is going up in the county
Children in single-parent households (%)	↑	Indicates that the percentage of children living in single-parents households is going up in the county
High school graduation (%)	↑	Indicates that the percentage of children graduating high school is going up in the county
Homicide rate (per 100,000)	↑	Indicates that the amount of people who die from a homicide is going up in the county
Injury deaths (per 100,000)	↑	Indicates that the amount of people who die from an injury is going up in the county
Median household income (\$)	↑	Indicates that the median household income is going up in the county
Some college (%)	↑	Indicates that the percentage of people with some college education is going up in the county

Explanation, *continued*

Measure	Trend	Explanation
<b>Social &amp; Economic Factors</b>		
Unemployment (%)	↑	Indicates that the percentage of adults who are unemployed is going up in the county
Violent crime (per 100,000)	↑	Indicates that the amount of violent crime is going up in the county
<b>Physical Environment</b>		
Annual average ambient concentrations of PM2.5 in mg/m3	↑	Indicates that the annual average ambient concentrations of PM 2.5 in mg/m3 is going up in the county
Ozone - # of days with maximum 8-hour avg. ozone concentration over the NAAQS	↑	Indicates that the number of days with maximum 8-hour average ozone concentration of the NAAQS is going up in the county
<b>GCHSS Results</b>		
Adults with hypertension or high blood pressure (% Yes)	↑	Indicates that the percentage of adults who report they have hypertension or high blood pressure is going up in the county
Alcohol (% Heavy Drinking)	↑	Indicates that the percentage of adults who report they drink heavily is going up in the county
Cost affecting care access (% Yes)	↑	Indicates that the percentage of adults who report experiencing cost affecting their access to care is going up in the county
Daily intake of vegetables	↑	Indicates that the percentage of adults who report they eat their daily recommended intake of vegetables is going up in the county
Depression (%)	↑	Indicates that the percentage of adults who report they have depression is going up in the county
Diabetes (%)	↑	Indicates that the percentage of adults who report they have diabetes is going up in the county
Insurance barrier - lack of (% Yes)	↑	Indicates that the percentage of adults who report they experience barriers due to a lack of insurance is going up in the county
Insurance barrier - type of (% Yes)	↑	Indicates that the percentage of adults who report they experience barriers due to their type of insurance is going up in the county
Obesity (% Moderately, Severely, Very Severely)	↑	Indicates that the percentage of adults who report they are moderately, severely, or very severely obese is going up in the county
People with a usual primary care provider (%)	↑	Indicates that the percentage of adults who report they have a usual primary care provider is going up in the county

Explanation, *continued*

Measure	Trend	Explanation
<b>GCHSS Results</b>		
<i>continued</i>		
Physical exercise in the past month (% Yes)	↑	Indicates that the percentage of adults who report they exercised in the past month is going up
Racial barriers to healthcare (% Yes)	↑	Indicates that the percentage of adults who report racial barriers to healthcare is going up
Smoking (% Current Smoker)	↑	Indicates that the percentage of adults who report they are a current tobacco smoker is going up in the county
Chlamydia incidence (rate per 100,000)	↑	Indicates that the percentage of adults acquiring a chlamydia infection is going up in the county
Chronic lower respiratory disease deaths age 65+ (rate per 100,000)	↑	Indicates that the amount of adults aged 65 or older who dies from a Chronic Lower Respiratory Disease is going up in the county
Gonorrhea incidence (rate per 100,000)	↑	Indicates that the amount of adults acquiring a gonorrhea infection is going up in the county
Heart disease deaths (rate per 100,000)	↑	Indicates that the amount of adults dying from a heart disease related death is going up in the county
Stroke deaths (rate per 100,000)	↑	Indicates that the amount of adults dying from a stroke is going up in the county
Syphilis incidence (rate per 100,000)	↑	Indicates that the amount of adults acquiring a syphilis infection is going up in the county
Uninsured % (Total)	↑	Indicates that the amount of uninsured adults is going up in the county
<b>Cancer</b>		
Cancer incidence, Breast (rate per 100,000)	↑	Indicates that the amount of people acquiring breast cancer is going up in the county
Cancer incidence, Colon (rate per 100,000)	↑	Indicates that the amount of people acquiring colon cancer is going up in the county
Cancer incidence, Kidney (rate per 100,000)	↑	Indicates that the amount of people acquiring kidney cancer is going up in the county
Cancer incidence, Lung (rate per 100,000)	↑	Indicates that the amount of people acquiring lung cancer is going up in the county
Cancer incidence, Oro-pharyngeal (rate per 100,000)	↑	Indicates that the amount of people acquiring Oro-pharyngeal cancer is going up in the county
Cancer incidence, Overall (rate per 100,000)	↑	Indicates that the amount of people acquiring cancer is going up in the county
Cancer incidence, Prostate (rate per 100,000)	↑	Indicates that the amount of people acquiring prostate cancer is going up in the county
Cancer incidence, Thyroid (rate per 100,000)	↑	Indicates that the amount of people acquiring thyroid cancer is going up in the county
Cancer incidence, Uterus (rate per 100,000)	↑	Indicates that the amount of people acquiring uterine cancer is going up in the county
Cancer mortality, Breast (rate per 100,000)	↑	Indicates that the amount of people dying from breast cancer is going up in the county



Explanation, *continued*

Measure	Trend	Explanation
<b>Cancer</b>		
		<i>continued</i>
Cancer mortality, Colon (rate per 100,000)	↑	Indicates that the amount of people dying from colon cancer is going up in the county
Cancer mortality, Kidney (rate per 100,000)	↑	Indicates that the amount of people dying from kidney cancer is going up in the county
Cancer mortality, Lung (rate per 100,000)	↑	Indicates that the amount of people dying from lung cancer is going up in the county
Cancer mortality, Oro-pharyngeal (rate per 100,000)	↑	Indicates that the amount of people dying from Oro-pharyngeal cancer is going up in the county
Cancer mortality, Overall (rate per 100,000)	↑	Indicates that the amount of people dying from cancer is going up in the county
Cancer mortality, Prostate (rate per 100,000)	↑	Indicates that the amount of people dying from prostate cancer is going up in the county
Cancer mortality, Thyroid (rate per 100,000)	↑	Indicates that the amount of people dying from thyroid cancer is going up in the county
Cancer mortality, Uterus (rate per 100,000)	↑	Indicates that the amount of people dying from uterine cancer is going up in the county

# Appendix E. Sample Flyer

## COMMUNITY HEALTH NEEDS

Kettering Health Network, Wilson Health and Premier Health

Want to know what YOU think. Come to this free public meeting to give your opinion about your community's top health needs, what you can do to improve health, and any barriers to receiving health care.

Date	Time	Location	Address
10/1/2015	6:00 PM	Deardoff Senior Center	605 S. River St.; Franklin OH 45005
10/6/2015	5:45 PM	Auglaize County Public Library	203 S. Perry St.; Wapakoneta OH 45895
10/13/2015	5:45 PM	Park Branch Library	1119 N. Bechtie Ave.; Springfield OH 45504
10/15/2015	6:15 PM	Darke County YMCA	301 Wagner Ave.; Greenville OH 45331
10/20/2015	6:00 PM	Senior Center of Shelby County	304 S. West Ave; Sidney OH 45365
10/22/2015	6:00 PM	Kettering Church	1450 E. Dorothy Lane; Kettering OH 45429
10/29/2015	6:00 PM	Emmanuel Baptist Church	1120 S. Detroit St.; Xenia OH 45385
11/3/2015	6:00 PM	Piqua Public Library (Lewis Room)	116 W. High Street; Piqua OH 45356



Facilitated by:  THE HEALTH COLLABORATIVE



YOU CAN HELP SHAPE  
THE FUTURE OF  
HEALTH CARE!

SPACE IS LIMITED.

PLEASE R.S.V.P. TO  
RESERVE YOUR SPACE

*We'd like to hear your voice.*

Let us know if you can  
attend: By email to  
[RSVP@healthcollab.org](mailto:RSVP@healthcollab.org)  
Or call 937/424-2368

# Appendix F. Sample Meeting Agenda



## Community Health Needs Assessment (CHNA)

### Agenda

<b>Welcome</b>	<b>10 min.</b>
<ol style="list-style-type: none"><li>1. Introduction of Facilitators and Hosts</li><li>2. Sign-In Sheet</li><li>3. Review of Agenda</li></ol>	
<b>Purpose of Meeting</b>	<b>10 min.</b>
<ol style="list-style-type: none"><li>1. Background</li><li>2. Counties Served</li><li>3. Sources of Input</li></ol>	
<b>Brainstorming about Community Health Needs</b>	<b>60 min.</b>
<ol style="list-style-type: none"><li>1. Ground Rules</li><li>2. Handouts</li><li>3. Discussion about Health Needs</li><li>4. Top Priorities</li></ol>	
<b>Next Steps</b>	<b>10 min.</b>

