



Community Health Needs Assessment

A regional collaborative report produced by The Health Collaborative

Adams County Regional Medical Center

The Christ Hospital Health Network

Cincinnati Children's Hospital Medical Center

Dearborn County Hospital

Lindner Center of Hope

Margaret Mary Health

Mercy Health:

Mercy Health – Anderson Hospital

Mercy Health – Clermont Hospital

Mercy Health – Fairfield Hospital

The Jewish Hospital – Mercy Health

Mercy Health – West Hospital

McCullough-Hyde Memorial Hospital

Premier Health: Atrium Medical Center

TriHealth:

Bethesda North Hospital

Bethesda Butler Hospital

Good Samaritan Hospital

TriHealth Evendale Hospital

UC Health:

Daniel Drake Center for Post-Acute Care

University of Cincinnati Medical Center

West Chester Hospital

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COMMUNITY HEALTH NEEDS ASSESSMENT

Executive Summary

Twenty hospitals came together to conduct a collaborative Community Health Needs Assessment (CHNA), organized by The Health Collaborative in Cincinnati, 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.

Representatives from 11 healthcare systems (representing the 20 hospitals) met five times and 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. The CHNA Committee also included representatives from the Cincinnati Health Department, Hamilton County Public Health, Interact for Health (a regional philanthropic organization), and a physician/professor from Xavier University.

Consistent sources of comparable data were available only at the state and county levels, and therefore each participating hospital identified which counties contained their services areas. Service areas spanned 19 counties over three states. The Cincinnati-Middletown Metropolitan Statistical Area includes an additional four counties (Bracken, Gallatin, Grant, and Pendleton), and so the CHNA addressed the needs of citizens for 23 counties in total. 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. The Health Collaborative will also publish the report on its website at 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.¹

The Community Need Index analytic tool identified ZIP Codes where residents are likely to experience barriers to care and not receive needed services. Fifty-seven ZIP Codes, or 29% of the total 194 ZIP Codes, had high scores indicating a likelihood of disparities in health care including ZIP Codes in: Adams, Hamilton, and Pike Counties in Ohio; Gallatin County in Kentucky; and Union County in Indiana.

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

¹ 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).

comparison: 1) consumers and organizations which attended meetings, 2) individuals 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. More than 80 sent representatives to participate in focus groups. Participating organizations provided the name of—and areas served by—their organization. Survey respondents also identified the types of vulnerable populations served. Meeting attendees shared the names of the individuals representing each organization. In total, more than 600 people provided input for the regional Community Health Needs Assessment process.

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 156 people who voted for their top three priorities in a focus group, and 381 individual consumers whose survey responses were combined to determine the priorities mentioned most frequently. The CHNA Team also analyzed responses from 55 agencies and 24 health departments to identify their consensus on priorities.

The combined priorities across the region reflected the top issues from all four primary sources plus secondary data:

- Substance abuse appeared as a top priority, across all five sources of information.
- Mental health and Access to care each appeared four times.
- Diabetes, Obesity, and Smoking appeared as priorities three times each.
- Cancer appeared twice, once as Lung cancer specifically.
- Healthy behaviors appeared twice. If smoking and obesity were reclassified to fit within the 'Healthy behaviors' category, then Healthy behaviors would be reflected eight times.

Highlights from the secondary data included:

- Almost one in five people engaged in binge drinking in the Cincinnati-Middletown Metropolitan Statistical Area (MSA).
- For every 8-9 adults in the MSA, one had diabetes.
- Smoking rates were particularly high in Indiana and Kentucky counties.
- Seven measures had local rates worse than the state rates, worse than the U.S., and a trend moving in the wrong direction. They were rates of diabetes, mammogram rates, and deaths from Drug poisoning, Heroin poisoning, Injury, Lung cancer, and Chronic Lower Respiratory Disease.
- Based on 2013 mortality data from the CDC, there were several causes of death with regional impact:
 - Lung cancer was a top cause of death in 18 of the 23 counties.
 - Heart attack (Acute Myocardial Infarction) was a top cause of death in 15 counties.
 - Dementia was a top cause of death in 11 counties (plus Alzheimer's in 2 counties).
 - Chronic Obstructive Pulmonary Disease was a top cause of death in 11 counties.

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.

Importantly, this comprehensive CHNA was conducted in close coordination with a broader Collective Impact on Health regional effort, also led by The Health Collaborative. Collective Impact included a significant microsimulation modeling process for not only understanding the current state, but also for modeling what the community could hope to accomplish together over a longer period of time to improve health, healthcare, and affordability (e.g., the Triple Aim). At present, three action teams are developing prioritized regional intervention strategies and an optimal measure set for assessing progress over time.

Together, these efforts provide a solid, evidence-based foundation for robust multi-sector community health improvement planning.

COMMUNITY HEALTH NEEDS ASSESSMENT

Chapter 1. Collaborative Partners

Nonprofit hospitals in the greater Cincinnati region combined their efforts and resources to produce a comprehensive and collaborative Community Health Needs Assessment (CHNA). Each participating healthcare system designated a representative to join the CHNA Committee. They signed an agreement with The Health Collaborative to create the process and produce a report. Partner organizations also provided a representative. The hospitals will use the report as a basis for determining their priorities. They are listed on the cover of the report and below:

- Adams County Regional Medical Center
- The Christ Hospital Health Network
- Cincinnati Children's Hospital Medical Center
- Dearborn County Hospital
- Lindner Center of Hope
- Margaret Mary Health
- McCullough-Hyde Memorial Hospital
- Mercy Health
 - Mercy Health – Anderson Hospital
 - Mercy Health – Clermont Hospital
 - Mercy Health – Fairfield Hospital
 - The Jewish Hospital – Mercy Health
 - Mercy Health – West Hospital
- Premier Health: Atrium Medical Center
- TriHealth
 - Bethesda North Hospital
 - Bethesda Butler Hospital
 - Good Samaritan Hospital
 - TriHealth Evendale Hospital
- UC Health
 - Daniel Drake Center for Post-Acute Care
 - University of Cincinnati Medical Center
 - West Chester Hospital

The CHNA Team involved three entities working closely together: The Health Collaborative (lead agency); 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.

The Health Collaborative convened the CHNA Committee, which also included representatives from four partnering organizations. They were the City of Cincinnati Health Department; Hamilton County Public Health Department; Interact for Health; and Xavier University's Department of Health Services Administration.

ROLES AND RESPONSIBILITIES

Hospitals

The hospitals agreed to the following:

- Identify a single point-of-contact as a representative on the CHNA Committee;
- Attend 4 to 6 CHNA meetings or send a delegate;
- Participate in planning and design;
- 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 secure an accessible and central location; host a community meeting; and provide refreshments;
- Coordinate timing of community events with Health Collaborative; and
- In counties with multiple hospitals, the hospitals agreed to collaborate with The Health Collaborative and other hospitals as needed for joint meetings in neutral meeting spaces.

Partners

The partner organizations 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, 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 for the summer (from late May to late August). The team is described in more detail below.

Dora Anim was the executive sponsor of this initiative at The Health Collaborative. Throughout 2015, Ms. Anim regularly convened member hospitals, managed the contractual agreements, provided executive oversight, and reported results to the board and other community stakeholders.

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 developed the process, researched, and wrote the Community Health Needs Assessment reports for six hospitals serving urban, suburban, and rural areas. She shared best practices with other hospital members of the Greater Cincinnati Health Council (now known as The Health Collaborative), and she served on a statewide committee of Catholic Health Partners to understand and implement the new IRS regulations for Community Health Needs Assessments. 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 county coroners, state departments of health, and other experts
- Facilitating and scribing community meetings
- Creation of resource list
- Contributions to written report

In addition to the partners listed above, representatives from Cincinnati Health Department, Hamilton County Public Health, and Interact for Health participated in planning, design, and ongoing feedback. See the Acknowledgments in Appendix A for a full list of all partners and their representatives.

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 underserved 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.

In addition to the counties identified by the hospitals, four counties in Kentucky were added because they belong to the Cincinnati-Middletown Metropolitan Statistical Area (MSA). They are Bracken, Gallatin, Grant, and Pendleton Counties. The reports include secondary data for these counties as well as survey responses from Health Commissioners. Some individual and nonprofit agency surveys also came from these counties, but responses were not actively solicited. There were also no community meetings held in these counties. The inclusion of their information is provided to give a complete picture of the whole Cincinnati region.

Eight counties are included in the hospital service areas which are not part of the Cincinnati-Middletown MSA. Those counties are: Adams, Highland, Pike, Preble, and Scioto Counties in Ohio, and Ripley, Switzerland, and Union Counties in Indiana.

Figure 2 on the next page shows the twenty-three counties of the Tristate region included in the CHNA.

DEFINITION

The healthcare systems identified which counties included the geographic areas served by their hospitals. See Table 1 on page 18.

FIGURE 2. 23-COUNTY REGION

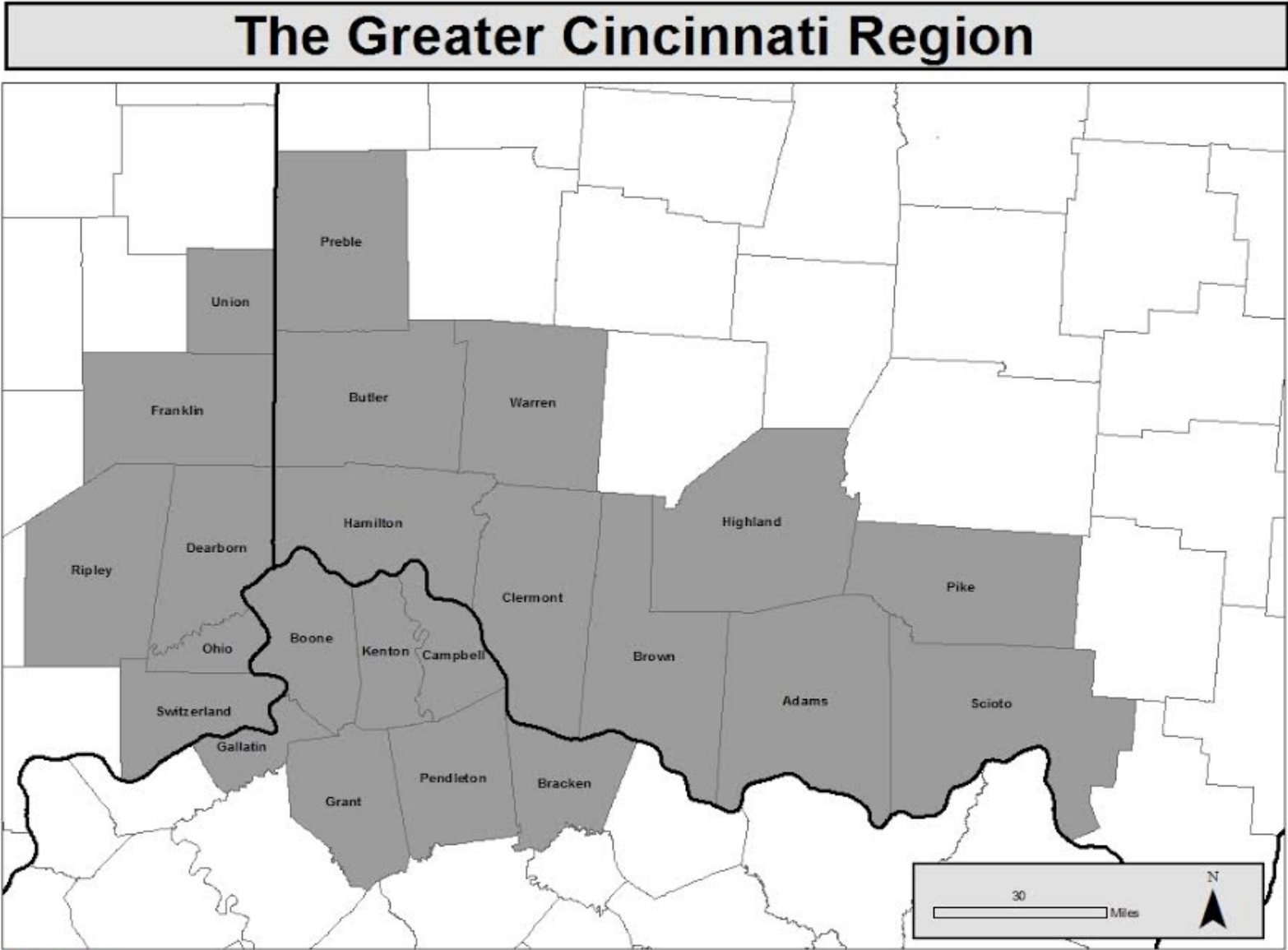


TABLE 1. HOSPITAL SERVICE AREAS

Hospital / System Name	Hospital Facilities Included in CHNA	Service Areas Defined by County
Adams County Regional Medical Center	Adams County Regional Medical Center	Primarily Adams County and portions of Brown, Highland, Pike and Scioto Counties in Ohio
The Christ Hospital Health Network	The Christ Hospital	Butler, Clermont, Hamilton and Warren Counties in Ohio; Boone, Campbell, and Kenton Counties in Kentucky
Cincinnati Children's Hospital Medical Center	Limited Scope: Requested results from two questions about Child Health and provided Cincinnati Children's summary.	Butler, Clermont, Hamilton, and Warren Counties in Ohio; Boone, Bracken, and Campbell Counties in Kentucky; and Dearborn County in Indiana
Dearborn County Hospital	Dearborn County Hospital	Dearborn, Ohio, and Switzerland Counties in Indiana
Lindner Center of Hope	Lindner Center of Hope	Butler, Clermont, Hamilton, Warren Counties in Ohio
McCullough-Hyde Memorial Hospital	McCullough-Hyde Memorial Hospital	Butler and Preble Counties in Ohio; Franklin and Union Counties in Indiana
Margaret Mary Health	Margaret Mary Health	Franklin and Ripley Counties in Indiana
McCullough-Hyde Memorial Hospital	McCullough-Hyde Memorial Hospital	Butler and Preble Counties in Ohio; Franklin and Union Counties in Indiana
Mercy Health	Mercy Health - Anderson Hospital Mercy Health - Clermont Hospital Mercy Health - Fairfield Hospital The Jewish Hospital - Mercy Health Mercy Health - West Hospital	Adams, Brown, Butler, Clermont, Hamilton, Highland, and Warren Counties in Ohio
Premier Health: Atrium Medical Center	Premier Health: Atrium Medical Center	Butler and Warren Counties in Ohio
TriHealth	Bethesda North Hospital Bethesda Butler Hospital Good Samaritan Hospital TriHealth Evendale Hospital	Butler, Clermont, Hamilton, Warren Counties in Ohio
UC Health	Daniel Drake Center for Post-Acute Care University of Cincinnati Medical Center West Chester Hospital	Butler, Clermont, Hamilton, Warren Counties in Ohio

FIGURE 3. CONSUMER PRIORITIES: ISSUES HANDLED WELL WORD CLOUD



Chapter 3. Process and Methods

For the second time, The Health Collaborative (THC) convened nonprofits hospitals to participate in a regional CHNA. THC kept the elements that worked well three years ago, incorporated the collective learning, and added a few new components.

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. In counties where only one hospital system provided services, the hospitals assumed a lead role in arranging meeting space and refreshments. THC coordinated meetings in the counties where multiple hospitals operated.

Once again, community meetings, stakeholder interviews, and surveys served to solicit primary data. Eleven community-based meetings were held early in the process, so that comments could inform the report and provide a context for the secondary data. THC and hospitals distributed links to surveys for both individuals and organizations serving vulnerable populations, most of which were completed online. Fifty-five agencies and 329 individuals completed surveys. TriHealth's outreach staff took the initiative to interview 52 Latinos after church with surveys translated into Spanish. Their efforts brought the total of individual responses to 381.

Twenty-four health departments participated at the local and county level, responding to surveys or agreeing to interviews. Many public health officials also attended the meeting in their county.

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 23 counties using County Health Rankings. THC hired two interns for four months, and they added considerably to the data sources, researched the best approach for some elusive data and data comparisons, and contacted coroners and state health departments 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. Three other organizations joined the effort from the beginning: the City of Cincinnati Health Department, Hamilton County Public Health, and Interact for Health, a grantmaking nonprofit which serves 20 counties.

Inclusive – THC and hospitals cast the net widely to include vulnerable populations and the agencies serving them. 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 community meeting was devoted to hearing from the people who arrived to share their ideas and experiences.

Reproducible – Facilitators asked the same questions at meetings, interviews, and in surveys. If people could not attend a meeting, 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, which was one or two pages depending on the number of ZIP Codes. Meeting attendees first answered the question about the ‘most serious health issues’ in their county before receiving the Snapshot and CNI map to avoid influencing their answers. Several times, attendees commented that they never before viewed health data about the community where they lived. They had the same information that the meeting facilitators had. At each meeting, facilitators shared THC’s website where the final report will be available to the region, as well as on hospitals’ websites.

“Nobody ever trusted me
with this kind of information before.”
-Individual at Hamilton County meeting

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. Appendix B contains a more detailed description.

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).²

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.

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

² 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.

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 an objective and unbiased assessment of community need and socioeconomic barriers to health care. A low 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.’

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.

“Raising people’s standard of living improves
their physical and mental health.”

-Nonprofit agency

COLLABORATIVE DESIGN

In early 2015 THC convened representatives from the participating hospitals, the City of Cincinnati Health Department, Hamilton County Public Health, and Interact for Health for a design meeting. The group agreed on the process and finalized the questions for individuals, organizations, health departments, and community meetings. In Spring 2015 the group met again to review initial data collection and to refine strategies for conducting the community meetings. They met again at the conclusion of the primary data gathering to review the preliminary results at the regional level and to agree on the contents for the CHNA report.

In addition Dr. Edmond Hooker and Dr. Jennifer Chubinski offered their expertise and guidance throughout the process. Dr. Hooker provided assistance on the significance of medical indicators and Dr. Chubinski's experience and knowledge of primary research and community outreach guided the team in site selection, survey dissemination, and choice of similar data points. She provided the raw information from the Greater Cincinnati Community Health Status Survey, the design and administration of which she supervises every three years. Ms. Kathy Lordo provided contacts to her colleagues in other Ohio health departments.

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 meetings that included a '3-dot' process to identify the top three priorities
- Community Need Index
- Comparison of most frequent topics by geographic area and by data source (i.e., individual, agency, meeting, health department)
- Consultation with topic experts (e.g., heroin, Sexually Transmitted Diseases, environmental health)
- Design and feedback meetings with hospital representatives (2/10, 5/11, 6/15, 8/17)
- Facilitated brainstorming with individuals and agencies serving vulnerable populations
- 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
- Phone calls with local and state health departments and county coroners
- 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, meeting, 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 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 and also to update it annually every spring to help hospitals track data trends. 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 four 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.³ 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, in all three states, 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.⁴ 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

³ <https://www.dignityhealth.org/cm/content/pages/community-health.asp>. Description is available in Appendix B.

⁴ 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.

did not have a breakdown below the state level or did not include the entire region. The CHNA Team contacted state health departments, local health departments, county coroners, and local experts when there was confusion about wording or collection of data that varied by state.

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. Appendix D. Explanation of Measures and Trends 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 (CDC) - Diabetes Interactive Atlas
- Centers for Disease Control - 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 - 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 - regional, but excluding Pike, Preble, Scioto, and Union Counties)

- Health Indicators Warehouse (HIW)
- Healthy Ohio - Ohio Department of Health (ODH)
- Indiana Cancer Consortium
- Indiana State Department of Health
- Kentucky Cancer Registry
- Kentucky Department of Public Health
- New York Times - Enroll America and Civis Analytics
- Ohio Department of Mental Health and Addiction
- Pride Student Drug Use Survey (administered in some local counties by PreventionFIRST!)

Data Challenges

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 intervals between updates.

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. Comments at the local level, by individuals and by agencies, indicate a much bigger problem than demonstrated by the available data.

In Kentucky and Indiana the county coroner might also be the local funeral director. In a very small town, according to one interview, the coroner might choose a more generic cause of death that spares the family. 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.

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 is not actual but based on a state average (which can be misleading for a small rural county).

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.⁵

⁵ National Notifiable Disease Surveillance System. “Data collection and reporting.” <http://wwwn.cdc.gov/nndss/data-collection.html>.

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,⁶

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.

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.

"Soda, fast food and packaged foods are becoming too much of a staple in kid's diets."

-Individual survey response

⁶ <http://www.cdc.gov/mmwr/PDF/wk/mm6153.pdf>

PRIMARY DATA

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

- Interviews with, or surveys submitted by, 24 local and county public health commissioners (or their delegates) to identify critical health needs and identify community resources to meet the needs
- Public meetings, held in 11 counties --- with 156 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
- Online surveys of individuals (381) and agencies (55) throughout the region

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 meetings - date, time, location, and hospital name(s) inserted (A copy of a flier is included in the Appendix.)
- 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 to post meeting flyers in public areas.

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

Community Meetings

The purpose of the meetings was to solicit public input. The objectives were to:

- Gather diverse people to share their ideas -- general public and 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. Horne and Mr. Oglesby in active listening as scribes, and they had the opportunity to rehearse the facilitation of a meeting. Each intern was capable of performing, and did perform, both roles – facilitator and scribe.

Each meeting 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 shared general Tristate 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 with the approval of the speaker.

After the first question, the CHNA Team (a meeting facilitator and at least one scribe) 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 meeting concluded by 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 the vulnerable
- 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 (phone & email)

A total of 156 people (unduplicated) attended 11 meetings. Of these, 134 attendees represented an organization. The organizations served the following populations: children, elderly, homeless, low-income, medically underserved, minority, people with mental illness, and victims of domestic violence. Community advocates and representatives of faith-based organizations attended. Nineteen representatives came from public health departments and community-based health centers. In Appendix G is the full list of meeting attendees with their organizational affiliations. There is also a separate list in Appendix H that shows all organizations who 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. Cincinnati Children's added two questions about child health issues and how to improve child health. A fourth Spanish-language version was created with the help of the community health workers requested it. 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, CHNA Committee, and partners all helped distribute the survey. Hard copies were used with Spanish-speaking interviewers. Two community outreach workers asked survey questions of 52 Spanish-speaking people as they left Sunday Mass at St. Charles Borromeo Church in Cincinnati. Hospitals and Interact for Health sent out links via email and in letters. Several hospitals collaborated to distribute surveys at the annual Juneteenth event, but heavy rain impacted attendance drastically. The CHNA Team also sent survey links to all the Federally Qualified Health Centers in the region. At community meetings, a handout provided the survey link, and the links were written on an easel pad at the front of the room.

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

The process produced:

- 329 Individual Consumer Surveys
- 55 Agency Surveys
- 52 Latino Consumer Surveys
- 24 Health Department Surveys

Appendix J contains the list of the 25 Health Departments in the region and who responded from each department. Only one Health Department did not respond. 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 (meeting or survey) and by type of respondent. Meeting attendees determined their priorities with the dot process, and survey respondents answered a question about their top priorities (See Appendix I.) The CHNA Team 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. At the request of the CHNA Committee, each County Profile contains a "Consensus on Priorities" described by the different types of stakeholders. See Appendix K for lists of categories used for sorting and tabulating ideas.

For Cincinnati Children's Hospital Medical Center (Cincinnati Children's), the CHNA team shared, via Excel spreadsheets, all the Child Health data collected through meetings, interviews, or surveys for further analysis. Cincinnati Children's conducted its own CHNA and identified the overarching themes of Consumer education and Prevention. See Chapter 5 for details of its process and findings.

“La obesidad informar a la gente que el estar gordo o pasado de peso no es nada saludable, pues en nuestra comunidad se confunde con signos de buena vida y en realidad le estamos acortando la vida a nuestros hijos.”

“Obesity - people need to be informed that when you are fat, it is not healthy at all. Because in our community this is confused with signs of good life but, in reality, we are shortening our children’s lives.”

- Latino Consumer

Chapter 4. Latino Health

Two Latina women, who are employed as Community Health Workers in Outreach Ministries at TriHealth, invited more than 20 individuals to attend a community meeting in Butler County or Hamilton County. These are the counties with the highest percentages of Latino households, although their numbers are consistently under-reported.

TriHealth arranged for interpreters and for translation of the questions. Unfortunately, even the people with confirmed RSVPs did not attend. Lack of transportation and fear about being undocumented were two of the barriers that may have kept people away. These are issues that often prevent primary data collection for this growing population in the Tristate.

At both meetings, people participated who worked for agencies serving the region's Latino population, and Latino health concerns and barriers were discussed. The community health workers, however, were frustrated and desired more direct responses from the people they work with every day. They volunteered, on their own, to contact the pastor at St. Charles Borromeo Catholic Church for permission to survey Latinos as they exited from Sunday services. As a result of their perseverance, they interviewed 52 people and had their answers translated for the CHNA team to incorporate in the report. Of the 52 people completed the survey, 5 lived in Butler County; 44 lived in Hamilton County; and 3 lived in Warren County. Here are results from the surveys.

TABLE 3. LATINO SURVEY: WHAT ARE THE MOST SERIOUS HEALTH ISSUES FACING YOUR COMMUNITY?

Most Serious Health Issues	# Mentions	% Mentions
Access to care/services	15	20.5%
Obesity	13	17.8%
Diabetes	11	15.1%
Dental care	8	11.0%
Lack of medical insurance	7	9.6%
Lack of information about available resources	6	8.2%
Depression	4	5.5%
Cancer	3	4.1%
Hypertension	2	2.7%

Other health issues that received one mention each were: Cholesterol, Stress, and Vision.



TABLE 4. LATINO SURVEY: WHAT IMPORTANT HEALTH ISSUES ARE NOT BEING ADDRESSED ENOUGH?

Important Issues Not Being Addressed Enough	# Mentions	% Mentions
Access to care/services	20	27.8%
Obesity	10	13.9%
Health education	6	8.3%
Dental care	5	6.9%
Healthy food/nutrition	5	6.9%
Lack of information about available resources	5	6.9%
Opportunity for exercise	4	5.6%
Prenatal care	3	4.2%
Women's health	3	4.2%
Hypertension	2	2.8%

Other areas of health needs that received one mention each were: Communicable disease; Depression; Domestic violence; Mammogram; Medical check-ups; and Vision.

When answering the first question about 'most serious health issues,' three respondents replied 'colds,' and one person cited "Not knowing if one is sick or not." Some people expressed satisfaction with the care and services they received at clinics or hospitals, but others asked "How can I get a consultation for a check-up?" and "There are programs that I'm not aware of. How can I find out?" One person's answer about unmet needs was eloquent in its stark simplicity: "Alcoholism. Depression. Domestic Violence."

In response to the question, "What can you do to improve your health," the top answer in all three counties was: "Eat healthy." In Butler and Warren Counties, "Exercise more" was in second place, but in Hamilton County, "Receive regular check-ups" took second place. Here is a summary.

TABLE 5. LATINO SURVEY: WHAT CAN YOU DO TO IMPROVE YOUR HEALTH?

Health Improvement Activity	# Mentions	% Mentions
Eat healthy	29	40.8%
Exercise more	13	18.3%
Receive regular check-ups	11	15.5%
Have insurance	6	8.5%
Need information	6	8.5%
Follow medical directions	4	5.6%
Nutrition	4	5.6%

Two suggestions that received one mention each were: Be a U.S. resident; and Get more rest/sleep.

Fifty people, or 96.15%, reported that they had experienced barriers to receiving healthcare. Forty-eight people described financial barriers, and 41 identified non-financial barriers.

The top financial barriers were:

- No insurance (83.3%);
- Can't afford prescription medicine (50%);
- Can't afford co-pay (39.6%);
- Can't afford medical equipment (39.6%);
- No car (29.2%);
- Past due bill with healthcare provider (27.1%);
- Can't take time off work (20.8%); and
- Can't afford gas for car (8.3%).

The top non-financial barriers were:

- Don't know where to go for help (58.5%);
- Don't speak English (53.7%);
- Finding a provider who accepts my insurance (29.3%);
- Can't understand healthcare information (26.8%);
- Difficulty with reading instructions (22%);
- No one to watch my children (19.5%); and
- Need help/support at home to follow medical instructions (12.2%).

“To have access to a directory in Spanish to
find out the right places and providers.”

-Latino consumer

FIGURE 4. CONSUMER SURVEYS: MOST IMPORTANT CHILD HEALTH ISSUES WORD CLOUD



Chapter 5. Regional Assessment of Child Health Needs⁷

Cincinnati Children's conducted the Regional Assessment of Child Health Needs in collaboration with The Health Collaborative and other health and community partners. The methodology and findings are summarized below:

METHODOLOGY

To assess the child health needs of the community, Cincinnati Children's used internal and external secondary data, community surveys, key informant interviews, and community meetings.

Secondary Data

Cincinnati Children's collected secondary local and national data from a wide range of sources outside the hospital, including:

- American Community Survey
- Centers for Disease Control
- Cincinnati Health Department
- Cincinnati Public Schools
- Cradle Cincinnati
- Every Child Succeeds
- Hamilton County Department of Health
- Interact for Health
- National child health need surveys
- National Children's Alliance
- Ohio Department of Health
- Ohio Hospital Association
- The Ohio Medicaid Assessment Survey
- The Strive Partnership
- Substance Abuse and Mental Health Services Administration
- Success by 6
- United States Census Bureau

Data were also collected through specialized internal programs addressing child and community health issues.

- Asthma Improvement Collaborative
- Behavioral Medicine and Clinical Psychology
- Center for Better Health and Nutrition
- Comprehensive Children's Injury Center
- Division of Psychiatry
- General Pediatrics
- James M. Anderson Center for Health Systems Excellence
- Mayerson Center for Safe and Healthy Children

⁷ The Community Health Needs Assessment Report will be available on Cincinnati Children's website in 2016.

- Perinatal Institute

In addition to using secondary data, the survey team developed community survey questions and conducted key informant interviews and community focus group meetings to identify issues of high need in the community. See Appendix L.

Community Surveys

Cincinnati Children's partnered with the Institute for Policy Research (IPR) to add questions regarding child health to the Greater Cincinnati Survey, a twice yearly survey (spring and fall) of the adult population in Greater Cincinnati. The survey was conducted across the Greater Cincinnati region, Cincinnati Children's primary service area. Cincinnati Children's primary service area is an eight-county region including: Butler, Clermont, Hamilton and Warren Counties in Ohio; Boone, Campbell, and Kenton Counties in Kentucky; and Dearborn County in Indiana. Interviews were conducted by professionally trained staff in a supervised central facility. The telephone interviews were done by random-digit-dial, with phone numbers purchased through Survey Sampling. The calls were made to both landlines and cellular phones to ensure a diverse sampling. The caller randomly selected a member of the household over the age of 18 who has the most recent birthday to complete the survey. This process ensures that each adult in a household has an equal chance of being selected.

The 2014 spring/summer survey, conducted June-July, interviewed 1,579 randomly selected adults from throughout the Greater Cincinnati region. For purposes of Cincinnati Children's effort to determine the community's perspective on child health needs, questions about child health were added to the full survey. The questions were developed from national models and community input.

To gather input on child health needs from a broad, representative portion of the community, all 1,579 individuals surveyed were asked two child health questions:

1. What would you say is the most important child health issue facing Greater Cincinnati?
2. What would you say is the most important thing that can be done to improve child health in Greater Cincinnati?

Screening questions then determined if there were children under age 18 living in the household, and whether the person being interviewed was the parent, guardian, or primary caregiver. If so, the interviewer proceeded to ask an additional 18 child health questions. The questions, covering a range of topics, gathered information about the child's health and school performance, as well as the caregiver's access to healthcare services and healthcare information. More than 450 surveys were collected from caregivers of children. Data were compiled and analyzed to find key themes and priority health needs.

Key Informant Interviews

Key informant interviews were conducted with 31 individuals representing 24 organizations from across Cincinnati Children's eight-county primary service area. Organizations included social service agencies, government agencies, and health departments. Key informants were selected because of their knowledge and professional experience working on major child health issues in the community and their valuable insight into current challenges and future opportunities. Interviews were conducted by phone, by a Cincinnati Children's Human Resources resident employee, and via internet survey from March 2015 to May 2015.

Key informant interviews included both closed-ended questions and open-ended questions to allow key informants to rate known child health needs and to allow for exploration of needs affecting the community. Questions addressed the general health of children in Greater Cincinnati, specific health conditions, as well as barriers, facilitators, and next steps in achieving improved child health.

Community Focus Groups

Cincinnati Children's partnered with The Health Collaborative to conduct focus groups in each of Cincinnati Children's primary service areas and beyond. The focus group sessions were conducted across 19 counties in Ohio, Kentucky and Indiana. The counties included: Adams, Brown, Butler, Clermont, Hamilton, Highland, Pike, Preble, Scioto, Union and Warren in Ohio; Boone, Campbell, and Kenton in Kentucky; and Dearborn, Franklin, Ohio, Ripley and Switzerland in Indiana. The focus groups included participants representing government agencies, FQHCs, health departments, and other social service organizations who serve thousands of people throughout the counties. Participants were invited to come and listen to data about the health of their county and respond to discussion questions about the health of their county. After hearing some initial data, participants were asked for their opinion about health issues and what could be done to improve health challenges facing their community. Specifically for child health, participants were asked:

1. What would you say is the most important child health issue facing Greater Cincinnati?
2. What would you say is the most important thing that can be done to improve child health in Greater Cincinnati?

CHILD HEALTH NEEDS IN THE GREATER CINCINNATI REGION

Cincinnati Children's and The Health Collaborative completed a Community Health Needs Assessment by interviewing key informants, conducting focus groups, completing surveys, and reviewing secondary data across Cincinnati Children's eight-county primary service region.

The Cincinnati Children's health needs assessment identified six child health priority areas as well as other health needs. Barriers to child health and wellness were also identified. They are summarized in alphabetical order below:

Asthma

Asthma is the most common chronic disease of childhood, affecting an estimated 6.8 million children in the United States, and it is a priority child health need in the Greater Cincinnati community. According to research published in the *Journal of Pediatrics*, from September 2010 through August 2011, the asthma admission rate in Hamilton County was double the national average, and in some neighborhoods the rate was 10 times the national average. In the same period, there were 2,315 visits to the Cincinnati Children's Emergency Department for asthma and 791 hospital admissions. Asthma is also a significant contributor to missed school days for children and missed work days for caregivers. There are many factors that may contribute to these high rates of asthma morbidity. Risks related to poverty may be playing a considerable role. Well-documented environmental factors include pests, such as cockroaches and rodents, mold and mildew, tobacco smoke, pollutants, cleaners, and other chemical irritants.

The community survey found that 15.2% of caregivers were told by a doctor or healthcare provider that their child has asthma. Key informants believed that asthma is a high or very high child health need (76.7%) and that the problem is still a significant issue in the community (64.3%).

Child Mental Health and Child Trauma

Child mental health is a growing concern throughout the community. The Cincinnati Children's Emergency Department sees more than 2,000 children a year for thoughts of suicide and about 5,000 children for mental health evaluation. Of patients hospitalized for psychiatric care, 90% are admitted from the Emergency Department. The Cincinnati Children's Psychiatry Department has seen a 60% rise in the number of children coming to the Emergency Department for psychiatry evaluation (from 4,362 in 2011 to 6,593 in 2015) and a 70% rise in inpatient admissions (from 2,464 in 2011 to 4,343 in 2015).

Caregivers completing the community survey said that 11.6% of their children were identified by a doctor or healthcare provider as having a mental health challenge or diagnosis. Additionally, 100% of key informants believed that child mental health is a high or very high need, and 55.2% believed child mental health is getting worse. Community focus groups, on the other hand, did not reflect the same level of priority. Just 4.5% of respondents believed mental health disorders are a top child priority.

TABLE 6. TOP MENTAL HEALTH DIAGNOSES AT CINCINNATI CHILDREN'S⁸

Inpatient Diagnoses	Outpatient Diagnoses
Depressive Disorder	Depression
Adjustment Disorder	Anxiety
Bi-Polar Disorder	Operational Defiant Disorder (associated with ADHD)
Trauma	Social Phobia
Intermittent Explosive Disorder	Aggression

Early Literacy/School Readiness

Early literacy plays an important part in child health and development. According to The Strive Partnership and Success by 6, 57% of kindergarteners entering Cincinnati Public Schools in 2013-14 were ready in literacy based on the Kindergarten Readiness Assessment-Literacy (KRA-L). Key informants rated child literacy and reading as a high or very high need (75.8%) and believed the need is still significant in Greater Cincinnati (57.1%).

Caregivers completing the community survey reported that 13.6% of their children missed more than 6 days of school during the 2014 school year. A key indicator of school readiness and literacy is school attendance. The survey also found that 7.7% of respondents' children have repeated a grade. Additionally, schools play an important role in promoting health and reducing health risks.

⁸ Based on Inpatient and Outpatient admission to Cincinnati Children's Psychiatry Department; 6,593 inpatient admissions in 2015; 27,009 outpatient visits in 2015.

Infant Mortality

Hamilton County has one of the highest infant mortality rates across the country. From 2010 to 2014, 522 infants died in Hamilton County. In 2014, 97 infants died in Hamilton County, giving the county an infant mortality rate of 8.8 (down from 10.5 in 2010). African-Americans in the community are 2.7 times more likely to have a baby die in the first year of life.

The community survey found that 11.6% of caregivers had a child born at least 4 weeks early. Infant mortality was rated as a high or very high need by 80.0% of key informants. Key informants (53.6%) also believed that infant mortality is improving in the community.

Obesity

A total of 35.4% of all Cincinnati Children's patients in fiscal 2013-2014 were overweight or obese, and among patients who lived in Hamilton County, 36.3% were overweight or obese. In the same period, 34.5% of patients seen in Cincinnati Children's primary care clinics, operating in neighborhoods throughout the region, were overweight or obese.

In Cincinnati Public Schools during the 2013-14 school year, 33.0% of students were obese or overweight. Despite this statistic, the community survey found that only 9.3% of caregivers had had a doctor or healthcare provider talk to them about their child being overweight or obese.

Key informants surveyed believed obesity is a priority, with 86.6% rating it a high or very high need, and 41.4% of key informants believed the problem is still significant. There was consensus in the community focus groups where participants rated obesity as a priority.

Child Safety and Unintentional Injury

Nationally, unintentional injury is the leading cause of death for children under the age of 19. Medical care for childhood injuries costs an estimated \$11.5 billion each year in the United States.