## Appendix G. List of Focus Group Attendees

From 7/7 through 11/3/2015

Name	Indiv.	Org.	Org. Name	Street Address	ZIP	City	County	Date
Amy Freymuth		x	Auglaize County Department of Job and Family Services	12 N. Word Street	45895	Wapakoneta	Auglaize	10/6/2015
Kendall Krites		x	Wapakoneta Fire & EMS	103 Willipie Street	45895	Wapakoneta	Auglaize	10/6/2015
Annie Stalnaker		x	Family Life Center	104 W. Spring Street	45885	St. Marys	Auglaize	10/6/2015
Marc Bellisario		x	Primary Health Solutions	210 S. Second Street	45011	Hamilton	Butler	7/30/2015
Kay Farrar		x	City of Hamilton Health Department	345 High Street, Suite 330	45011	Hamilton	Butler	7/30/2015
Sarah Kinley		x	YWCA Hamilton	244 Dayton Street	45011	Hamilton	Butler	7/30/2015
Sharon Klein		x	McCullough-Hyde Hospital	110 W. Poplar Street	45056	Oxford	Butler	7/30/2015
Lauren Marsh		x	Butler County Coalition / Mental Health and Addiction Recovery Services	5963 Boymel Drive	45014	Fairfield	Butler	7/30/2015
Shawna Noble		x	Butler County Commissioners	315 High Street	45011	Hamilton	Butler	7/30/2015
Araceli Ortiz		x	TriHealth Outreach Ministries	412 S. Front Street	45013	Hamilton	Butler	7/30/2015
Jackie Phillips		x	Middletown City Health Department	One Donham Plaza	45042	Middletown	Butler	7/30/2015
Shirley Smith		x	TriHealth	412 S. Front Street	45013	Hamilton	Butler	7/30/2015
Rachel Stall		x	Atrium Medical Center	One Medical Center Drive	45005	Middletown	Butler	7/30/2015
Kimball Stricklin		x	Butler Behavioral Health Services	1490 University Boulevard	45011	Hamilton	Butler	7/30/2015
Christi Valentini		x	Coalition for a Healthy, Safe and Drug-Free Greater Hamilton	2935 Hamilton-Mason	45011	Hamilton	Butler	7/30/2015
Danielle Webb		x	Community First Solutions	230 Ludlow	45011	Hamilton	Butler	7/30/2015
Heather Wells		x	Butler County Families and Children First Council	400 N. Fair Avenue	45011	Hamilton	Butler	7/30/2015
Kecia C. Williams		x	Mercy Health - Fairfield OB Clinic	3000 Mack Road, Suite 110	45014	Fairfield	Butler	7/30/2015
Nick Heimlich		x	Springfield Fire	350 N. Fountain Avenue	45504	Springfield	Clark	10/13/2015

Name	Indiv.	Org.	Org. Name	Street Address	ZIP	City	County	Date
Brian Leciejewski		x	Springfield Fire	350 N. Fountain Avenue	45504	Springfield	Clark	10/13/2015
Charles Patterson		x	Clark County Combined Health District	529 E. Home Road	45503	Springfield	Clark	10/13/2015
Kerry Pedraza		x	United Way	120 S. Center Street	45502	Springfield	Clark	10/13/2015
Stephen Reigelsperger	x		Springfield High School	701 E. Home Road	45503	Springfield	Clark	10/13/2015
Paul Weber		x	YMCA	300 S. Limestone Street	45505	Springfield	Clark	10/13/2015
Shelly Acker		x	Wayne Healthcare	835 Sweitzer Street	45331	Greenville	Darke	10/15/2015
Christy Baker		x	Darke County United Way	207 E. Fourth, PO Box 716	45531	Greenville	Darke	10/15/2015
Shelly Gasson		x	Midmark	60 Vista Drive	45380	Versailles	Darke	10/15/2015
Terry Holman		x	Health Department	3 W. Garst Avenue	45331	Greenville	Darke	10/15/2015
Carlos Menendez		x	Family Health	5735 Meeker Road	45331	Greenville	Darke	10/15/2015
Deanna Schlarman		x	Darke/Mercer County WIC	5735 Meeker Road	45331	Greenville	Darke	10/15/2015
Russ Thompson		x	Greenville Fire Department	100 Public Square	45331	Greenville	Darke	10/15/2015
Judy Baker		x	Xenia Adult Recreation & Services Ctr.	130 E. Church Street	45385	Xenia	Greene	10/29/2015
Rachel Hotelling		x	Greene & Soin Hospital	1 Prestige Place	45342	Miamisburg	Greene	10/29/2015
Trish Jenkins	x		Miami Valley Jamestown ER	49040 Cottonville Road	45335	Jamestown	Greene	10/29/2015
Stephanie Luman	x		Miami Valley Jamestown ER	49040 Cottonville Road	45335	Jamestown	Greene	10/29/2015
Alan Milkis		x	YMCA	135 E. Church Street	45385	Xenia	Greene	10/29/2015
Karen Puterbaugh		x	Greene County Council on Aging	1195 W. Second Street	45385	Xenia	Greene	10/29/2015
Amy Esser		x	Council on Rural Services	201 Robert M. Davis Pkwy.	45356	Piqua	Miami	10/20/2015
Deb French		x	Miami County Public Health	510 W. Water Street	45373	Troy	Miami	11/3/2015

Name	Indiv.	Org.	Org. Name	Street Address	ZIP	City	County	Date
Bill Davis		x	SPANOhio.org	7231 Hardwicke Place	45414	Dayton	Montgomery	10/15/2015
Esmail Abuhdima	x			6603 Hidden Knolls Court	45449	West Carrollton	Montgomery	10/22/2015
Letitia Alexander		x	The Potters House	2050 Germantown Avenue	45417	Dayton	Montgomery	10/22/2015
Jason Brown		x	Kettering Health Network	4000 Miamisburg Centerville Road	45342	Miamisburg	Montgomery	10/22/2015
Mr. Channonher	x						Montgomery	10/22/2015
Melonya Cook		x	United Way	33 W. First Street, #500	45402	Dayton	Montgomery	10/22/2015
Don Drake		x	Circles - Kettering	1047 Independence Drive	45429	Kettering	Montgomery	10/22/2015
Kim Estepp		x	Kettering Medical Center	3535 Southern Boulevard	45429	Kettering	Montgomery	10/22/2015
Kelly Fackel		x	Grandview Medical Center	405 W. Grand Avenue	45405	Dayton	Montgomery	10/22/2015
Philip Herman	x			2399 Hemphill Road	45440	Kettering	Montgomery	10/22/2015
Andrea Hoff		x	ADAMHS	409 E. Monument Avenue	45402	Dayton	Montgomery	10/22/2015
Paul Hoover		x	Kettering Health Network	3535 Southern Boulevard	45429	Kettering	Montgomery	10/22/2015
Shannon Jackson		x	The Potters House	2050 Germantown Avenue	45417	Dayton	Montgomery	10/22/2015
Teresa Kanthak		x	Premier Health			Dayton	Montgomery	10/22/2015
George Lewis		x	Kettering Health Network	3535 Southern Boulevard	45429	Kettering	Montgomery	10/22/2015
Barbara Marsh		x	Public Health	117 S. Main Street	45422	Dayton	Montgomery	10/22/2015
Tom Maultsby		x	United Way	33 W. First Street, #500	45402	Dayton	Montgomery	10/22/2015
Michele McCorkle		x	Miami Valley Hospital Social Services	1 Wyoming Street	45409	Dayton	Montgomery	10/22/2015
Jennifer Scholz		x	Premier Health	565 W. Rahn Road	45429	Dayton	Montgomery	10/22/2015

Name	Indiv.	Org.	Org. Name	Street Address	ZIP	City	County	Date
Sharon Sherlock		x	Reach Out of Montgomery County	25 E. Foraker Street	45409	Dayton	Montgomery	10/22/2015
Bob Steinbach		x	Miami Valley Regional Planning Commission	10 N. Ludlow Street, #700	45402	Dayton	Montgomery	10/22/2015
David Thomas	x	x	Dayton Fire	700 Old Springfield Road	45377	Vandalia	Montgomery	10/22/2015
Tami Whalen		x	Reach Out of Montgomery County	25 E. Foraker Street	45409	Dayton	Montgomery	10/22/2015
Laurel Kerr		x	Alzheimer's Association	31 W. Whipp Road	45459	Dayton	Montgomery	10/29/2015
Marty Larson		x	Greater Dayton Area Hospital Assoc.	2 Riverplace, #400	45405	Dayton	Montgomery	10/29/2015
Erik Balster		x	Preble County Public Health	615 Hillcrest Drive	45320	Eaton	Preble	7/29/2015
Amy Raynes		x	Preble County Mental Health and Recovery Board	225 N. Barron Street	45320	Eaton	Preble	7/29/2015
Nan Smith		x	Preble County Public Health	615 Hillcrest Drive	45320	Eaton	Preble	7/29/2015
Becky Sorrell		x	Preble County Job & Family Services	1500 Park Avenue	45320	Eaton	Preble	7/29/2015
William Balling		x	City of Sidney	234 W. Court Street	45365	Sidney	Shelby	10/20/2015
Scott Barr		x	Shelby County United Way	232 S. Ohio	45365	Sidney	Shelby	10/20/2015
Tony Bornhorst		x	County Commissioner	8360 Brandewie Road	45845	Ft. Loramie	Shelby	10/20/2015
Margie Eilerman		x	Shelby County Health Department	202 W. Poplar Street	45365	Sidney	Shelby	10/20/2015
Amy Esser		x	Shelby County HeadStart	1502 N. Main Street	45365	Sidney	Shelby	10/20/2015
Susan Hartley		x	Sidney Daily News	1451 N. Vandemark	45365	Sidney	Shelby	10/20/2015
Betty Miars		x	Shelby Co. Big Brothers Big Sisters	14933 State Route 119	45302	Anna	Shelby	10/20/2015
David O'Leary		x	Sidney YMCA	300 E. Parkwood Street	45365	Sidney	Shelby	10/20/2015
Rosalee Patterson	x			324 Canal Street	45360	Port Jefferson	Shelby	10/20/2015
Elaine Schweller-Snyder		x	Catholic Social Services	1201 Fairington Drive	45365	Sidney	Shelby	10/20/2015
Fred Simpson		x	Wilson Health	915 W. Michigan Street	45365	Sidney	Shelby	10/20/2015
Diane Stephenson	x			117 E. Lyndhurst Street	45365	Sidney	Shelby	10/20/2015

Name	Indiv.	Org.	Org. Name	Street Address	ZIP	City	County	Date
Ed Thomas		x	Sidney YMCA	300 E. Parkwood Street	45365	Sidney	Shelby	10/20/2015
Kent Topp		x	Shelby County Health Department	202 W. Poplar Street	45305	Sidney	Shelby	10/20/2015
Eileen Wiseman		x	Senior Center	304 S. West Avenue	45365	Sidney	Shelby	10/20/2015
Greg Long		x	Wilson Health	915 W. Michigan Street	45365	Sidney	Shelby	11/3/2015
Gary Giffen		x	Wilson Health Medical Group	915 W. Michigan Street	45365	Sidney	Shelby	10/1/15 & 10/20/2015
Donna C. Banks	x		Premier Health: Atrium Medical Center	8904 Franklin-Trenton Road	45005	Franklin	Warren	7/7/2015
Carla Clasen	x			8735 Toftrees Lane	45066	Springboro	Warren	7/7/2015
Doug Koenig	x		Premier Health: Atrium Medical Center	1432 New England Way	45036	Lebanon	Warren	7/7/2015
Rhonda Koenig	x		Premier Health: Atrium Medical Center	1432 New England Way	45036	Lebanon	Warren	7/7/2015
Sam Lobar	x		Premier Health: Atrium Medical Center	5879 Stillwater Drive	45040	Mason	Warren	7/7/2015
Nicole Schiesler	x	x	PreventionFIRST (also resident)	1288 Tecumseh Drive	45039	Maineville	Warren	7/7/2015
Erica Newberry		x	Centerpoint Health	333 Conover Drive	45005	Franklin	Warren	10/1/2015
Duane Stansbury		x	Warren County Health Department	416 S. East Street	45036	Lebanon	Warren	10/1/2015
Jonathan M. Westendorf		x	City of Franklin - Fire & EMS	1 Benjamin Franklin Way	45005	Franklin	Warren	10/1/2015
Lauren Day		x	Kettering Health Network	40 Haley Court	45066	Springboro	Warren	10/29/15 & 11/3/2015



## Appendix H. List of Participating Agencies / Organizations

Organizations serving all ten counties participated by attending community-based focus groups and/or completing an online survey. Not all of the survey respondents identified their organization. Vulnerable populations served and identified by participating organizations included: Low-income; Racial minorities; Ethnic minorities; People with disabilities; Elderly; Children; Rural; Uninsured; Homeless; LGBTQ; Court-involved population; People with dementia; People with mental illness and/or substance abuse disorders; Pregnant women; and Refugees.

Ninety-four unduplicated agencies or organizations provided feedback by survey or by attending a focus group meeting. All participating organizations are listed below, followed by a break-down of how they participated.

ADAMHS Board for Montgomery County  
Alzheimer's Association Miami Valley Chapter  
Alzheimer's Association of Greater Cincinnati  
American Red Cross  
Auglaize County Department of Job and Family Services  
Big Brothers/Big Sisters, Sidney, OH  
Bogg Ministries  
Butler Behavioral Health Services  
Butler County Coalition / Mental Health and Addiction Recovery Services  
Butler County Commissioners  
Butler County Families and Children First Council  
Butler County United Way  
Catholic Social Services  
Centerpoint Health  
Cincinnati Children's  
Circles - Kettering  
City of Franklin - Fire and EMS  
City of Hamilton Health Department  
City of Sidney  
Clark County Combined Health District  
Coalition for a Healthy, Safe and Drug-Free Greater Hamilton  
Community First Solutions  
Community Health Centers of Greater Dayton  
Council on Rural Services  
Darke County Health Department  
Darke County United Way  
Darke/Mercer County WIC  
Dayton & Montgomery County WIC Program  
Dayton Fire  
Diabetes Dayton  
Family Health

Family Life Center  
Five Rivers Health Centers  
The Foodbank, Inc.  
Good Neighbor House  
Grandview Medical Center  
The Greater Cincinnati Foundation  
Greater Dayton Area Hospital Association  
Greene and Soin Hospital  
Greene County Council on Aging  
Greenville Fire Department  
The Health Collaborative  
HealthPath Foundation of Ohio  
Homefull  
House of Bread  
Kettering Health Network  
McCullough-Hyde Hospital  
Mercy Health - Fairfield OB Clinic  
Miami County Public Health  
Miami County Recovery Council  
Miami Valley Hospital Social Services  
Miami Valley Regional Planning Commission  
Middletown City Health Department  
Midmark  
New Choices, Inc.  
Omega CDC  
The Potters House  
Preble County Job and Family Services  
Preble County Mental Health and Recovery Board  
Preble County Public Health  
Premier Health  
Premier Health: Atrium Medical Center  
Premier Health: Miami Valley Jamestown Emergency Room  
PreventionFIRST  
Primary Health Solutions  
Public Health - Dayton & Montgomery County  
Reach Out of Montgomery County  
Senior Center  
Shelby Co. Big Brothers Big Sisters  
Shelby County Commissioners  
Shelby County HeadStart  
Shelby County United Way  
Sidney Daily News  
Sidney Shelby County Health Department  
Sidney YMCA  
SPANOhio.org  
Springfield Christian Youth Ministries  
Springfield Fire  
Talbert House

TriHealth  
United Way Clark County  
United Way Montgomery County  
Wapakoneta Fire and EMS  
Warder Literacy Center  
Warren County Health Department  
Wayne Healthcare  
WellSpring  
Wilson Health  
Xenia Adult Recreation and Services Center  
Xenia YMCA  
YMCA Clark County  
YMCA Greene County  
YWCA Hamilton  
YWCA of Dayton

83 representatives attended focus groups from 67 organizations (from sign-in sheet):

ADAMHS Board for Montgomery County  
Alzheimer's Association Miami Valley Chapter  
Auglaize County Department of Job and Family Services  
Butler Behavioral Health Services  
Butler County Coalition / Mental Health and Addiction Recovery Services  
Butler County Commissioners  
Butler County Families and Children First Council  
Catholic Social Services  
Centerpoint Health  
Circles - Kettering  
City of Franklin - Fire and EMS  
City of Hamilton Health Department  
City of Sidney  
Clark County Combined Health District  
Coalition for a Healthy, Safe and Drug-Free Greater Hamilton  
Community First Solutions  
Council on Rural Services  
Darke County Health Department  
Darke County United Way  
Darke/Mercer County WIC  
Dayton Fire  
Family Health  
Family Life Center  
Grandview Medical Center  
Greater Dayton Area Hospital Assoc.  
Greene and Soin Hospital  
Greene County Council on Aging  
Greenville Fire Department  
Kettering Health Network

McCullough-Hyde Hospital  
Mercy Health - Fairfield OB Clinic  
Miami County Public Health  
Miami Valley Hospital Social Services  
Miami Valley Regional Planning Commission  
Middletown City Health Department  
Midmark  
The Potters House  
Preble County Job and Family Services  
Preble County Mental Health and Recovery Board  
Preble County Public Health  
Premier Health  
Premier Health: Atrium Medical Center  
PreventionFIRST  
Primary Health Solutions  
Public Health – Dayton & Montgomery County  
Reach Out of Montgomery County  
Senior Center  
Shelby County Big Brothers Big Sisters  
Shelby County Commissioners  
Shelby County HeadStart  
Shelby County United Way  
Sidney Daily News  
Sidney Shelby County Health Department  
Sidney YMCA  
SPANOhio.org  
Springfield Fire  
TriHealth  
United Way Clark County  
United Way Montgomery County  
Wapakoneta Fire and EMS  
Warren County Health Department  
Wayne Healthcare  
Wilson Health  
Xenia Adult Recreation and Services Center  
YMCA Clark County  
YMCA Greene County  
YWCA Hamilton

41 representatives of these 35 organizations completed online surveys (optional self-reporting):

ADAMHS Board for Montgomery County  
Alzheimer's Association of Greater Cincinnati  
American Red Cross  
Big Brothers/Big Sisters, Sidney, OH  
Bogg Ministries  
Butler County United Way

Cincinnati Children's  
City of Sidney  
Community Health Centers of Greater Dayton  
Council on Rural Services  
Darke County United Way  
Diabetes Dayton  
Five Rivers Health Centers  
The Foodbank, Inc.  
Good Neighbor House  
Grandview Medical Center  
The Greater Cincinnati Foundation  
The Health Collaborative  
HealthPath Foundation of Ohio  
Homefull  
House of Bread  
Miami County Recovery Council  
New Choices, Inc.  
Omega CDC  
Premier Health: Miami Valley Jamestown ER  
Primary Health Solutions  
Public Health - Dayton & Montgomery County WIC Program  
Shelby County United Way  
Sidney Shelby County Health Department  
Springfield Christian Youth Ministries  
Talbert House  
Warder Literacy Center  
WellSpring  
Xenia YMCA  
YWCA of Dayton

Nine health commissioners attended meetings in person, and five health department staff attended, representing a total of 11 health departments.

# Appendix I. Survey and Focus Group Questions

## *For Focus Groups*

1. What are the most serious health issues facing your community?
2. Which important health issues are being handled well in your community?
3. Which important health issues are not being addressed, or not being addressed enough, in your community?
4. What can you do to improve your health? (Or, for agencies, What can your clients do to improve their health?)
5. Where are some of the places you know that can help with health-related issues in your community?
6. Have you, or those you serve, experienced barriers to receiving health care in your community? (Barriers can be financial or non-financial.)
  - a. If you have experienced barriers that were financial, which barriers were there?
  - b. If you have experienced barriers that were not financial, which barriers were there?
7. Given the health and health- related issues facing the community, which ones would be your top three priorities? (voting by 'dot' exercise)

*For Individual Consumers, via online survey*

1. Which county do you reside in?
2. What are the most serious health issues facing your community?
3. Which important health issues are being handled well in your community? Please give an example.
4. Which important health issues are not being addressed enough in your community? What more could be done?
5. What can you do to improve your health?
6. Where are some of the places you know that can help with health-related issues in your community?
7. Have you experienced barriers to receiving health care in your community? (Barriers can be financial or non-financial. See checklists below.)