Among fatal injuries, motor vehicle crashes are the leading cause of death. Among non-fatal injuries, the most frequent injury is falls. In Hamilton County, the 12-month moving average for all types of injuries as of October 2015 was 9.2 injuries per 1,000 children, up from the baseline period from July 2008 to June 2010 of 8.7 injuries per 1,000 children.

Key informants rated the injury problem as very high/high (34.5%), and 75.9% saw the problem as still significant.

TABLE 7. UNINTENTIONAL INJURY LOCATIONS BY YEAR

	2012	2013	2014
Daycare	212	239	281
Farm	16	21	12
Home	6486	6388	6351
Other	313	297	318
Other Private Home	1150	1171	1299
Public Place	1535	1632	1724
Recreation Center or Sports Complex	1898	2271	1977
Residential Institution	35	38	35
School	1923	1524	1619
Street or Highway	722	606	655
Unknown	1555	1607	1912
Workplace	38	30	37

Safety and violence were also mentioned as child health issues in the community. The Mayerson Center for Safe and Healthy Children — a program for children who are victims of physical and sexual abuse and neglect — served 1,504 children in 2013 and 1,401 in 2014. Hamilton County had 6,006 new reports of child abuse and neglect in 2013; Clermont County had 1,669 new reports; Butler County had 2,857 new reports; and Warren County had 642 new reports. These 11,174 cases comprised 11% of Ohio's 100,183 new reports of child abuse and neglect in 2013. Sexual abuse comprised 70% of the cases the Mayerson Center reported in 2014 and physical abuse accounted for 9% of the cases. A total of 93.4% of key informants rated the violence and safety problem in the community as high or very high, and 55.2% believed the problem is worse in Greater Cincinnati.

Other Identified Child Health Needs

In addition to these six priorities, community members and key informants identified a number of other issues of concern:

- Allergies
- Dental care
- Drug and alcohol abuse
- Emotional trauma
- Food insecurity (highest rated)⁹
- Heart disease
- Housing conditions
- Lead poisoning
- Reproductive health education and services
- Sexually transmitted diseases
- Sickle cell disease
- Teen pregnancy and births
- Toxic stress
- Transportation
- Untreated parental mental health issues
- Unemployment of parents
- Vaccinations
- Vision care

⁹ 83.3% of key informants rating food insecurity as a high/very high priority.

Economic and Social Barriers to Care (Access to Care)

Key informants and community members identified barriers that are important to address in order to improve child health.

- Family and housing instability
- Inflexible clinic hours for families with hectic work/life schedules
- Insufficient funding for public health clinics
- Lack of a medical home
- Lack of transportation to healthcare providers
- Limited access to medical care¹⁰
- Long wait times for appointments
- Need for health specialists
- Poverty — (highest rated)
- Shortage of primary care providers accepting patients insured through Medicaid

COMMUNITY STRENGTHS AND RESOURCES

While key informants and community members identified a list of needs and barriers, they also identified many community strengths. High among them is the ability of the community to work together.

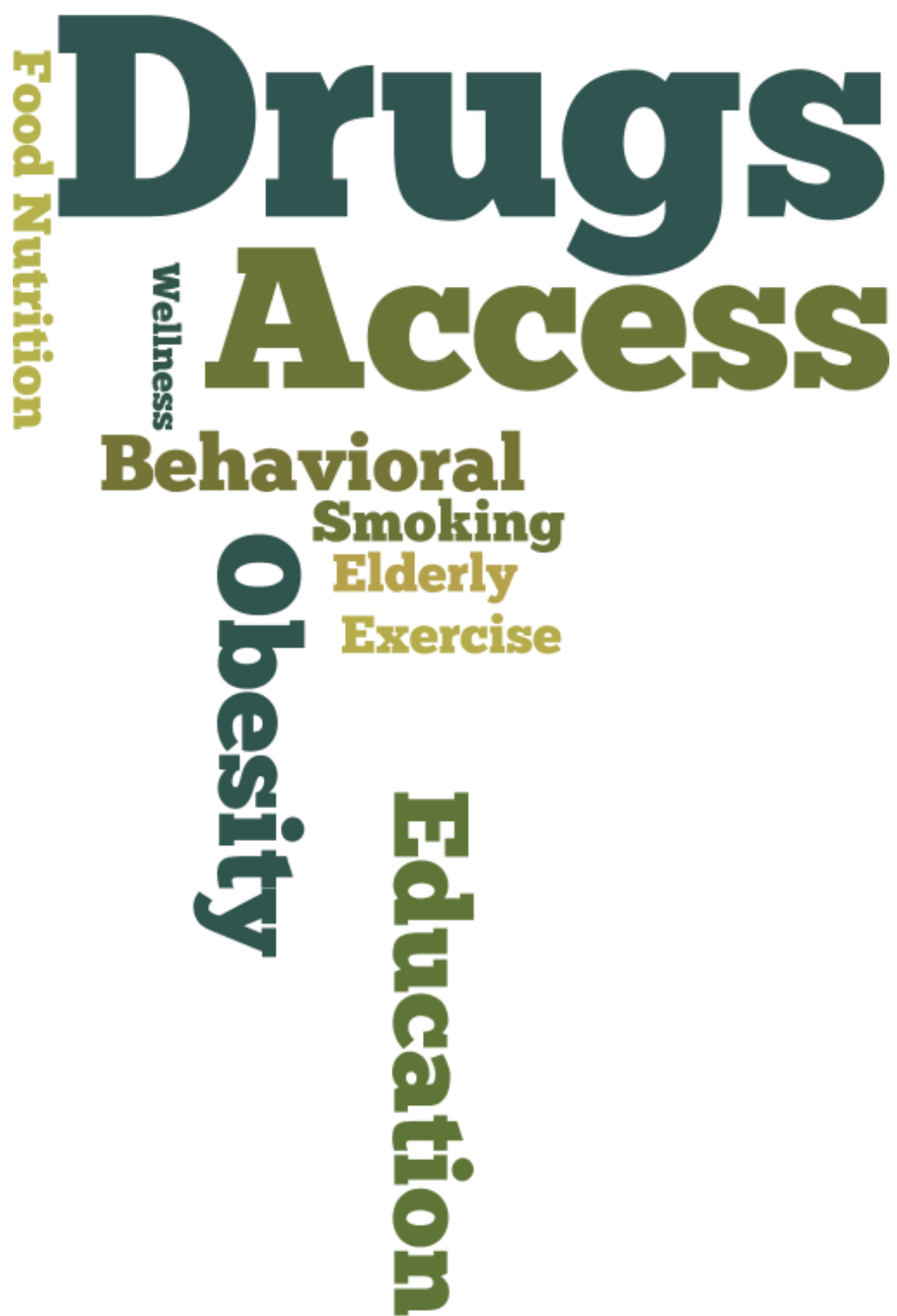
One strength identified was that Cincinnati has strong institutions and strong partnerships to support youth initiatives. The community is actively looking for ways to connect the dots and break down silos. Key informants and community members supported Cincinnati Children's for community-focused initiatives that are contributing to improved child health, such as work to prevent violence and to improve outcomes for children with asthma. Efforts to improve child health in the community are summarized below.

TABLE 8. CHILD HEALTH COMMUNITY EFFORTS

Issue	Partners
Access To Care	Cincinnati Children's Pediatric Primary Care Center, School-Based Health Centers; The Health Network by Cincinnati Children's; Growing Well Cincinnati; Cincinnati Children's clinical network
Asthma	Asthma Improvement Collaborative, Collaboration to Lessen Environmental Asthma Risks (CLEAR)
Education and Early Reading	Strive Partnership; Success by 6
Infant Mortality	Perinatal Institute; Cradle Cincinnati; Every Child Succeeds
Mental Health	Cincinnati Children's College Hill Campus; Mayerson Center for Safe and Healthy Kids; MindPeace
Obesity	Center for Better Health and Nutrition
Parenting	Every Child Succeeds; 4C for Children
Unintentional Injury And Child Safety	Comprehensive Child Injury Center; Injury Free Coalition for Kids
Other Issues	Ongoing coordination with county and local health departments on child health prevention and interventions

¹⁰ 7.2% of community participants in the Cincinnati Children's health needs survey reported that there was a time in the past year when their child needed but did not get care.

FIGURE 5. CONSUMER PRIORITIES: NOT ADDRESSED ENOUGH WORD CLOUD



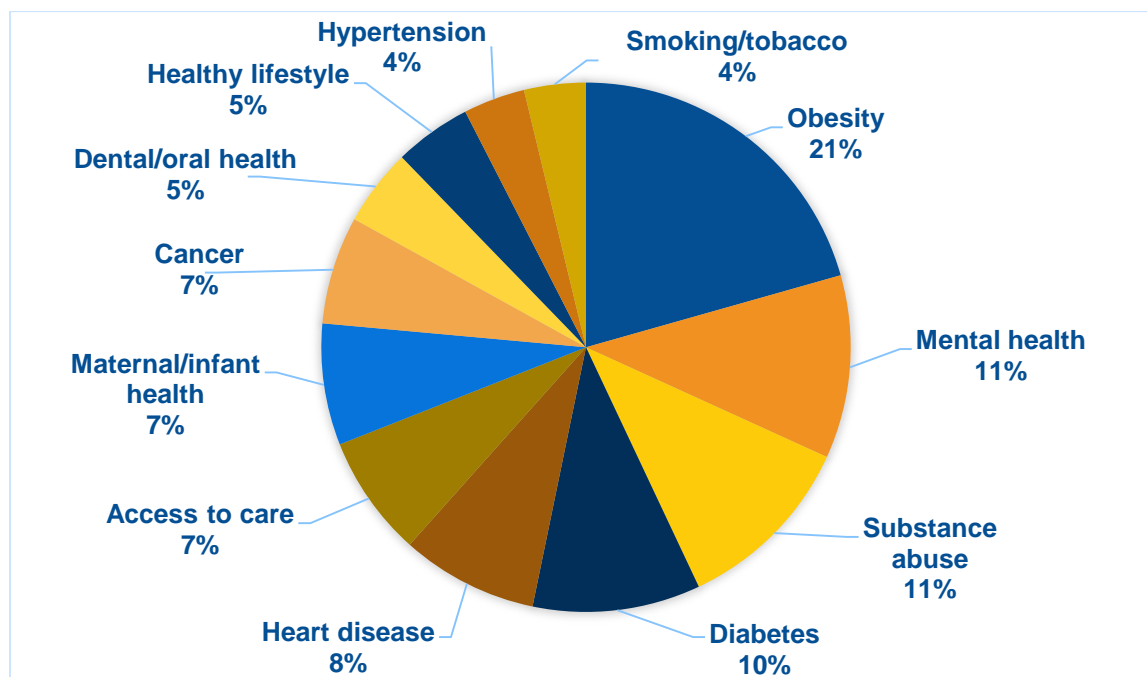
Chapter 6. Regional Summary

OVERVIEW OF SIGNIFICANT HEALTH NEEDS

While collecting primary and secondary data, the CHNA team noticed that many of the priorities identified three years ago still concerned Tristate residents and organizations. See Appendix M.

In 2013, hospitals in the Greater Cincinnati region identified their top priorities. The chart below reflects how many times hospitals selected the same priority. The priorities shown in Figure 6 represent 85% of all the priorities identified three years ago. Most of the priorities remain important for 2016.

FIGURE 6. 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 community meetings, heroin was mentioned in rural counties and in urban counties, in large counties and in small counties. In all but two counties, substance abuse was voted to be a top health issue at community meetings. Substance abuse and addiction also rated at the top of issues concerning health departments as well as individuals and agencies responding by survey. Related diseases like Hepatitis C, HIV, and sexually transmitted disease similarly rose in prominence.

Access to care, cancer, diabetes, and mental health continued to appear as major issues in the region.

Surveys from agencies highlighted tobacco use and smoking as an important concern, which the secondary data supports. The secondary data also indicated that the region's rates for lung cancer mortality and deaths due to Chronic Lower Respiratory Disease are high and getting worse for several Tristate counties. Injury deaths are another area of concern, based on both secondary data and responses from local health departments. People at meetings 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 elevated lead blood levels in children, infant mortality, 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 unmet needs related to important health issues. The meeting responses were transcribed from the 11 community 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.

TABLE 9. PRIORITIZED UNMET NEEDS IN THE REGION
(in descending order of number of mentions)

Meetings	Consumers	Agencies	Health Depts.
Substance abuse	Substance abuse	Substance abuse	Substance abuse
Mental health	Access to care/services	Mental health	Access to care/services
Access to care/services	Obesity	Access to care/services	Limited funding/resources
Care for elderly	Health education	Health education	Smoking
Wellness	Mental health	Access to healthy food/nutrition	Transportation
Transportation	Smoking	Dental	Mental health
Communicable disease	Care for elderly	Smoking	Obesity
Health education	Access to healthy food/nutrition	Communicable disease	Communicable disease
Reproductive/Sexual health	Opportunity for exercise	Obesity	Environmental health
Health literacy	Wellness	Social determinants	Social determinants

“You have every system in town on Epic, FQHCs on Epic, Health Dept. on NexGen. We need to align the data systems.”

-Health Commissioner

Barriers

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

Some respondents provided non-financial answers for the ‘Financial Barrier’ question. In some cases the issue was the absence of an assigned Medicaid provider near where they lived. In rural counties, the assigned primary care provider might be located out of the county. Even with Medicaid, this scenario felt like no coverage. The people in this situation felt that they would still have to pay out-of-pocket for local care, and so the barrier was financial for them – despite their nominally having insurance coverage. Also in rural counties, some residents had concerns about the quality of local providers to handle complex and specialized cases. Quite a few of the ‘other’ responses about providers fell into one of these categories.

In the meetings, attendees often brought up the inability to afford the co-pays. Middle-income families and people with professional jobs reported that, for the first time in their lives, they were skipping or postponing care due to high-deductible insurance plans.

TABLE 10. REGION: FINANCIAL BARRIERS

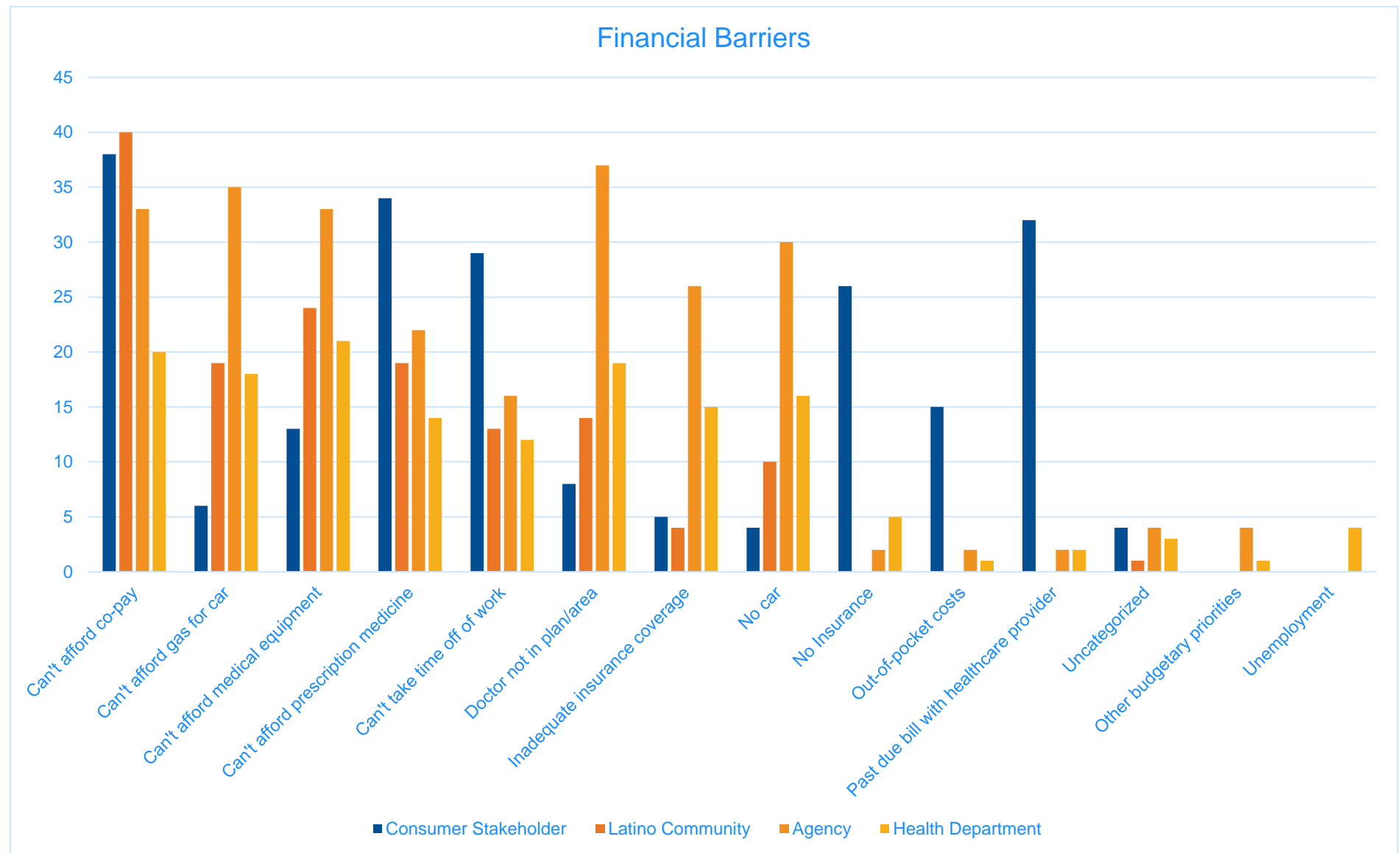
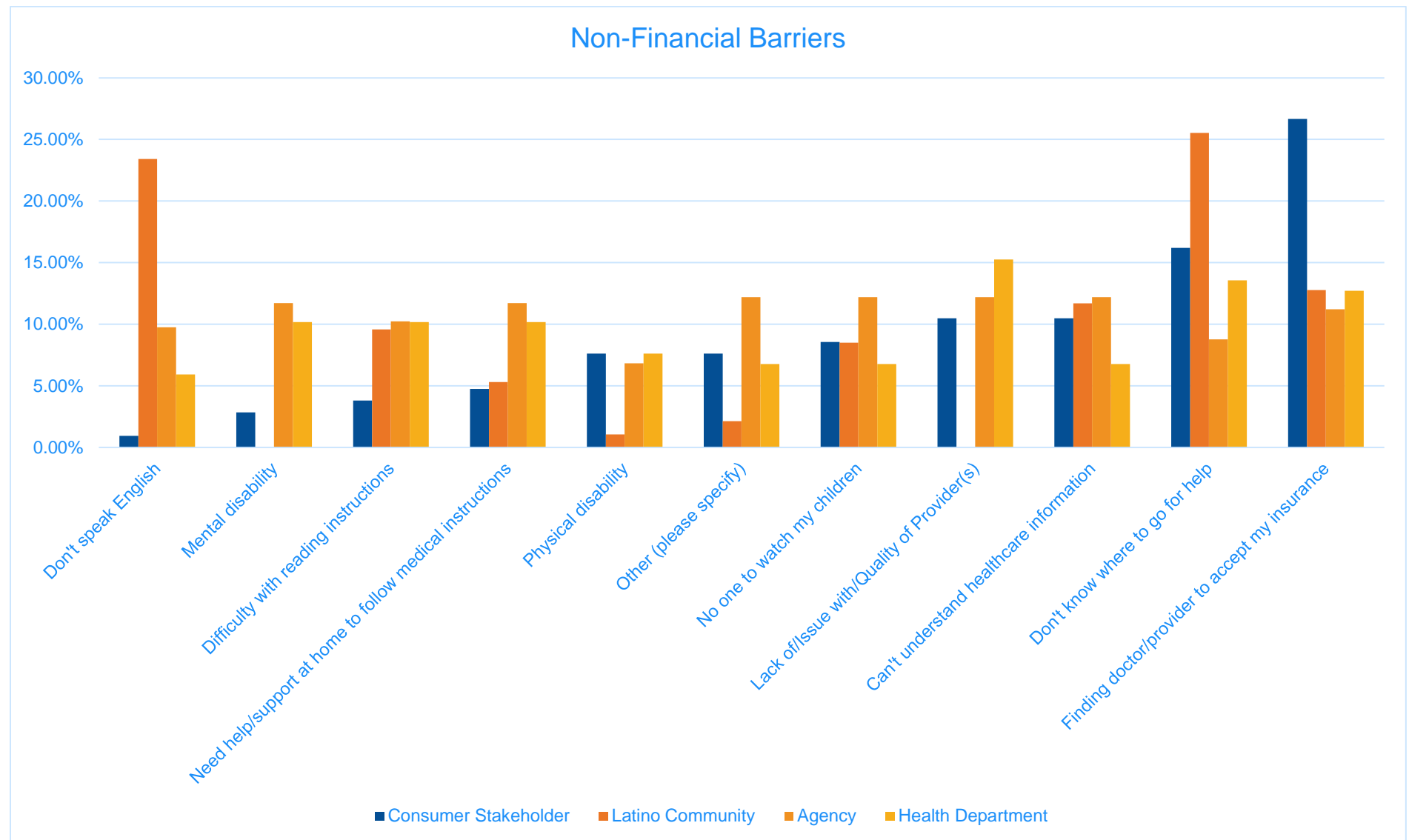


TABLE 11. REGION: NON-FINANCIAL BARRIERS



PRIMARY DATA

Community Meetings

At the 11 community 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 meeting. 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 7. REGION: PRIORITY VOTING AT COMMUNITY MEETINGS

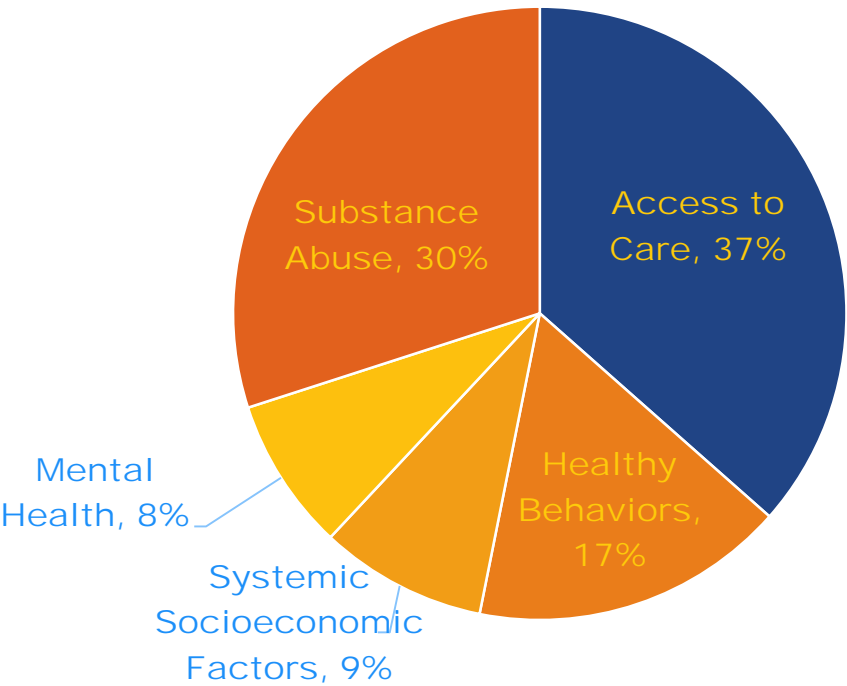


TABLE 12. REGION: TOP COMMUNITY MEETING ISSUES BY COUNTY

Top Issues	Counties
Access to care	All counties, except Union
Substance abuse	All counties, except Franklin & Preble
Healthy behaviors	Butler, Hamilton, Northern Kentucky, Union
Systemic socioeconomic factors	Hamilton & Franklin
Mental health	Butler, Clermont, Franklin, Hamilton
Child health	Preble & Ripley

FIGURE 8. REGION: BREAKDOWN OF TOP PRIORITIES FROM COMMUNITY MEETINGS

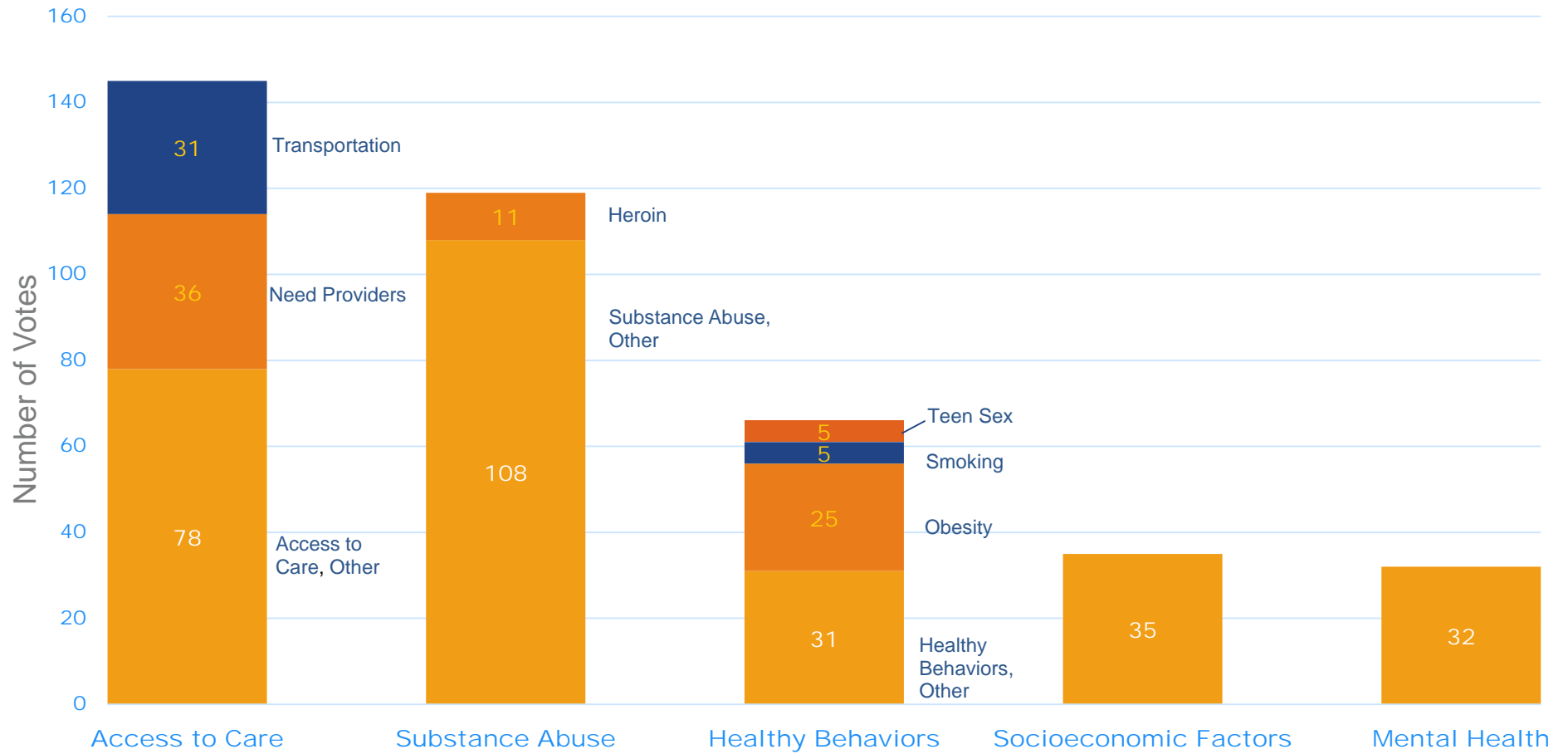


TABLE 13. REGION: COMMUNITY PRIORITIES BY COUNTY MEETINGS
(in descending order by number of votes)

Ripley	Franklin	No. KY	Adams/Brown/High-land/ Pike/ Scioto	Dearborn/ OH/ Switz.	Warren	Hamilton	Clermont	Preble	Union	Butler
Substance abuse	Access to care	Substance abuse	Substance abuse	Access to care	Healthy behaviors	Systemic health-related factors	Substance abuse/ addiction	Lack services/ providers	Promote healthy behaviors	Health behaviors
Access to care	Destigmatize mental illness	Obesity (incl. Child)	Transportation	Substance abuse	Access to care	Access to care	Mental health	Child health	Substance abuse	Mental health/ Addiction
Child health	Limits on medical equipment	Access to care	Not enough providers	Medical workforce availability	Heroin addiction/ epidemic	Substance abuse	Service delivery/ patient education	Funding	Need for specialized services	Transportation
Diabetes	Substance abuse	Cancer	Child obesity	Role of parents		Mental health	Obesity	Substance abuse		Access to care
Obesity	More AEDs	Limits of KY Managed Medicaid	Chronic Diseases	Mental Health		Health outcomes	Self-care	Chronic health issues		Child health
Funding	Health Education	Smoking (pregnant women)		Healthy Lifestyle Choices		Resources				Resources
Health promotion	Teen STDs			Use of resources		Healthy behaviors				Dementia

Eighty-two organizations, serving vulnerable participations, sent representatives to community meetings. The populations, for whom they advocated, included:

- Children
- Ethnic minorities
- Homeless
- Low-income
- Medically underserved
- People in recovery
- People with chronic disease
- People with mental illness
- Pregnant women
- Racial minorities
- Seniors, and
- Victims of domestic violence

Consumer Surveys

Below are the key words and phrases repeated most often by individual consumers who completed a survey between June 15 and August 3, 2015. There were 329 who participated, and 303 people answered the question, “What are the most serious health issues facing your community.” They mentioned a total of 555 health and/or health-related issues of particular concern to them.

TABLE 14. REGION: CONSUMER – MOST SERIOUS HEALTH ISSUES

Most Serious Health Issues	# Mentions	% Mentions
Substance abuse (<i>74 mentioned heroin, opiate, or opioid</i>)	197	65.0%
Obesity	67	22.1%
Access to care/services	42	13.9%
Cancer	33	10.9%
Diabetes	29	9.6%
Mental health	26	8.6%
Heart	25	8.3%
Smoking	21	6.9%
Care for elderly	18	5.9%

Other issues mentioned more than once were: Respiratory disease; Healthy food/nutrition; Chronic disease; Poverty; Hypertension; Opportunity for exercise; Healthy lifestyle choices; Communicable disease; Care for children; Wellness/vaccine/immunization; Violence; Prenatal care; Allergies; Infant mortality; Health education; and Dental.

One of the questions asked on the survey was, “Which important health issues are being handled well in your community?” Again, 303 people responded.

“Heroin and narcotic prescription drug abuse...
it’s ridiculous and out of control.”

-Individual consumer

TABLE 15. REGION: CONSUMER - IMPORTANT ISSUES BEING HANDLED WELL

Important Issues Being Handled Well	# Mentions	% Mentions
Don't know/unsure/none/NA	122	33.2%
Substance abuse	32	8.7%
Access to care/services	27	7.3%
Wellness/prevention (including vaccines & immunizations)	25	6.8%
Hospitals	19	5.2%
Heart disease	16	4.3%
Diabetes	15	4.1%
Cancer	11	3.0%
Health education	11	3.0%
Care for children	9	2.4%
Care for elderly	9	2.4%

One-third of respondents could not identify an issue being handled well in the community, and some responses were half-hearted. Typical comments in this section were, “I do think I have heard of a few drug addiction programs but nothing major” or “Through what I read in the news it seems there has been an attempt to deal with heroin abuse.”

The same number of people answered the question, “Which important health issues are not being addressed enough in your community?” Almost one-third of respondents could not identify an issue.

TABLE 16. REGION: CONSUMER - IMPORTANT ISSUES NOT BEING ADDRESSED ENOUGH

Important Issues Not Being Addressed Enough	# Mentions	% Mentions
Don't know/unsure/NA	98	23.6%
Substance abuse	76	18.3%
Access to care/services	53	12.7%
Obesity	30	7.2%
Health education	28	6.7%
Mental health	21	5.0%
Smoking	15	3.6%
Care for elderly	14	3.4%
Access to healthy food/nutrition	14	3.4%
Opportunity for exercise	14	3.4%
Wellness	10	2.4%

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.'

“We’re happy to promote health activities and education.”

- Librarian

Two hundred eighty-nine people answered the question, “What can you do to improve your health?”

TABLE 17. REGION: CONSUMER - WHAT CAN YOU DO TO IMPROVE YOUR HEALTH?

Health Improvement Activity	# Mentions	% Mentions
Exercise more	194	42.5%
Eat healthier	125	27.4%
Lose weight	50	10.9%
Self-care; Cope better with stress	23	5.0%
Receive regular medical check-ups	21	4.6%
Make better lifestyle choices (not otherwise mentioned)	15	3.3%
Get enough sleep	8	1.8%
Quit smoking	8	1.8%
Get information	4	0.9%

These responses were interesting because people had definite answers. Most of them knew what to do, and many expressed the desire to do more or do better. One person wished that her family doctor would have this conversation with her. Another attendee wished for help in discriminating among competing diet plans to know which one really worked.

Ninety-five people (1/3 of respondents) gave answers that included both categories of ‘eat healthier’ and ‘exercise more.’ Typical comments included: “Exercise and eat right;” “Eat healthier and exercise;” “Improve diet & exercise;” “Eat less and exercise more;” “Continue my healthy eating and active living;” “Exercise, eat balanced meals;” and “Eat a nutritious diet and exercise regularly.”

See Appendix G for the full list of meeting participants.

Agency Surveys

A total of 55 agencies and organizations completed the survey online. They served one or more counties. All 23 counties were included in at least one organization's service area. A few organizations had more than one person from the agency respond. Thirty-six organizations provided their names. They represent a good cross-section of sectors and geographic areas. Appendix H lists the self-identified agencies 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 pregnant women, people who were homeless, LGBT community, people with mental illness, people with Limited English Proficiency, and victims of abuse.

TABLE 18. VULNERABLE POPULATIONS SERVED BY AGENCIES

Populations Served	% Agencies
Low-income	97.62%
Children	80.95%
Racial minorities	80.95%
Rural	73.81%
Ethnic minorities	71.43%
People with disabilities	71.43%
Elderly	59.52%
Others at risk	35.71%

"Raising people's standard of living improves their physical and mental health."

-Nonprofit agency

Forty-nine organizations answered the following question: “What are the most serious health issues facing your community?”

TABLE 19. REGION: AGENCY – MOST SERIOUS HEALTH ISSUES

Most Serious Health Issues	# Mentions	% Mentions
Substance abuse	29	21.3%
Mental health	19	14.0%
Obesity	17	12.5%
Diabetes	10	7.4%
Smoking	9	6.6%
Access to care/services	8	5.9%
Infant mortality	6	4.4%
Dental	5	3.7%
Healthy food/nutrition	4	2.9%

One of the questions asked on the survey was, “Which important health issues are being handled well in your community?” Again, 49 agencies responded.

TABLE 20. REGION: AGENCY - IMPORTANT ISSUES BEING HANDLED WELL

Important Issues Being Handled Well	# Mentions	% Mentions
Access to care/services	9	13.6%
Substance abuse	8	12.1%
Infant mortality	6	9.1%
Care for children	4	6.1%
Don't know/unsure/NA	4	6.1%
Health outreach	4	6.1%
Healthy food/nutrition	4	6.1%
Opportunity for exercise	4	6.1%
Mental health	3	4.5%
Wellness, especially vaccines and immunizations	3	4.5%

There were not as many ‘Don’t know/unsure/NA’ responses as seen in the community meeting responses to this question. There were two mentions for these issues being handled well: Care for elderly; Health education; Obesity; and Teen pregnancy. There was one mention each for: Cancer; Dementia/Alzheimer’s; Dental; Diabetes; Integration of medical care; Patient-centered medical home; Quality of healthcare; Smoking; and Wound care.

The same number of 49 people answered the question, “Which important health issues are not being addressed enough in your community?”

TABLE 21. REGION: AGENCY - IMPORTANT ISSUES NOT BEING ADDRESSED ENOUGH

Important Issues Not Being Addressed Enough	# Mentions	% Mentions
Substance abuse	18	21.4%
Mental health	13	15.5%
Access to care/services	8	9.5%
Health education	5	6.0%
Healthy food/nutrition	5	6.0%
Dental	4	4.8%
Smoking	4	4.8%
Communicable disease	3	3.6%
Obesity	3	3.6%
Social determinants	3	3.6%

Again, responses spanned 23 categories, and there were few ‘Don’t know/unsure/NA’ responses. Despite the number of issues raised, Substance abuse and Mental health were clearly the issues considered to merit more attention.

Forty-four people answered the question, “What can the people you serve do to improve their health?”

TABLE 22. REGION: AGENCY - WHAT CAN THE PEOPLE YOU SERVE DO TO IMPROVE THEIR HEALTH?

Health Improvement Activity	# Mentions	% Mentions
Be responsible for own health	14	15.7%
Exercise more	12	13.5%
Eat better/well	11	12.4%
Receive regular check-ups	8	9.0%
Access available services	7	7.9%
Access healthy food/nutrition	7	7.9%
Make healthy lifestyle choices	7	7.9%
Quit smoking	6	6.7%
Obtain health education	5	5.6%
Self-care; Cope better with stress	4	4.5%
Wellness	3	3.4%

The concept of personal responsibility and being proactive about health dominated the answers. Typical comments included: “Learn personal responsibility;” “Begin to take responsibility for their own health;” “Stop buying so much junk food;” “Work towards making health a priority;” “Getting people to do it is another story;” and “Take control and not rely on a pill for everything.”

TABLE 23. REGION: AGENCY – TOP PRIORITIES

Top Priorities	# Mentions	% Mentions
Substance abuse	20	20.2%
Mental health	16	16.2%
Smoking/tobacco	12	12.1%
Access to care/services	11	11.1%
Obesity	9	9.1%
Dental	6	6.1%
Diabetes	4	4.0%
Access to healthy foods	3	3.0%
Opportunity for exercise	3	3.0%
Social determinants	3	3.0%
Transportation	3	3.0%

Smoking and Access to care/services moved up the list as priorities, compared to the responses about 'most serious health issues.' Opportunity for exercise and addressing social determinants of health also emerged here as priorities along with Transportation.



Health Departments

There are 25 city, county, or district health departments in the 23-county region. The CHNA contacted the Health Commissioners first, 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, mail, and email, and personal delivery of a survey to the office. Twenty-four local health departments completed their responses to all questions between June 15 and August 3, 2015.

TABLE 24. REGION: HEALTH DEPARTMENT – MOST SERIOUS HEALTH ISSUES

Most Serious Health Issues	# Mentions	% Mentions
Obesity	17	14.8%
Substance abuse	16	13.9%
Access to care/services	10	8.7%
Communicable disease	9	7.8%
Smoking	8	7.0%
Mental health	6	5.2%
Diabetes	5	4.3%
Infant mortality	5	4.3%
Chronic disease	4	3.5%
Healthy food/nutrition	4	3.5%
Heart disease	4	3.5%

Not surprisingly, Communicable disease ranked high in mentions by health department respondents. They were most concerned with the rise in chronic Hepatitis C, HIV, and Sexually Transmitted Infection.

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

TABLE 25. REGION: HEALTH DEPARTMENT - IMPORTANT ISSUES BEING HANDLED WELL

Important Issues Being Handled Well	# Mentions	% Mentions
Community coalition	8	14.5%
Substance abuse	8	14.5%
Access to care/services	6	10.9%
Infant mortality	4	7.3%
Patient education	3	5.5%
Smoking	3	5.5%

“The public health system and the health care system (and the behavioral health system, and the dental health care system) need to come together to address issues.”

- Health Commissioner

Three types of community-based coalitions received praise: Drug coalitions; coalitions addressing infant mortality; and one coalition addressing social determinants of health.

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

TABLE 26. REGION: HEALTH DEPARTMENT - IMPORTANT ISSUES NOT BEING ADDRESSED ENOUGH

Important Issues Not Being Addressed Enough	# Mentions	% Mentions
Substance abuse	10	13.9%
Access to care/services	8	11.1%
Limited funding/resources for health departments	8	11.1%
Smoking	6	8.3%
Transportation	6	8.3%
Mental health	5	6.9%
Obesity	5	6.9%
Communicable disease	3	4.2%
Environmental health	3	4.2%
Social determinants	3	4.2%

Comments about Environmental health issues included: “Hoarding is an issue;” “If blight was cleaned up, residents would become more active;” “Inability of the health department to enforce environmental issues;” and “Improve the environments in which residents live, work and play.” Issues receiving two mentions included: Dental, Health equity, Prevention/vaccinations, and Timely health data. One person explained, “Hep C is the #1 reported disease, but we do not know when an individual contracted it.”

All 24 health departments answered on behalf of the people they serve, “What can they do to improve their health?”

TABLE 27. REGION: HEALTH DEPARTMENT - WHAT CAN PEOPLE DO TO IMPROVE THEIR HEALTH?

Health Improvement Activity	# Mentions	% Mentions
Exercise more	12	15.8%
Eat healthier	10	13.2%
Receive regular check-ups	8	10.5%
Increase health awareness	7	9.2%
Quit smoking	7	9.2%
Adopt healthy behaviors	6	7.9%
Nutrition	5	6.6%
Follow doctor's instructions	3	3.9%

Responses from health departments were consistent with the consumer responses, in the emphasis on Exercise more and Eat healthier. Comments focused on encouraging and motivating individuals, who may be fearful or poorly informed. One person acknowledged that, “People have a hard time seeking

help.” One respondent advocated a process approach: “Some kind of coordination is needed. Education first. Something that is reality based.”

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

TABLE 28. REGION: HEALTH DEPARTMENT – TOP PRIORITIES

Top Priorities	# Mentions	% Mentions
Substance abuse	13	16.3%
Obesity	12	15.0%
Smoking	11	13.8%
Communicable disease	5	6.3%
Access to affordable care	4	5.0%
Access to healthy foods/nutrition	4	5.0%
Mental health	4	5.0%
Wellness/immunizations	3	3.8%

The ‘most serious issues’ included several diseases, but the list of top priorities for health departments replaced chronic disease, diabetes, heart disease, and infant mortality with an emphasis on wellness and prevention, especially childhood immunizations. Chronic disease and infant mortality each received two mentions.

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

““From a health equity lens, mortality and morbidity numbers
are an expression for other, larger health issues.”
- Health Commissioner

SECONDARY DATA

Metropolitan Statistical Area Data

The national Behavioral Risk Factor Surveillance System (BRFSS) collects data via health-related telephone surveys about health-related risk behaviors, chronic health conditions, and use of preventive services. For some Metropolitan Statistical Areas (MSA), with at least 500 combined landline and cell phone calls in a year, the Centers for Disease Control has analyzed the BRFSS data to provide health information at the MSA level. The Risk Trends table below shows prevalence rates for selected conditions and behaviors for the Cincinnati-Middletown OH-KY-IN MSA, comprising 15 counties of the 23 selected for this CHNA. The Cincinnati-Middletown MSA includes Boone, Bracken, Brown, Butler, Campbell, Clermont, Dearborn, Franklin, Gallatin, Grant, Hamilton, Kenton, Ohio, Pendleton, and Warren Counties.

The table also provides data for state and national comparison. For the six measures available at the MSA level, the Cincinnati-Middletown MSA and the three states are all worse than the national average for every measure except binge drinking. Binge drinking rates for the Cincinnati-Middletown MSA and the State of Ohio exceed the national rate. Almost one in five people in the MSA are engaging in binge drinking.

The MSA had a greater percentage of adults with diabetes (11.9%) than in the country or in these three states. For every 8-9 adults in the MSA, one had diabetes. Surprisingly, the MSA had a slightly smaller percentage of obese adults (28.3%) than the three states have (all greater than 30%).

TABLE 29. MSA RISK TRENDS FROM THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (2012)

Measure	Cincinnati-Middletown OH-KY-IN MSA	Indiana	Ohio	Kentucky	United States
Health status reported fair or poor	17.8%	20.0%	18.3%	23.9%	16.9%
No exercise in past 30 days	24.1%	25.9%	25.3%	29.7%	22.9%
Adults with diabetes	11.9%	10.9%	11.7%	10.7%	9.7%
Current smokers	23.3%	24.0%	23.3%	28.3%	19.6%
Binge drinking (5+ drinks for men; 4+ for women)	19.4%	15.9%	18.0%	14.9%	16.9%
Obesity (30.0 BMI or above)	28.3%	31.4%	30.1%	31.3%	27.6%

Smoking rates were particularly high in Indiana and Kentucky. All three states were in the bottom quartile for smoking in the United States. Only West Virginia has more adult smokers than Kentucky (per BRFSS, 2012).

TABLE 30. RANK OF STATES FOR ADULT SMOKING

State	National Rank
Indiana	39
Ohio	43
Kentucky	49

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. Thirteen (56.5%) of the 23 counties had multiple issues that lagged state and national rates and for which the trend was worsening.

The counties with the most health issues were:

- Brown County, OH (18 measures)
- Adams County, OH (15 measures)
- Pike County, OH (15 measures)
- Switzerland County, IN (10 measures)
- Bracken County, KY (9 measures)
- Clermont County, OH (9 measures)
- Grant County, KY (9 measures)
- Hamilton County, OH (9 measures)
- Highland County, OH (9 measures)

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

- Drug poisoning deaths (16 counties)
- Heroin poisoning overdose deaths (12 counties)
- Injury deaths (10 counties)
- Lung cancer mortality (9 counties)
- Chronic Lower Respiratory Disease (CLRD) deaths (7 counties)
- Diabetes (7 counties)
- Mammography screening (%) (6 counties)

“Smoking is a large problem,
trying to get people to quit smoking.”

- Consumer

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. Seven of the measures are worsening over time and lagging state and national rates in 7 or more counties. Adult smoking is included because it is a risk factor for CLRD and lung cancer. A map for each measure follows the CNI map.

In these 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 meet the Healthy People (HP) 2020 targets. The maps show the range of rates within the region. Each of these maps represents either poor health outcomes or indicators of serious health factors which contribute to disease.

Here is a description of the significance of each map:

- CNI – Fifty-seven ZIP Codes, or 29% of the region's ZIP Codes, had high scores indicating a likelihood of disparities in their experience, or lack, of health care. Almost half of these, or 28 ZIP codes, are located in the City of Cincinnati. The counties where residents are most likely to experience healthcare disparities are: Adams, Hamilton, and Pike Counties (OH); Gallatin County (KY); and Union County (IN).
- Chronic Lower Respiratory Disease (CLRD) deaths, age 65+ – No county had fewer deaths than the HP target of 284.5 deaths per 100,000. In the region, the rates ranged from 295.8 in Preble County (Ohio) to 577.6 deaths per 100,000 in Grant County (KY).
- Current adult smokers – None of the counties met the HP 2020 target of 12% of adults being current smokers. Two counties had rates more than triple the HP 2020 target: Brown County (OH) at 36.3% and Gallatin County (KY) at 45.1%.
- Diabetes (%) – The national rate is 8.5%. In the region, Warren County (OH) had the lowest rate at 9%, but 17 of the 23 counties also exceeded their state averages (which ranged from 11% in Indiana to 12.9% in Ohio).
- Mammography screening (%) – In three counties, fewer than 49% of women received a mammogram to screen for breast cancer. In another ten counties, fewer than 60% received mammograms. In no county were more than 65% of women screened.
- Drug poisoning deaths – No county had fewer than 15 drug poisoning deaths per 100,000; the HP 2020 target is 11.3. Campbell, Gallatin, and Kenton Counties in Kentucky had 30 or more. This map is provided in addition to the heroin poisoning map, because heroin is not always identified as the cause of the overdose. Drug poisoning also includes prescription opioid overdose deaths.
- Heroin poisoning overdose deaths – Kenton County had more than 40 deaths per 100,000 directly attributable to heroin overdose. The Kentucky average is 22.9 (compared to 8.5 in Ohio and in Indiana 10.7 deaths per 100,000).
- Injury deaths – Only Warren County, at 47 injury deaths per 100,000, was below the HP 2020 target of 53.7.
- Lung cancer mortality rate – Only Pendleton (KY) and Union (IN) Counties had rates below the HP 2020 target of 45.5 deaths per 100,000.

FIGURE 9. COMMUNITY NEED INDEX - RISK OF HEALTH DISPARITIES

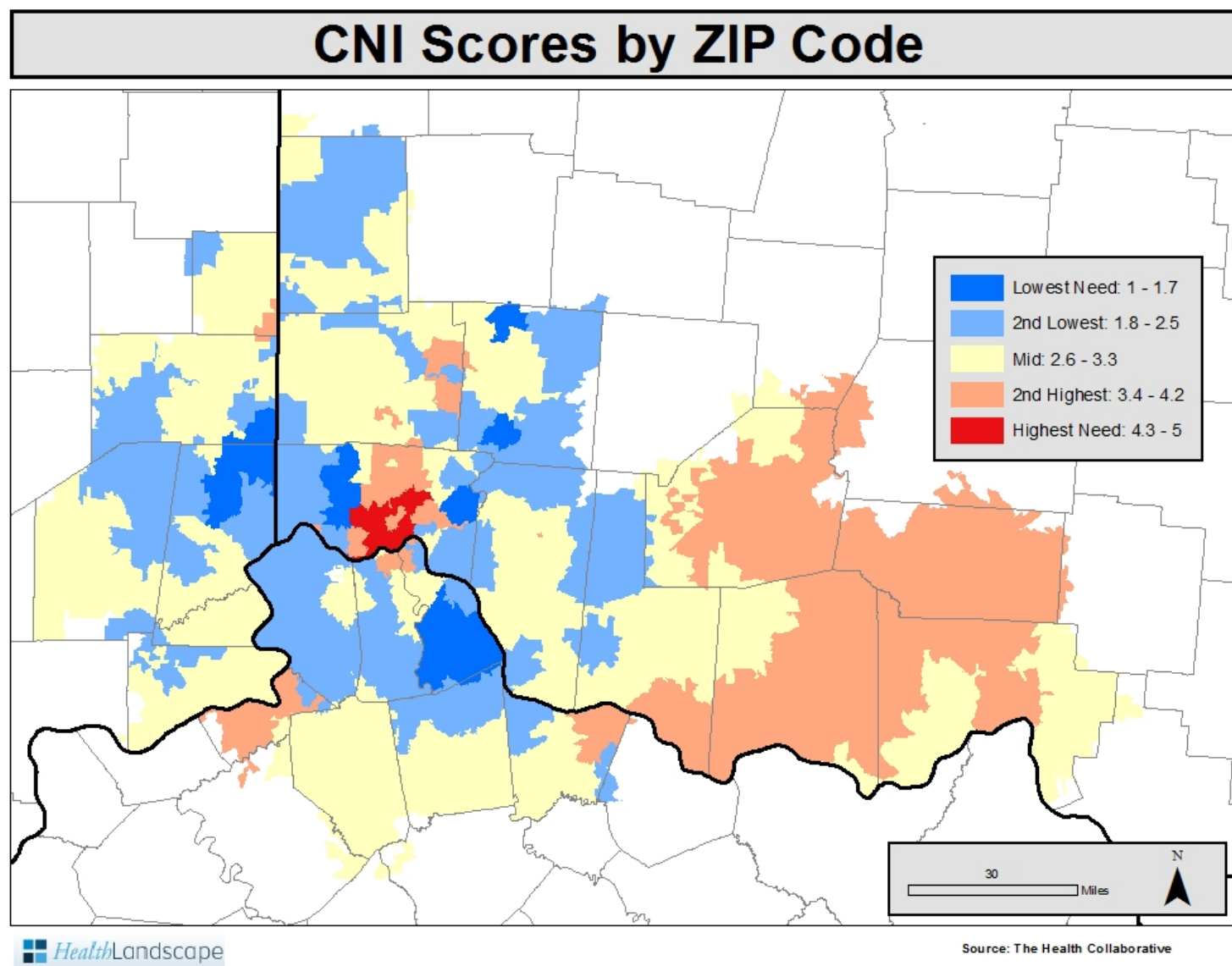


FIGURE 10. CHRONIC LOWER RESPIRATORY DISEASE (CLRD) DEATHS

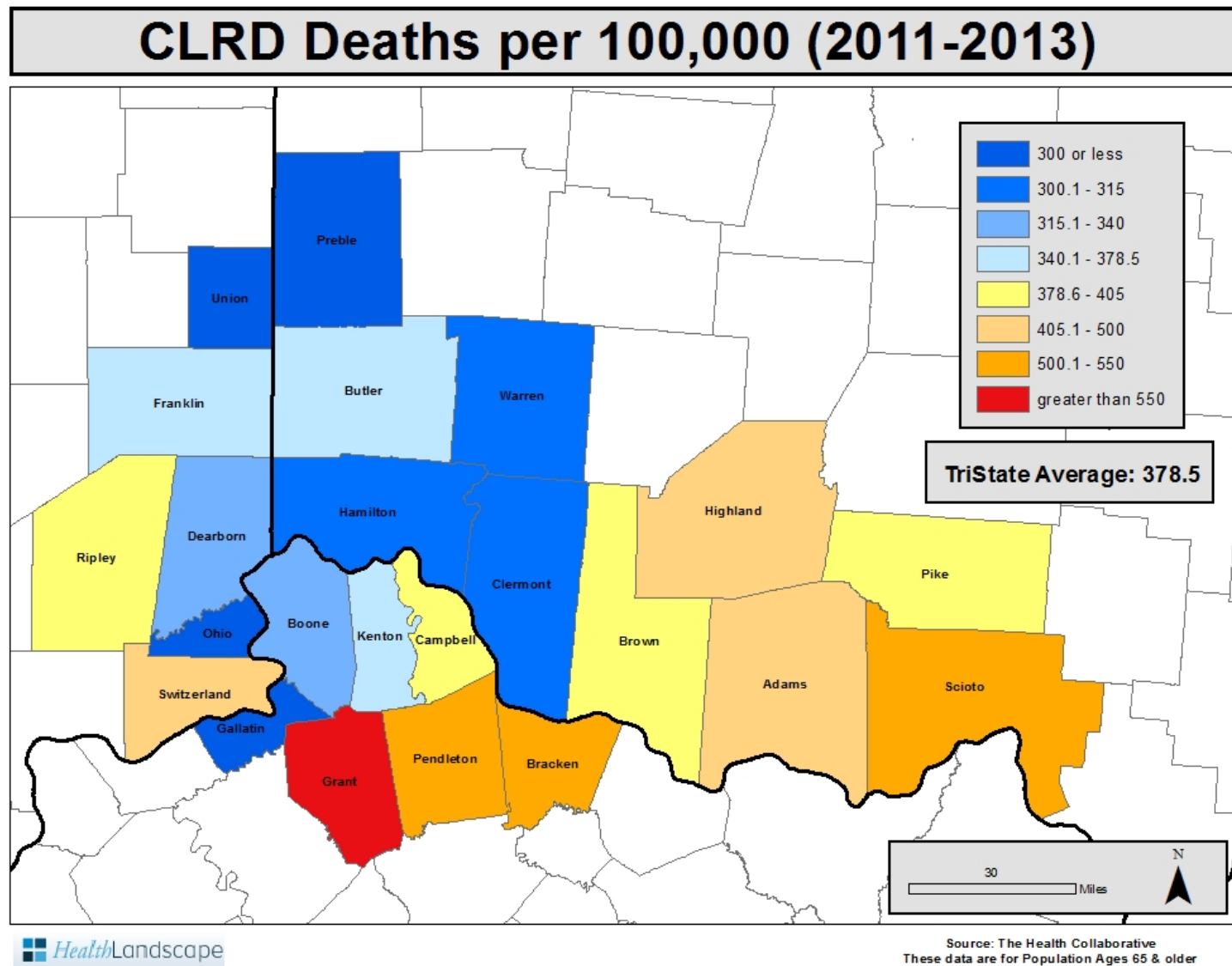


FIGURE 11. PERCENTAGE OF ADULT SMOKERS

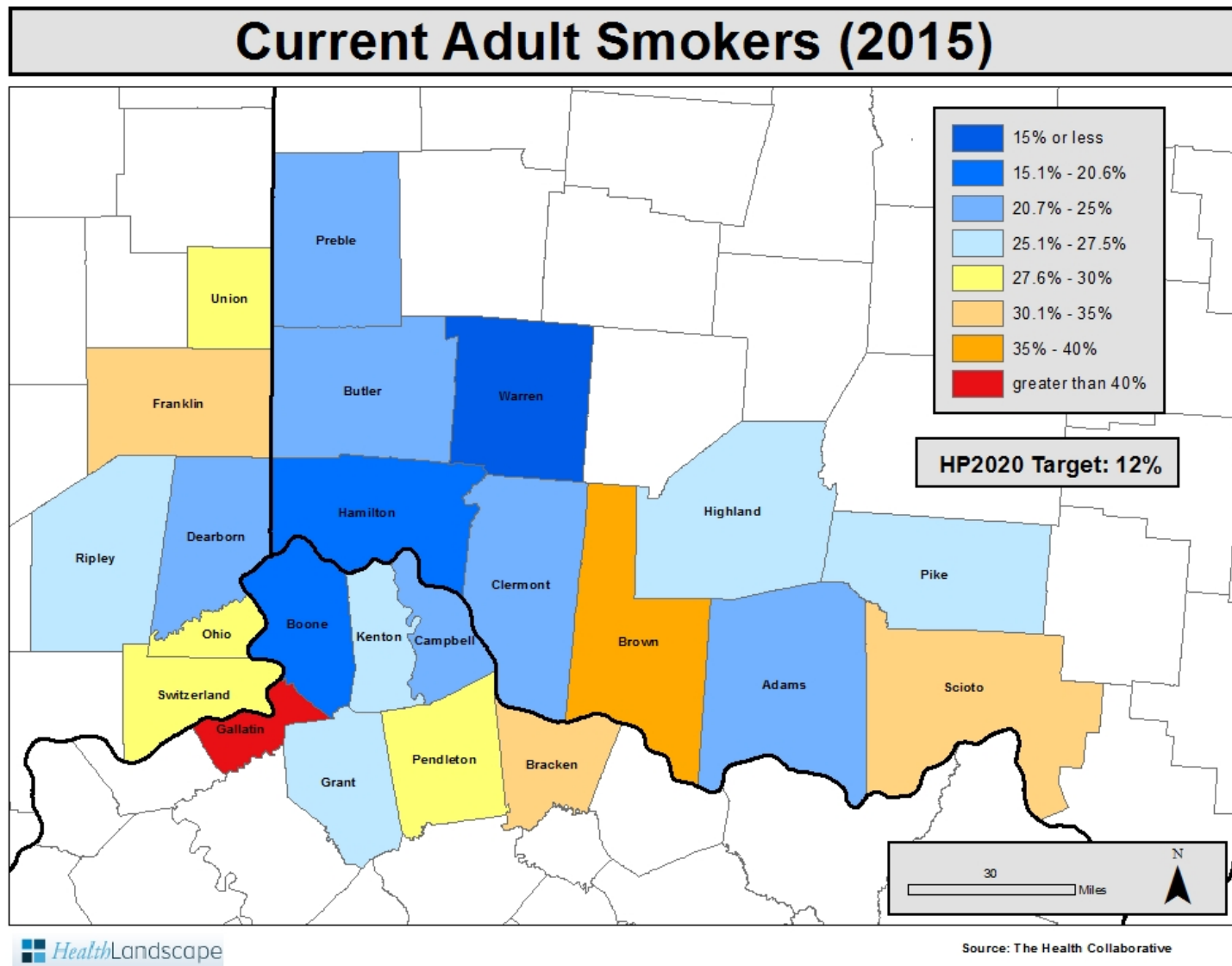


FIGURE 12. PERCENTAGE OF PEOPLE WITH DIABETES

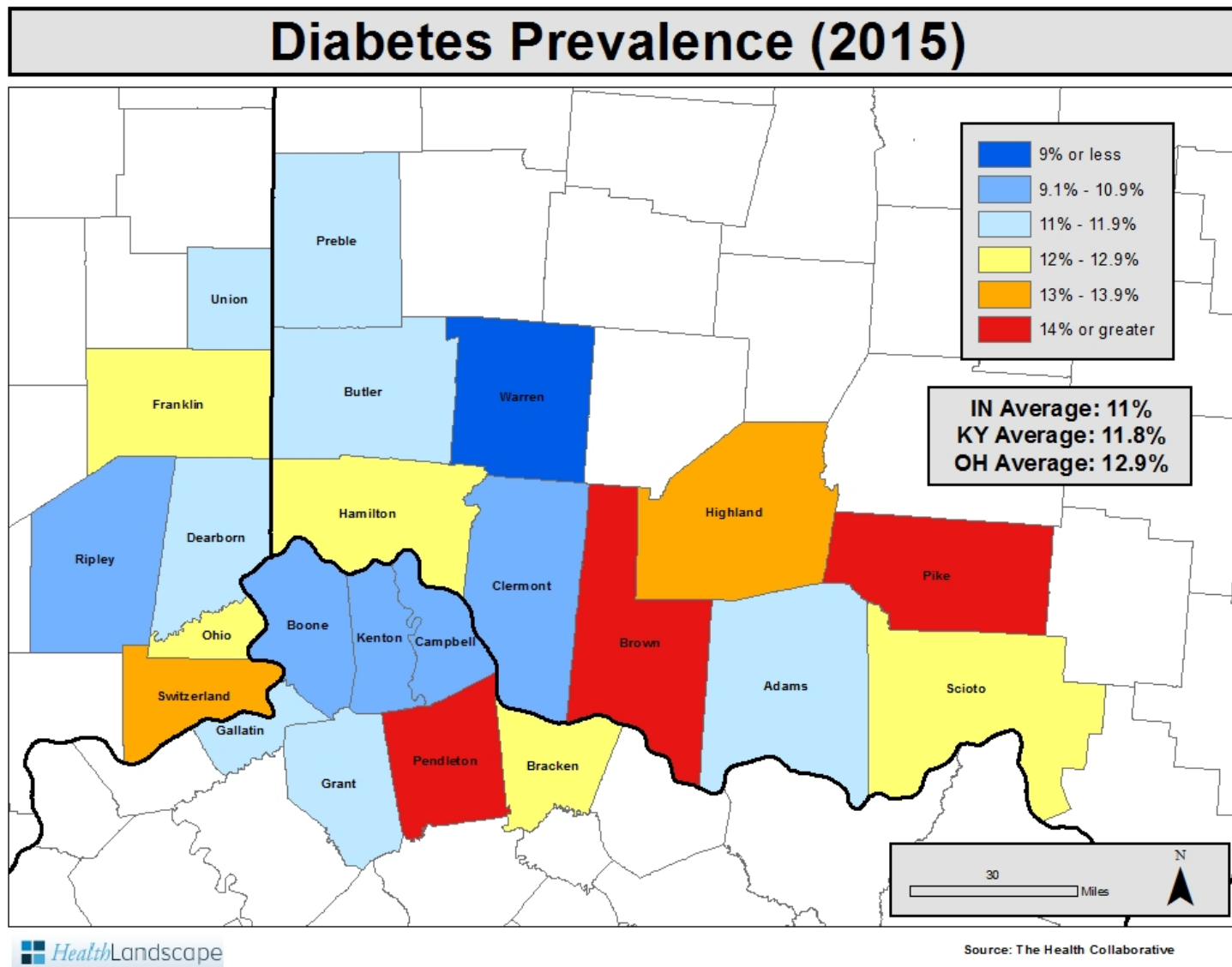


FIGURE 13. PERCENTAGE OF WOMEN (AGES 67-69) RECEIVING MAMMOGRAMS

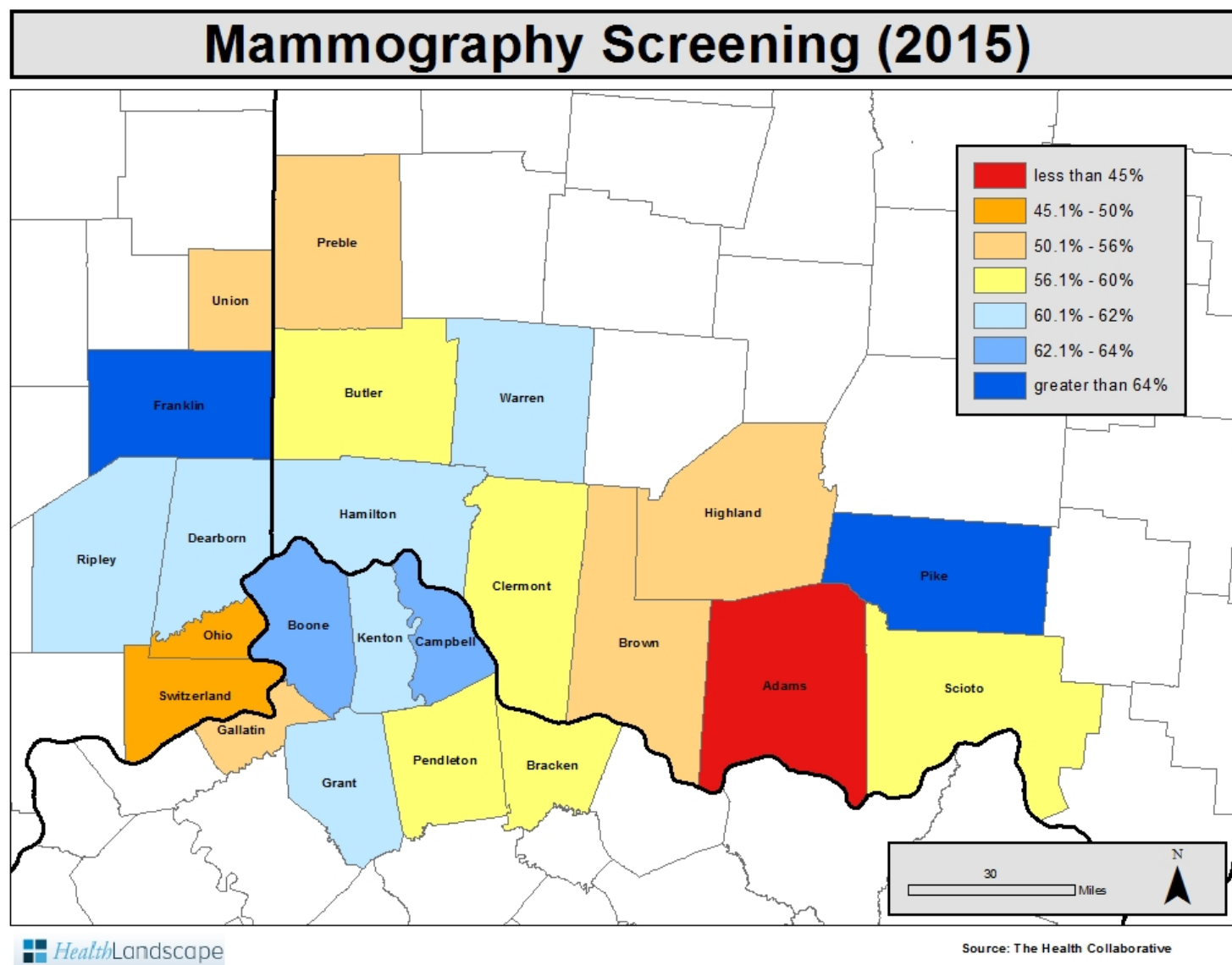


FIGURE 14. DRUG POISONING DEATHS

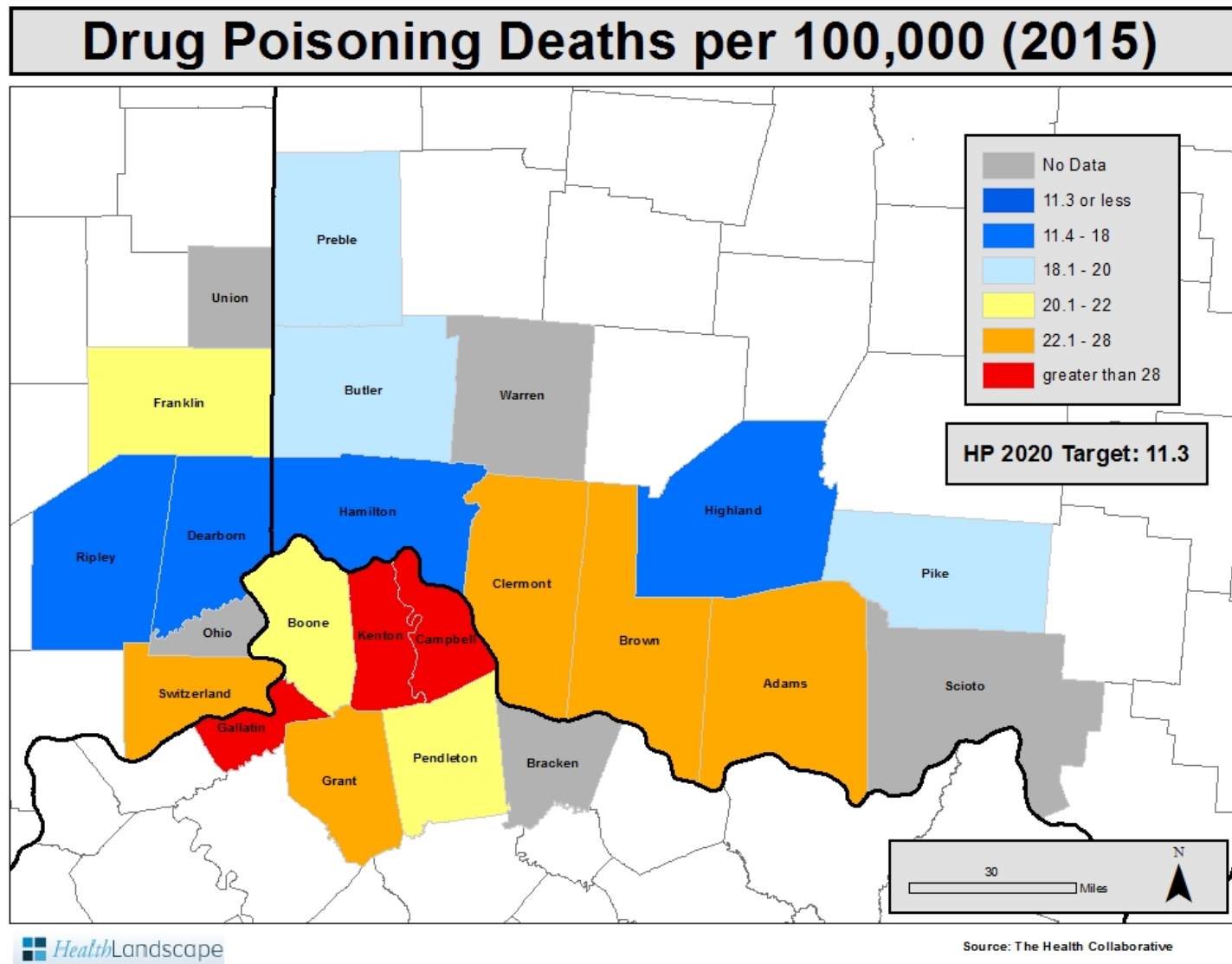


FIGURE 15. HEROIN POISONING DEATHS

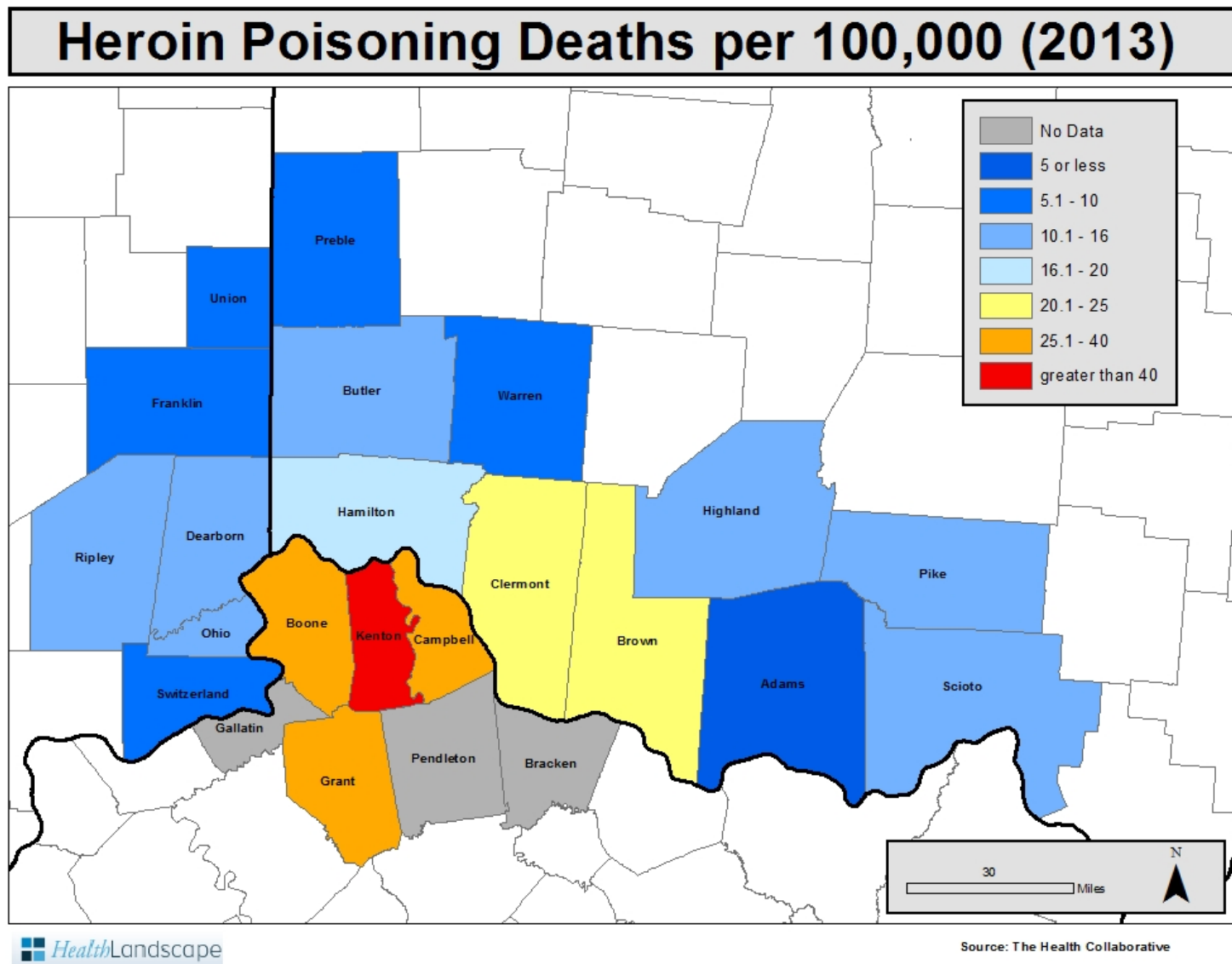


FIGURE 16. INJURY DEATHS

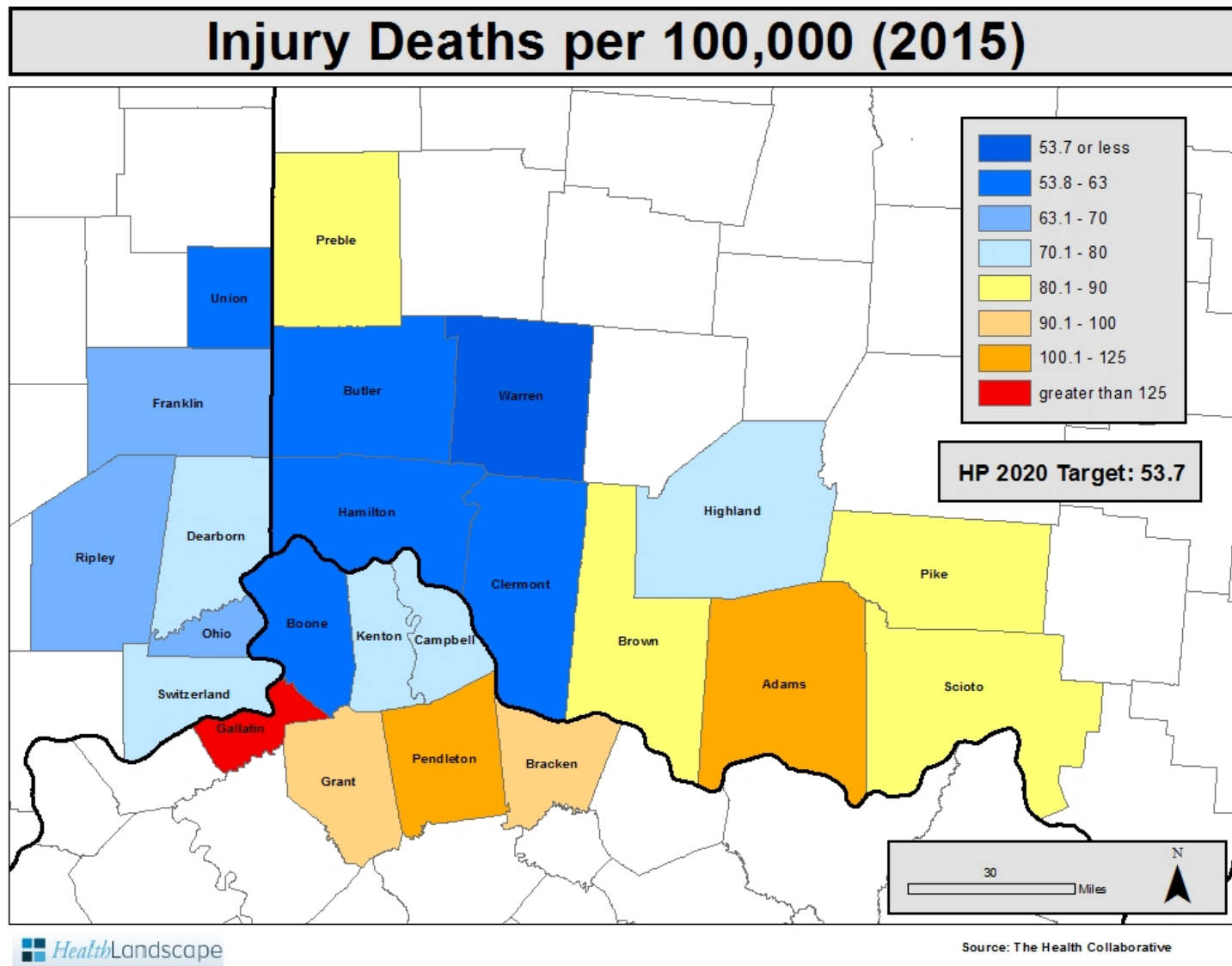
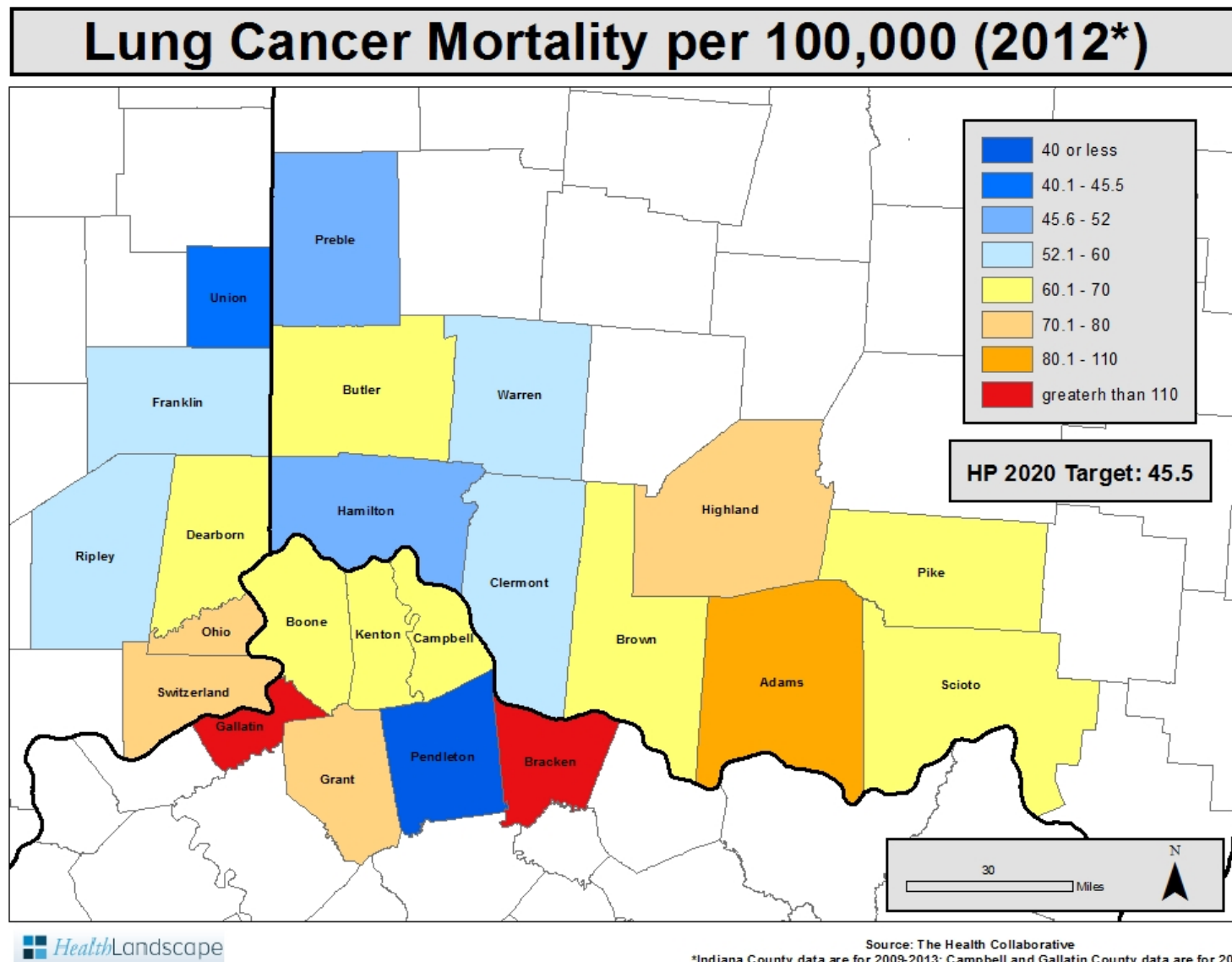