If you have experienced financial barriers, which barriers were there?

- no insurance
- can't afford co-pay
- can't afford prescription medicine
- can't afford medical equipment
- past due bill with health care provider
- no car
- can't afford gas for car
- can't take time off work
- other: \_\_\_\_\_

If you have experienced barriers that were not financial, which barriers were there?

- don't know where to go for help
- finding a doctor/provider who will accept my insurance
- no one to watch my children
- can't understand health care information
- don't speak English
- difficulty with reading instructions
- need help/support at home to follow medical instructions
- physical disability
- mental disability
- other: \_\_\_\_\_

*Health and health-related priorities were determined by categorizing and analyzing how often common themes and phrases recurred across all individual survey responses.*

*For Agencies/Organizations, via online survey*

1. Which county or counties do you serve?
2. What are the most serious health issues facing your community?
3. Which important health issues are being handled well in your community?
4. Which important health issues are not being addressed enough in your community? What more could be done?
5. What can the people, whom your agency serves, do to improve their health?
6. Where are some of the places you know that can help with health-related issues in your community?
7. Have the people whom you serve experienced barriers to receiving health care in your community? (Barriers can be financial or non-financial. See checklists below.)

If you have experienced financial barriers, which barriers were there?

- no insurance
- can't afford co-pay
- can't afford prescription medicine
- can't afford medical equipment
- past due bill with health care provider
- no car
- can't afford gas for car
- can't take time off work
- other: \_\_\_\_\_

If you have experienced barriers that were not financial, which barriers were there?

- don't know where to go for help
- finding a doctor/provider who will accept my insurance
- no one to watch my children
- can't understand health care information
- don't speak English
- difficulty with reading instructions
- need help/support at home to follow medical instructions
- physical disability
- mental disability
- other: \_\_\_\_\_

8. Given the health and health-related issues facing the community, which ones would be your top priorities?



*For Health Departments, via personal interview or online survey*

1. Which county do you serve? (*online survey only*)
2. What are the most serious health issues facing your community?
3. Which important health issues are being handled well in your community?
4. Which important health issues are not being addressed enough in your community? What more could be done?
5. What can the people, whom your organization serves, do to improve their health?
6. Where are some of the places you know that can help with health-related issues in your community?
7. What are some financial barriers to receiving health care in your community? (Barriers can be financial or non-financial. *Checklists were available only on online survey.*)
8. What are some of the non-financial barriers?

If you have experienced financial barriers, which barriers were there?

- no insurance
- can't afford co-pay
- can't afford prescription medicine
- can't afford medical equipment
- past due bill with health care provider
- no car
- can't afford gas for car
- can't take time off work
- other: \_\_\_\_\_

If you have experienced barriers that were not financial, which barriers were there?

- don't know where to go for help
- finding a doctor/provider who will accept my insurance
- no one to watch my children
- can't understand health care information
- don't speak English
- difficulty with reading instructions
- need help/support at home to follow medical instructions
- physical disability
- mental disability
- other: \_\_\_\_\_

9. Given the health issues facing the community, which ones would be your top priorities?
10. Do you serve one or more vulnerable populations? Please specify.
11. Briefly state your public health experience or other qualifications.

## Appendix J. Health Department Contacts & Qualifications

<b>County</b>	<b>Health Department</b>	<b>Person Contacted</b>	<b>Qualifications</b>	<b>Method</b>
Auglaize	Auglaize County Health Department	Oliver Fisher	9 years as a sanitarian with the Allan County Health Department. Health Commissioner at Auglaize County Health Department for 15 months.	Phone Interview
Butler	Butler County Health Department	Patricia Burg	Forty-four years of experience with the Health Department and 30 years as Director.	Online Survey
Butler	City of Hamilton Health Department	Kay Farrar	Health Commissioner, BSN. Health Commissioner City of Hamilton 2012 - present. Public Health Nursing Administrator 2008 - present.	Online Survey
Butler	Middletown City Health District	Jackie Phillips	Health Commissioner, MPH, BSN. Health Commissioner Middletown City Health District 2010 - present.	Phone Interview
Clark	Clark County Combined Health District	Charles Patterson	More than 26 years of experience in public health in local and state level. Health Commissioner in Clark County for more than 15 years.	Phone Interview
Darke	Darke County General Health District	Dr. Terrence Holman	Doctor of Veterinary Medicine, Health Commissioner since 1985.	Phone Interview
Greene	Greene County Public Health	Melissa Howell	25 years in nursing and public health.	Online Survey

<b>County</b>	<b>Health Department</b>	<b>Person Contacted</b>	<b>Qualifications</b>	<b>Method</b>
Miami	Miami County Public Health	Dennis Propes	Input not received after attempts by phone and email. <sup>5</sup>	N/A
Montgomery	Public Health - Dayton and Montgomery County	Jeff Cooper	25 years of experience in public health.	Online Survey
Shelby	Sidney-Shelby County Health Department	Steven J. Tostrick	MPH, REHS, RS. 18 years of federal/state/county/city experience. Shelby County Health Commissioner for 5 years.	Phone Interview
Preble	Preble County Health District	Erik Balster	Health Commissioner, MPH, REHS, RS.	Phone Interview
Warren	Warren County Combined Health District	Duane Stansbury	Health Commissioner, MPH, BS. Health Commissioner Warren County Combined Health District 2005 - present.	Phone Interview

<sup>5</sup> Director of Nursing at Miami County Public Health, Deb French, was an active participant at the Miami County focus group.

## Appendix K. 2013 CHNA Priorities

Name of Hospital	Top #1 Priority	Top #2 Priority	Top #3 Priority	Top #4 Priority	Top #5 Priority
Fort Hamilton Hospital	Maternal and Infant Priorities (First Trimester Prenatal Care and Moms Who Smoke during Pregnancy)	Primary and Chronic Diseases (Hypertension, Diabetes, Breast Cancer, Alcohol & Drug Dependence, and Hospitalization for Mental Health Disorders)			
Grandview Medical Center	Diabetes	Breast Cancer	Heart Disease	Chronic Lower Respiratory Disease	Cerebrovascular Disease
Greene Memorial Hospital	Heart Disease	Breast Cancer	Diabetes	Chronic Lower Respiratory Disease	Unintentional Injury
Kettering Medical Center	Heart Disease	Diabetes	Breast Cancer	Chronic Lower Respiratory Disease	Cerebrovascular Disease
Premier Health: Atrium Medical Center	Maternal and Infant Priorities (First Trimester Prenatal Care and Infant Mortality)	Primary and Chronic Diseases (Hypertension, Breast Cancer, Diabetes, and Alcohol & Drug Dependence)			
Premier Health: Good Samaritan Hospital	Maternal and Infant Priorities (First Trimester Prenatal Care, Low Birth Weight, and Infant Mortality Rate)	Primary and Chronic Diseases (Hypertension, Breast Cancer, Diabetes, Alcohol & Drug Dependence, and Mental Health Disorders)			

2013 CHNA Priorities, *continued*

Name of Hospital	Top #1 Priority	Top #2 Priority	Top #3 Priority	Top #4 Priority	Top #5 Priority
Premier Health: Miami Valley Hospital	Maternal and Infant Priorities (First Trimester Prenatal Care, Low Birth Weight, and Infant Mortality Rate)	Primary and Chronic Diseases (Hypertension, Breast Cancer, Diabetes, and Alcohol & Drug Dependence)			
Premier Health: Upper Valley Medical Center	Maternal and Infant Priorities (First Trimester Prenatal Care, Teen Pregnancy, Mothers Who Smoke, and Low Birth Weight)	Primary and Chronic Diseases (Hypertension, Melanoma of Skin Cancer, and Alcohol & Drug Dependence)			
Soin Medical Center	Heart Disease	Diabetes	Breast Cancer	Chronic Lower Respiratory Disease	Unintentional Injury
Southview Medical Center	Diabetes	Breast Cancer	Heart Disease	Chronic Lower Respiratory Disease	Cerebrovascular Disease
Sycamore Medical Center	Diabetes	Breast Cancer	Heart Disease	Chronic Lower Respiratory Disease	Cerebrovascular Disease
Wilson Health	Family Instability	Physical Health (Maternal & Infant Health, Preventive Screenings, and Physician Access)	Mental Health	Substance Abuse	

## Appendix L. 2012-2014 Top Causes of Death

COUNTY	2012	2013	2014
<b>Auglaize</b>	Atherosclerotic heart disease	Atherosclerotic heart disease	Atherosclerotic heart disease
	Acute myocardial infarction	Acute myocardial infarction	Bronchus or lung - Malignant neoplasms
	Bronchus or lung - Malignant neoplasms	Dementia	Acute myocardial infarction
	Dementia	Bronchus or lung - Malignant neoplasms	Dementia
<b>Butler</b>	Bronchus or lung - Malignant neoplasms	Bronchus or lung - Malignant neoplasms	Bronchus or lung - Malignant neoplasms
	Dementia	Dementia	Atherosclerotic heart disease
	Atherosclerotic heart disease	Atherosclerotic heart disease	Dementia
	Chronic obstructive pulmonary disease	Chronic obstructive pulmonary disease	Chronic obstructive pulmonary disease
	Acute myocardial infarction	Acute myocardial infarction	Acute myocardial infarction
<b>Clark</b>	Acute myocardial infarction	Bronchus or lung - Malignant neoplasms	Atherosclerotic heart disease
	Atherosclerotic heart disease	Atherosclerotic heart disease	Bronchus or lung - Malignant neoplasms
	Bronchus or lung - Malignant neoplasms	Alzheimer's	Alzheimer's
	Chronic obstructive pulmonary disease	Acute myocardial infarction	Acute myocardial infarction
	Alzheimer's	Chronic obstructive pulmonary disease	Dementia
<b>Darke</b>	Atherosclerotic heart disease	Atherosclerotic heart disease	Atherosclerotic heart disease
	Bronchus or lung - Malignant neoplasms	Alzheimer's	Bronchus or lung - Malignant neoplasms
	Alzheimer's	Bronchus or lung - Malignant neoplasms	Alzheimer's
	Acute myocardial infarction	Acute myocardial infarction	Stroke

COUNTY	2012	2013	2014
<b>Darke, cont.</b>	Chronic obstructive pulmonary disease	Stroke	Acute myocardial infarction
<b>Greene</b>	Atherosclerotic heart disease	Atherosclerotic heart disease	Atherosclerotic heart disease
	Bronchus or lung - Malignant neoplasms	Alzheimer's	Bronchus or lung - Malignant neoplasms
	Dementia	Bronchus or lung - Malignant neoplasms	Alzheimer's
	Acute myocardial infarction	Dementia	Dementia
	Chronic obstructive pulmonary disease	Acute myocardial infarction	Chronic obstructive pulmonary disease
<b>Miami</b>	Atherosclerotic heart disease	Bronchus or lung - Malignant neoplasms	Atherosclerotic heart disease
	Bronchus or lung - Malignant neoplasms	Atherosclerotic heart disease	Bronchus or lung - Malignant neoplasms
	Chronic obstructive pulmonary disease	Dementia	Chronic obstructive pulmonary disease
	Dementia	Acute myocardial infarction	Alzheimer's
	Alzheimer's	Chronic obstructive pulmonary disease	Acute myocardial infarction
<b>Montgomery</b>	Bronchus or lung - Malignant neoplasms	Bronchus or lung - Malignant neoplasms	Bronchus or lung - Malignant neoplasms
	Atherosclerotic heart disease	Atherosclerotic heart disease	Atherosclerotic heart disease
	Alzheimer's	Dementia	Alzheimer's
	Dementia	Alzheimer's	Dementia
	Chronic obstructive pulmonary disease	Acute myocardial infarction	Chronic obstructive pulmonary disease

COUNTY	2012	2013	2014
<b>Preble</b>	Generalized and unspecified atherosclerosis	Bronchus or lung - Malignant neoplasms	Chronic obstructive pulmonary disease
	Atherosclerotic heart disease	Generalized and unspecified atherosclerosis	Bronchus or lung - Malignant neoplasms
	Bronchus or lung - Malignant neoplasms	Atherosclerotic heart disease	Atherosclerotic heart disease
	Acute myocardial infarction	Congestive heart failure	Atherosclerosis, generalized & unspecified
<b>Shelby</b>	Atherosclerotic heart disease	Atherosclerotic heart disease	Chronic obstructive pulmonary disease
	Bronchus or lung - Malignant neoplasms	Acute myocardial infarction	Bronchus or lung - Malignant neoplasms
	<i>Unreliable, number &lt; 20</i>	Bronchus or lung - Malignant neoplasms	Atherosclerotic heart disease
	<i>Unreliable, number &lt; 20</i>	Alzheimer's	Acute myocardial infarction
<b>Warren</b>	Bronchus or lung - Malignant neoplasms	Dementia	Bronchus or lung - Malignant neoplasms
	Dementia	Bronchus or lung - Malignant neoplasms	Dementia
	Atherosclerotic heart disease	Atherosclerotic heart disease	Atherosclerotic heart disease
	Chronic obstructive pulmonary disease	Alzheimer's disease	Alzheimer's disease
	Alzheimer's disease	Acute myocardial infarction	Chronic obstructive pulmonary disease

*Source:*

Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2014 on CDC WONDER Online Database, released 2015. Data are from the Multiple Cause of Death Files, 1999-2014, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10.html>.



## Appendix M. Diagnostic Codes for 15 Underlying Causes of Death in Region (2014)

Disease(s) causing death	# Deaths	ICD Code(s)
1. Diseases of heart	3,696	I00-I09, I11, I13, I20-I51
2. Malignant neoplasms	3,675	C00-C97
3. Accidents	1,147	V01-X59, Y85-Y86
4. Chronic lower respiratory diseases	983	J40-J47
5. Cerebrovascular diseases	859	I60-I69
6. Alzheimer's disease	805	G30
7. Diabetes mellitus	517	E10-E14
8. Influenza & pneumonia	337	J09-J18
9. Septicemia	296	A40-41
10. Nephritis, nephrotic syndrome & nephrosis	273	N00-N07, N17-N19, N25-N27
11. Intentional self-harm (suicide)	234	U03, X60-X84, Y87.0
12. Chronic liver disease & cirrhosis	205	K70, K73-K74
13. Hypertension & hypertensive renal disease	195	I10, I12, I15
14. Parkinson's disease	163	G20-G21
15. Pneumonitis due to solids & liquids	113	J69

*Source:*

15 Leading Causes, Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death, 1999-2014 on CDC WONDER Online Database, released 2015. Data are from the Multiple Cause of Death Files, 1999-2014, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Small and unreliable numbers suppressed. Accessed at <http://wonder.cdc.gov/ucd-icd10.html>.

## Appendix N. List of Community Resources

Resource	Description of Programs/Services
<b>Auglaize County</b>	
Auglaize County Health Department	Bureau for children with medical handicaps Communicable diseases Family planning clinic Health education Help Me Grow Household sewage treatment systems Immunization clinics Private water systems School inspections Sexually transmitted disease Tuberculosis skin testing Visiting nurses and home makers
Diabetes Dayton	Camps for children living with diabetes Classes on living with diabetes Emergency diabetes testing supplies Low cost testing and meter supplies Online quick reference diabetes resource guide Support and assistance to individuals affected by diabetes
Family & Children First Council	Partnership of state and local government, communities, and families to help every child and family thrive
Family Life Center	Birth and baby preparation classes Family planning counseling Parenting skills Pregnancy testing Ultrasounds
Girl Scouts of Western Ohio	Camps Events Leadership experience Programs Volunteer training

Resource	Description of Programs/Services
Grand Lake Health Systems	Acute palliative care Birthing center Cardiac care Diabetes education Emergency care GERD treatment Home health Hospice Inpatient rehab Laboratory services Medical imaging New Day pain management center OB Gyn Occupational health services Outpatient center Pediatrics Physical therapy Sleep center Speech therapy Stroke support group Surgical services Transitional care unit Urgent care Vein care center Women's imaging center Wound care
Job & Family Services	Child support enforcement Child day care expenses help Financial and food assistance Fraud/Overpayment of benefit recovery
Mental Health Recovery Service Board	Alcohol and drug counseling Auglaize We Care Center CPST/Case management Crisis assessment/After hours crisis Diagnostic assessments Dina school Incredible Years parent group Mental health counseling Moral Reconciliation Therapy (MRT) group Parent Project Parent group

<b>Resource</b>	<b>Description of Programs/Services</b>
Mental Health Recovery Service Board, continued	PAX-GBG School-based consultation Teen screen
The Ohio State Extension Office	4-H youth development Agriculture and natural resources support Community development/business development Family and consumer support Supplemental Nutrition Assistance Education Program Traffic safety education program for teens
Optimist clubs	Offer volunteers for clinics
YMCA (Auglaize-Mercer County)	Child care Educational programs Exercise programs Healthy Kids Day Training for CPR and lifeguarding
<b>Butler County</b>	
Booker T. Washington Community Center (operated by YMCA)	Fitness programs Homework help Nutrition programs Public computer access
Butler County Education Service Center	Central educational and service resource Early childhood programs Family and Children First Council Family services for children ages prenatal through high school Head Start
Butler County Ohio State University Extension	Food & nutrition programs and education SNAP education Teen car safety education courses
Catholic Charities of Southwest Ohio	Family services Mental health services Refugee resettlement services Senior services Su Casa Hispanic Center
Community Behavioral Health Center	Case management services Domestic violence services Employment services Individual, group, and family counseling Mental health services (Middletown) Outpatient chemical dependency

Resource	Description of Programs/Services
Community Behavioral Health Center, continued	Substance Abuse Mental Illness (SAMI) Treatment Accountability for Safer Communities (TASC) Youth First
Community First Pharmacy	Non-profit pharmacy in Hamilton Reduced markup on prescriptions Works with physicians to find the right medication based on health and budget
Community First Solutions	Behavioral health Pharmacy services
Employment First	Employment opportunities for people with developmental disabilities through the County's Board of Developmental Disabilities
Fort Hamilton Hospital	Bariatric Behavioral health Breast health Cancer care Cardiovascular Diabetes Emergency Heart care Home care Hyperbaric medicine Imaging Joint care Mammography Maternity Mental health Neonatal care Oncology Orthopedics Physical therapy Radiology Rehab/therapy Senior therapy Sleep Surgery Weight loss Wound care

Resource	Description of Programs/Services
Girl Scouts of Western Ohio	Camps Events Leadership experience Programs Volunteer training
Habitat for Humanity of Greater Dayton	ReStore shop in Hamilton
High Hopes (operated by Butler County Health Department)	Free and confidential outreach program for African-American pregnant women in Butler County Prenatal care and nutritional information
Hope over Heroin	Outreach by churches
Lincoln Heights Health Center	Federally Qualified Health Center; part of HealthCare Connection Takes referrals for Butler County residents
Living Waters Ministry	Serving Hispanic population: Academic, community, and spiritual enrichment programs After-school program for children Homework help Translation, referrals, and training classes
Mercy Health - Fairfield OB Clinic	Prenatal care for low-income women at Mercy Health - Fairfield Hospital
Mercy Health - St. Raphael	Mercy Health social service agency provides emergency services to families and individuals: Christmas program Emergency financial assistance Eye exams/Eyeglasses Food pantry Heat relief program Medical outreach services Prescription assistance Social services
Middletown Community Center	Adult recreational sports leagues Food pantry
Premier Health: Atrium Medical Center	Verified Level III trauma center and primary stroke center: Advanced cancer care Heart care Maternal - Child Health Center for self-pay and indigent Obstetrics Surgery Women's Center