FIGURE 17. LUNG CANCER DEATHS



Causes of Death

Based on 2013 mortality data from CDC Wonder, the following data identified several causes of death prominent in the region.

- Lung cancer was a top cause of death in 18 of the 23 counties, according to the Centers for Disease Control.
- Heart attack (Acute Myocardial Infarction, or AMI) was a top cause of death in 15 counties.
- Dementia was a top cause of death in 11 counties (plus Alzheimer's in 2 counties).
- Chronic Obstructive Pulmonary Disease (COPD) was a top cause of death in 11 counties.

The table on the following page shows the top causes of death in the region for three years: 2011, 2012, and 2013 (most recent year available). During these three years, the top nine causes of death remained the same; the only change was that for 2013 dementia moved up from 3rd place to 2nd place. Breast cancer had been in 10th place in 2011 and 2012, but it was replaced in 2013 by accidental poisoning by narcotics. This cause of death had been in 15th place in 2011, moving up to 13th place in 2012.

Another common way to view causes of death is the CDC's "Underlying 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. In the CHNA region, combined malignant neoplasms (i.e., cancer) are the top underlying causes in the 11 counties of Butler, Clermont, Hamilton, Northern Kentucky, Dearborn/Ohio/Switzerland area, Franklin, and Ripley Counties, while combined diseases of the heart are the top underlying cause of death in the rest of the region.

The "Underlying Causes of Death" report, by combining related diagnoses, also shows 'Accidents' in a more prominent position. Nationally the category of unintentional injuries rose from 5th place to 4th place between 2012 and 2013. Suicide was in 10th place and heart disease remained in 1st place for the U.S. in 2012 and 2013.¹¹ The advantage of looking at the types of cancer, in the greater Cincinnati region, is discovering the high number of deaths due to lung cancer, especially given the high percentage of adult smokers in the region. More detail on both approaches to reporting causes of death are provided in Appendix N and O.

¹¹ Kochanek KD, Murphy SL, Xu JQ, Arias E. (2014). "Mortality in the United States, 2013." NCHS data brief, no 178. Hyattsville, MD: National Center for Health Statistics.

TABLE 31. REGION: CAUSES OF DEATH

2011	2012	2013
Bronchus or lung - Malignant neoplasms (7.4%)	Bronchus or lung - Malignant neoplasms (7.2%)	Bronchus or lung - Malignant neoplasms (7%)
Atherosclerotic heart disease (6.1%)	Atherosclerotic heart disease (6.2%)	Dementia (6.4%)
Dementia (5.4%)	Dementia (5.5%)	Atherosclerotic heart disease (6.0%)
Acute myocardial infarction (4.7%)	Acute myocardial infarction (4.8%)	Acute myocardial infarction (4.6%)
Chronic obstructive pulmonary disease (4.5%)	Chronic obstructive pulmonary disease (4.6%)	Chronic obstructive pulmonary disease (4.3%)
Alzheimer's disease (3.6%)	Alzheimer's disease (3.1%)	Alzheimer's disease (3.1%)
Stroke (2.4%)	Stroke (2.7%)	Stroke (2.7%)
Congestive heart failure (2.0%)	Congestive heart failure (2.0%)	Congestive heart failure (2.4%)
Pneumonia (1.9%)	Pneumonia (1.9%)	Pneumonia (1.9%)
Breast - Malignant neoplasms (1.6%)	Breast - Malignant neoplasms (6.1%)	Accidental poisoning by narcotics or hallucinogens (1.7%)
Colon - Malignant neoplasms (1.5%)	Colon - Malignant neoplasms (1.5%)	Breast - Malignant neoplasms (1.6%)
Diabetes mellitus (1.4%)	Diabetes mellitus (1.4%)	Colon - Malignant neoplasms (1.5%)
Septicemia (1.3%)	Accidental poisoning by narcotics or hallucinogens (1.4%)	Pancreas - Malignant neoplasms (1.4%)
Atherosclerotic cardiovascular disease (1.2%)	Pancreas - Malignant neoplasms (1.4%)	Septicemia (1.3%)
Accidental poisoning by narcotics or hallucinogens (1.1%)	Atherosclerotic cardiovascular disease (1.3%)	Parkinson's disease (1.2%)

State Health Priorities

The CHNA Team researched and kept in mind the priorities established by the States of Ohio and Indiana and by the Commonwealth of Kentucky. Most of these priorities were reflected in the input provided by various stakeholders.

TABLE 32. STATE HEALTH PRIORITIES

Kentucky	Ohio	Indiana
Reduce the ... <ol style="list-style-type: none">1. Rate of uninsured 5%2. Smoking rate by 10%3. Rate of obesity by 10%4. Cancer deaths by 10%5. Cardiovascular deaths by 10%6. Deaths from drug overdoses by 25%	<ol style="list-style-type: none">1. Chronic Disease2. Access3. Infectious disease4. Injury/Violence5. Infant Mortality / Preterm Births6. Integrated Care	<ol style="list-style-type: none">1. Food Safety2. Healthcare Associated Infections3. HIV/STDs4. Infant mortality5. Obesity6. Tobacco

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: Meetings, consumer surveys, agency surveys, health departments, and secondary data.

“Reduce deaths from drug overdose by 25%”

-kyhealthnow 2019 goal

TABLE 33. REGION: COMBINED TOP PRIORITIES

Meetings	Consumers	Agencies	Health Departments	Secondary Data
Access to care	Substance abuse	Substance abuse	Substance abuse	Substance abuse
Substance abuse	Obesity	Mental health	Obesity	Injuries
Healthy behaviors	Access to care/services	Smoking/Tobacco	Smoking	Lung cancer & Respiratory disease
Mental health	Cancer	Access to care/services	Communicable disease	Smoking
Social determinants	Diabetes	Obesity	Access to affordable care	Diabetes
	Mental health	Dental	Access to healthy foods/nutrition	Healthy behaviors
		Diabetes	Mental health	

Substance abuse appears as a top priority, across all five sources of input (four primary sources plus the secondary data).

Mental health and Access to care each appear four times.

Diabetes, Obesity, and Smoking appear as priorities three times each.

Cancer appears twice, once as Lung Cancer specifically.

Healthy behaviors appear twice. However, if smoking and obesity were reclassified to fit within the 'Healthy behaviors' category, then Healthy behaviors (including Smoking and Obesity) would be reflected eight times out of 31 priorities.

Access to healthy foods/nutrition, Communicable disease, Dental, Injuries, and Social determinants each appear once as priorities.

FIGURE 18. CONSUMER PRIORITIES: WAYS TO IMPROVE HEALTH WORD CLOUD



Chapter 7. Community Profiles

For each county, or group of counties, the community profile includes results from the community meeting, consumer surveys, agency surveys, health department responses, Snapshot of secondary data, and the CNI maps with ZIP Code scores.

“There are lots of medical resources in our community but almost none that offer pay plans, free services, and NO free dental to be found.”

-Dearborn County resident

ADAMS/BROWN/HIGHLAND/PIKE/SCIOTO COUNTIES IN OHIO

These counties in south-central and south-east Ohio are part of Appalachia. Much of the area is rural. There is not enough employment or transportation to help residents afford and travel to healthcare providers. Seventeen of 34 ZIP Codes, or 50%, had high CNI scores, indicating high likelihood of health disparities. Adams and Pike Counties had the highest county-wide median scores of 3.8 and 3.6 respectively. Brown and Scioto Counties each had one ZIP Code with a CNI score of 4.2: 45101 and 45662. Parts of the area have been especially hard hit by methamphetamine abuse, pill mills, and now heroin. Respiratory health is an issue, and the percentage of adult smokers is high. Rates of breast and colon cancer are high in Brown, Highland, and Pike Counties. Diabetes death rates are high in Highland and Scioto Counties. Suicide and homicide rates are high in Adams County, and injury deaths are high in Pike County. Adams County has a low rate of mammogram screenings (44.6%) and a high rate of breast cancer deaths (30.6 per 100,000 versus national rate of 21.3).

Consensus on Priorities

Substance abuse is a major health issue in this part of Ohio. Obesity was consistently mentioned, with emphasis on childhood obesity at the community meeting. Access issues received multiple mentions except from the consumer surveys. Access included lack of transportation, not enough providers, and general lack of access to care and/or services. Chronic diseases were prominent in all but the health department responses, with diabetes cited twice.

Top Causes of Death

The top causes of death in the area, for 2013, were: Acute Myocardial Infarction (AMI), Chronic Obstructive Pulmonary Disease (COPD), heart disease, and lung cancer. Dementia was the top cause of death in Pike County, followed by AMI.

TABLE 34. ADAMS/BROWN/HIGHLAND/PIKE/SCIOTO: CAUSES OF DEATH

	#1	#2	#3	#4
Adams	AMI	COPD	Lung cancer	
Brown	Lung cancer	Heart disease	AMI	COPD
Highland	AMI	Lung cancer	COPD	Heart disease
Pike	Dementia	AMI		
Scioto	AMI	Heart disease	Lung cancer	COPD

Priorities from Community Meeting on June 30, 2015

The afternoon meeting attracted organizations serving primarily Adams and Brown Counties with locations in Georgetown, Seaman, West Union, and Winchester.

TABLE 35. ADAMS COUNTY MEETING PRIORITIES

Priority	# Votes	% Votes
Substance abuse, including opioid abuse	15	50%
Lack of transportation	6	20%
Not enough providers	4	13%
Child obesity	3	10%
Chronic diseases	2	7%

Survey Responses

Below are the most common responses from individual consumers, living in Adams, Brown, or Highland County, who completed a survey between June 15 and August 3, 2015. Eleven people participated, and they all answered the question, “What are the most serious health issues facing your community?” They mentioned 28 health and/or health-related issues of particular concern to them. The following table contains the five issues that received more than one mention.

TABLE 36. ADAMS/BROWN/HIGHLAND: CONSUMER – MOST SERIOUS HEALTH ISSUES

Most Serious Health Issues	# Mentions	% Mentions
Cancer	7	63.6%
Diabetes	5	45.5%
Obesity	4	36.4%
Heart	3	27.3%
Substance abuse	3	27.3%

Fourteen organizations, serving one or more of these counties, responded to the survey.

TABLE 37. ADAMS/BROWN/HIGHLAND/PIKE/SCIOTO: AGENCY – MOST SERIOUS HEALTH ISSUES

Most Serious Health Issues	# Mentions	% Mentions
Substance abuse	10	21.3%
Access to care/services	6	12.8%
Mental health	6	12.8%
Diabetes	3	6.4%
Infant mortality	3	6.4%
Obesity	3	6.4%

Responses from Health Departments

Six health departments responded to the request for input. There were two responses from Scioto County: one from the County and one from the City of Portsmouth. They both identified Substance abuse as an issue as well as health behaviors that contribute to disease.

TABLE 38. ADAMS/BROWN/HIGHLAND/PIKE/SCIOTO: HEALTH DEPTS. – MOST SERIOUS HEALTH ISSUES

Most Serious Health Issues	# Mentions	% Mentions
Substance abuse	4	18.2%
Obesity	3	13.6%
Smoking/tobacco	3	13.6%
Access to care/services	2	9.1%
Communicable diseases	2	9.1%



Adams County Health Snapshot

Population: 28,105

Measure/Indicator	County	Trend	State	National
Health Outcomes				
Cancer mortality, Breast (rate per 100,000)	30.6	-	22.6	21.3
Cancer mortality, Lung (rate per 100,000)	81.5	↑	54.1	44.9
Cancer mortality, Overall (rate per 100,000)	226.8	-	182	166.4
Child mortality (rate per 100,000)	109.7	↑	59.1	50.7
Chronic Lower Respiratory Disease (CLRD) deaths age 65+ (rate per 100,000)	487.8	↑	332.9	284.5
Diabetes (%)	11	↑	11.2	8.5
Heart disease deaths (rate per 100,000)	200	↓	187.9	169.8
Infant mortality (rate per 1,000 live births)	9.1	↑	7.8	6
Injury deaths (rate per 100,000)	121	↑	62	58.8
Poor or fair health (%)	20	↑	15	9.5
Poor physical health days (in past 30 days)	6.1	↑	3.7	3.9
Stroke deaths (rate per 100,000)	59.3	↑	39.9	36.2
Health Behaviors				
Adult obesity (%)	30	↓	30	34.9
Adult smoking (%)	25	↓	21	18.2
Chlamydia incidence (rate per 100,000)	222.2	↑	470.2	453.3
HIV prevalence (rate per 100,000)	32	↑	178	18.3
Motor vehicle crash deaths (rate per 100,000)	24	-	10	NA
Physical inactivity (%)	32	↓	26	NA
Teen births (rate per 1,000 aged 15 - 19)	53	↓	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)	21.3	↑	18.2	NA
Naloxone (Narcan) administration (rate per 10,000)	43.7	↑	13.9	NA
Poor mental health days (last 30 days)	5.3	↑	3.8	3.7
Suicide (rate per 100,000)	22.7	↑	12.9	12.6
Access to Care				
Cannot see doctor due to cost	23	-	13	NA
Dentists (ratio)	3123:1	↓	1789:1	NA
Healthcare costs (medicare per enrollee)	11,199	↑	10,389	NA
Mammography screening (%)	44.6	↓	60	72.4
Mental health providers (ratio)	4015:1	↓	1023:1	NA
Preventable hospital stays (rate per 1,000 Medicare enrollees)	88	↓	78	NA
Primary care physicians (ratio)	3544:1	↑	1332:1	NA
Uninsured (%)	11	↓	9.4	16.9
Socio-Economic/Demographic				
Children in poverty (%)	35	↓	23	
Homicide (rate per 100,000)	10	↑	5	
Percent African American	0.5	↓	12.2	
Percent Hispanic	0.9	↑	3.4	
Percentage of population that is 65 and older	16.1	↑	15.1	
Percentage of population that is below 18 years of age	24.4	↓	22.9	
Rural population (%)	89	↓	22.1	
Violent crime (rate per 100,000)	48	↓	307	

Top Causes of Death

Heart Attack (AMI)
COPD
Lung Cancer

Respiratory Health

- CLRD: 71% higher than national rate
- Lung Cancer rate is increasing

Child Health

- Teen birth rate is double state rate
- Infant & Child mortality: high and increasing

Substance Abuse

- Drug overdose deaths increasing, nearly twice state rate
- Injury deaths: over twice national rate

Mental Health

- High suicide rate
- Low ratio of mental health providers
- Poor mental health days: 40% higher than state

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. Five of the County's seven ZIP Codes exceed a score of 3.4.

Source data range: 2010-2015

Lowest Need

1 - 1.7 Lowest

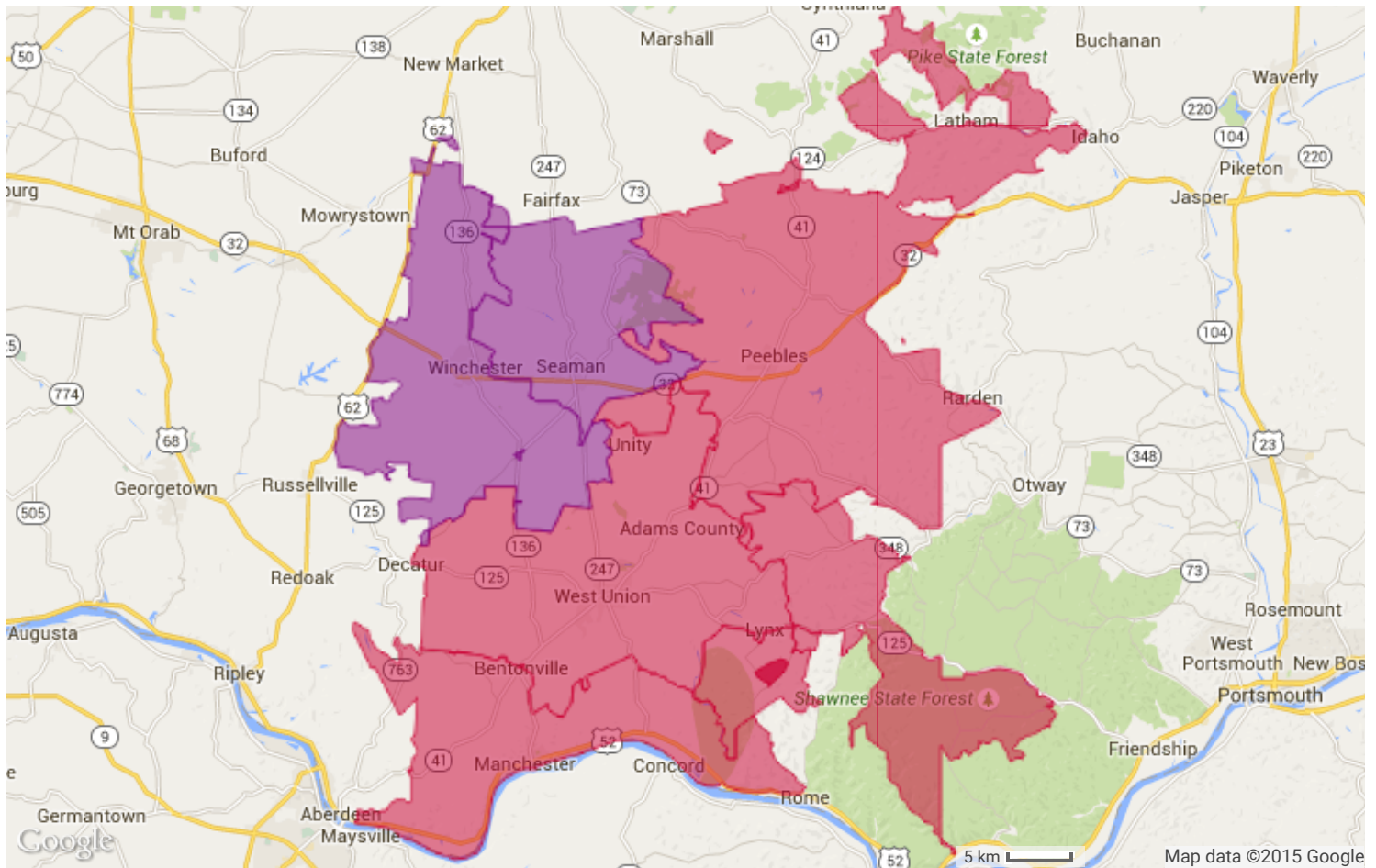
1.8 - 2.5 2nd Lowest

2.6 - 3.3 Mid

3.4 - 4.1 2nd Highest

4.2 - 5 Highest

Highest Need



Mean(zipcode): 3.6 / Mean(person): 3.6

CNI Score Median: 3.8

CNI Score Mode: 3.2,3.6,3.8

Zip Code	CNI Score	Population	City	County	State
45144	3.8	4222	Manchester	Adams	Ohio
45616	3.6	1376	Blue Creek	Adams	Ohio
45650	3.8	310	Lynx	Adams	Ohio
45660	3.8	8658	Peebles	Adams	Ohio
45679	3.2	2903	Seaman	Adams	Ohio
45693	3.6	8967	West Union	Adams	Ohio
45697	3.2	4868	Winchester	Adams	Ohio

Brown County Health Snapshot

Population: 44,264

Measure/Indicator	County	Trend	State	National
Health Outcomes				
Cancer mortality, Breast (rate per 100,000)	29.1	↑	22.6	21.3
Cancer mortality, Colon (rate per 100,000)	35	↑	16.1	14.7
Cancer mortality, Lung (rate per 100,000)	63.4	↓	54.1	44.9
Cancer mortality, Overall (rate per 100,000)	244.3	↑	182	166.4
Child mortality (rate per 100,000)	73.5	↓	59.1	50.7
Chronic Lower Respiratory Disease (CLRD) deaths age 65+ (rate per 100,000)	395.6	↑	332.9	284.5
Diabetes (%)	14	↑	11.2	8.5
Heart disease deaths (rate per 100,000)	196.7	↑	187.9	169.8
Infant mortality (rate per 1,000 live births)	8.7	↑	7.8	6
Injury deaths (rate per 100,000)	88.2	↑	62	58.8
Stroke deaths (rate per 100,000)	47.1	↑	39.9	36.2
Health Behaviors				
Access to exercise opportunities (%)	43	↑	83	NA
Adult obesity (%)	36.8	↑	30	34.9
Adult smoking (%)	36.3	-	21	18.2
Chlamydia incidence (rate per 100,000)	243.3	↑	470.2	453.3
HIV prevalence (rate per 100,000)	48	↑	178	18.3
Motor vehicle crash deaths (rate per 100,000)	17.9	-	10	NA
Physical inactivity (%)	34.8	↑	26	NA
Teen births (rate per 1,000 aged 15 - 19)	40	-	36	26.5
Substance Abuse/Mental Health				
Drug poisoning deaths (rate per 100,000)	27.6	↑	15	NA
Heroin poisoning overdose deaths (rate per 100,000)	38	↑	18.2	NA
Naloxone (Narcan) administration (rate per 10,000)	25.8	↑	13.9	NA
Suicide (rate per 100,000)	21.2	-	12.9	12.6
Access to Care				
Cannot see doctor due to cost	17	↓	13	NA
Dentists (ratio)	6323:1	↑	1789:1	NA
Mammography screening (%)	55.8	↑	60	72.4
Mental health providers (ratio)	2108:1	↓	1023:1	NA
Preventable hospital stays (rate per 1,000 Medicare enrollees)	87.2	↓	78	NA
Primary care physicians (ratio)	3170:1	↑	1332:1	NA
Uninsured (%)	10	↓	9.4	16.9
Socio-Economic/Demographic				
Children eligible for free lunch (%)	46.4	↑	38	
Children in poverty (%)	25.7	↑	23	
Percent African American	0.9	-	12.2	
Percent Hispanic	0.8	-	3.4	
Percentage of population that is 65 and older	16.2	↑	15.1	
Percentage of population that is below 18 years of age	23.6	-	22.9	
Rural population (%)	76.6	-	22.1	

Top Causes of Death

Lung Cancer
Heart Attack (AMI)
COPD

Cancer Mortality (when compared to national rates)

Breast: 36% higher
Colon: 138% higher
Lung: 41% higher
Overall: 47% higher

Respiratory Health (when compared to national rates)

CLRD: 39% higher
Adult Smoking: 99% higher

Health Behaviors

- Physical inactivity is high and increasing
- Poor access to exercise opportunities
- Obesity has risen 20% in 5 years

Substance Abuse (when compared to national rates)

Heroin overdose deaths, double the state rate
Narcan administration tripled from 2012 - 2013

Community Need Index

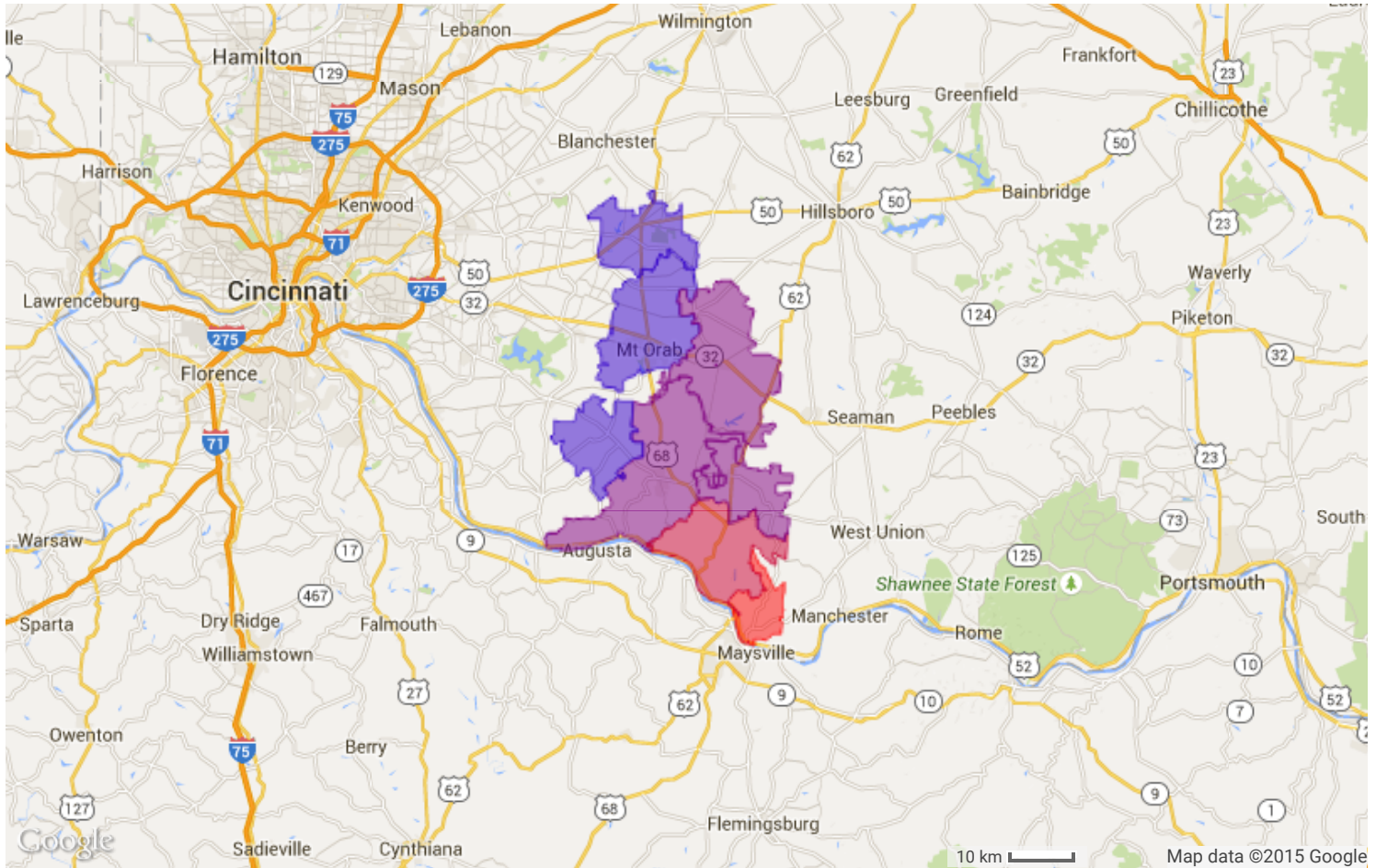
A high CNI score (3.4 to 5.0) is an indicator for socioeconomic variation, barriers to care, and increased need for health care services. Two of the County's eight ZIP Codes exceed a score of 3.4.

Source data range: 2010-2015

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): 2.9 / Mean(person): 2.8

CNI Score Median: 2.8

CNI Score Mode: 2.4,3

Zip Code	CNI Score	Population	City	County	State
■ 45101	4.2	2135	Aberdeen	Brown	Ohio
■ 45118	2.2	3621	Fayetteville	Brown	Ohio
■ 45121	3	9161	Georgetown	Brown	Ohio
■ 45130	2.4	3720	Hamersville	Brown	Ohio
■ 45154	2.4	9247	Mount Orab	Brown	Ohio
■ 45167	3.4	3631	Ripley	Brown	Ohio
■ 45168	2.6	1508	Russellville	Brown	Ohio
■ 45171	3	6173	Sardinia	Brown	Ohio

Highland County Health Snapshot

Population: 43,299

Measure/Indicator	County	Trend	State	National
Health Outcomes				
Cancer mortality, Breast (rate per 100,000)	26.7	-	22.6	21.3
Cancer mortality, Colon (rate per 100,000)	22.7	↓	16.1	14.7
Cancer mortality, Lung (rate per 100,000)	77.3	↑	54.1	44.9
Cancer mortality, Overall (rate per 100,000)	204.6	↓	182	166.4
Child mortality (rate per 100,000)	80.4	↑	59.1	50.7
Chronic Lower Respiratory Disease (CLRD) deaths age 65+ (rate per 100,000)	453.8	↑	332.9	284.5
Diabetes (%)	13	↑	11.2	8.5
Diabetes deaths (rate per 100,000)	30.2	-	25.4	21.2
Heart disease deaths (rate per 100,000)	186.9	↓	187.9	169.8
Infant mortality (rate per 1,000 live births)	7.8	↑	7.8	6
Injury deaths (rate per 100,000)	75	-	62	58.8
Poor or fair health (%)	21	-	15	9.5
Poor physical health days (in past 30 days)	6.2	-	3.7	3.9
Stroke deaths (rate per 100,000)	43.8	↓	39.9	36.2

Health Behaviors				
Access to exercise opportunities (%)	61	↑	83	NA
Adult obesity (%)	33	-	30	34.9
Adult smoking (%)	27	-	21	18.2
Alcohol-impaired driving deaths (%)	44	-	36	31
Motor vehicle crash deaths (rate per 100,000)	20	-	10	NA
Physical inactivity (%)	31	↓	26	NA
Teen births (rate per 1,000 aged 15 - 19)	52	↑	36	26.5

Substance Abuse/Mental Health				
Drug poisoning deaths (rate per 100,000)	17	↑	15	NA
Poor mental health days (last 30 days)	4.2	-	3.8	3.7
Suicide (rate per 100,000)	18.6	-	12.9	12.6

Access to Care				
Dentists (ratio)	2279:1	↓	1789:1	NA
Mammography screening (%)	55.5	-	60	72.4
Mental health providers (ratio)	2887:1	↓	1023:1	NA
Preventable hospital stays (rate per 1,000 Medicare enrollees)	93	↓	78	NA
Primary care physicians (ratio)	2529:1	↓	1332:1	NA
Uninsured (%)	11	↓	9.4	16.9

Socio-Economic/Demographic				
Children in poverty (%)	33	↑	23	
Percent African American	1.4	-	12.2	
Percent Hispanic	0.8	-	3.4	
Percentage of population that is 65 and older	16.5	-	15.1	
Percentage of population that is below 18 years of age	24.7	-	22.9	
Rural population (%)	73	-	22.1	
Unemployment (%)	9.7	↓	7.4	
Violent crime (rate per 100,000)	167	↑	307	

Top Causes of Death

Heart Attack (AMI)
Lung Cancer
COPD

Cancer Mortality (when compared to national rates)

Breast: 25% higher
Colon: 54% higher
Lung: 72% higher
Overall: 23% higher

Diabetes

-Higher than state and national percentage
-Very high diabetes death rate

Respiratory Health

-CLRD nearly twice the national rate
-Adult smoking % is high

Substance Abuse

-Drug poisoning deaths rate higher than state rate
-Almost half of motor vehicle crash deaths involve alcohol

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 four ZIP Codes exceed a score of 3.4.

Source data range: 2010-2015

Lowest Need

1 - 1.7 Lowest

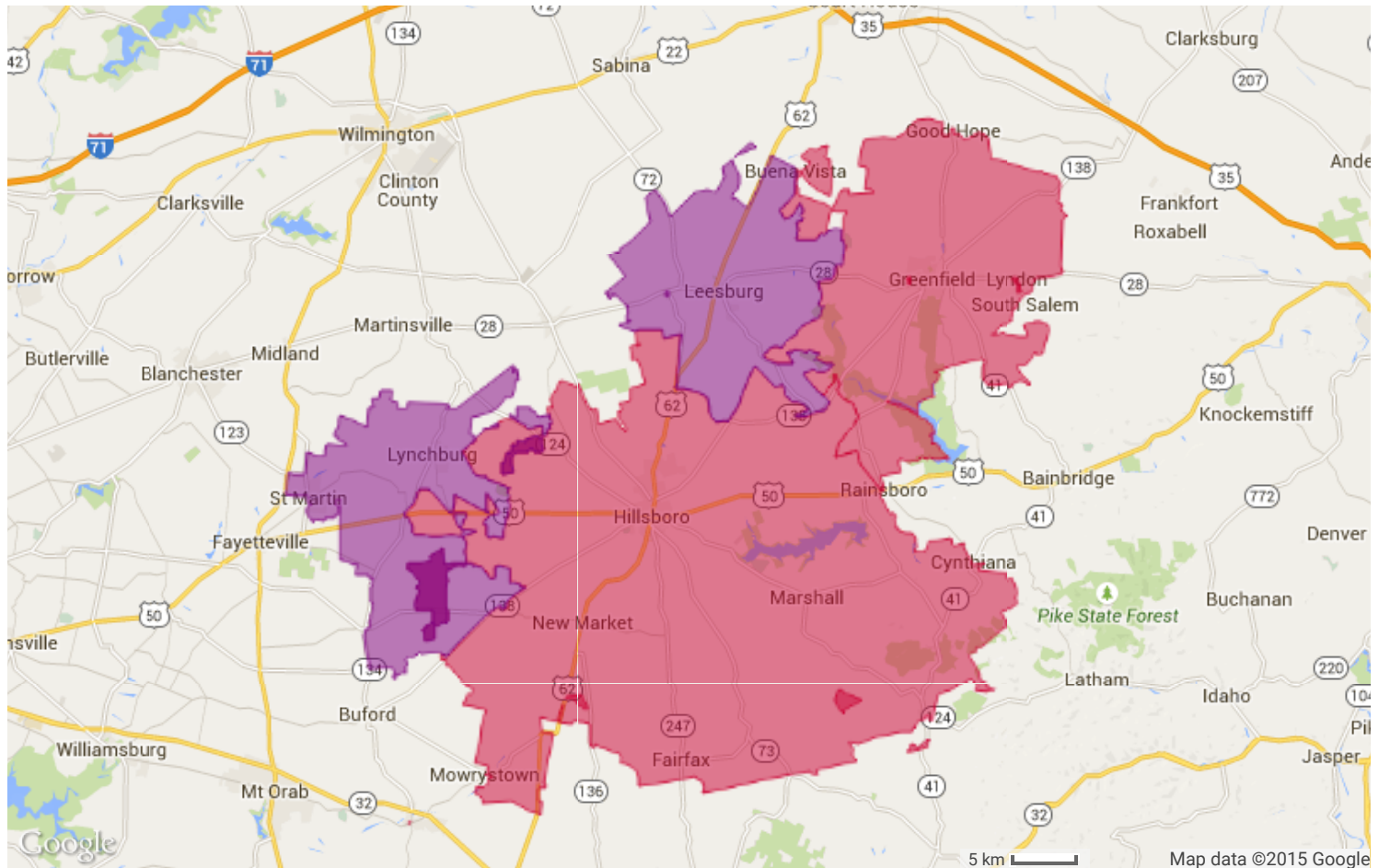
1.8 - 2.5 2nd Lowest

2.6 - 3.3 Mid

3.4 - 4.1 2nd Highest

4.2 - 5 Highest

Highest Need



Mean(zipcode): 3.2 / Mean(person): 3.4

CNI Score Median: 3.2

CNI Score Mode: 2.8

Zip Code	CNI Score	Population	City	County	State
45123	3.6	8871	Greenfield	Highland	Ohio
45133	3.6	23990	Hillsboro	Highland	Ohio
45135	2.8	5026	Leesburg	Highland	Ohio
45142	2.8	4592	Lynchburg	Highland	Ohio

Pike County Health Snapshot

Population: 28,367

Measure/Indicator	County	Trend	State	National
Health Outcomes				
Cancer mortality, Breast (rate per 100,000)	26.5	↑	22.6	21.3
Cancer mortality, Colon (rate per 100,000)	24	-	16.1	14.7
Cancer mortality, Lung (rate per 100,000)	67.2	↑	54.1	44.9
Cancer mortality, Overall (rate per 100,000)	213.2	↓	182	166.4
Cancer mortality, Prostate (rate per 100,000)	25.5	-	19.2	19.6
Child mortality (rate per 100,000)	102.5	↑	59.1	50.7
Chronic Lower Respiratory Disease (CLRD) deaths age 65+ (rate per 100,000)	402.9	↑	332.9	284.5
Diabetes (%)	15	↑	11.2	8.5
Heart disease deaths (rate per 100,000)	215	↑	187.9	169.8
Infant mortality (rate per 1,000 live births)	9.8	↑	7.8	6
Injury deaths (rate per 100,000)	88	↑	62	58.8
Poor or fair health (%)	20	-	15	9.5
Poor physical health days (in past 30 days)	5.5	-	3.7	3.9
Stroke deaths (rate per 100,000)	46.7	↑	39.9	36.2

Health Behaviors				
Access to exercise opportunities (%)	65	↑	83	NA
Adult obesity (%)	32	-	30	34.9
Adult smoking (%)	26	-	21	18.2
Chlamydia incidence (rate per 100,000)	312.5	↑	470.2	453.3
HIV prevalence (rate per 100,000)	58	-	178	18.3
Motor vehicle crash deaths (rate per 100,000)	22	-	10	NA
Teen births (rate per 1,000 aged 15 - 19)	61	↓	36	26.5

Substance Abuse/Mental Health				
Drug poisoning deaths (rate per 100,000)	20	↑	15	NA
Heroin poisoning overdose deaths (rate per 100,000)	21	↑	18.2	NA
Poor mental health days (last 30 days)	5.6	↑	3.8	3.7

Access to Care				
Could not see doctor due to cost (%)	15	↑	13	NA
Dentists (ratio)	2365:1	-	1789:1	NA
Food environment index (out of 10)	5.9	-	7.1	
Healthcare cost (Medicare per enrollee)	12,210	↑	10,389	NA
Limited access to healthy foods (%)	11	-	6	NA
Mammography screening (%)	64.5	↑	60	72.4
Mental health providers (ratio)	3546:1	↓	1023:1	NA
Preventable hospital stays (rate per 1,000 Medicare enrollees)	115	↓	78	NA
Primary care physicians (ratio)	3560:1	↑	1332:1	NA
Uninsured (%)	12	↓	9.4	16.9

Socio-Economic/Demographic				
Children eligible for free lunch (%)	48	↓	38	
Children in poverty (%)	36	-	23	
Percent African American	1	-	12.2	
Percent Hispanic	0.8	-	3.4	
Percentage of population that is 65 and older	15.8	↑	15.1	
Percentage of population that is below 18 years of age	24	↓	22.9	
Rural population (%)	74.2	-	22.1	
Unemployment (%)	12.5	↓	7.4	

Top Causes of Death

Dementia
Heart Attack (AMI)
Lung Cancer

Cancer Mortality (when compared to national rates)

Breast: 24% higher
Colon: 63% higher
Lung: 50% higher
Prostate: 30% higher
Overall: 28% higher

Child Health

- Teen birth & child mortality rates are more than 100% higher than the national rate
- 36% of children live in poverty

Respiratory Health

- CLRD deaths is above higher than both state and national rate
- Adult smoking % has remained high

Substance Abuse

- Drug poisoning deaths higher than state & national rate
- Injury deaths far exceed both state & national rate, and is increasing

Community Need Index

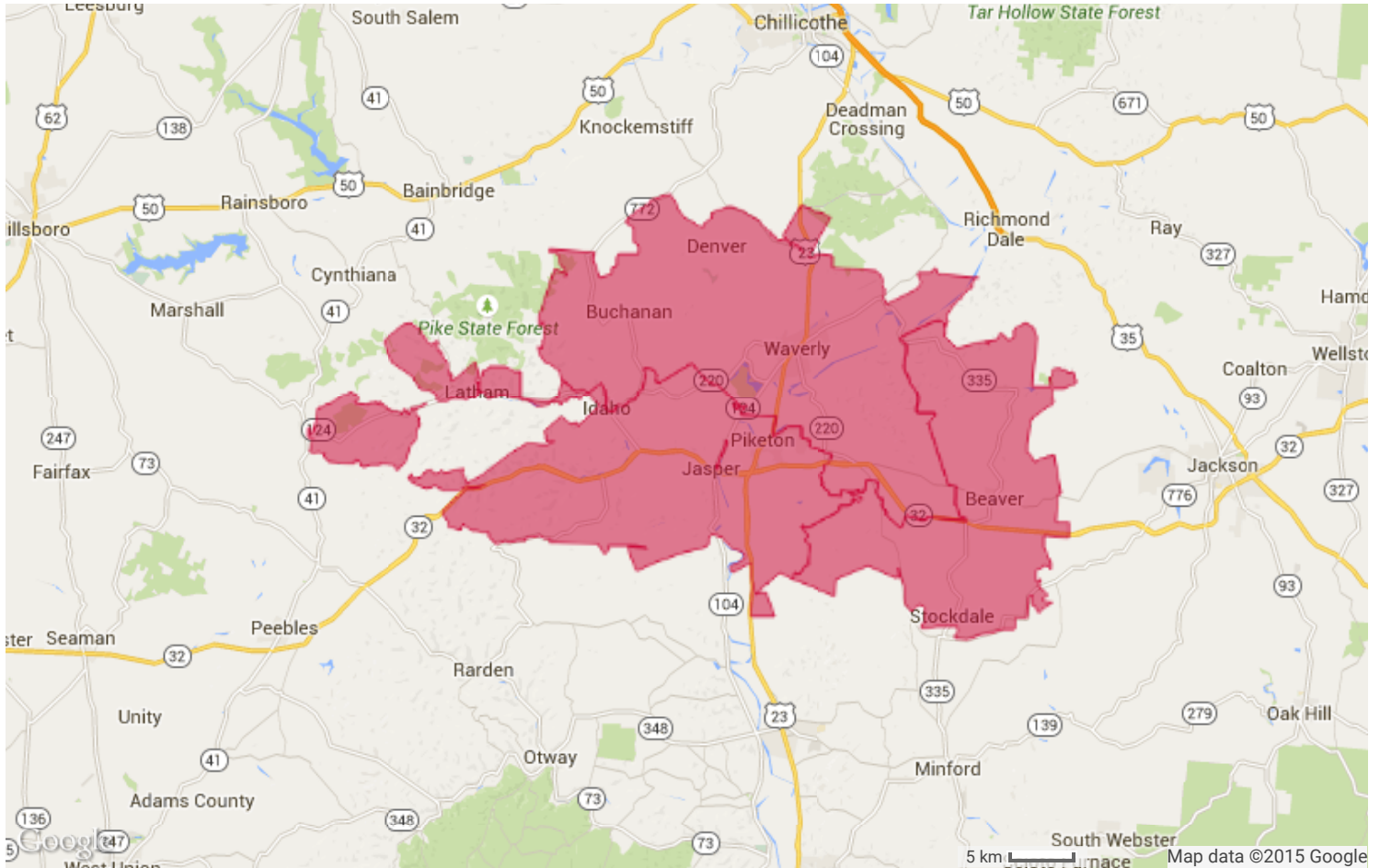
A high CNI score (3.4 to 5.0) is an indicator for socioeconomic variation, barriers to care, and increased need for health care services. All four of the County's ZIP Codes exceed a score of 3.4.

Source data range: 2010-2015

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): 3.6 / Mean(person): 3.7

CNI Score Median: 3.7

CNI Score Mode: None

Zip Code	CNI Score	Population	City	County	State
45613	3.4	3344	Beaver	Pike	Ohio
45646	3.6	378	Latham	Pike	Ohio
45661	3.8	7260	Piketon	Pike	Ohio
45690	3.8	14487	Waverly	Pike	Ohio

Scioto County Health Snapshot

Population: 78,153

Measure/Indicator	County	Trend	State	National
Health Outcomes				
Alzheimer's disease or related disorders Medicare beneficiaries (%)	10.8	-	10.2	9.8
Cancer mortality, Colon (rate per 100,000)	21.2	-	16.1	14.7
Cancer mortality, Lung (rate per 100,000)	65.3	-	54.1	44.9
Cancer mortality, Overall (rate per 100,000)	212.2	-	182	166.4
Cancer mortality, Prostate (rate per 100,000)	25.7	↑	19.2	19.6
Child mortality (rate per 100,000)	75.5	↓	59.1	50.7
Chronic Lower Respiratory Disease (CLRD) deaths age 65+ (rate per 100,000)	519.5	↓	332.9	284.5
Diabetes (%)	12	↑	11.2	8.5
Diabetes deaths (rate per 100,000)	30.8	-	25.4	21.2
Heart disease deaths (rate per 100,000)	267.6	↓	187.9	169.8
Infant mortality (rate per 1,000 live births)	9	-	7.8	6
Injury deaths (rate per 100,000)	87	-	62	58.8
Low birthweight (%)	9	↓	8.6	8
Poor or fair health (%)	24	-	15	9.5
Poor physical health days (in past 30 days)	6.5	-	3.7	3.9
Stroke deaths (rate per 100,000)	43.9	-	39.9	36.2

Top Causes of Death

Heart Attack (AMI)
Lung Cancer

Child Health

-Child & Infant Mortality above both state and national rates

-32% of children live in poverty

Health Behaviors				
Adult obesity (%)	37	↑	30	34.9
Adult smoking (%)	34	-	21	18.2
Alcohol-impaired driving deaths (%)	35	↑	36	31
HIV prevalence (rate per 100,000)	79	-	178	18.3
Motor vehicle crash deaths (rate per 100,000)	17	-	10	NA
Physical inactivity (%)	30	-	26	NA
Teen births (rate per 1,000 aged 15 - 19)	53	↓	36	26.5

Cancer Mortality (when compared to state rates)

Colon: 32% higher
Lung: 21% higher
Prostate: 34% higher
Overall: 17% higher

Substance Abuse/Mental Health				
Drug poisoning deaths (rate per 100,000)	22.7	-	15	NA
Heroin poisoning overdose deaths (rate per 100,000)	11.4	-	8.5	NA
Naloxone administration rate (rate per 10,000)	17.6	↑	13.9	NA
Poor mental health days (last 30 days)	6.2	-	3.8	3.7

Diabetes

Adult obesity and diabetes death rate is higher than both state & national rates

Access to Care				
Could not see doctor due to cost (%)	26	-	13	NA
Dentists (ratio)	3126:1	-	1789:1	NA
Food environment index (out of 10)	6.4	-	7.1	NA
Health care costs (Medicare per enrollee)	13,246	-	10,389	NA
Mammography screening (%)	58.3	↑	60	72.4
Preventable hospital stays (rate per 1,000 Medicare enrollees)	99	↓	78	NA
Uninsured (%)	11	↓	9.4	16.9

Access to care

-26% of residents could not see doctor due to cost

-Health care costs far exceed state rate

Socio-Economic/Demographic				
Children eligible for free lunch (%)	56	↑	38	
Children in poverty (%)	32	↓	23	
Homicide (rate per 100,000)	8	↑	5	
Percent African American	2.7	-	12.2	
Percent Hispanic	1.2	-	3.4	
Percentage of population that is 65 and older	16.3	↑	15.1	
Percentage of population that is below 18 years of age	22.5	↓	22.9	
Rural population (%)	54.3	-	22.1	
Unemployment (%)	11.5	↑	7.4	
Violent crime (rate per 100,000)	165	↓	307	

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. Four of the County's 11 ZIP Codes exceed a score of 3.4. None of the Zip Codes scored below 2.8.

Lowest Need

1 - 1.7 Lowest

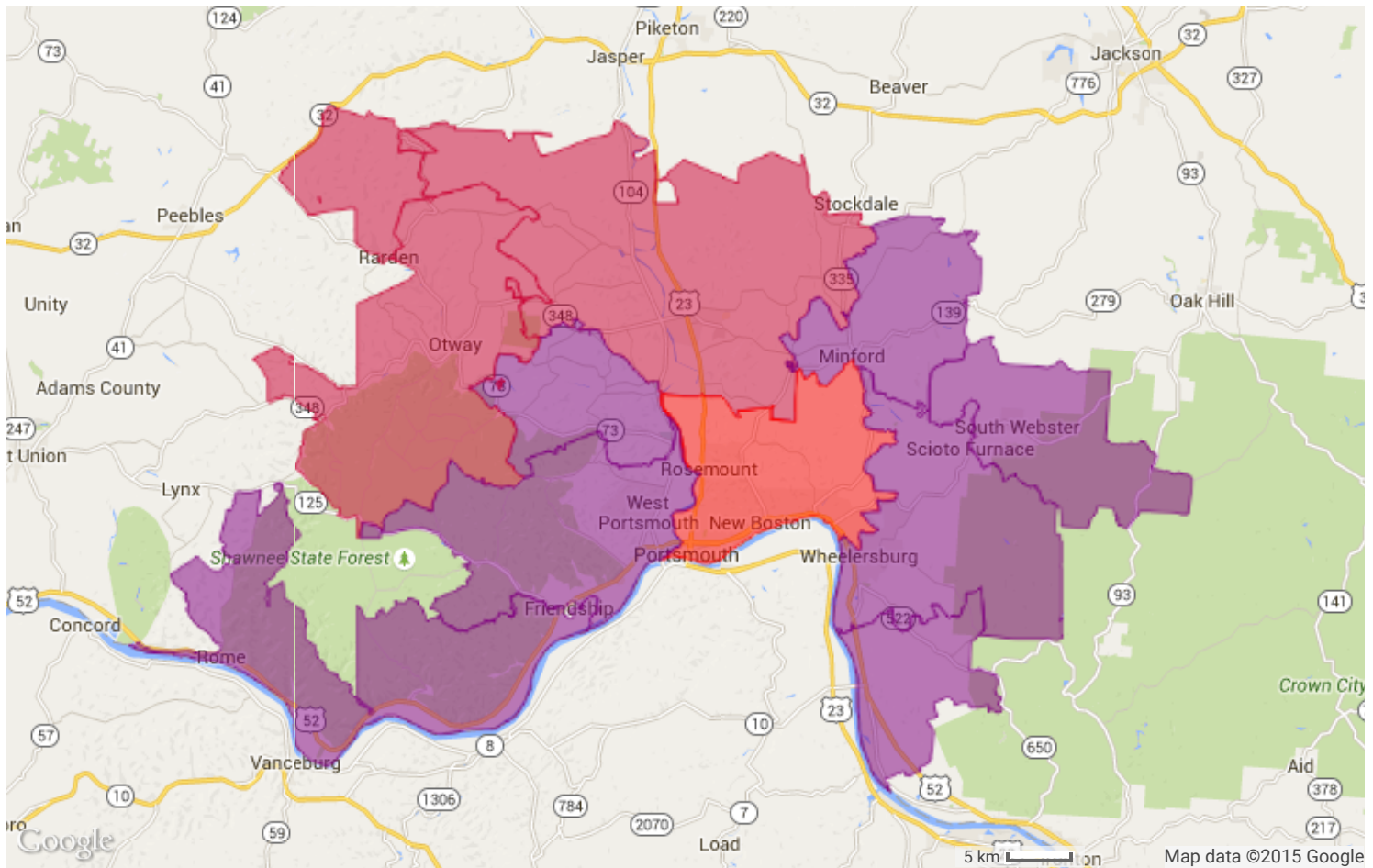
1.8 - 2.5 2nd Lowest

2.6 - 3.3 Mid

3.4 - 4.1 2nd Highest

4.2 - 5 Highest

Highest Need



Mean(zipcode): 3.2 / Mean(person): 3.5

CNI Score Median: 3.2

CNI Score Mode: 3

Zip Code	CNI Score	Population	City	County	State
45629	3.2	3526	Franklin Furnace	Scioto	Ohio
45648	3.6	13076	Lucasville	Scioto	Ohio
45652	2.6	3203	Mc Dermott	Scioto	Ohio
45653	2.6	3816	Minford	Scioto	Ohio
45657	3.6	2750	Otway	Scioto	Ohio
45662	4.2	29096	Portsmouth	Scioto	Ohio
45663	3	6728	West Portsmouth	Scioto	Ohio
45671	3.8	470	Rarden	Scioto	Ohio
45682	2.8	2585	South Webster	Scioto	Ohio
45684	3	1852	Stout	Scioto	Ohio
45694	3	11906	Wheelersburg	Scioto	Ohio

DEARBORN/OHIO/SWITZERLAND COUNTIES IN INDIANA

Dearborn County is the largest of the three counties and contains the City of Lawrenceburg. It does, however, still have a high percentage of rural residents (53.1%), and the percentage of rural residents for Ohio and Switzerland Counties is 100%. This means that Switzerland County, because it is further away from Lawrenceburg than Ohio County, struggles with having enough healthcare and service providers. Even Dearborn County has a shortage of dentists. Respiratory diseases and smoking are prevalent, and lung cancer is a top cause of death in Dearborn and Ohio Counties. None of the ZIP Codes in this area have high CNI scores. Dearborn County's median CNI score, of 1.9, is the lowest in the region. Cancer and car accidents occur at high rates in Switzerland County. Drug poisoning deaths, especially due to heroin, are high for all the Counties, and the HIV prevalence rate in Dearborn County is twice the national rate and increasing.

Consensus on Priorities

Access to care and/or services appeared in responses from all sources. It was not mentioned directly by agencies, but their comments about substance abuse and mental health often emphasized the need for services and providers. Substance abuse was mentioned as an issue by all sources. Mental health and obesity were cited by three different sources

Top Causes of Death

Heart disease was a top cause of death in both Dearborn and Switzerland Counties. Ohio County is a small county, and the CDC did not provide a breakdown of its deaths.

TABLE 39. DEARBORN/OHIO/SWITZERLAND: CAUSES OF DEATH

	#1	#2	#3	#4	#5
Dearborn	Lung cancer	Heart disease	AMI	Dementia	Stroke
Ohio	<i>Numbers too small for reporting</i>				
Switzerland	Heart disease				

Priorities from Community Meeting on July 1, 2015

Dearborn County Hospital hosted a lunch meeting and invited community residents and partners with whom they have ongoing contacts. Twenty-seven people attended, and their discussion was active.

TABLE 40. DEARBORN COUNTY MEETING PRIORITIES

Priority	# Votes	% Votes
Access to care	26	35%
Substance abuse	18	24%
Medical workforce availability	13	17%
Role of parents	6	8%
Mental health	5	7%
Healthy lifestyle choices	5	7%
Use of resources	2	3%

“No specialist for child sexual assault – have to go
out of state or Indianapolis.”

-Meeting attendee from Switzerland County

Survey Priorities

Below are the most common responses from individual consumers, living in Dearborn or Switzerland County, who completed a survey between June 15 and August 3, 2015. There were 61 who participated, and 60 people answered the question, “What are the most serious health issues facing your community?” They mentioned 120 health and/or health-related issues of particular concern.

TABLE 41. DEARBORN/SWITZERLAND: CONSUMER – MOST SERIOUS HEALTH ISSUES

Most Serious Health Issues	# Mentions	% Mentions
Substance abuse	43	71.7%
Obesity	20	33.3%
Access to care/services	8	13.3%
Cancer	8	13.3%
Mental health	8	13.3%

Twenty agencies responded to the following question. They serve one or more of the counties.

TABLE 42. DEARBORN/SWITZERLAND: AGENCY – MOST SERIOUS HEALTH ISSUES

Most Serious Health Issues	# Mentions	% Mentions
Substance abuse	14	23.3%
Mental health	9	15.0%
Obesity	7	11.7%
Diabetes	4	6.7%
Smoking	4	6.7%

Responses from Health Departments

Several health issues were mentioned once: Access to care/services; Communicable disease; Dental; Foodborne illness; Healthy food/nutrition; Obesity; and Substance abuse. The comments on affordability included:

- “Lack of insurance”
- “People cannot afford prescriptions”
- “Deductibles/copays are so incredibly high, [insurance] doesn’t help them”

TABLE 43. DEARBORN/OHIO/SWITZERLAND: HEALTH DEPTS. – MOST SERIOUS HEALTH ISSUES

Most Serious Health Issues	# Mentions	% Mentions
Affordable insurance/care	2	22.2%

Dearborn County Health Snapshot

Population: 50,047

Measure/Indicator	County	Trend	State	National
Health Outcomes				
Cancer mortality, Lung (rate per 100,000)	60.7	↑	55.8	44.9
Cancer mortality, Overall (rate per 100,000)	181.5	↑	183.5	166.4
Chronic Lower Respiratory Disease (CLRD) deaths age 65+ (rate per 100,000)	331.7	↓	392.3	284.5
Diabetes (%)	11.2	↑	11	8.1
Heart disease deaths (rate per 100,000)	172.9	↓	186.3	169.8
Infant mortality (rate per 1,000 live births)	7.6	-	7.7	8
Injury deaths	75.3	↑	62	58.8
Poor physical health days (last 30 days)	3.7	↓	3.6	3.9
Preterm birth (%)	11.4	↑	11	11.4
Stroke Deaths (rate per 100,000)	52.7	↓	40.7	36.2
Health Behaviors				
Adult obesity (%)	31.7	↓	31	34.9
Adult smoking (%)	24.9	↓	23	18.2
Alcohol-impaired driving deaths (%)	32.6	↑	26	31
Chlamydia incidence (rate per 100,000)	392.4	↑	432	453.3
Gonorrhea incidence (rate per 100,000)	62.2	↑	110.2	106.7
HIV prevalence rate (rate per 100,000)	36	↑	159	18.3
Motor vehicle crash deaths (rate per 100,000)	14.5	↓	12	NA
Physical inactivity (%)	27.9	↓	27	NA
Substance Abuse/Mental Health				
Drug poisoning deaths (rate per 100,000)	17.5	↑	14	NA
Heroin poisoning overdose deaths (rate per 100,000)	13.5	-	10.7	2.7
Suicide (rate per 100,000, 2011-13)	16.4	-	14.3	12.6
Access to Care				
Dentists (ratio)	6238:1	-	1973:1	NA
Mammography screening (%)	60.5	↑	61.4	72.4
Mental health providers (ratio)	768:1	↑	750:1	NA
People with a usual primary care provider (%) vs. region	80.5	-	86.8	NA
Preventable hospital stays (rate per 1,000 Medicare enrollees)	69	↑	70	NA
Primary care physicians (ratio)	2167:1	-	1518:1	NA
Uninsured (%)	12	↓	13.5	16.9
Socio-Economic/Demographic				
Children in poverty (%)	15.9	↑	22	
Percent African American	0.7	-	9.2	
Percent Hispanic	1.2	↑	6.4	
Percentage of population that is 65 and older	14.6	↑	13.9	
Percentage of population that is below 18 years of age	24	↓	24.1	
Percentage of population that is rural	53.1	-	27.6	

Top Causes of Death

Lung Cancer
Heart Attack (AMI)
Dementia

HIV Prevalence Rate

-Double the national rate
-The rate is increasing

Drug Poisoning Deaths (incl. heroin & opioids)

-Higher than state rate
-The rate is increasing

Dental Care

The County needs 3 times more dentists to approach the state ratio

Percent Rural

The percent of rural residents is double the state's

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 exceeds a 2.8 score.

Source data range: 2010-2015

Lowest Need

Highest Need

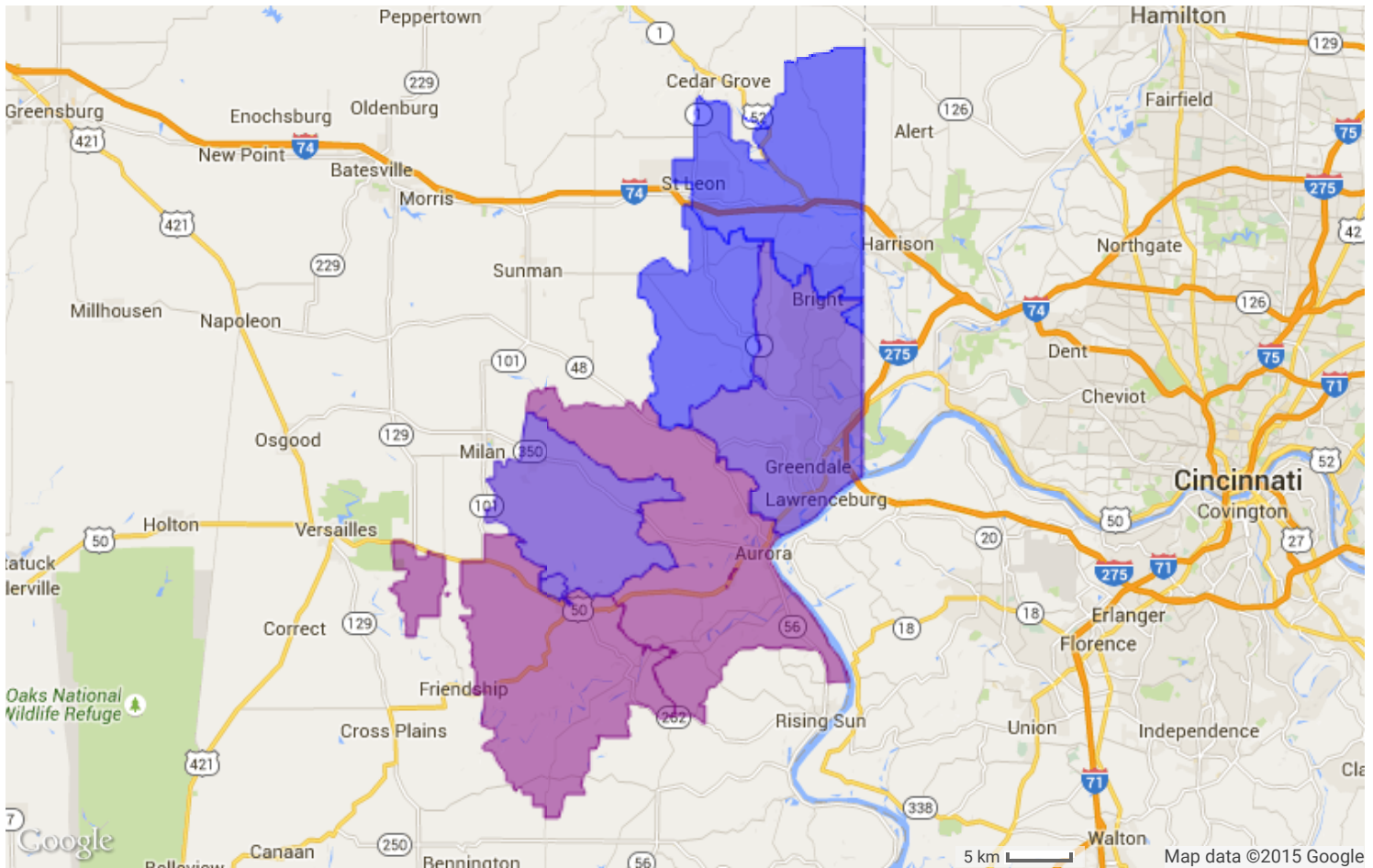
1 - 1.7 Lowest

1.8 - 2.5 2nd Lowest

2.6 - 3.3 Mid

3.4 - 4.1 2nd Highest

4.2 - 5 Highest



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

CNI Score Median: 1.9

CNI Score Mode: 1.4

Zip Code	CNI Score	Population	City	County	State
47001	2.6	10261	Aurora	Dearborn	Indiana
47018	2.8	4219	Dillsboro	Dearborn	Indiana
47022	1.4	3524	Guilford	Dearborn	Indiana
47025	2	22415	Lawrenceburg	Dearborn	Indiana
47032	1.8	3645	Moore Hill	Dearborn	Indiana
47060	1.4	7293	West Harrison	Dearborn	Indiana

Ohio County Health Snapshot

Population: 5,994

Measure/Indicator	County	Trend	State	National
Health Outcomes				
Cancer mortality, Lung (rate per 100,000)	79.2	↓	55.8	44.9
Cancer mortality, Overall (rate per 100,000)	194.9	↓	183.5	166.4
Diabetes (%)	12	↑	11	8.5
Low birthweight (%)	6.3	-	8	8
Poor of fair health (%)	22	-	16	9.5
Poor physical health days (last 30 days)	6.2	-	3.6	3.9

Health Behaviors				
Adult obesity (%)	31	↑	31	34.9
Adult smoking (%)	28	-	23	18.2
Alcohol-impaired driving deaths (%)	25	-	26	31
Chlamydia incidence (rate per 100,000)	196	↑	432	453.3
Physical inactivity (%)	27	↓	27	NA

Substance Abuse/Mental Health				
Alcohol (% Heavy Drinking)	8.1	↑	6.2	NA
Heroin poisoning overdose deaths (rate per 100,000)	12.4	↑	10.7	NA

Access to Care				
Dentists (ratio)	2997:1	↓	1973:1	NA
Mental health providers (ratio)	5994:1	↓	750:1	NA
People with a usual primary care provider (%)	80.5	↓	NA	86.8
Preventable hospital stays (rate per 1,000 Medicare enrollees)	74	↓	70	NA
Primary care physicians (ratio)	0	-	1518:1	NA
Uninsured (%)	13	↓	13.5	16.9

Socio-Economic/Demographic				
Children in poverty (%)	17	↑	22	
Percent African American	0.5	↓	9.2	
Percent Hispanic	1.4	↑	6.4	
Percentage of population that is 65 and older	19	↑	13.9	
Percentage of population that is below 18 years of age	19.7	↓	24.1	
Percentage of population that is rural	100	-	27.6	

Lung Cancer

Higher than state
& national rate

Adult smoking rate
is 27% higher than
national average

Heroin Poisoning Deaths

-Higher than state rate

-The rate is increasing

Accessing Care

-0 primary care physicians
-1 Mental Health Provider
-2 Dentists

Percent Rural

100% of the
County's residents
live in rural areas

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. the County's ZIP Code does not exceed a score of 3.4.

Lowest Need

1 - 1.7 Lowest

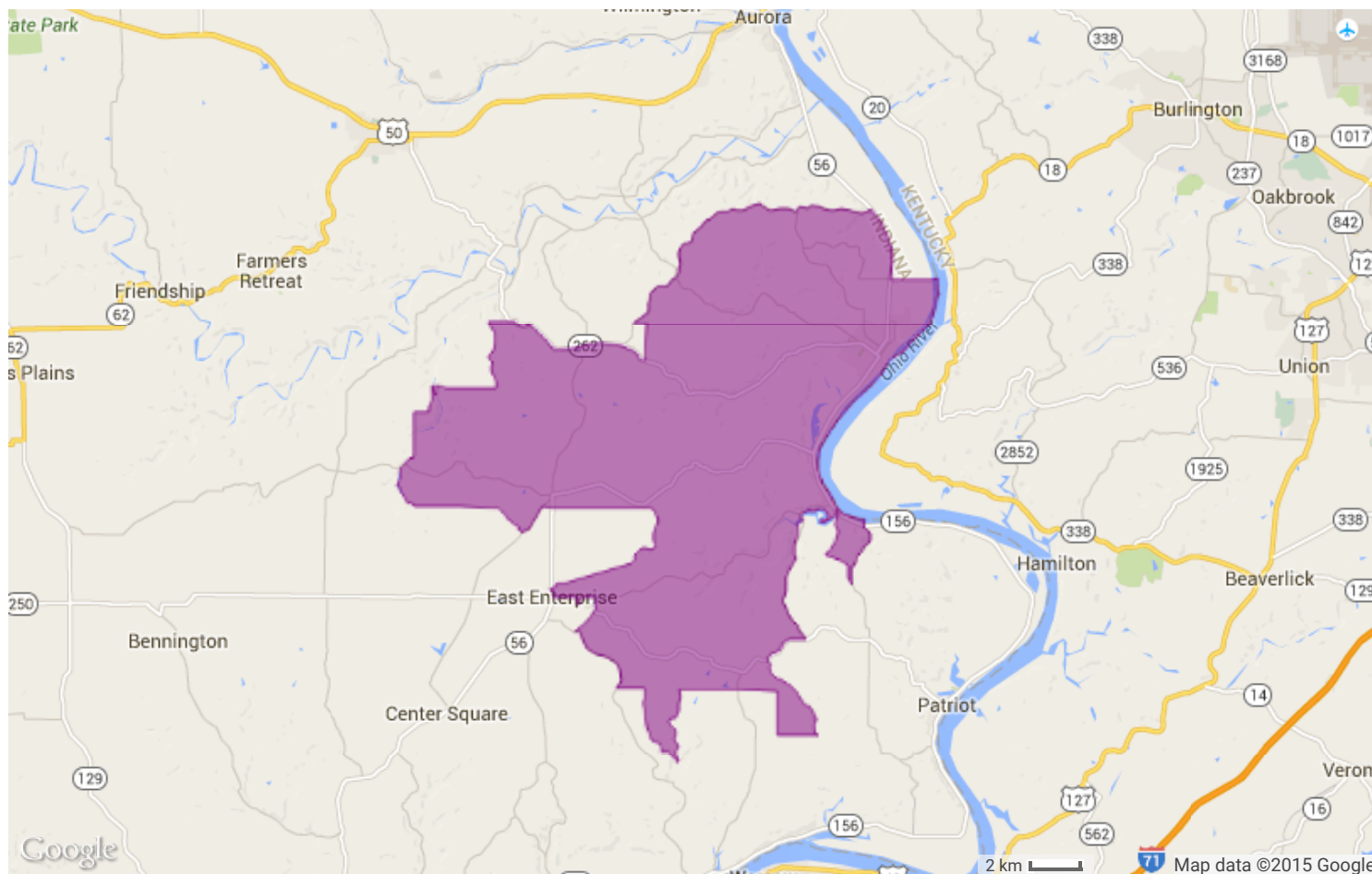
1.8 - 2.5 2nd Lowest

2.6 - 3.3 Mid

3.4 - 4.1 2nd Highest

4.2 - 5 Highest

Highest Need



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

CNI Score Median: 2.8

CNI Score Mode: None

Zip Code **CNI Score**
47040 2.8

Population
 5146

City
 Rising Sun

County
 Ohio

State
 Indiana

Switzerland County Health Snapshot

Population: 10,526

Measure/Indicator	County	Trend	State	National
Health Outcomes				
Cancer mortality, Lung (rate per 100,000)	78.3	↓	55.8	44.9
Cancer mortality, Overall (rate per 100,000)	223.4	↓	183.5	166.4
Child mortality (rate per 100,000)	93.8	-	60.1	50.7
Chronic Lower Respiratory Disease (CLRD) deaths age 65+ (rate per 100,000)	469.9	↑	392.3	284.5
Diabetes (%)	13	↑	11	8.5
Diabetes deaths (rate per 100,000)	28.8	-	26	21.2
Heart disease	218.9	↓	186.3	169.8
Injury deaths	78	-	62	58.8
Poor of fair health (%)	24	-	16	9.5
Poor physical health days (last 30 days)	5	-	3.6	3.9
Health Behaviors				
Access to exercise opportunities (%)	22	↓	75	NA
Adult obesity (%)	32	↑	31	34.9
Adult smoking (%)	29	-	23	18.2
Alcohol-impaired driving deaths (%)	33	-	26	31
Chlamydia Incidence (rate per 100,000)	197.9	↑	432	453.3
Motor vehicle crash deaths (rate per 100,000)	25	↑	12	NA
Physical inactivity (%)	33	↓	27	NA
Substance Abuse				
Alcohol (% Heavy Drinking)	8.1	↑	6.2	NA
Drug poisoning deaths (rate per 100,000)	23	↑	14	NA
Access to Care				
Could not see doctor due to cost (%)	19	-	14	NA
Dentists (ratio)	10,526:1	-	1973:1	NA
Mammography screening (%)	48.9	↓	61.4	72.4
Mental health providers (ratio)	5,263:1	-	750:1	NA
People with a usual primary care provider (%)	80.5	↓	86.6	NA
Preventable hospital stays (rate per 1,000 Medicare enrollees)	101	↓	70	NA
Primary care physicians (ratio)	10,424:1	↑	1518:1	NA
Uninsured (%)	15	↓	13.5	16.9
Socio-Economic/Demographic				
Children in poverty (%)	33	↑	22	
Percent African American	0.4	-	9.2	
Percent Hispanic	1.6	-	6.4	
Percentage of population that is 65 and older	15.9	↑	13.9	
Percentage of population that is below 18 years of age	25	-	24.1	
Percentage of population that is rural	100	-	27.6	

Health Risks

Smoking: 29%
Obesity: 32%
Physical Inactivity: 33%

CLRD Deaths

21% higher than national rate
The rate is increasing

Cancer Mortality

Higher than state & national rate

Injury Deaths

Motor vehicle crash deaths & Drug Poisoning Deaths both exceed the state rates

Percent Rural

100% of the County's residents live in rural areas

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 exceeds a 3.4 score.