<b>Resource</b>	<b>Description of Programs/Services</b>
Primary Health Solutions	Federally Qualified Health Center in Hamilton, Ohio Diabetic clinic
Project SEARCH	Employer partners offer employment opportunities for young adults with developmental disabilities
Serve City	Food pantry in downtown Hamilton Homeless shelter for 44 men and 12 women Transitional housing for homeless
Sojourner Recovery Services	Individual counseling, group therapy, family sessions, lectures, and discussion groups Residential, intensive outpatient, outpatient, and Discharge Recovery Planning Substance abuse treatment for women, men, adolescents and their families
YMCA	Adult sports Aquatics and learn to swim programs Child care Health and wellness programs Summer camps for children
<b>Clark County</b>	
American Red Cross	Disaster services Home damage assessments Immediate assistance: food, clothing, and shelter
Clark County Combined Health District	General environmental health and awareness programs Heart health and blood pressure screenings Hepatitis screenings Lice control and education Pregnancy testing STD screening TB screening and control Vision assistance programs
Community Health Foundation	Breast exams and mammograms for low income women Healthy food guides Voluntary sterilization services
Curves	Fitness center
Employment First	Employment opportunities for people with developmental disabilities through the County's Board of Developmental Disabilities

Resource	Description of Programs/Services
Family & Children First Council	Kindergarten readiness programs Child abuse and neglect prevention Fatherhood programs Positive youth development programs Tutoring and counseling for high school age children
Girl Scouts of Western Ohio	Camps Events Leadership experience Programs Volunteer training
Kettering Health Network	Network of healthcare facilities
Ohio Valley Medical Center	Surgical center in Springfield Diagnostic and treatment services
Planned Parenthood	Anemia, cholesterol, and diabetes screenings Contraception materials for both men and women Infertility testing Pregnancy testing STD screening Termination of pregnancies Testicular cancer screenings
Pregnancy Resource Center	After-abortion recovery support Education on abortion, adoption, and parenting Miscarriage support Pregnancy testing Ultrasounds and nursing consultations
Premier Health Partners	Network of healthcare facilities
Project SEARCH	Employer partners offer employment opportunities for young adults with developmental disabilities
Rocking Horse Community Health Center	Adult sports Assistance for children with special healthcare needs Chronic health management Diabetic education and management Financial assistance Learn to read programs Medical prescription assistance program Mental health screenings Patient-centered medical home Primary healthcare Specialty visit referrals



Resource	Description of Programs/Services
Springfield Regional Medical Center	Cancer care Cardiac care Diagnostics and imaging Emergency care Home health care Maternity Orthopedics and rehabilitation Sleep care Surgical services Wound care
Women's Recovery Center	Long-term residential and outpatient alcohol and drug treatment and behavioral health services for women
YMCA	Aquatics and learn to swim programs Child care Health and wellness programs Pediatric development resources Summer camps for children
<b>Darke County</b>	
American Red Cross	Disaster services Home damage assessments Immediate assistance: food, clothing, and shelter
Big Brothers Big Sisters of Shelby and Darke Counties	Connects children ages 6 to 18 with volunteer adult mentors
Coalition for a Healthy Darke County	Addresses mental health and substance abuse issues through: Vivitrol Project; Role Model & Mentoring; Case Management/Referral Services/Outreach; Public & Workforce Education; Funding/Fundraising; School Resource Officer Program; Making the Healthy Choice the Easy Choice; and Legislative Issues.
Community Action Partnership	Food bank Free clothing for those in need Help for individuals to sign up for government benefits Housing assistance Operates the Community Senior Citizens Center of Greenville Transportation services Utility bill assistance Weatherization

<b>Resource</b>	<b>Description of Programs/Services</b>
Council on Rural Services	Alternative learning environment for high schoolers behind on credits Early childhood education assistance programs Help for youth struggling with relationships and self-esteem Youth programs & services
Darke Cancer Society	Assistance to Darke County cancer patients
Darke County General Health District	Communicable disease control Emergency preparedness Health clinics Health education Help Me Grow child newborn/infant development program Lead testing School nursing programs
Darke County United Way	Donation distribution to Darke County 501c3 partners Referrals Short-term shelter, utility, and medical assistance
Darke Mercer County WIC	Clinic in Greenville, Ohio Special supplemental nutrition program for women, infants, and children (birth to 5 years)
Employment First	Employment opportunities for people with developmental disabilities through the County's Board of Developmental Disabilities
EUM Church	Outreach programs
Family Health Services of Darke County	After hours support Behavioral health Dental care Primary care Pharmacy services
Financial Assistance for Medical Emergencies (FAME)	Helps with getting prescription drug assistance, limited medical procedures, and other medical emergencies.
Girl Scouts of Western Ohio	Camp in Darke County Events Leadership experience Programs Volunteer training
Head Start	Preschool services for low income families
Intersystem Diversion Team (IDT)	Coalition of agencies helping troubled youth

Resource	Description of Programs/Services
Job & Family Services	Cash assistance Child care assistance Child support Employment Food assistance Health care access
Kettering Health Network	Network of healthcare facilities
Lutheran Church in Versailles	Community meals
Miami Valley Council Boy Scouts of America	Service opportunities Summer camping Youth programs
OSU Extension	4-H youth programs Agriculture and natural resources programs Community development Family and consumer Sciences Supplemental Nutrition Assistance Education Program
Premier Health Partners	Network of healthcare facilities
Recovering Wellness Center	Recovery services Evaluations Individual, family, and group outpatient counseling Programs tailored specifically for women Special education and treatment services for children Co-dependency counseling Intervention services Services for adult children of alcoholics Employee assistance programs Prevention, education, and consultation services Mental Health and Psychiatric Services Individual, family, and group therapy Dual diagnosis treatment Anger management Skills training Crisis intervention Diagnostic evaluations Community psychiatric supportive treatment

Resource	Description of Programs/Services
Tri-County Board of Recovery and Wellness	Referral and help hotline Online and in-person mental health screenings Prevention programs for: Resiliency Suicide Gambling Prescription drug abuse Treatment programs for: Mental illness Substance abuse
Wayne HealthCare	General medical and surgical hospital, Greenville Cancer care Cardiopulmonary center Dialysis Emergency care Imaging Laboratory services Lifestyle enhancement center Nutrition services Rehabilitation Sleep services Surgery Wellness Women's health
YMCA	Adult sports Aquatics and learn to swim programs Child care Health and wellness programs Summer camps for children
<b>Greene County</b>	
ADAMHS	Extension of the Mental Health & Recovery Board of Clark, Greene, and Madison counties
BOGG Ministries	Food, clothing, and other essentials
Employment First	Employment opportunities for people with developmental disabilities through the County's Board of Developmental Disabilities
Girl Scouts of Western Ohio	Camp Events Leadership experience & volunteer training Programs

Resource	Description of Programs/Services
Greene County Combined Health District	Clinics Child and adolescent health Dental Flu Immunizations Prenatal Reproductive health and wellness Community health services Environmental health programs Health education programs
Greene County Council on Aging	Care for elderly: Information & referrals Caregiver education Support groups Healthy U Workshops Safety: Grab-bar installation Appropriate medical equipment Parkinson's support group and exercise, In-home services for seniors
Greene Memorial Hospital	Breast health Cancer care Cardiovascular Diabetes Emergency Heart care Hyperbaric medicine Imaging Lung Mammography Oncology Orthopedics Physical therapy Radiology Rehab/Therapy Senior living Surgery Urgent care Wound care

Resource	Description of Programs/Services
Joslin Diabetes Center	Diabetes education Diabetes management Nutrition counseling Support groups Weight management
Ohio Valley Medical Center	Surgical center Diagnostic and treatment services
Planned Parenthood	Anemia, cholesterol, and diabetes screenings Contraception materials for both men and women Infertility testing Pregnancy testing STD screening Termination of pregnancy Testicular cancer screenings
Pregnancy Resource Center	After-abortion recovery support Education on abortion, adoption, and parenting Miscarriage support Pregnancy testing Ultrasounds and nursing consultations
Premier Health: Community Health	Employer-based services: Employee health management Flu shots Health education Health screenings Smoking cessation support
Project SEARCH	Employer partners offer employment opportunities for young adults with developmental disabilities
Providence Physicians	Anti-aging treatment Clinical trials and research Diabetes care and education Laboratory services Primary care
Soin Medical Center	Breast health Cardiovascular Emergency Heart care Imaging Mammography Maternity Neonatal care

Resource	Description of Programs/Services
Soin Medical Center, continued	Oncology Orthopedics Radiology Rehab / Physical therapy Robotics Senior living Surgery
TCN Behavioral Health	Mental health services
University of Dayton/Miami Valley Hospital Healthcare Symposium	Occurs once a year and examines a current and innovative new solution to healthcare delivery in Ohio
WIC	Special supplemental nutrition program for women, infants, and children (birth to 5 years)
Women's Recovery Center	Long-term residential and outpatient alcohol and drug treatment and behavioral health services for women
Xenia Adult Recreation & Services Center	Aerobics Blood pressure screenings Glucose testing Music classes Oxygen levels
YMCA	Adult sports Aquatics and learn to swim programs Child care Health and wellness programs Summer camps for children
<b>Miami County</b>	
Community Health Centers of Greater Dayton	Behavioral health services Dental services Medical services Patient support services Physician services
Diabetes Dayton	Camps for children living with diabetes Classes on living with diabetes Emergency diabetes testing supplies Low cost testing and meter supplies Online quick reference diabetes resource guide Provides support and assistance to individuals affected by diabetes
Employment First	Employment opportunities for people with developmental disabilities through the County's Board of Developmental Disabilities