Lowest Need

1 - 1.7 Lowest

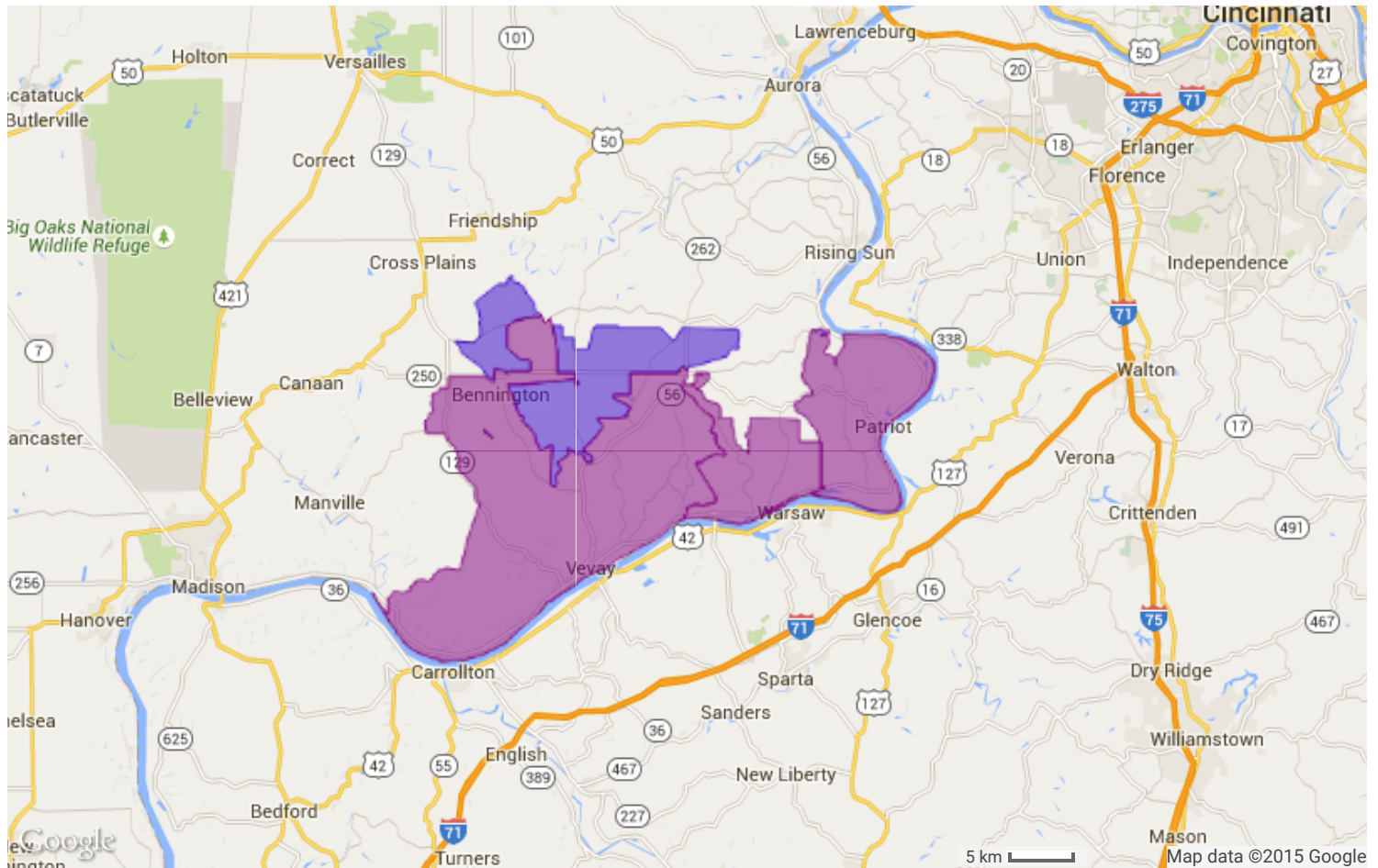
1.8 - 2.5 2nd Lowest

2.6 - 3.3 Mid

3.4 - 4.1 2nd Highest

4.2 - 5 Highest

Highest Need



Zip Code	CNI Score	Population	City	County	State
47011	2.2	1152	Bennington	Switzerland	Indiana
47020	3	1203	Florence	Switzerland	Indiana
47038	3.2	1435	Patriot	Switzerland	Indiana
47043	3.2	5293	Vevay	Switzerland	Indiana

NORTHERN KENTUCKY COUNTIES: BOONE/CAMPBELL/KENTON

Boone, Campbell, and Kenton Counties form the northern tip of Kentucky and are located across the Ohio River from downtown Cincinnati. The cities of Covington and Newport have issues associated with urban areas, but there are still rural areas in Northern Kentucky, especially in Boone and Campbell Counties. Substance abuse, especially with heroin, is an issue receiving a lot of attention in Northern Kentucky. The HIV rates are rising in conjunction with the increase of injection drug use. Cancer mortality rates are increasing for several types of cancer. None of Boone County's ZIP Codes have high CNI scores, but four ZIP Codes have high CNI scores in the combined 17 ZIP Codes of Campbell and Kenton Counties. Two ZIP Codes in Covington have CNI scores at 4 or above: 41011 and 41014.

Consensus on Priorities

There is compelling consensus in Northern Kentucky on four issues: Access to care/services; Obesity; Smoking/tobacco use; and Substance abuse (particularly heroin). At the meeting and in the response from the health department, smoking among pregnant women was emphasized. Access also specifically included access to treatment for heroin addiction.

Mental health and Diabetes were priorities mentioned on the consumer and agency surveys.

Top Causes of Death

There were seven top causes of death in this area. Dementia, heart disease, and lung cancer were among the top three causes of death in all three counties. AMI and COPD each appeared twice in the top five causes. Accidental drug poisoning was the 5th top cause of death in Boone County, and stroke was the 5th top cause of death in Campbell County.

TABLE 44. NORTHERN KENTUCKY: CAUSES OF DEATH

	#1	#2	#3	#4	#5
Boone	Lung cancer	Heart disease	Dementia	COPD	Accidental drug poisoning
Campbell	Dementia	Lung cancer	Heart disease	AMI	Stroke
Kenton	Lung cancer	Dementia	Heart disease	COPD	AMI

Priorities from Community Meeting on June 25, 2015

Eight people who RSVP'd did not show up, but the small group had thoughtful answers and multiple perspectives. A health department official attended as did hospital social workers who work in Cincinnati but live in Northern Kentucky. They were articulate about their observations of the people they serve.

"It's a relief to share the barriers my patients face."

-Hospital social worker

TABLE 45. NORTHERN KENTUCKY MEETING PRIORITIES

Priority	# Votes	% Votes
Substance abuse	4	25.0%
Obesity (including child obesity)	3	19.0%
Access to care (access to all types of health resources <u>and</u> access to substance abuse treatment)	2	12.5%
Cancer	2	12.5%
Kentucky Managed Medicaid, specifically limitations in benefits and facilities	2	12.5%
Smoking, especially pregnant women	2	12.5%
Non-compliance with treatment	1	6.0%

Survey Priorities

Below are the most common responses from individual consumers, living in Boone, Campbell, or Kenton County, who completed a survey between June 15 and August 3, 2015. There were 57 people who participated, and they all answered the question, “What are the most serious health issues facing your community?” They mentioned 103 health and/or health-related issues of particular concern.

TABLE 46. BOONE/CAMPBELL/KENTON: CONSUMER – MOST SERIOUS HEALTH ISSUES

Issue	# Mentions	% Mentions
Substance abuse (<i>heroin mentioned 24 times</i>)	41	71.9%
Access to care/services (<i>3 cited lack of hospital choice</i>)	12	21.1%
Obesity	11	19.3%
Smoking	9	15.8%
Care for elderly	5	8.8%
Diabetes	4	7.0%
Healthy food/nutrition	3	5.3%
Mental health	3	5.3%

Eighteen agencies serving one or more counties answered the survey.

TABLE 47. BOONE/CAMPBELL/KENTON: AGENCY – MOST SERIOUS HEALTH ISSUES

Most Serious Health Issues	# Mentions	% Mentions
Mental health	9	15.0%
Substance abuse	9	15.0%
Obesity	7	11.7%
Smoking	5	8.3%
Diabetes	4	6.7%
Access to care/services	3	5.0%

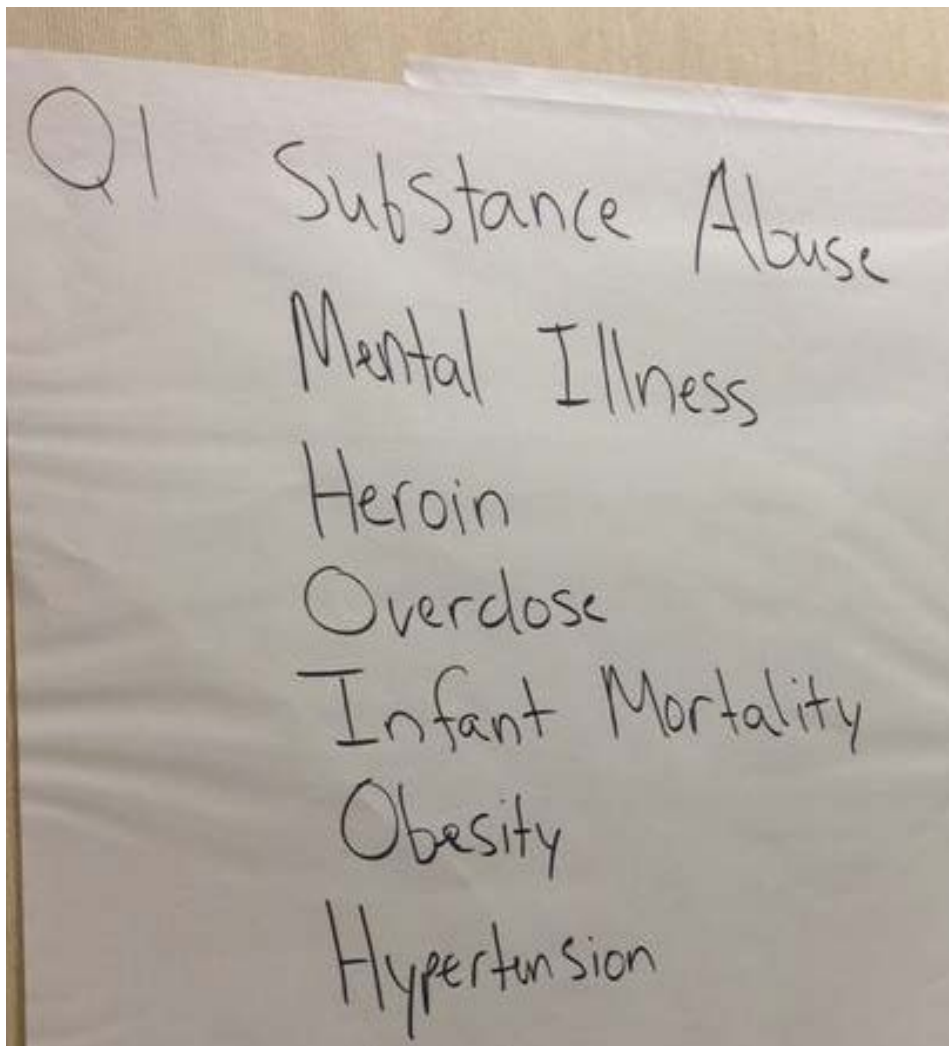
Response from Health Department

The Northern Kentucky Independent District Health Department covers Boone, Campbell, and Kenton Counties. Its geographic area also includes Grant County. The Health Commissioner shared the survey with her management team, and together they identified and ranked the issues for their district.

TABLE 48. NORTHERN KENTUCKY: HEALTH DEPT. – MOST SERIOUS HEALTH ISSUES

Most Serious Health Issues	
1.	The spread of communicable and sexually transmitted diseases associated with Northern Kentucky's heroin epidemic
2.	Tobacco use, especially among women who are pregnant, could become pregnant, or who have young children in the home
3.	Obesity (contributing to high rates of diabetes, hypertension, hypercholesterol, and cardiovascular disease related to obesity)
4.	Access to mental health care and substance use disorder treatment in Northern KY

FIGURE 19. WRITTEN RESPONSES AT COMMUNITY MEETING



Boone County Health Snapshot

Population: 163,145

Measure/Indicator	County	Trend	State	National
Health Outcomes				
Alzheimer's disease or related disorders Medicare beneficiaries (%)	10.2	↓	8.7	9.8
Cancer mortality, Breast (rate per 100,000)	26	↑	23.1	21.3
Cancer mortality, Lung (rate per 100,000)	64.2	↑	68	44.9
Cancer mortality, Overall (rate per 100,000)	190.5	↑	198	166.4
Cancer mortality, Prostate (rate per 100,000)	20.5	↑	20.6	19.56
Chronic Lower Respiratory Disease (CLRD) deaths age 65+ (rate per 100,000)	330.2	↓	410.2	284.5
Diabetes (%)	10.9	↑	11.8	8.5
Stroke deaths (rate per 100,000)	41	↑	41.7	36.2

Health Behaviors				
Adult obesity (%)	30.2	-	32.1	34.9
Adult smoking (%)	17.8	↓	25.6	18.2
Chlamydia incidence (rate per 100,000)	333.5	↑	401.9	453.3
Gonorrhea incidence (rate per 100,000)	87.6	↑	99	106.7
HIV prevalence (rate per 100,000)	86	↑	144.7	18.3
Teen births (rate per 1,000 aged 15 - 19)	31.6	↓	48.4	26.5

Substance Abuse/Mental Health				
Drug poisoning deaths (rate per 100,000)	20.8	↑	20.3	NA
Excessive drinking (%)	17.6	↑	11.8	28.2
Heroin related drug overdose deaths (rate per 100,000)	29.6	↑	22.9	NA

Access to Care				
Health care costs (Medicare per enrollee)	11,588	↑	10,578	N/A
Mammography screening (%)	63.6	↑	60.1	72.4
Mental health providers (ratio)	1414:1	↓	621:1	NA
Uninsured (%)	8	↓	11	16.9

Socio-Economic/Demographic				
Children in poverty (%)	11.7	↓	25.5	
Percent African American	2.8	-	8	
Percent Hispanic	3.9	↑	3.3	
Percentage of population that is 65 and older	10.7	↑	14.4	
Percentage of population that is below 18 years of age	27.6	↓	23.1	
Rural population (%)	13.3	-	41.6	
Violent crime (rate per 100,000)	137.6	↓	234.9	

Top Causes of Death

Lung Cancer
Dementia

Cancer

Increasing mortality rates for Breast, Lung & Prostate
Mammography screening below national rate

Alzheimer's/Dementia

Higher than state and national rate

Substance Abuse

All rates are above the state and increasing

HIV Rate

Higher than national 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. None of the County's seven ZIP Codes exceeds a 3.4 score.

Source data range: 2010-2015

Lowest Need

1 - 1.7 Lowest

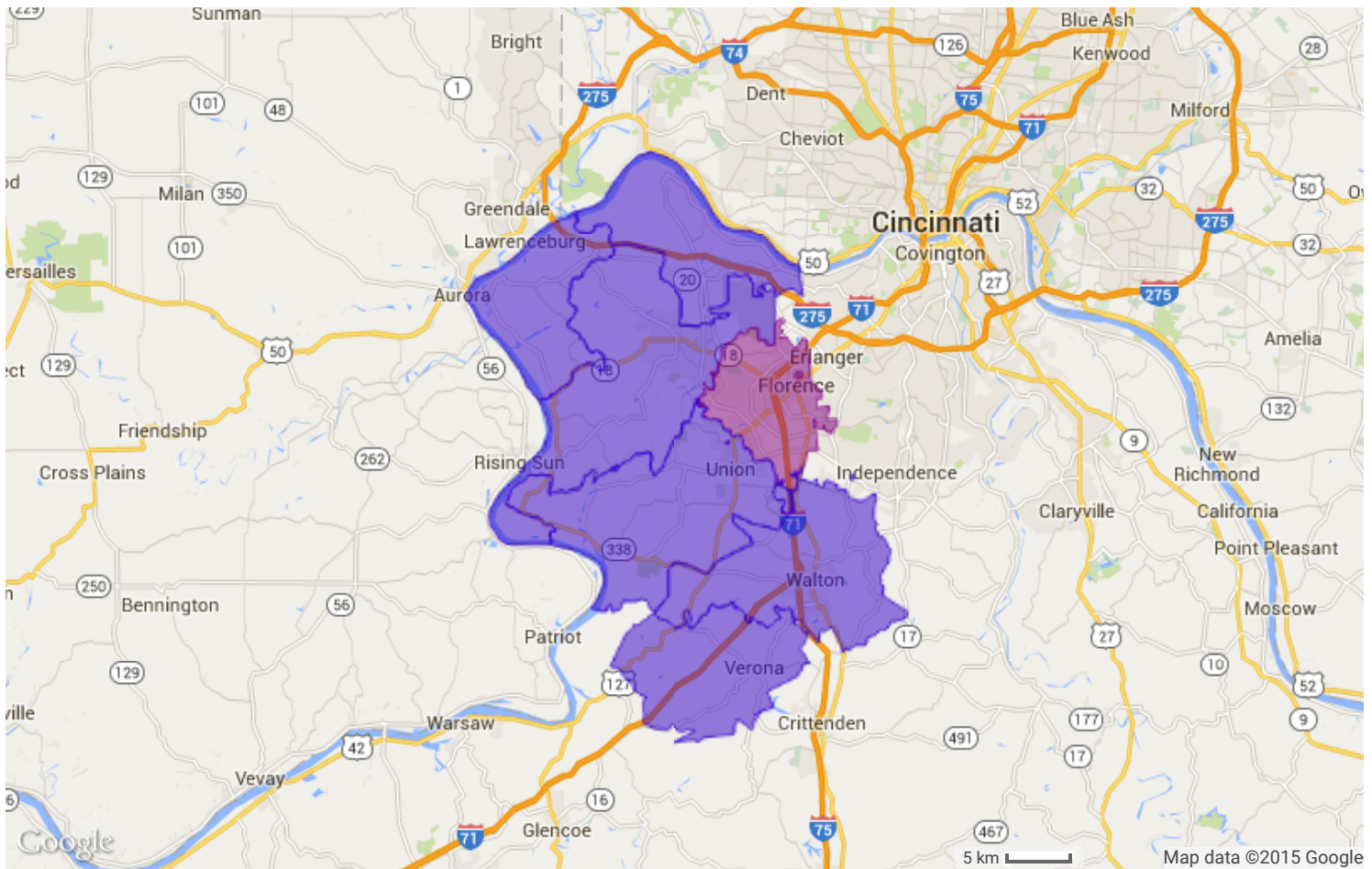
1.8 - 2.5 2nd Lowest

2.6 - 3.3 Mid

3.4 - 4.1 2nd Highest

4.2 - 5 Highest

Highest Need



Mean(zipcode): 2.2 / Mean(person): 2.4

CNI Score Median: 2.4

CNI Score Mode: 1.8,2.2,2.4

Zip Code	CNI Score	Population	City	County	State
41005	2.2	23304	Burlington	Boone	Kentucky
41042	2.8	53080	Florence	Boone	Kentucky
41048	1.8	15943	Hebron	Boone	Kentucky
41080	2.4	1770	Petersburg	Boone	Kentucky
41091	1.8	18877	Union	Boone	Kentucky
41092	2.2	3426	Verona	Boone	Kentucky
41094	2.4	12969	Walton	Boone	Kentucky

Campbell County Health Snapshot

Population: 90,988

Measure/Indicator	County	Trend	State	National
Health Outcomes				
Alzheimer's disease or related disorders medicare beneficiaries (%)	9.6	↓	8.7	9.8
Cancer mortality, Colon (rate per 100,000)	17.6	↑	16.5	14.7
Cancer mortality, Lung (rate per 100,000)	61.9	-	67.7	44.9
Cancer mortality, Overall (rate per 100,000)	180.2	↑	198	166.4
Chronic Lower Respiratory Disease (CLRD) deaths age 65+ (rate per 100,000)	392.9	↑	410.2	284.5
Diabetes (%)	10.4	↑	11.8	8.5
Diabetes deaths (rate per 100,000)	30.6	-	24.1	21.2
Heart disease deaths (rate per 100,000)	185.1	↓	203.4	169.8
Infant mortality (rate per 1,000 live births)	7.7	↓	6.9	6
Injury deaths (rate per 100,000)	74.1	↑	81	58.8
Low birthweight (%)	8.7	↑	9.1	8
Stroke deaths (rate per 100,000)	40.9	↑	41.7	36.2
Total preterm live births (%)	12.4	↓	12.6	11.4

Top Causes of Death

Dementia
Lung Cancer
Heart Attack (AMI)

Colon Cancer Mortality

Above state & national rates and increasing

Health Behaviors

Adult obesity (%)	32.8	↑	32.1	34.9
Adult smoking (%)	24.3	↑	25.6	18.2
Chlamydia incidence (rate per 100,000)	371.5	↑	401.9	453.3
HIV prevalence (rate per 100,000)	121.9	↑	144.7	18.3
Teen births (rate per 1,000 aged 15 - 19)	38	↓	48.4	26.5

CLRD Deaths (Includes COPD)

38% higher than national rate and is increasing

Substance Abuse/Mental Health

Drug poisoning deaths (rate per 100,000)	32.1	↑	20.3	NA
Excessive drinking (%)	22	↑	11.8	28.2
Heroin rated poisoning deaths (rate per 100,000)	36.3	↓	22.9	NA
Poor mental health days (last 30 days)	4.9	-	4.3	3.7

Substance Abuse (Above the state rate)

-Drug Poisonings
-Heroin Overdose Deaths
-Excessive Drinking

Access to Care

Dentists per resident	2275:1	↓	1683:1	NA
Mammography screening (%)	62.7	↑	60.1	72.4
Uninsured (%)	9	↓	11	16.9

Socio-Economic/Demographic

Children in poverty (%)	21.1	↑	25.5
Percent African American	2.8	↑	8
Percent Hispanic	1.8	↑	3.3
Percentage of population that is 65 and older	13.5	↑	14.4
Percentage of population that is below 18 years of age	22.4	↓	23.1
Rural population (%)	15.3	-	41.6
Violent Crime (rate per 100,000)	193.4	↓	234.9

HIV Rate

Higher than national 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. Two of the County's nine ZIP Codes exceeds a 3.4 score.

Lowest Need

1 - 1.7 Lowest

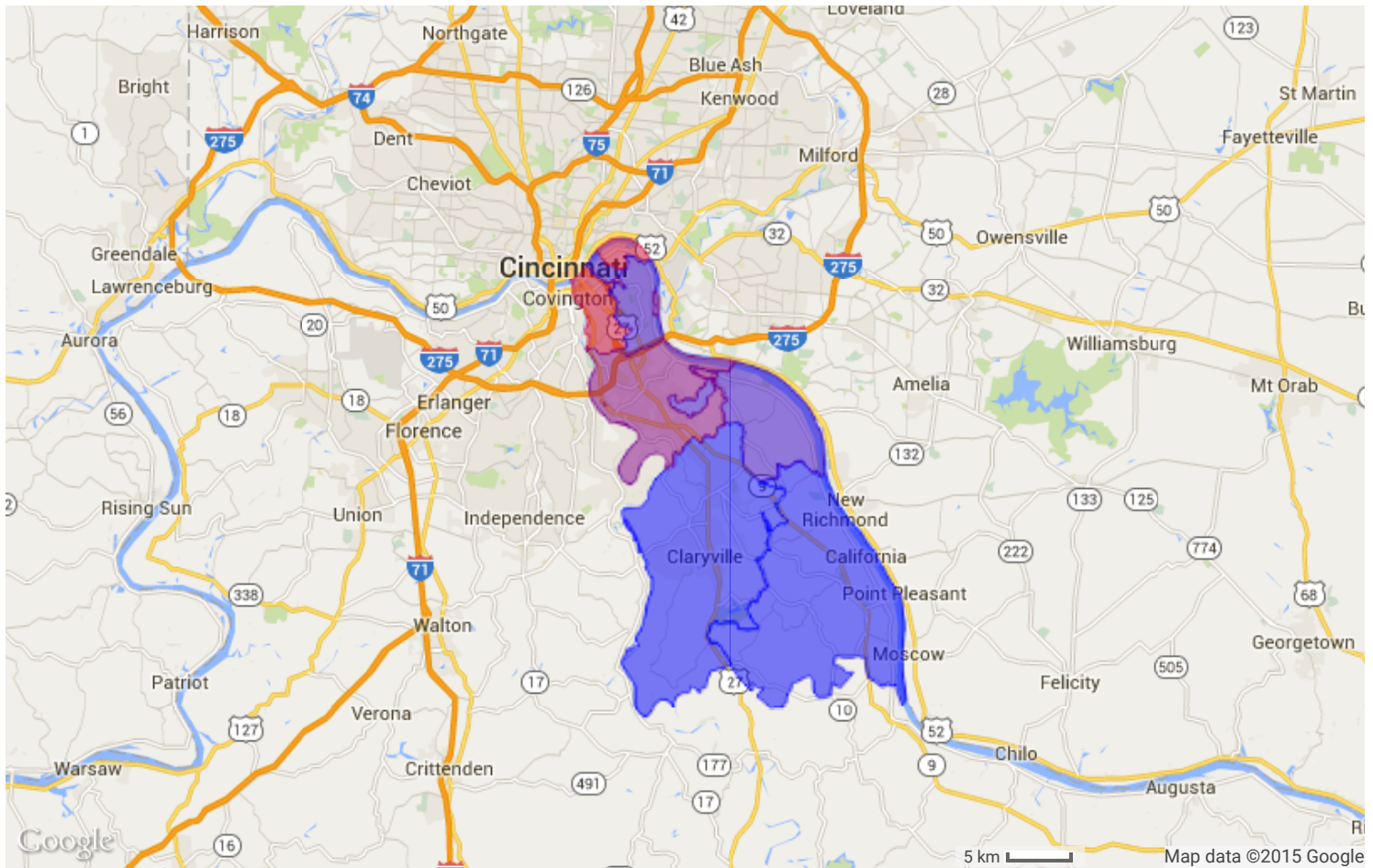
1.8 - 2.5 2nd Lowest

2.6 - 3.3 Mid

3.4 - 4.1 2nd Highest

4.2 - 5 Highest

Highest Need



Mean(zipcode): 2.5 / Mean(person): 2.6

CNI Score Median: 2.4

CNI Score Mode: 2.2

Zip Code	CNI Score	Population	City	County	State
41001	1.6	17197	Alexandria	Campbell	Kentucky
41007	1.4	3916	California	Campbell	Kentucky
41059	2.2	2947	Melbourne	Campbell	Kentucky
41071	3.8	21197	Newport	Campbell	Kentucky
41073	2.4	5885	Bellevue	Campbell	Kentucky
41074	3.4	5352	Dayton	Campbell	Kentucky
41075	2.2	15844	Fort Thomas	Campbell	Kentucky
41076	2.6	17878	Newport	Campbell	Kentucky
41085	2.8	547	Silver Grove	Campbell	Kentucky

Kenton County Health Snapshot

Population: 124,442

Measure/Indicator	County	Trend	State	National
Health Outcomes				
Cancer mortality, Breast (rate per 100,000)	23.6	↓	22.6	21.3
Cancer mortality, Lung (rate per 100,000)	60.3	↓	67.8	44.9
Cancer mortality, Overall (rate per 100,000)	183	↓	192.7	166.4
Child mortality (rate per 100,000)	68.2	↓	61.3	50.7
Chronic Lower Respiratory Disease (CLRD) deaths age 65+ (rate per 100,000)	369.6	↓	410.2	284.5
Diabetes deaths (rate per 100,000)	30.3	-	24.1	21.2
Have a usual primary care provider (%)	91.6	↑	87	77.3
Heart disease deaths (rate per 100,000)	194.3	↓	203.4	169.8
Infant mortality (rate per 1,000 live births)	9.2	↑	6.9	6
Injury deaths (rate per 100,000)	78	↑	81	58.8
Low birthweight (%)	8.5	↑	9.1	8
Stroke deaths (rate per 100,000)	41.1	↓	41.7	36.2

Health Behaviors				
Adult obesity (%)	29	↓	32.1	34.9
Adult smoking (%)	27	↓	25.6	18.2
Chlamydia incidence (rate per 100,000)	432.7	↑	401.9	453.3
Gonorrhea incidence (rate per 100,000)	154.5	↑	99	106.7
HIV prevalence (rate per 100,000)	197	↑	144.7	18.3
Teen births (rate per 1,000 aged 15 - 19)	49	↓	48.4	26.5
Total syphilis (rate per 100,000)	15.9	↓	10.2	8.6

Substance Abuse				
Drug poisoning deaths (rate per 100,000)	30	↑	20.3	NA
Excessive drinking (%)	20	-	11.8	28.2
Heroin rated poisoning deaths (rate per 100,000)	40.5	↑	22.9	NA

Access to Care				
Dentists (ratio)	2092:1	↑	1683:1	NA
Mammography screening (%)	60.2	↑	60.1	72.4
Mental health providers (ratio)	748:1	↓	621:1	NA
Uninsured (%)	9	↓	11	16.9

Socio-Economic/Demographic				
Children in poverty (%)	20	↓	25.5	
Percent African American	4.8	↑	8	
Percent Hispanic	2.8	↑	3.3	
Percentage of population that is 65 and older	12.3	↑	14.4	
Percentage of population that is below 18 years of age	24.6	↓	23.1	
Rural population (%)	7	↓	41.6	
Violent crime (rate per 100,000)	272	↓	234.9	

Top Causes of Death

Lung Cancer

Dementia

Substance Abuse

(Above the state rate)

- Drug Poisonings
- Heroin Overdose Deaths
- Excessive Drinking

STDs

(Above the state rate)

HIV
Syphilis
Gonorrhea
Chlamydia

Breast Cancer Mortality

(Above state & national rate)

Mammography screening below the national rate

Lung Cancer Mortality

(Above the state rate)

Adult smoking rate above the state and 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. Two of the County's eight ZIP Codes exceeds a 3.4 score.

Source data range: 2010-2015

Dignity Health.

Lowest Need

■ 1 - 1.7 Lowest

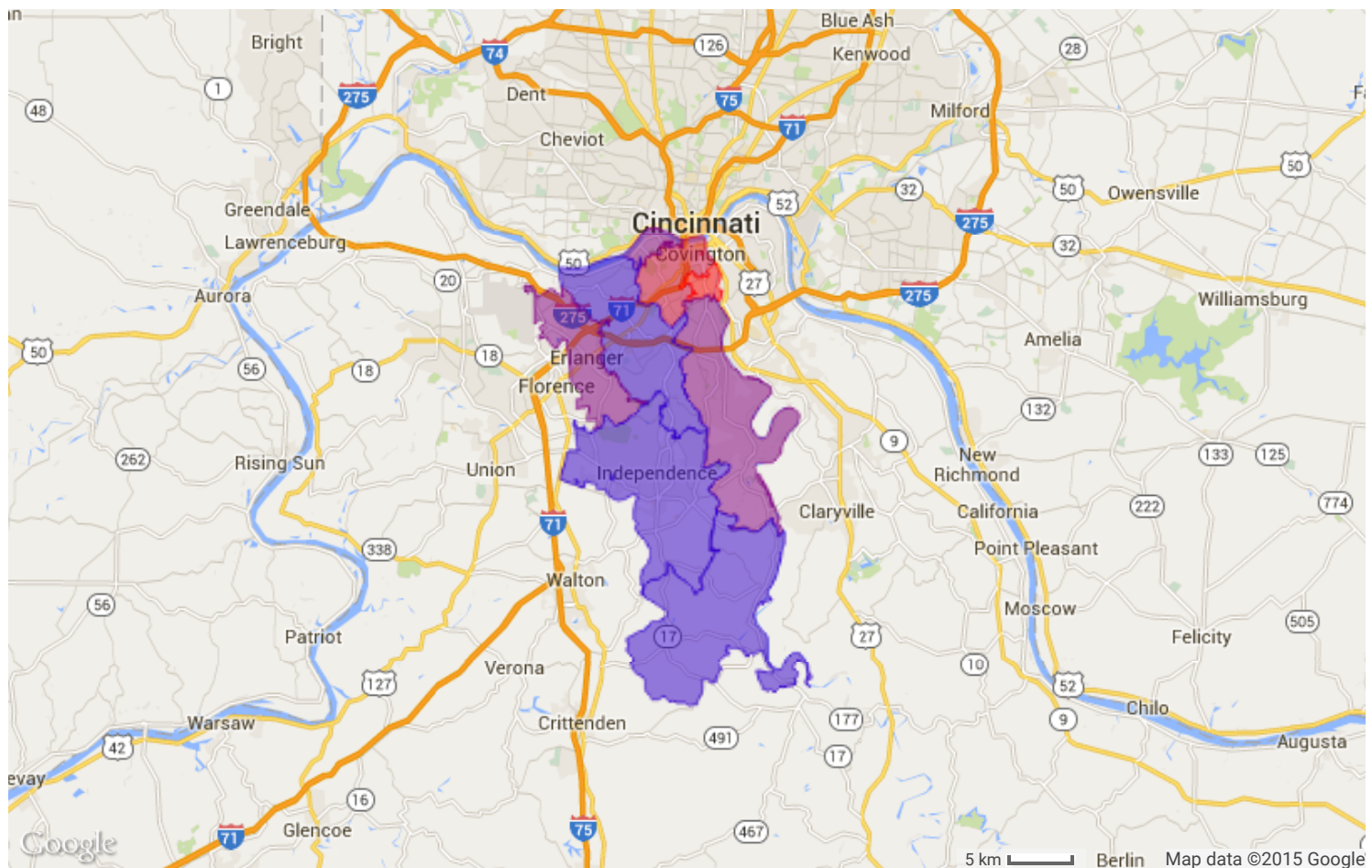
1.8 - 2.5 2nd Lowest

2.6 - 3.3 Mid

3.4 - 4.1 2nd Highest

4.2 - 5 Highest

Highest Need



Mean(zipcode): 2.9 / Mean(person): 2.7

CNI Score Median: 2.9

CNI Score Mode: 3

Zip Code	CNI Score	Population	City	County	State
41011	4	26149	Covington	Kenton	Kentucky
41014	4.2	7063	Covington	Kenton	Kentucky
41015	3	21006	Latonia	Kenton	Kentucky
41016	3	5833	Covington	Kenton	Kentucky
41017	2	40352	Ft Mitchell	Kenton	Kentucky
41018	2.8	27618	Erlanger	Kenton	Kentucky
41051	1.8	30116	Independence	Kenton	Kentucky
41063	2.2	3198	Morning View	Kenton	Kentucky

BRACKEN/GALLATIN/GRANT/PENDLETON COUNTIES

These four counties are part of the Cincinnati-Middletown MSA, but the hospitals collaborating on this CHNA do not serve patients in these counties. The CHNA Team did not conduct a community meeting, but it did contact their health departments; create Snapshots and CNI maps; and captured survey results from agencies serving one or more of the counties. The counties are more rural than the three Northern Kentucky counties: Grant County has a population that is 65% rural, and the rural percentage is 100% for the other three counties. Four ZIP Codes have high CNI scores – two of them in Gallatin. Gallatin has one of the highest county-wide CNI scores at 3.8. Pendleton County did not have a high CNI score.

Consensus on Priorities

Agencies and health departments agreed that Smoking/tobacco use and Obesity are major health issues. Agencies mentioned Substance abuse, consistent with Three Rivers District Health Department citing heroin as a serious issue in Gallatin and Pendleton Counties. Agencies and the Bracken County Health Department both mentioned Diabetes as a serious problem.

“25% poverty rate leads to a hunger issue.”
-Health Commissioner

Top Causes of Death

The top cause of death was Lung cancer. Bracken, Gallatin, and Pendleton are smaller counties (populations between 8,000 and 15,000 residents). The mortality statistics are not reported when the numbers are too small.

TABLE 49. BRACKEN/GALLATIN/GRANT/PENDLETON: CAUSES OF DEATH

	#1	#2	#3	#4	#5
Bracken	Lung cancer				
Gallatin	Lung cancer				
Grant	Heart disease	Lung cancer	COPD	AMI	Heart arrest
Pendleton	Lung cancer				

Survey Priorities

No individuals living in these counties completed a survey. Nine agencies, serving one or more of these counties, completed the survey.

TABLE 50. BRACKEN/GALLATIN/GRANT/PENDLETON: AGENCY – MOST SERIOUS HEALTH ISSUES

Most Serious Health Issues	# Mentions	% Mentions
Mental health	5	17.2%
Substance abuse	5	17.2%
Obesity	3	10.3%
Access to care/services	2	6.9%
Diabetes	2	6.9%
Smoking/tobacco	2	6.9%

Responses from Health Departments

Grant County comments are included in the Northern Kentucky response from the Northern Kentucky Independent District Health Department. The Health Commissioner for the Three Rives District Health Department replied concerning Gallatin and Pendleton. The Health Commissioner for the Bracken County Health Department also responded.