<b>Resource</b>	<b>Description of Programs/Services</b>
Girl Scouts of Western Ohio	Camp Events Leadership experience Programs Volunteer training
Good Neighbor House	Dental services Eye services Medical services Nutrition and wellness
Good Samaritan North	Cancer care Cardiac and pulmonary rehab Imaging: CT, MRI, X-ray, Ultrasound & Mammography Outpatient surgery Pharmacy services Physical therapy Primary care Sports medicine
Habitat for Humanity of Miami and Shelby Counties	New construction of affordable housing ReStore shop in Troy
Health Partners Free Clinic	Prescription assistance Primary care Social services
Kettering Health Network	Network of healthcare facilities
Miami County Public Health	Birth and death certificates Immunizations Licenses and inspections Plumbing WIC
Miami Valley Council Boy Scouts of America	Service opportunities Summer camping Youth programs
Premier Health: Upper Valley Medical Center	Behavioral health Diabetes services Diagnostics and imaging Occupational health services Rehabilitation Respiratory care Sleep center Surgery



<b>Resource</b>	<b>Description of Programs/Services</b>
Project SEARCH	Employer partners offer employment opportunities for young adults with developmental disabilities
YMCA	Aquatics Gymnastics Health and wellness programs SCUBA Sports Youth
YWCA	Court care Early learning programs Economic empowerment Family wellness Youth programs & services
<b>Montgomery County</b>	
2-1-1	Information and referral phone line
ADAMHS Board	Planning, funding, and evaluation of comprehensive mental health and recovery services
AIDS Resource Center	Advocacy HIV information and testing HIV/STD Hotline Medical center Pharmacy services Support
American Heart Association - Dayton Division in Kettering OH	Focused on heart disease, stroke, cardiovascular disease Health education and resource information Professional training and community initiatives Fundraising events and research
American Holistic Nurses Association	Geriatric care Integrated healthcare Private practice Stress management
Alzheimer's Association	Advocacy Hotline Support
Area Agency on Aging	Assisted living Choices home care waiver Civic engagement initiative Golden Buckeye program Healthy lifestyle program

Resource	Description of Programs/Services
Area Agency on Aging, continued	Long-term care ombudsman programs Music & memory PACE (Program of All-inclusive Care for the Elderly) Passport program Senior community service employment program Senior farmer's market nutrition program
BOGG Ministries	Food, clothing, and other essentials
CareSource	Managed care company
Community Action Partnership	Computer literacy training Emergency services Housing services Micro-enterprise business development and training Utility assistance Volunteer income tax assistance (VITA) program Weatherization Workforce development Youth services
Community Health Centers of Greater Dayton: Corwin-Nixon Health Center Dr. Charles R. Drew Health Center East Dayton Health Center East Dayton Dental Center	Behavioral health services Dental health services Medical services Patient support services Physician services
CompuNet satellite offices	Allergy and asthma testing Clinical laboratories Health information Health screening Pain management/Prescription drug monitoring
Daymont	Assertive community treatment Child counseling services Outpatient counseling services Support
Dayton Recreation Centers	Computer lab Family aquatic indoor pool Fitness room Gymnasium Senior programs Youth and after school programs

Resource	Description of Programs/Services
Dayton Dental Clinic	Dental implants Root canal Teeth whitening service
Diabetes Dayton	Camps for children living with diabetes Classes on living with diabetes Emergency diabetes testing supplies Low cost testing and meter supplies Online quick reference diabetes resource guide Support and assistance to individuals affected by diabetes
Employment First	Employment opportunities for people with developmental disabilities through the County's Board of Developmental Disabilities
Fidelity HealthCare	Hearing assistance Home care aides Home care equipment Independent care services Infusion therapy Mother and infant care Nursing Rehabilitative care Social services Telehealth
Five Rivers Health Center	Dental services Family health Medical surgical health center Pediatric health Women's health
GetUp	Obesity prevention program
Girl Scouts of Western Ohio	Service center in Dayton Camp Events Leadership experience Programs Volunteer training
Good Neighbor House	Dental services Eye services Medical services Nutrition and wellness

Resource	Description of Programs/Services
Good Samaritan Hospital	Behavioral health Diabetes services Diagnostics and imaging Occupational health services Rehabilitation Respiratory care Sleep center Surgery
Good Samaritan North	Cancer care Cardiac and pulmonary rehab Imaging: CT, MRI, X-ray, Ultrasound & Mammography Outpatient surgery Pharmacy services Physical therapy Primary care Sports medicine
Habitat for Humanity of Greater Dayton	New construction of affordable housing ReStore
Help Me Grow Brighter Futures	Advocacy Education Home visiting services Support
Homefull	Behavioral health services Case management Homelessness prevention services Housing assistance Street outreach Support services Transitional housing for veterans
IMPACT Counseling	Counseling services
Joslin Diabetes Center in Trotwood, Dayton	Diabetes education Diabetes management
Kettering Health Network	Network of healthcare facilities
Kettering Medical Center	Brain, spine, and stroke Breast health Cancer care Emergency Heart care Maternity Mental health

<b>Resource</b>	<b>Description of Programs/Services</b>
Kettering Medical Center	Orthopedics Sports medicine Weight loss
Kettering Recreation Center	Adventure reef outdoor waterpark Fitness center Ice arena Indoor pool Walk/run track
Kroc Center	After school programs Basketball Music Fitness
Lactation assistance	Various locations: at hospitals and with private consultants
Life Enrichment Center	Building community Educational programs Health and wellness programs Meals and supplemental groceries
Little Clinic at Kroger	Flu shots Health consultations Physicals
Mahogany's Child (Miami Valley Hosp.)	African American women's health program
Miami Valley Council Boy Scouts of America	Headquarters in Dayton Service opportunities Summer camping Youth programs
Miami Valley Hospital	Cancer care Cardiology and vascular Emergency and trauma Gynecology Maternity Neurosciences Orthopedics Sports medicine
Planned Parenthood	Anemia, cholesterol, and diabetes screenings Contraception materials for both men and women Infertility testing Pregnancy testing STD screening Termination of pregnancy Testicular cancer screenings

<b>Resource</b>	<b>Description of Programs/Services</b>
Premier Health	Network of healthcare facilities
Prevent Blindness Ohio	Vision screening and health
Pri-Med	Primary care Specialty care
Project SEARCH	Employer partners offer employment opportunities for young adults with developmental disabilities
Public Health Department - Dayton and Montgomery County	Adult health Birth and death certificates Child and maternal health Communicable disease control Community health assessment Environmental health Fetal alcohol spectrum disorders Health data and reports Immunization action program Information and referral WIC
Reach Out	Volunteer safety net clinic: Adult clinic Community pharmacy Reach Out for Kids
St. Vincent de Paul	Emergency assistance Food pantries Furniture bank Gateway shelters Support services for veterans Thrift store Transitional and permanent supportive housing
Samaritan Behavioral Health (SBHI)	Adult and child services Crisis services Psychiatric services School-based services
Samaritan Crisis Care	24 hour Hotline - suicide/crisis prevention 24 hour Warmline - supportive counseling service Crisis counseling Emergency walk-ins Mobile crisis services Pre-Hospital screening Screening and triage Emergency intervention and assessment services

Resource	Description of Programs/Services
Samaritan Homeless Clinic	Internal medicine Pediatric health
Senior Resource Connection	Adult day service Care coordination/caregiver support services Case management Nutrition program Visiting home care Visiting Nurses Association
Sleep Center at the Samaritan Diabetes and Sleep Center	Diagnostic testing Fidelity health care: at-home care for sleep disorders Physical evaluation and support Sleep testing Support for patients
SPAN Ohio	Health care reform advocacy coalition
United Way of Greater Dayton	2-1-1 information and referral phone line Focus on education, financial stability and health Support for local network of health and human service organizations
Women's Center	Services for pregnant women: Consulting and support Free pregnancy tests Material assistance Training for pregnancy and parenting Ultrasound
Wright State Physicians	Concussion clinic Dermatology Emergency medicine Family medicine Geriatric medicine Internal medicine Neurology Obstetrics & Gynecology Orthopaedic surgery, sports medicine, and rehabilitation Pediatrics Physical therapy Plastic surgery Psychiatry Surgery Surgical oncology Vascular surgery

Resource	Description of Programs/Services
YMCA	<ul style="list-style-type: none"> <li>Adult sports</li> <li>Aquatics and learn to swim programs</li> <li>Child care</li> <li>Health and wellness programs</li> <li>Summer camps for children</li> </ul>
Ziks' Family Pharmacy	Pharmacy in the Wright Dunbar 3rd Street area
<b>Preble County</b>	
Community Action Partnership	<ul style="list-style-type: none"> <li>Connects low income individuals with potential public benefits</li> <li>Emergency cold shelter</li> <li>Furniture and clothing bank</li> <li>Manages public housing rentals and voucher program</li> <li>Transportation information line</li> <li>Utility assistance</li> <li>Weatherization</li> </ul>
Council on Aging	<ul style="list-style-type: none"> <li>In-home and community-based services for people age 60+:</li> <li style="padding-left: 20px;">Center in Eaton with fitness room</li> <li style="padding-left: 20px;">Help with federal and state programs</li> <li style="padding-left: 20px;">Information and referrals</li> <li style="padding-left: 20px;">Transportation service</li> </ul>
Diabetes Dayton	<ul style="list-style-type: none"> <li>Camps for children living with diabetes</li> <li>Classes on living with diabetes</li> <li>Emergency diabetes testing supplies</li> <li>Low cost testing and meter supplies</li> <li>Online quick reference diabetes resource guide</li> <li>Support and assistance to individuals affected by diabetes</li> </ul>
Employment First	<ul style="list-style-type: none"> <li>Employment opportunities for people with developmental disabilities through the County's Board of Developmental Disabilities</li> </ul>
Girl Scouts of Western Ohio	<ul style="list-style-type: none"> <li>Camp</li> <li>Events</li> <li>Leadership experience</li> <li>Programs</li> <li>Volunteer training</li> </ul>
Good Neighbor House	<ul style="list-style-type: none"> <li>Dental services</li> <li>Eye services</li> <li>Medical services</li> <li>Nutrition and wellness</li> </ul>



<b>Resource</b>	<b>Description of Programs/Services</b>
Job & Family Services	<ul style="list-style-type: none"> <li>Child Support enforcement</li> <li>Child daycare expenses help</li> <li>Financial and food assistance</li> <li>Fraud/Overpayment of benefit recovery</li> </ul>
Kettering Health Network	<ul style="list-style-type: none"> <li>Network of healthcare facilities</li> <li>Emergency center</li> </ul>
Miami Valley Council Boy Scouts of America	<ul style="list-style-type: none"> <li>Service opportunities</li> <li>Summer camping</li> <li>Youth programs</li> </ul>
Oxford Free Clinic - College Corner	<ul style="list-style-type: none"> <li>Basic medical care</li> <li>Chronic disease management</li> <li>Gynecology clinic on second Wednesdays</li> <li>Anemia, cholesterol, and diabetes screenings</li> <li>Contraception materials for both men and women</li> </ul>
Planned Parenthood	<ul style="list-style-type: none"> <li>Infertility testing</li> <li>Pregnancy testing</li> <li>STD screening</li> <li>Termination of pregnancy</li> <li>Testicular cancer screenings</li> </ul>
Preble County Habitat for Humanity	<ul style="list-style-type: none"> <li>New construction of affordable housing</li> <li>ReStore</li> </ul>
Preble County Mental Health Recovery Board	<ul style="list-style-type: none"> <li>Planning, funding, and evaluation of comprehensive mental health and recovery services</li> </ul>
Preble County Public Health Department	<ul style="list-style-type: none"> <li>Blood pressure screening</li> <li>Car seat program</li> <li>Emergency preparedness</li> <li>Environmental health and food safety</li> <li>Flu clinic</li> <li>Health education</li> <li>Help Me Grow program</li> <li>Immunizations</li> <li>Prenatal clinic</li> <li>Prescription drug drop box for disposal</li> <li>Public health nursing</li> <li>Reproductive Health clinic</li> <li>Tuberculosis control</li> <li>Women, Infants, and Children (WIC)</li> </ul>
Preble Medical Center	<ul style="list-style-type: none"> <li>Emergency services, operated by Kettering Health Network</li> </ul>
Prevent Blindness Ohio	<ul style="list-style-type: none"> <li>Vision screening and health</li> </ul>

Resource	Description of Programs/Services
YMCA	Aquatics Child care Exercise and fitness Health & wellness center Teen and youth programs Youth and adult sports
<b>Shelby County</b>	
Aspen Wellness Center	Mental health counseling Family relationships Foster/adoptive services Individual counseling services Marriage Reactive attachment disorder Neurofeedback
Catholic Social Services	Adoption services Developmental disability services Help for the homeless Hunger relief Refugee services Unplanned pregnancy support
Compassionate Care	Faith-based health center Chronic disease management Dental services Laboratory services Nutrition and wellness education Pre-employment physicals Prescription assistance
Counseling Center for Wellness	Counseling services to individuals, couples, and families
Diabetes Dayton	Camps for children living with diabetes Classes on living with diabetes Emergency diabetes testing supplies Low cost testing and meter supplies Online quick reference diabetes resource guide Support and assistance to individuals affected by diabetes
Employment First	Employment opportunities for people with developmental disabilities through the County's Board of Developmental Disabilities
Family Resource Center	Mental health services Substance abuse services

<b>Resource</b>	<b>Description of Programs/Services</b>
Girl Scouts of Western Ohio	Camp Events Leadership experience & volunteer training Programs
Good Neighbor House	Dental services Eye services Medical services Nutrition and wellness
Goodwill Agape	Donated items sold at discounted rate to provide food for those in need
Habitat for Humanity of Miami and Shelby Counties	New construction of affordable housing
Help Me Grow	Early intervention Home visiting
Job & Family Services	Child Day Care expenses help Child Support enforcement Financial and food assistance Fraud/Overpayment of benefit recovery
Miami Valley Council Boy Scouts of America	Service opportunities Summer camping Youth programs
Salvation Army	Bridging the Gap Christmas Clearinghouse Emergency Disaster Services Food Pantry/Garden of Hope Joy Club Kids Corps School Tools Target Media Center
Senior Center of Sidney-Shelby County	Classes Exercise room Free income tax preparation by AARP volunteers Hot meals Walking track
Shelby County Counseling Center	Addiction counseling Community support Education and prevention Employee assistance program Mental health counseling Psychiatric/medical management

Resource	Description of Programs/Services
Shelby County Health Department	Birth and death records Emergency preparedness Environmental health services Nursing services Plumbing inspections WIC
Shelby County United Way	Supports and funds nonprofits' programs: Caring for People in Crisis Community Initiatives Investing in Children and Youth Promoting Health and Well Being Strengthening Families and Individuals
Sidney-Shelby County YMCA	Adult Sports Aquatics Child Development Centers Health and Wellness programs Older Adults programs Teen programs Youth Sports and Camps
Victim Services	Advocacy and support Crisis intervention Liaison with all law enforcement agencies and service providers Referral
Wilson Health	Behavioral health Cardiac care Diabetes Wellness Center Emergency services ENT services Family Birth Center Gastroenterology services Home health care Hospice care Laboratory services Orthopedic care Radiology / Imaging Rehabilitation services Respiratory therapy Speech therapy

Resource	Description of Programs/Services
Wilson Health, continued	Sports medicine Surgical services Urgent Care Urologic care Wilson Sleep Center
Women's Center	Services for pregnant women: Consulting and support Free pregnancy tests Material assistance Training for pregnancy and parenting Ultrasound
<b>Warren County</b>	
Centerpoint Health	Behavioral health Dental health Medical care: adult, pediatric, geriatric
Countryside YMCA	Adult sports Aquatics and learn to swim programs Child care centers for after school and summer Child health resources from Dayton Children's Exercise and fitness facilities Health and wellness programs Largest YMCA in the United States Summer camps for children
Dayton Children's - Springboro	Ohio pediatric care alliance Outpatient care Urgent care
Diabetes Dayton	Camps for children living with diabetes Classes on living with diabetes Emergency diabetes testing supplies Low cost testing and meter supplies Online quick reference diabetes resource guide Support and assistance to individuals affected by diabetes
Employment First	Employment opportunities for people with developmental disabilities through the County's Board of Developmental Disabilities
Girl Scouts of Western Ohio	Camps in Warren County Events Leadership experience Programs Volunteer training

Resource	Description of Programs/Services
Good Neighbor House	Dental services Eye services Medical services Nutrition and wellness
HealthSource of Ohio	Services in family medicine, internal medicine, and pediatrics, including: Behavioral health Dentistry OB/Gyn services Pharmacy
Interact for Health	Convener and funder of health and wellness initiatives
Kettering Health Network	Network of healthcare facilities
Lindner Center for Hope	Adolescent care Behavioral health issues Inpatient and outpatient services Residential care
Mental Health Recovery Services of Warren and Clinton Counties	Local board of alcohol, drug addiction and mental health services Planning, funding, and evaluation of comprehensive mental health and recovery services
Premium Health: Atrium Medical Center	Verified level III trauma center and primary stroke center: Advanced cancer care Maternal - Child Health Center for self-pay and indigent Obstetrics Surgery Women's Center
Premier Health: Atrium Medical Center Foundation	Charitable giving and resources dedicated to building healthier communities in Southwest Ohio
Project SEARCH	Employer partners offer employment opportunities for young adults with developmental disabilities
Small Business Resource Center	Free business consulting, workshops, training, and technical assistance for small businesses
Solutions Community Counseling and Recovery Centers	Locations in Franklin, Lebanon, Mason, Springboro, and Wilmington Mental health and substance abuse services for children, adolescents, and adults

Resource	Description of Programs/Services
Warren County Combined Health District	Adult clinic Birth and death certificates Child health clinic Environmental health services Family planning clinic Flu clinic HIV testing clinic Prenatal clinic Sexually Transmitted Disease Clinic Tuberculosis control
Warren County Parks and Recreation	Little League sports Maintains 3 trailheads, public golf course, and over 1,600 acres of parks and natural area

## Appendix O. List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AMI	Acute Myocardial Infarction (heart attack)
BRFSS	Behavioral Risk Factor Surveillance System (health-related telephone surveys; part of the Centers for Disease Control and Prevention)
CDC	Centers for Disease Control and Prevention (part of U.S. Department of Health and Human Services)
CHA	Community Health Assessment (conducted by Public Health departments)
CHNA	Community Health Needs Assessment (conducted by nonprofit hospitals)
CHR	County Health Rankings (developed by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute)
CLRD	Chronic Lower Respiratory Disease
CMS	Centers for Medicare and Medicaid Services (part of U.S. Department of Health and Human Services)
CNI	Community Need Index (interactive tool maintained by Dignity Health)
COPD	Chronic Obstructive Pulmonary Disease
CV	Cardiovascular
EMS	Emergency Medical Services
FQHC	Federally Qualified Health Center
GDAHA	Greater Dayton Area Hospital Association
GIS	Geographic Information System (used to map physical locations associated with data points)
HIV	Human Immunodeficiency Virus
HP	Healthy People (national initiative that establishes benchmarks and sets 10-year measurable objectives to improve health)
MSA	Metropolitan Statistical Area (defined by U.S. Office of Management and Budget)
ODH	Ohio Department of Health
SNAP	Supplemental Nutrition Assistance Program (federal program formerly known as Food Stamps)
STD	Sexually Transmitted Disease
TB	Tuberculosis
THC	The Health Collaborative
WIC	Women, Infants, and Children (federally-funded program that provides supplemental foods, health care referrals, and nutrition education)