TABLE 51. BRACKEN/GALLATIN/PENDLETON: HEALTH DEPTS. – MOST SERIOUS HEALTH ISSUES

Most Serious Health Issues	# Mentions	% Mentions
Obesity	2	25.0%
Smoking/tobacco	2	25.0%

Bracken County Health Snapshot

Population: 8,416

Measure/Indicator	County	Trend	State	National
Health Outcomes				
Cancer mortality, Breast (rate per 100,000)	23.6	-	22.6	21.3
Cancer mortality, Lung (rate per 100,000)	116	↑	67.8	44.9
Cancer mortality, Overall (rate per 100,000)	228.8	↑	192.7	166.4
Chronic Lower Respiratory Disease (CLRD) deaths age 65+ (rate per 100,000)	541.3	↓	410.2	284.5
Diabetes (%)	12.5	-	11.8	8.5
Heart disease deaths (rate per 100,000)	202	↑	203.4	169.8
Injury deaths (rate per 100,000)	94.3	↑	81	58.8
Low birthweight (%)	9.4	↑	9.1	8
Poor or fair health (%)	22.7	↓	21.1	9.5
Poor physical health days (in past 30 days)	4.5	-	4.8	3.9
Stroke deaths (rate per 100,000)	58.9	↑	41.7	36.2
Total preterm live births (%)	12.5	↓	12.6	11.4

Health Behaviors				
Access to exercise opportunities (%)	30.9	↓	72	NA
Adult obesity (%)	30.3	↓	32.1	34.9
Adult smoking (%)	32.6	↓	25.6	18.2
Alcohol-impaired driving deaths (%)	16.7	↑	28.9	31
Chlamydia incidence (rate per 100,000)	392.1	↑	401.9	453.3
HIV prevalence (rate per 100,000)	71.6	-	144.7	18.3
Motor vehicle crash deaths (rate per 100,000)	26.9	↓	18.4	NA
Physical inactivity (%)	31.4	-	19.1	NA
Teen births (rate per 1,000 aged 15 - 19)	47.3	↓	48.4	26.5

Access to Care				
Could not see doctor due to cost (%)	17.7	-	16.9	NA
Dentists (ratio)	4208:1	-	1683:1	NA
Health care costs (Medicare per enrollee)	11605	↑	10578	NA
Mammography screening (%)	59.3	↑	60.1	72.4
Mental health providers (ratio)	8416:1	-	621:1	NA
Preventable hospital stays (rate per 1,000 Medicare enrollees)	100.2	↓	94.4	NA
Primary care physicians (ratio)	4247:1	↑	1551:1	NA
Uninsured (%)	11	↓	11	16.9

Socio-Economic/Demographic				
Children eligible for free lunch (%)	45.4	-	46.7	
Children in poverty (%)	24.7	-	25.5	
Percent African American	0.5	-	8	
Percent Hispanic	1.6	-	3.3	
Percentage of population that is 65 and older	15	-	14.4	
Percentage of population that is below 18 years of age	24.2	-	23.1	
Rural population (%)	100	-	41.6	
Violent crime (rate per 100,000)	71.9	↑	234.9	

Causes of Death

Lung Cancer is the top cause of death

Heart disease and stroke deaths are high and increasing

Respiratory Health

(higher than state & national rates)

CLRD death rate:
32% higher than state
90% higher than national

Cancer Mortality

(when compared to national rates)

Breast: 11% higher
Lung: 158% higher
Overall: 38% higher

Risk Factors

Physical inactivity rate is 64% higher than state

Adult smoking rate is 27% higher than state

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. One of the County's four ZIP Codes exceeds a 3.4 score.

Source data range: 2010-2015

Lowest Need

1 - 1.7 Lowest

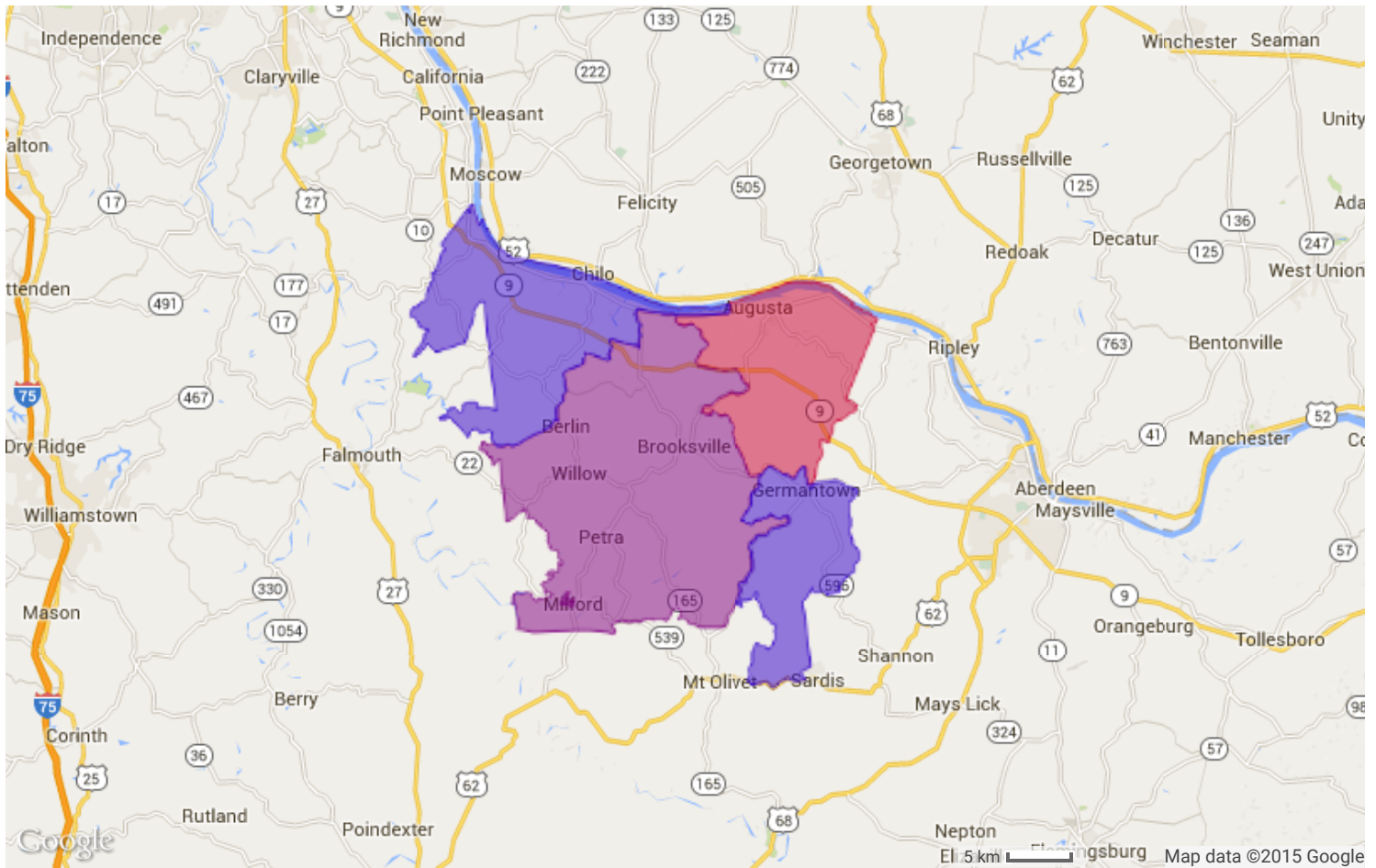
1.8 - 2.5 2nd Lowest

2.6 - 3.3 Mid

3.4 - 4.1 2nd Highest

Highest Need

4.2 - 5 Highest



Mean(zipcode): 2.7 / Mean(person): 2.8

CNI Score Median: 2.5

CNI Score Mode: None

Zip Code	CNI Score	Population	City	County	State
41002	3.6	2583	Augusta	Bracken	Kentucky
41004	2.8	3917	Brooksville	Bracken	Kentucky
41043	2	1731	Foster	Bracken	Kentucky
41044	2.2	852	Germantown	Bracken	Kentucky

Gallatin County Health Snapshot

Population: 8,474

Measure/Indicator	County	Trend	State	National
Health Outcomes				
Cancer mortality, Lung (rate per 100,000)	112.8	-	67.8	44.9
Cancer mortality, Overall (rate per 100,000)	208	-	192.7	166.4
Child mortality (rate per 100,000)	109.2	↓	61.3	50.7
Diabetes deaths (rate per 100,000)	11.1	↓	24.1	21.2
Heart disease deaths (rate per 100,000)	452.6	↓	203.4	169.8
Injury deaths (rate per 100,000)	133.7	↑	81	58.8
Low birthweight (%)	9	-	9.1	8
Poor or fair health (%)	22.4	-	21.1	9.5
Poor physical health days (in past 30 days)	7.5	-	4.8	3.9

Health Behaviors				
Adult obesity (%)	29.7	↓	32.1	34.9
Adult smoking (%)	45.1	-	25.6	18.2
Alcohol-impaired driving deaths (%)	30	↓	28.9	31
Motor vehicle crash deaths (rate per 100,000)	38.8	↓	18.4	NA
Physical inactivity (%)	39.5	↑	29.1	NA
Teen births (rate per 1,000 aged 15 - 19)	65	↓	48.4	26.5

Substance Abuse/Mental Health				
Drug poisoning deaths (rate per 100,000)	30.4	↑	20.3	NA
Poor mental health days (in past 30 days)	4.3	↓	4.3	3.7

Access to Care				
Dentists (ratio)	8474:1	↑	1683:1	NA
Health care costs (Medicare per enrollee)	13,837	↑	10,578	NA
Mammography screening (%)	54.5	↑	60.1	72.4
Mental health providers (ratio)	1685:1	↓	621:1	NA
Preventable hospital stays (rate per 1,000 Medicare enrollees)	137.3	↓	94.4	NA
Primary care physicians (ratio)	2826:1	↓	1551:1	NA
Uninsured (%)	10	↓	11	16.9

Socio-Economic/Demographic				
Children eligible for free lunch (%)	61.8	↑	46.7	
Children in poverty (%)	24.5	↓	25.5	
Percent African American	1.4	-	8	
Percent Hispanic	5.2	↑	3.3	
Percentage of population that is 65 and older	12.3	-	14.4	
Percentage of population that is below 18 years of age	25.9	↓	23.1	
Rural population (%)	100	-	41.6	
Violent crime (rate per 100,000)	68.6	↑	234.9	

Top Cause of Death
Lung Cancer

Cancer Mortality
(when compared to national rates)

Lung: 152% higher
Overall: 25% higher

Heart Disease

Heart disease deaths are 118% and 167% higher than state and national rates, respectively

Child Health

-Child mortality rate is 78% higher than state
-Teen birth rate is 145% higher than national

Risk Factors

Adult smoking rate is above the state and national rates
Physical inactivity rate is high 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. Two of the County's three ZIP Codes exceeds a 3.4 score.

Lowest Need

1 - 1.7 Lowest

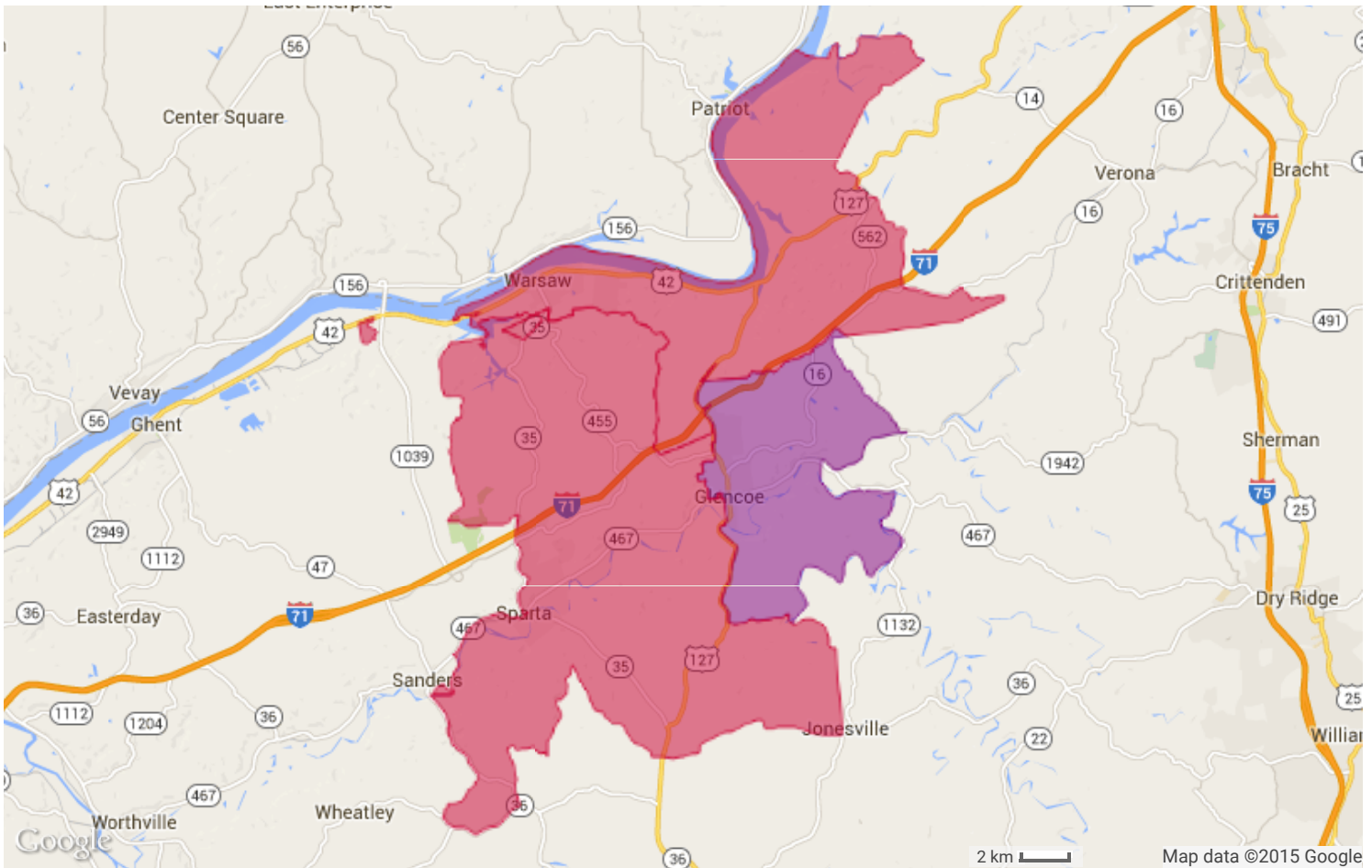
1.8 - 2.5 2nd Lowest

2.6 - 3.3 Mid

3.4 - 4.1 2nd Highest

4.2 - 5 Highest

Highest Need



Mean(zipcode): 3.4 / Mean(person): 3.5

CNI Score Median: 3.8

CNI Score Mode: None

Zip Code	CNI Score	Population	City	County	State
41046	2.8	1554	Glencoe	Gallatin	Kentucky
41086	3.6	2338	Sparta	Gallatin	Kentucky
41095	3.8	4099	Warsaw	Gallatin	Kentucky

Grant County Health Snapshot

Population: 24,753

Measure/Indicator	County	Trend	State	National
Health Outcomes				
Cancer mortality, Breast (rate per 100,000)	21.8	-	22.6	21.3
Cancer mortality, Colon (rate per 100,000)	22.3	-	16.5	14.7
Cancer mortality, Lung (rate per 100,000)	73.3	↑	67.8	44.9
Cancer mortality, Overall (rate per 100,000)	213.9	↑	192.7	166.4
Child mortality (rate per 100,000)	36.4	↓	61.3	50.7
Chronic Lower Respiratory Disease (CLRD) deaths age 65+ (rate per 100,000)	577.6	↑	410.2	284.5
Diabetes deaths (rate per 100,000)	36	-	24.1	21.2
Heart disease deaths (rate per 100,000)	263.1	↓	203.4	169.8
Injury deaths (rate per 100,000)	94.7	↑	81	58.8
Poor or fair health (%)	26.3	↓	21.1	9.5
Poor physical health days (in past 30 days)	5.2	↓	4.8	3.9
Stroke deaths (rate per 100,000)	49.2	↑	41.7	36.2

Health Behaviors				
Access to exercise opportunities (%)	59.3	↑	72	NA
Adult obesity (%)	35.6	↓	32.1	34.9
Adult smoking (%)	27.1	-	25.6	18.2
Chlamydia incidence (rate per 100,000)	303	-	401.9	453.3
HIV prevalence (rate per 100,000)	91.5	↑	144.7	18.3
Motor vehicle crash deaths (rate per 100,000)	26.1	↑	18.4	NA
Physical inactivity (%)	30.2	↓	29.1	NA
Teen births (rate per 1,000 aged 15 - 19)	62.9	↓	48.4	26.5

Substance Abuse/Mental Health				
Drug poisoning deaths (rate per 100,000)	25	↑	20.3	NA
Heroin rated poisoning deaths (rate per 100,000)	32.2	↓	22.9	NA
Suicide (rate per 100,000)	19.9	-	15.9	12.6

Access to Care				
Could not see doctor due to cost (%)	21.2	-	16.9	NA
Dentists (ratio)	3536:1	↑	1683:1	NA
Mammography screening (%)	61.6	↑	60.1	72.4
Mental health providers (ratio)	1238:1	↓	621:1	NA
Preventable hospital stays (rate per 1,000 Medicare enrollees)	96.2	↓	94.4	NA
Uninsured (%)	9	↓	11	16.9

Socio-Economic/Demographic				
Children in poverty (%)	27.9	↑	25.5	
Homicide (rate per 100,000)	5.3	-	4.9	
Percent African American	0.8	-	8	
Percent Hispanic	2.4	-	3.3	
Percentage of population that is 65 and older	12.1	↑	14.4	
Percentage of population that is below 18 years of age	27.6	-	23.1	
Rural population (%)	65	↑	41.6	
Violent crime (rate per 100,000)	52	↑	234.9	

Top Causes of Death

Heart Disease
Lung Cancer
COPD

Cancer Mortality (when compared to national rates)

Colon: 52% higher
Lung: 63% higher
Overall: 29% higher

Diabetes

Diabetes death rate
is 70% higher than
national rate

Substance Abuse (when compared to state rates)

Heroin OD: 41% higher
Overall drug: 23% higher

Respiratory Health

CLRD deaths & Heart
disease deaths are above
state and national rates
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. One of the County's five ZIP Codes exceeds a 3.4 score.

Source data range: 2010-2015

Lowest Need

1 - 1.7 Lowest

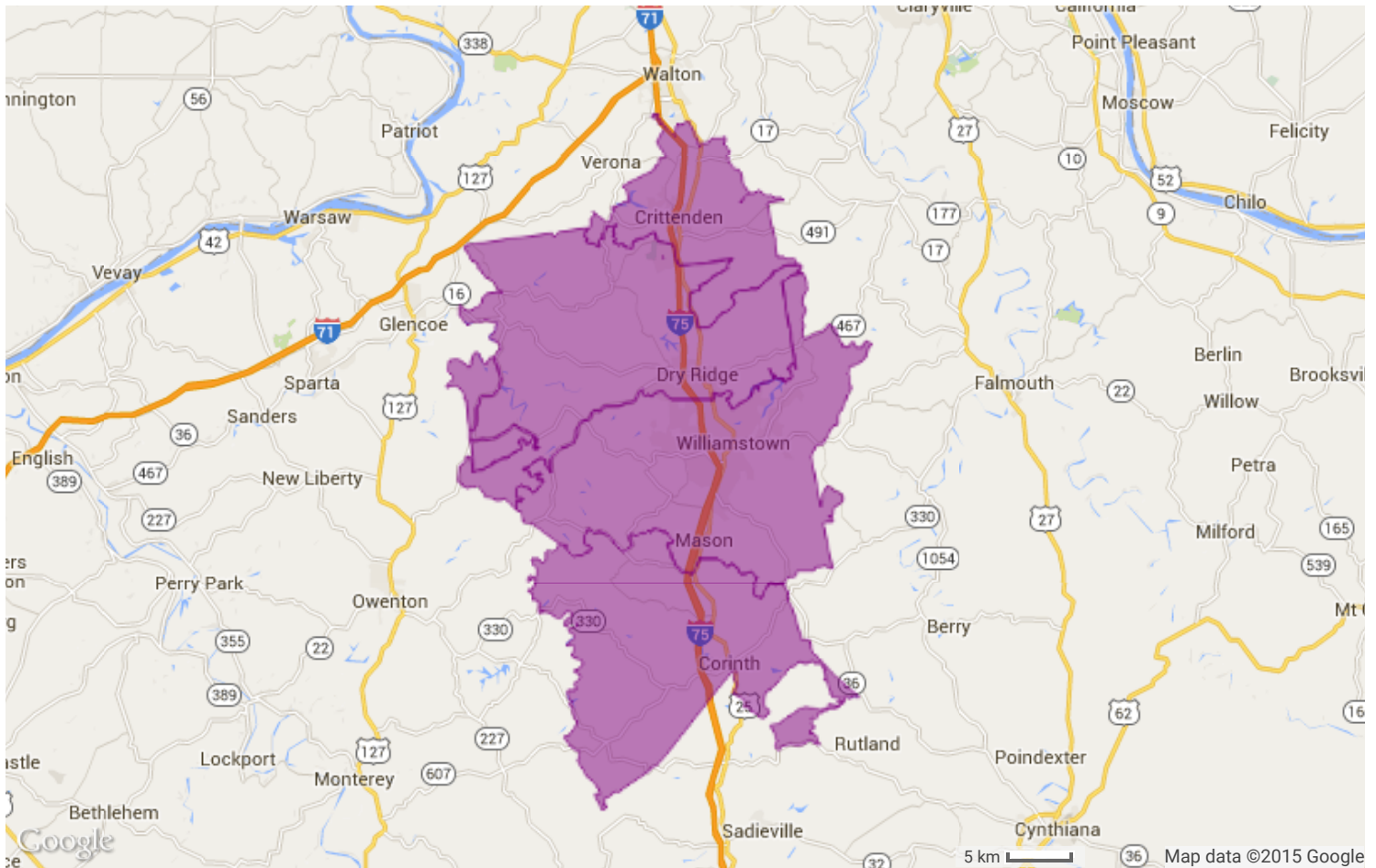
1.8 - 2.5 2nd Lowest

2.6 - 3.3 Mid

3.4 - 4.1 2nd Highest

4.2 - 5 Highest

Highest Need



Mean(zipcode): 3 / Mean(person): 3.1

CNI Score Median: 3

CNI Score Mode: 2.8,3

Zip Code	CNI Score	Population	City	County	State
41010	2.8	3150	Corinth	Grant	Kentucky
41030	3	6327	Crittenden	Grant	Kentucky
41035	3.2	10604	Dry Ridge	Grant	Kentucky
41052	2.8	343	Jonesville	Grant	Kentucky
41097	3	7180	Williamstown	Grant	Kentucky

Pendleton County Health Snapshot

Population: 14,570

Measure/Indicator	County	Trend	State	National
Health Outcomes				
Cancer mortality, Colon (rate per 100,000)	30.1	-	16.5	14.7
Child mortality (rate per 100,000)	83.6	↓	61.3	50.7
Chronic Lower Respiratory Disease (CLRD) deaths age 65+ (rate per 100,000)	536.7	↓	410.2	284.5
Diabetes (%)	14	↑	11.8	8.5
Diabetes deaths (rate per 100,000)	32	-	24.1	21.2
Heart disease deaths (rate per 100,000)	223.8	↓	203.4	169.8
Injury deaths (rate per 100,000)	110	↑	81	58.8
Low birthweight (%)	10.1	-	9.1	8
Poor or fair health (%)	32	-	21.1	9.5
Poor physical health days (in past 30 days)	5.6	-	4.8	3.9
Stroke deaths (rate per 100,000)	33.6	↓	41.7	36.2
Total preterm live births (%)	12.6	-	12.6	11.4
Health Behaviors				
Access to exercise opportunities (%)	43	↑	72	NA
Adult obesity (%)	32	↓	32.1	34.9
Adult smoking (%)	28	↓	25.6	18.2
Alcohol-impaired driving deaths (%)	35	↑	28.9	31
Chlamydia incidence (rate per 100,000)	260.8	↑	401.9	453.3
HIV prevalence (rate per 100,000)	56	↑	144.7	18.3
Motor vehicle crash deaths (rate per 100,000)	32	-	18.4	NA
Physical inactivity (%)	33	-	29.1	NA
Teen births (rate per 1,000 aged 15 - 19)	48	↓	48.4	26.5
Substance Abuse/Mental Health				
Excessive drinking (%)	12	↑	11.8	28.2
Drug poisoning deaths (rate per 100,000)	21	↑	20.3	NA
Poor mental health days (in past 30 days)	6	-	4.3	3.7
Suicide (rate per 100,000)	24.3	-	15.9	12.6
Access to Care				
Could not see doctor due to cost (%)	24	-	16.9	NA
Dentists (ratio)	7,285:1	↓	1683:1	NA
Mammography screening (%)	57.7	↑	60.1	72.4
Mental health providers (ratio)	2,081:1	↓	621:1	NA
Primary care physicians (ratio)	7,302:1	-	1551:1	NA
Uninsured (%)	10	↓	11	16.9
Socio-Economic/Demographic				
Children eligible for free lunch (%)	48	-	46.7	
Children in poverty (%)	24	↑	25.5	
Percent African American	0.5	-	8	
Percent Hispanic	1.1	-	3.3	
Percentage of population that is 65 and older	13.7	-	14.4	
Percentage of population that is below 18 years of age	22.9	↓	23.1	
Rural population (%)	100	-	41.6	

Causes of Death

Lung Cancer is top cause of death

Heart disease deaths are above state and national rates

Respiratory Health

(when compared to national rate)

CLRD: 89% higher
Adult smoking: 54% higher

Mental Health

-Poor mental health days reported at higher than both state and national

-Suicide rate is nearly double the national

Injury Deaths

-87% higher than national rate

-Alcohol-impaired driving deaths are 21% higher than state rate

-Motor vehicle crash deaths are 74% higher than state 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 exceeds a 3.4 score.

Source data range: 2010-2015

Lowest Need

1 - 1.7 Lowest

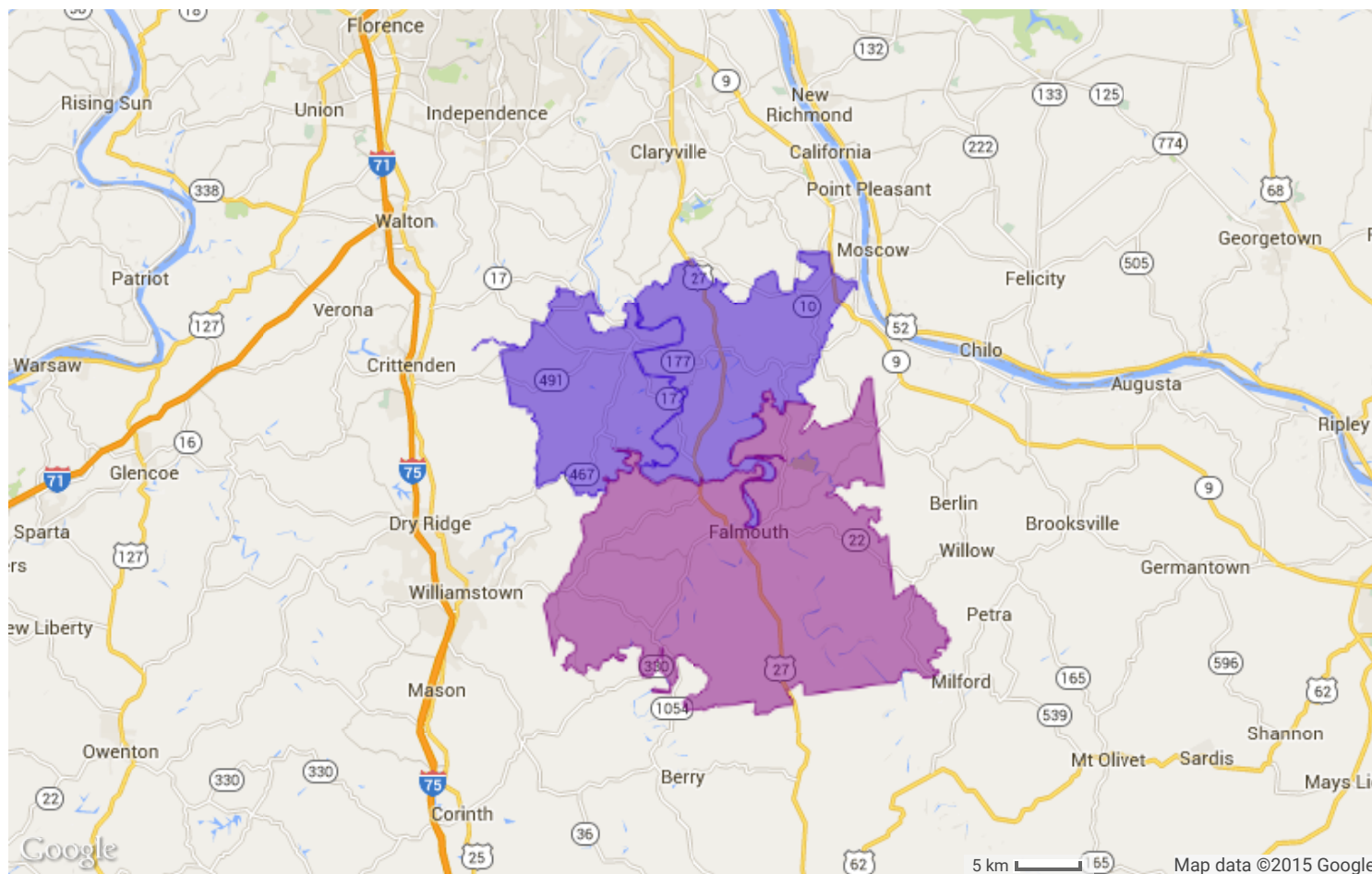
1.8 - 2.5 2nd Lowest

2.6 - 3.3 Mid

3.4 - 4.1 2nd Highest

4.2 - 5 Highest

Highest Need



Mean(zipcode): 2.7 / Mean(person): 2.8

CNI Score Median: 3.2

CNI Score Mode: 2.4

Zip Code	CNI Score	Population	City	County	State
41006	2.4	4339	Butler	Pendleton	Kentucky
41033	2.4	2154	De Mossville	Pendleton	Kentucky
41040	3.2	7338	Falmouth	Pendleton	Kentucky

BUTLER COUNTY, OHIO

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 meeting, 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 meeting and in surveys.

Top Causes of Death

Deaths from Lung cancer and Respiratory disease were high in 2013. 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 2013 (in descending order) were:

- Lung cancer
- Dementia
- Heart disease
- COPD
- AMI

Priorities from Community Meeting on July 30, 2015

The meeting 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 52. BUTLER COUNTY MEETING PRIORITIES

Priority	# Votes	% Votes
Health behaviors	14	27%
Mental health and/or addiction	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%
Dementia	1	2%

Survey Priorities

Below are the most common responses from individual consumers, living in Butler County, who completed a survey between June 15 and August 3, 2015. There were 93 who participated, and 79 people answered the question, “What are the most serious health issues facing your community?” They mentioned 136 health and/or health-related issues of particular concern to them.

TABLE 53. BUTLER COUNTY: CONSUMER – MOST SERIOUS HEALTH ISSUES

Most Serious Health Issues	# Mentions	% Mentions
Substance abuse (<i>heroin, opioid, or opiate mentioned 29 times</i>)	60	76.0%
Access to care/services	11	13.9%
Obesity	11	13.9%
Cancer	8	10.1%
Heart	7	8.9%

Nine organizations, serving Butler County, answered the survey. Substance abuse is a major concern to them, especially heroin addiction.

TABLE 54. BUTLER COUNTY: AGENCY – MOST SERIOUS HEALTH ISSUES

Most Serious Health Issues	# Mentions	% Mentions
Substance abuse	6	22.2%
Obesity	4	14.8%
Access to care/services	3	11.1%
Mental health	3	11.1%
Diabetes	2	7.4%
Infant mortality	2	7.4%

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 55. 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%

Butler County Health Snapshot

Population: 371,272

Measure/Indicator	County	Trend	State	National
Health Outcomes				
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

Health Behaviors				
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

Substance Abuse/Mental Health				
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

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

Socio-Economic/Demographic				
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

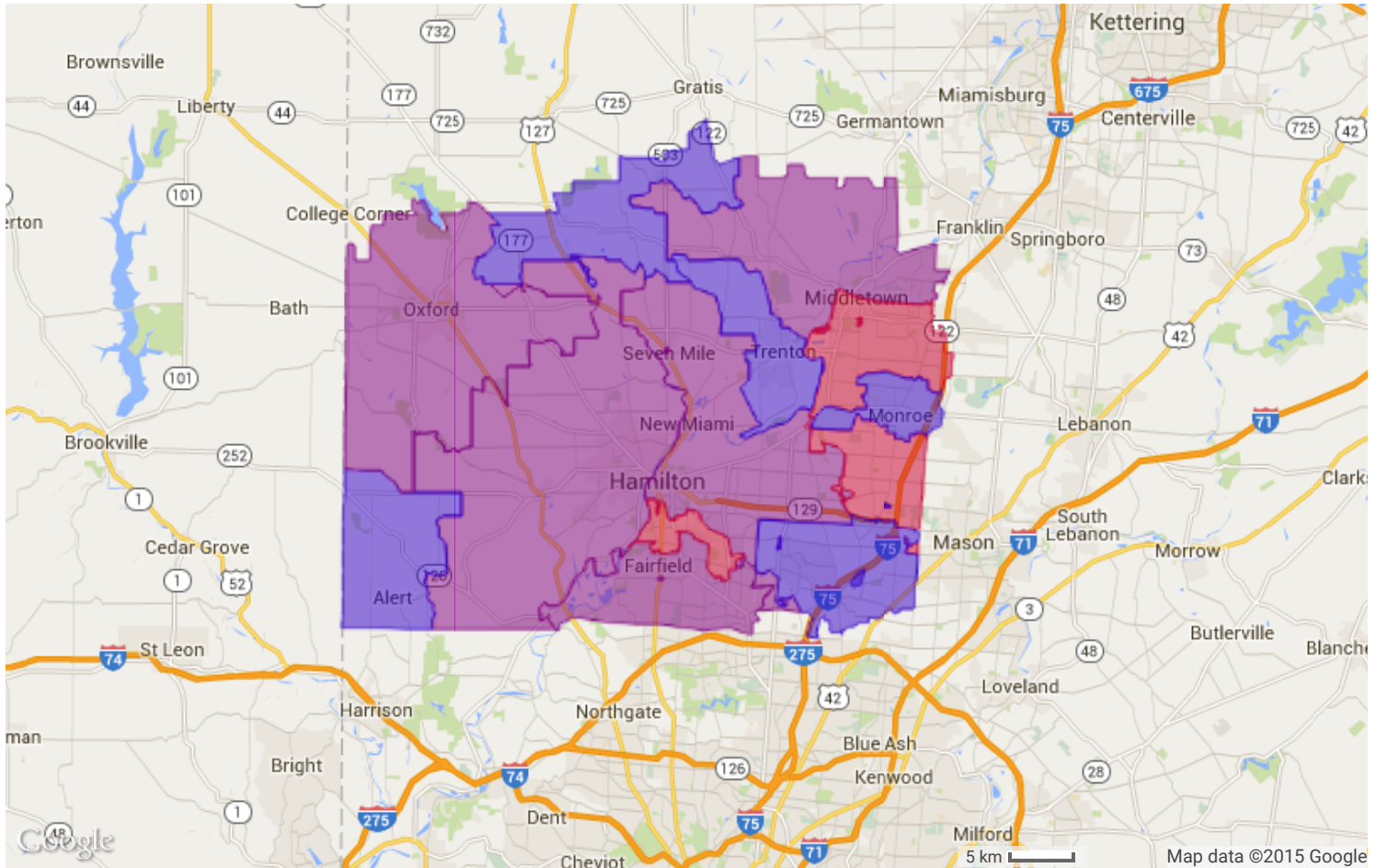
Community Need Index

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

■ 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): 2.8 / 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

CLERMONT COUNTY, OHIO

Clermont County has evolved from a rural county to a suburban county. It is located between populous Hamilton County, to its west, and Ohio's Appalachian counties on its eastern side. It has one ZIP Code with a high CNI score, Owensville.

Consensus on Priorities

All three sources of input – meeting, agency survey, and health department – agreed on Substance abuse and Mental health as serious issues. The Health Commissioner and meeting attendees both cited Obesity as an issue. Agencies expressed concern with Access to care/services, which overlaps with the issue voiced at the meeting: Improved delivery of services. Patient education and Health education were mentioned by agencies and at the meeting.

Top Causes of Death

Deaths from Lung cancer and respiratory disease were high in 2013. The rate of adult smokers in Clermont County is high, but the trend shows that the rate is decreasing. The top causes of death for Clermont County residents in 2013 were (in descending order):

- Lung cancer
- AMI
- Heart disease
- Dementia
- COPD

Priorities from Community Meeting on July 28, 2015

A small but knowledgeable group, representing healthcare, medical outreach to Appalachian community, and OSU Extension services, shared its expertise.

TABLE 56. CLERMONT COUNTY MEETING PRIORITIES

Priority	# Votes	% Votes
Substance abuse/Addiction	5	33%
Improved delivery of services and patient education	4	27%
Mental health	4	27%
Obesity	1	7%
Take care of self first, before taking care of others	1	7%

Survey Priorities

Only one person completed a consumer stakeholder survey. Eighteen organizations, which serve Clermont County, completed the agency survey. They answered the question, "What are the most serious health issues facing your community?"

TABLE 57. CLERMONT COUNTY: AGENCY – MOST SERIOUS HEALTH ISSUES

Most Serious Health Issues	# Mentions	% Mentions
Substance abuse	7	18.9%
Mental health	6	16.2%
Access to care/services	4	10.8%
Health education	4	10.8%
Care for elderly	2	5.4%
Communicable disease	2	5.4%
Healthy food/nutrition	2	5.4%
Wellness	2	5.4%

Response from Health Department

There is one local health department serving Clermont County. The Health Commissioner agreed to an interview. Her areas of concern were:

- Obesity
- Drug abuse
- Mental health
- Tobacco

FIGURE 20. VOTING ON PRIORITIES IN CLERMONT



Clermont County Health Snapshot

Population: 200,218

Measure/Indicator	County	Trend	State	National
Health Outcomes				
Adults reporting they live with high blood pressure (%)	35.8	↓	33.7	NA
Cancer mortality, Breast (rate per 100,000)	27.1	-	22.6	21.3
Cancer mortality, Lung (rate per 100,000)	56.2	-	54.1	44.9
Cancer mortality, Overall (rate per 100,000)	174.7	-	182	166.4
Chronic Lower Respiratory Disease (CLRD) deaths age 65+ (rate per 100,000)	306.7	↓	332.9	284.5
Diabetes (%)	10.5	↑	11.2	8.5
Infant mortality (rate per 1,000 live births)	6.3	↑	7.8	6
Injury deaths (rate per 100,000)	62.7	↑	62	58.8
Poor physical health days (last 30 days)	4.4	↑	3.7	3.9
Stroke deaths (rate per 100,000)	55.1	↑	39.9	36.2
Health Behaviors				
Adult obesity (%)	27.8	↓	30	34.9
Adult smoking (%)	23.5	↓	21	18.2
HIV prevalence (rate per 100,000)	35.7	↑	178	18.3
Physical inactivity (%)	26.9	↑	26	NA
Teen births (rate per 1,000 aged 15 - 19)	34.6	↓	36	26.5
Substance Abuse/Mental Health				
Drug poisoning deaths (rate per 100,000)	23.1	↑	15	NA
Heroin rated poisoning deaths (rate per 100,000)	32.6	↑	18.2	NA
Naloxone (Narcan) administration (rate per 10,000)	24.2	↑	13.9	NA
Poor mental health days (last 30 days)	4.1	↓	3.8	3.7
Suicide (rate per 100,000)	18	↑	12.9	12.6
Access to Care				
Cannot see doctor due to cost	16.7	↓	13	NA
Dentists (ratio)	2567:1	↓	1789:1	NA
Individuals reporting a lack of insurance is a barrier	23.2	↓	19	NA
Individuals reporting their type of insurance is a barrier	29.5	-	19.4	NA
Limited access to healthy foods (%)	9.3	↓	6	NA
Mammography screening (%)	57.7	↓	60	72.4
Mental health providers (ratio)	2356:1	↓	1023:1	NA
Preventable hospital stays (rate per 1,000 Medicare enrollees)	74.5	↓	78	NA
Uninsured (%)	8	↓	9.4	16.9
Socio-Economic/Demographic				
Children in poverty (%)	14.1	↓	23	
Percent African American	1.3	↓	12.2	
Percent Hispanic	1.7	↑	3.4	
Percentage of population that is 65 and older	13.4	↑	15.1	
Percentage of population that is below 18 years of age	24.5	↓	22.9	
Rural population (%)	22.7	↓	22.1	
Violent crime (rate per 100,000)	89.6	↓	307	

Top Causes of Death

Lung Cancer
Heart Attack (AMI)
Dementia

Fatal Stroke

-34% higher than the state
-Local rate is increasing

Substance Abuse

-Increase in fatal drug overdoses
-Narcan utilization increased 68%

Breast Cancer Mortality

Mammography screening is 15% below national rate

Suicide

Rate exceeds both state and national figures

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. Only one of the County's ZIP Codes exceed a score of 3.4.

Source data range: 2010-2015

Lowest Need

1 - 1.7 Lowest

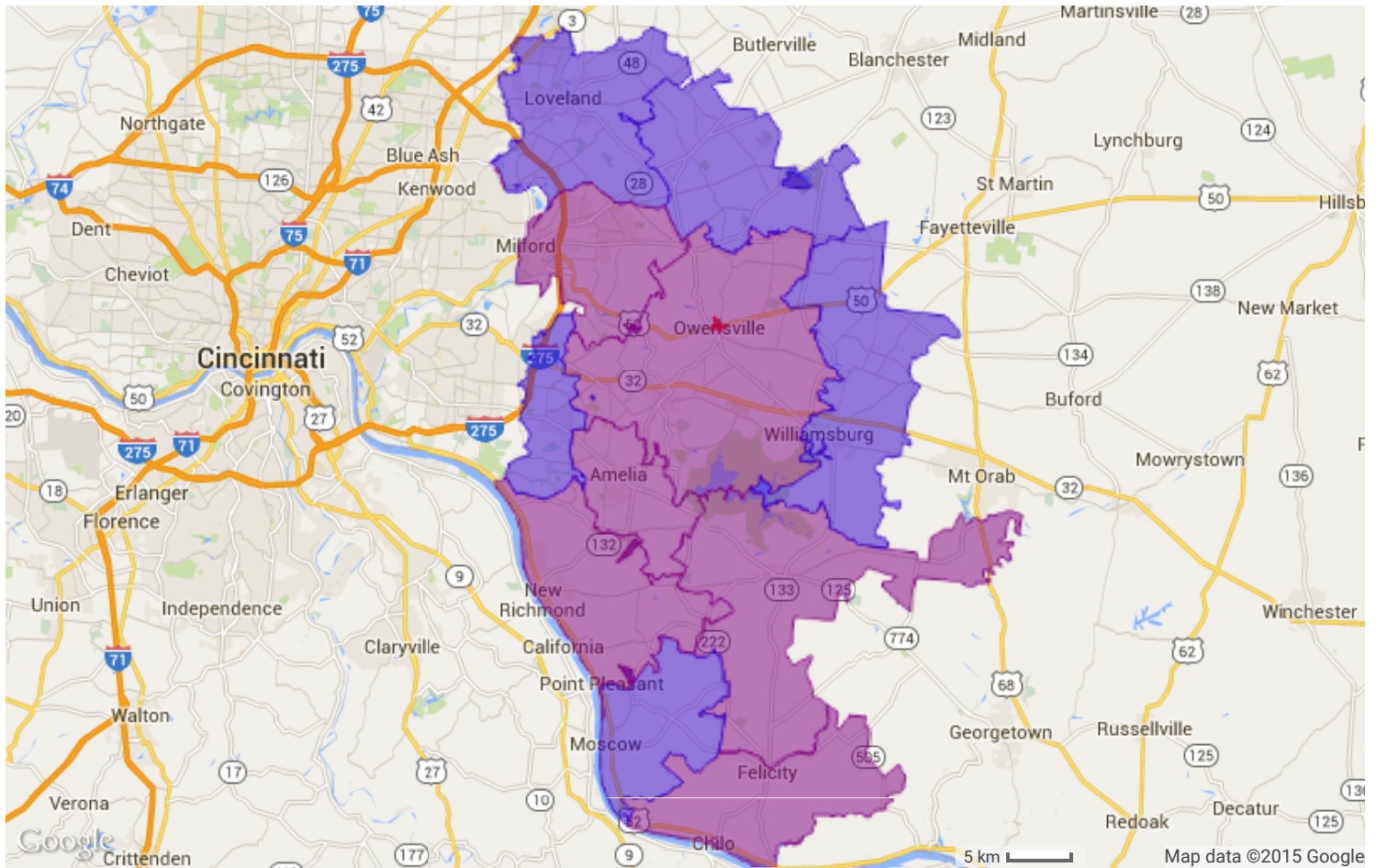
1.8 - 2.5 2nd Lowest

2.6 - 3.3 Mid

3.4 - 4.1 2nd Highest

4.2 - 5 Highest

Highest Need



Mean(zipcode): 2.7 / Mean(person): 2.5

CNI Score Median: 2.7

CNI Score Mode: 2.8

Zip Code	CNI Score	Population	City	County	State
45102	3	24051	Amelia	Clermont	Ohio
45103	2.8	33015	Batavia	Clermont	Ohio
45106	2.8	12389	Bethel	Clermont	Ohio
45120	3.2	3437	Felicity	Clermont	Ohio
45122	2.2	11210	Goshen	Clermont	Ohio
45140	2	54010	Loveland	Clermont	Ohio
45150	2.6	31685	Milford	Clermont	Ohio
45153	2.2	1868	Moscow	Clermont	Ohio
45157	2.8	9936	New Richmond	Clermont	Ohio
45160	3.6	713	Owensville	Clermont	Ohio
45176	2.4	9561	Williamsburg	Clermont	Ohio
45245	2.4	19231	Cincinnati	Clermont	Ohio

HAMILTON COUNTY, OHIO

Hamilton County is the most populous county in the region and is home to the largest city, Cincinnati. Multiple socio-economic factors contribute to health problems for some of its residents. The County and the City struggle to make progress with a 26% child poverty rate, infant mortality, crime, heroin addiction, and high rates of sexually transmitted diseases. The Cradle Cincinnati collaborative initiative is reducing infant mortality, from 10.5 in 2010 to 8.8 in 2014, but there is still a huge disparity for African-American babies.¹² Of the County's 50 ZIP Codes, 29 have high CNI scores. The median CNI score for the County is 3.7, and five ZIP Codes have scores of '5,' the highest possible score: 45203, 45205, 45214, 45225, and 45232.

Consensus on Priorities

Substance abuse was mentioned by all four groups of stakeholder. Access to care was a concern at the meeting and for consumers and agencies responding by survey. Obesity was a top concern from three sources but not at the community meeting. Agencies and health departments cited Infant mortality and Diabetes as serious issues. Agencies and meeting attendees were concerned about Mental health. Systemic socioeconomic factors were identified as serious at the meeting and by the health departments.

Top Causes of Death

The top causes of death for Hamilton County in 2013 were (in descending order):

- Dementia
- Lung cancer
- Heart disease
- AMI
- COPD

Priorities from Community Meeting on July 15, 2015

Forty people attended the meeting from 15 different ZIP Codes. The group comprised individuals, families, planners, health professionals, and representatives of agencies that serve vulnerable populations.

TABLE 58. HAMILTON COUNTY MEETING PRIORITIES

Priority	# Votes	% Votes
Systemic health-related factors	33	29%
Access to care	22	20%
Substance abuse	19	17%
Mental health	15	13%
Health outcomes	9	8%
Resources	7	6%
Healthy behaviors	7	6%

¹² Cradle Cincinnati. (2015). "Our Families, Our Future: The outlook of maternal and infant health in Cincinnati and Hamilton County." Annual report. <http://www.cradlecincinnati.org/wp-content/uploads/2015/03/Annual-Report-2015-Compressed.pdf>, accessed September 29, 2015.

Survey Priorities

Below are the most common responses from individual consumers, living in Hamilton County, who completed a survey between July 21 and August 4, 2015. Eight people answered the question, “What are the most serious health issues facing your community?” They mentioned 18 health and/or health-related issues of particular concern to them.

TABLE 59. HAMILTON COUNTY: CONSUMER – MOST SERIOUS HEALTH ISSUES

Most Serious Health Issues	# Mentions	% Mentions
Substance abuse	4	22.2%
Access to care/services	2	11.1%
Obesity	2	11.1%

Twenty-eight organizations, serving thousands of Hamilton County residents, answered the survey.

TABLE 60. HAMILTON COUNTY: AGENCY – MOST SERIOUS HEALTH ISSUES

Most Serious Health Issues	# Mentions	% Mentions
Substance abuse	16	18.8%
Mental health	10	11.8%
Access to care/services	8	9.4%
Obesity	8	9.4%
Diabetes	6	7.1%
Infant mortality	6	7.1%
Healthy food/nutrition	4	4.7%
Smoking	4	4.7%
Dental	3	3.5%

Responses from Health Departments

Four health departments serve Hamilton County, and all participated: Cincinnati Health Department, Hamilton County Public Health, Norwood City Health Department, and Springdale City Health Department. They identified 60 serious health issues. Fifty percent of respondents agreed on the following issues (in alphabetical order):

- Cardiovascular disease
- Communicable disease
- Diabetes
- Health inequity
- Infant mortality
- Obesity
- Social determinants of health
- Substance abuse

Hamilton County Health Snapshot

Population: 804,520

Measure/Indicator	County	Trend	State	National
Health Outcomes				
Alzheimer's disease or related disorders Medicare beneficiaries (%)	10.5	-	10.2	9.8
Cancer mortality, Breast (rate per 100,000)	27.2	↑	22.6	21.3
Cancer mortality, Colon (rate per 100,000)	17	-	16.1	14.7
Cancer mortality, Lung (rate per 100,000)	52	↓	54.1	44.9
Cancer mortality, Overall (rate per 100,000)	177	↓	182	166.4
Cancer mortality, Prostate (rate per 100,000)	21.8	↓	19.2	19.6
Child mortality (rate per 100,000)	79.1	↓	59.1	50.7
Chronic Lower Respiratory Disease (CLRD) deaths age 65+ (rate per 100,000)	306.9	↓	332.9	284.5
Diabetes (%)	12	↑	11.2	8.5
Diabetes deaths (rate per 100,000)	26.7	-	25.4	21.2
Infant mortality (rate per 1,000 live births)	10.7	-	7.8	6
Injury deaths (rate per 100,000)	63	-	62	58.8
Low birthweight (%)	10.1	-	8.6	8
Poor or fair health (%)	13	-	15	9.5
Stroke deaths (rate per 100,000)	48.3	↓	39.9	36.2

Health Behaviors				
Adult obesity (%)	29	↑	30	34.9
Adult smoking (%)	19	-	21	18.2
Alcohol-impaired driving deaths (%)	40	↑	36	31
Chlamydia incidence (rate per 100,000)	803.8	↓	470.2	453.3
Gonorrhea incidence (rate per 100,000)	284.4	↓	138.9	106.7
HIV incidence (rate per 100,000)	21.9	↑	10.2	NA
HIV prevalence (rate per 100,000)	331	↑	178	18.3
Teen births (rate per 1,000 aged 15 - 19)	41	↓	36	26.5
Total syphilis (rate per 100,000)	35.2	↓	10.5	8.5

Substance Abuse/Mental Health				
Drug poisoning deaths (rate per 100,000)	17	↑	15	NA
Excessive Drinking (%)	20	-	18	28.2
Heroin poisoning overdose deaths (rate per 100,000)	17.9	↑	8.5	NA
Naloxone administration rate (rate per 10,000)	36.1	↑	13.9	NA
Suicide (rate per 100,000)	13.3	↑	12.9	12.6

Access to Care				
Food environment index (out of 10)	6.4	-	7.1	NA
Mammography screening (%)	61.3	↓	60	72.4
Uninsured (%)	14	↓	9.4	16.9

Socio-Economic/Demographic			
Children eligible for free lunch (%)	43	↑	38
Children in poverty (%)	26	↓	23
Homicide (rate per 100,000)	10	-	5
Percent African American	25.7	-	12.2
Percent Hispanic	2.8	-	3.4
Percentage of population that is 65 and older	13.9	-	15.1
Percentage of population that is below 18 years of age	23.3	-	22.9
Rural population (%)	2.2	-	22.1
Violent crime (rate per 100,000)	501	↓	307

Top Causes of Death

Dementia
Lung Cancer
Heart Attack (AMI)

Child Health

- Child & Infant Mortality above both state and national rates
- 26% of children live in poverty
- Teen birth rate is above state and national rates

STD Incidence Rates (when compared to state rates)

Chlamydia: 71% higher
Gonorrhea: 105% higher
Syphilis: 235% higher
HIV: 114% higher

Substance Abuse

- Heroin overdose deaths are twice the state rate
- Naloxone administration rate is high and increasing

Crime

- Homicide rate is double the state rate
- Violent crime rate is 63% higher than state

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. 29 of the County's 50 ZIP Codes exceed a score of 3.4.

Lowest Need

1 - 1.7 Lowest

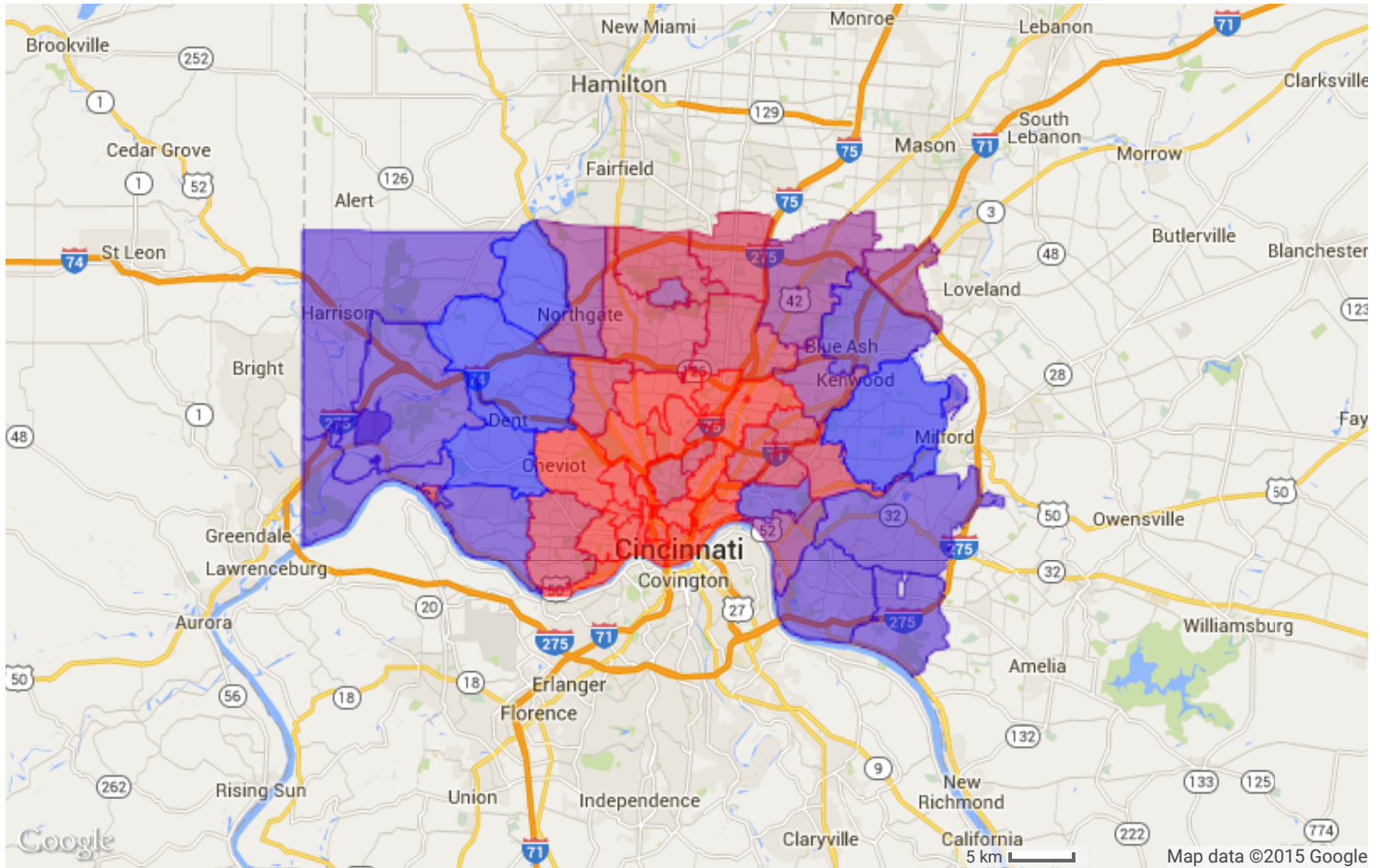
1.8 - 2.5 2nd Lowest

2.6 - 3.3 Mid

3.4 - 4.1 2nd Highest

4.2 - 5 Highest

Highest Need



Mean(zipcode): 3.4 / Mean(person): 3.4

CNI Score Median: 3.7

CNI Score Mode: 2.4,3.8

Zip Code	CNI Score	Population	City	County	State
45001	3.8	773	Addyston	Hamilton	Ohio
45002	2.4	14880	Cleves	Hamilton	Ohio
45030	2.2	18493	Harrison	Hamilton	Ohio
45052	2.4	4158	North Bend	Hamilton	Ohio
45111	2.2	366	Camp Dennison	Hamilton	Ohio
45174	1	2263	Terrace Park	Hamilton	Ohio
45202	4.4	16446	Cincinnati	Hamilton	Ohio
45203	5	2332	Cincinnati	Hamilton	Ohio
45204	4.8	7020	Cincinnati	Hamilton	Ohio
45205	5	18557	Cincinnati	Hamilton	Ohio
45206	4.8	10656	Cincinnati	Hamilton	Ohio
45207	4.6	7824	Cincinnati	Hamilton	Ohio
45208	2.4	17777	Cincinnati	Hamilton	Ohio
45209	3.4	8943	Cincinnati	Hamilton	Ohio
45211	4.4	36073	Cincinnati	Hamilton	Ohio
45212	4	21707	Cincinnati	Hamilton	Ohio
45213	3.8	11708	Cincinnati	Hamilton	Ohio
45214	5	8649	Cincinnati	Hamilton	Ohio
45215	3.8	29247	Cincinnati	Hamilton	Ohio
45216	4.8	9673	Cincinnati	Hamilton	Ohio
45217	4	6562	Cincinnati	Hamilton	Ohio

45218	3	3781	Cincinnati	Hamilton	Ohio
45219	4.4	16635	Cincinnati	Hamilton	Ohio
45220	4	15051	Cincinnati	Hamilton	Ohio
45223	4.6	12301	Cincinnati	Hamilton	Ohio
45224	4.2	19012	Cincinnati	Hamilton	Ohio
45225	5	8904	Cincinnati	Hamilton	Ohio
45226	2.6	5848	Cincinnati	Hamilton	Ohio
45227	3.6	18056	Cincinnati	Hamilton	Ohio
45229	4.8	13147	Cincinnati	Hamilton	Ohio
45230	2.4	28004	Cincinnati	Hamilton	Ohio
45231	3.6	42351	Cincinnati	Hamilton	Ohio
45232	5	7194	Cincinnati	Hamilton	Ohio
45233	2	16203	Cincinnati	Hamilton	Ohio
45236	3	24799	Cincinnati	Hamilton	Ohio
45237	4.6	20319	Cincinnati	Hamilton	Ohio
45238	3.6	46117	Cincinnati	Hamilton	Ohio
45239	3.8	27677	Cincinnati	Hamilton	Ohio
45240	3.8	27051	Cincinnati	Hamilton	Ohio
45241	2.6	23158	Cincinnati	Hamilton	Ohio
45242	1.8	21464	Cincinnati	Hamilton	Ohio
45243	1.6	14347	Cincinnati	Hamilton	Ohio
45244	1.8	28143	Cincinnati	Hamilton	Ohio
45246	4	15305	Cincinnati	Hamilton	Ohio
45247	1.6	22906	Cincinnati	Hamilton	Ohio
45248	1.6	25420	Cincinnati	Hamilton	Ohio
45249	2.6	13712	Cincinnati	Hamilton	Ohio
45251	3	21912	Cincinnati	Hamilton	Ohio
45252	1.2	4678	Cincinnati	Hamilton	Ohio
45255	2.4	21671	Cincinnati	Hamilton	Ohio

PREBLE COUNTY, OHIO

More than 69% of Preble County’s population is considered rural. None of its ZIP Codes have high CNI scores. The people who attended the community 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.

Consensus on Priorities

Access to care (especially access to providers who take Medicaid and specialists) was mentioned at the meeting, in a consumer survey, and most importantly by the health department. Substance abuse was also mentioned by three sources. Vascular disease (mentioned by an organization), and deaths due to atherosclerosis and atherosclerotic heart disease, highlight cardiovascular disease as an issue. Child health was cited twice.

Top Causes of Death

The top causes of death for Preble County in 2013 were (in descending order):

- Lung cancer
- Atherosclerosis
- Atherosclerotic heart disease
- Congestive heart failure

Priorities from Community Meeting on July 29, 2015

The afternoon meeting brought together very knowledgeable county representatives of local 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 61. 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%
Chronic health issues	1	8%

Survey Priorities

Below are the most common responses from individual consumers, living in Preble County, who completed a survey between August 3 and August 6, 2015. Two people answered the question, “What are the most serious health issues facing your community?” They each mentioned one issue.

TABLE 62. PREBLE COUNTY: CONSUMER – MOST SERIOUS HEALTH ISSUES

Most Serious Health Issues	# Mentions	% Mentions
Access to care/services	1	50%
Substance abuse	1	50%

Two organizations, serving Preble County, answered the survey. They described four issues of equal weight (in alphabetical order):

- Dementia/Alzheimer's
- Diabetes
- Mental health
- Vascular disease

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
Health Outcomes				
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)	23.7	↑	18.2	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.

Source data range: 2010-2015

Lowest Need

1 - 1.7 Lowest

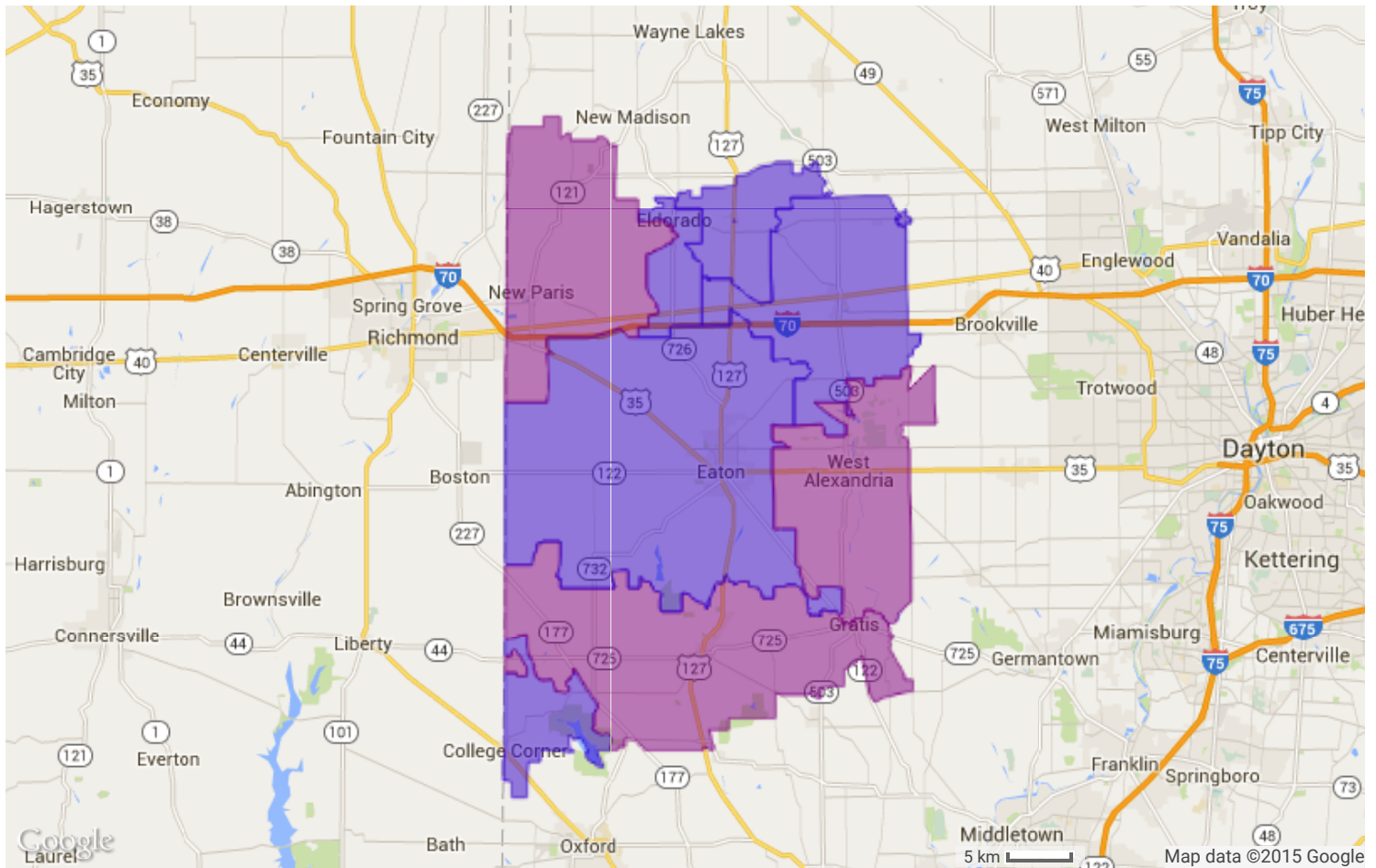
1.8 - 2.5 2nd Lowest

2.6 - 3.3 Mid

3.4 - 4.1 2nd Highest

4.2 - 5 Highest

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

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. 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. Access to care/services and Mental health were also issues for individuals and agencies at the meeting and those completing surveys. Individual and agency survey responses agreed with the Health Department that Obesity was an issue. The Health Department and agencies mentioned Chronic diseases, while at the meeting people talked about Healthy behaviors that might prevent or manage Chronic disease.

Top Causes of Death

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

Priorities from Community Meeting on July 7, 2015

The meeting attracted seven people who gave detailed responses. A consultant was present who is 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 this CHNA meeting and the CHA meeting. The only difference was that the barrier of transportation had been emphasized more heavily in the Health Department meetings.

TABLE 63. WARREN COUNTY MEETING PRIORITIES

Priority	# Votes	% Votes
Healthy behaviors	12	57%
Access to care	3	14%
Heroin addiction/epidemic	3	14%
Mental health issues (especially when requiring inpatient treatment)	2	10%
Gap in quality, education and staff between acute care and extended care	1	5%

Survey Priorities

Below are the most common responses from individual consumers, living in Warren County, who completed a survey between August 3 and August 6, 2015. Sixty people answered the question, “What are the most serious health issues facing your community?” They mentioned 111 health and/or health-related issues of particular concern to them.

TABLE 64. 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%

Seven organizations, serving Warren County, answered the survey.

TABLE 65. WARREN COUNTY: AGENCY – MOST SERIOUS HEALTH ISSUES

Most Serious Health Issues	# Mentions	% Mentions
Substance abuse	5	23.8%
Access to care/services	3	14.3%
Mental health	2	9.5%
Obesity	2	9.5%

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

Warren County Health Snapshot

Population: 219,169

Measure/Indicator	County	Trend	State	National
Health Outcomes				
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
Health Behaviors				
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
Substance Abuse/Mental Health				
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
Access to Care				
Mammography screening (%)	61.8	↓	60	72.4
Uninsured (%)	6	↓	9.4	16.9
Socio-Economic/Demographic				
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

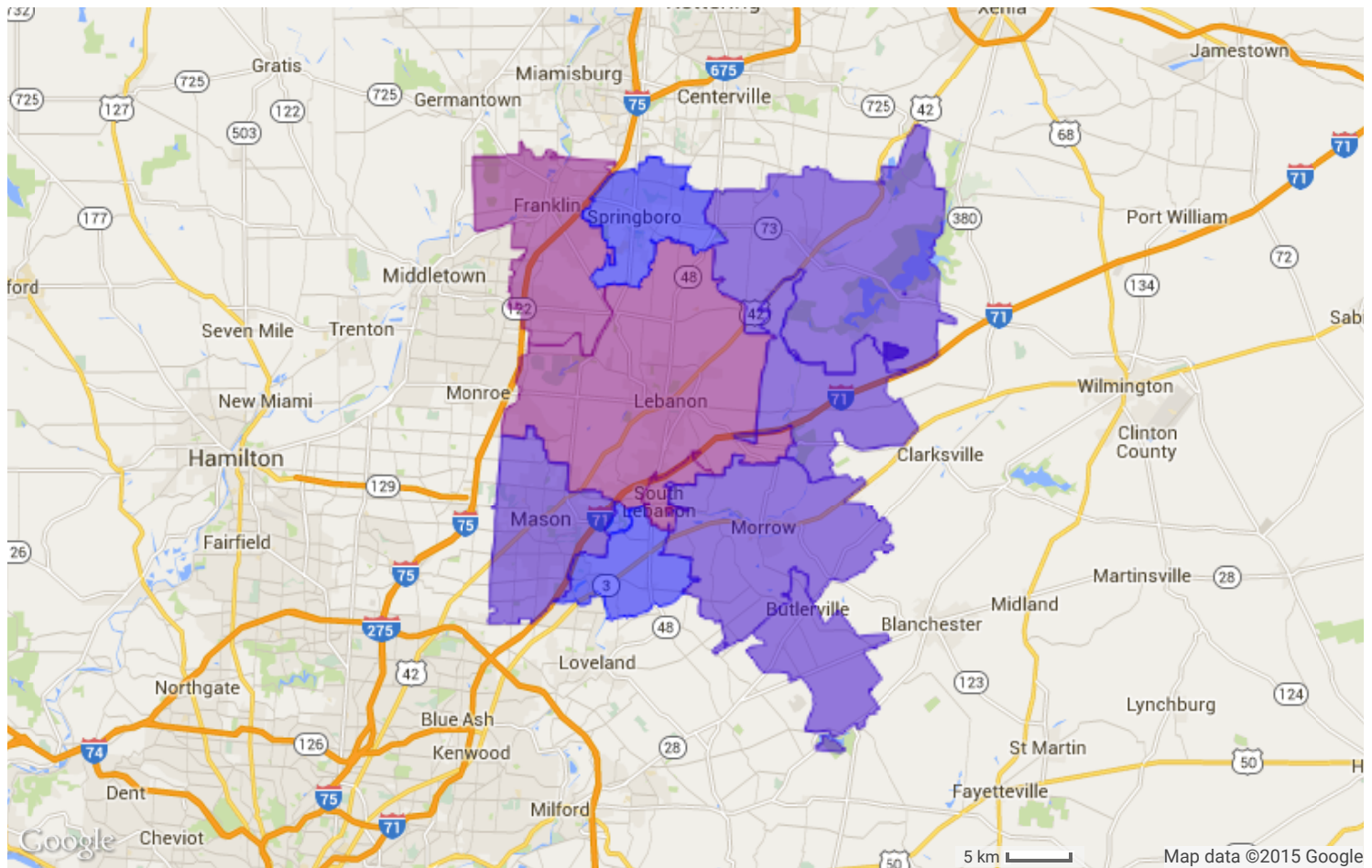
A high CNI score (3.4 to 5.0) is an indicator for socioeconomic variation, barriers to care, and increased need for health care services. None of the County's ZIP Codes exceed a score of 3.4.

Source data range: 2010-2015

Lowest Need

Highest Need

■ 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 / 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

FRANKLIN COUNTY, INDIANA

Franklin County has a population that is 88.9% rural (four times the state average), and the percentage is growing. Although the County has no ZIP Codes with high CNI scores, it had some alarming health trends. The percentage of adult smokers was 74% higher than the national average, and the percentage of diabetes deaths was 69% higher than the national rate. The suicide rate exceeded the state and national rates in a county with not enough mental health or primary care providers. The percentage of people engaging in excessive drinking may be contributing to the 40% of alcohol-impaired driving deaths. Motor vehicle crash deaths in general were double the state average.

Consensus on Priorities

In meetings and surveys, individuals and agencies identified Substance abuse and Mental health as serious health issues. Transportation was highlighted as a major concern at the meeting and in agency survey responses. This is not surprising given the rural nature of the county.

Top Causes of Death

- Heart disease
- Lung cancer
- COPD
- Dementia
- CHF

Priorities from Community Meeting on June 23, 2015

Twelve participants contributed a lot of ideas. The Brookville Library offered that it would love to continue and expand its efforts to provide and promote health-related programs and activities in the community. Given the rural nature of the county, one suggestion was to utilize small town post offices. For example, post offices could be the one public place where an AED might be made available.

TABLE 66. FRANKLIN COUNTY MEETING PRIORITIES

Priority	# Votes	% Votes
Access to care, other	10	30%
Access to care, transportation	6	18%
Access to care, doctors have reached their limit for taking Medicaid patients	6	18%
Advocate for destigmatization of mental illness	4	12%
Lift restrictions on local providers of medical equipment (for traditional Medicare, due to competitive bidding)	3	9%
Drug abuse	1	3%
Funding to put AEDs in public places	1	3%
Health education	1	3%
Teenage STDs	1	3%

Survey Priorities

Below are the most common responses from individual consumers, living in Franklin County, who completed a survey between June 15 and June 29, 2015. Six people answered the question, “What are the most serious health issues facing your community?” They mentioned 11 health and/or health-related issues of particular concern to them. Below are the issues that received more than one mention.

TABLE 67. FRANKLIN COUNTY: CONSUMER – MOST SERIOUS HEALTH ISSUES

Most Serious Health Issues	# Mentions	% Mentions
Substance abuse	5	45.5%
Mental health	3	27.3%

Eight organizations, serving Franklin County, answered the survey.

TABLE 68. FRANKLIN COUNTY: AGENCY – MOST SERIOUS HEALTH ISSUES

Most Serious Health Issues	# Mentions	% Mentions
Mental health	4	20.0%
Substance abuse	4	20.0%
Smoking	3	15.0%
Diabetes	2	10.0%
Transportation	2	10.0%

Health Department

There was no response from the Franklin County Health Department, despite several attempts.

“I know of no place in my community where there is an affordable clean place to exercise and increase my health.”

-Franklin County resident

Franklin County Health Snapshot

Population: 22,951

Measure/Indicator	County	Trend	State	National
Health Outcomes				
Cancer incidence, Prostate (rate per 100,000)	115.5	↑	99.6	113.1
Cancer mortality, Lung (rate per 100,000)	52.8	↑	55.8	44.9
Chronic Lower Respiratory Disease (CLRD) deaths age 65+ (rate per 100,000)	359.8	↑	392.3	284.5
Diabetes deaths (rate per 100,000)	35.9	-	26.3	21.2
Heart disease deaths (rate per 100,000)	158.7	↑	186.3	169.8
Injury deaths (rate per 100,000)	68.3	↓	62	58.8
Poor physical health days (last 30 days)	4.6	-	3.6	3.9

Health Behaviors				
Access to exercise opportunities (%)	49.3	↓	75	NA
Adult obesity (%)	27.5	↓	31	34.9
Adult smoking (%)	31.7	-	23	18.2
Alcohol-impaired driving deaths (%)	40	↑	26	31
Motor vehicle crash deaths (rate per 100,000)	23.5	↑	12	NA
Physical inactivity (%)	27.1	↓	27	NA
Teen births (per 1,000 age 15 - 19)	30.5	↓	39	26.5

Substance Abuse/Mental Health				
Excessive drinking (%)	22	↑	16	28.2
Poor mental health days (last 30 days)	3.1	-	3.7	3.7
Suicide (rate per 100,000)	14.8	-	14.3	12.6

Access to Care				
Dentists per resident	1765:1	↓	1973:1	NA
Mammography screening (%)	64.8	↑	61.4	72.4
Mental health providers (ratio)	4590:1	↓	750:1	NA
People with a usual primary care provider (%)	80.5	↓	86.6	NA
Primary care physicians (ratio)	7656:1	↑	1568:1	NA
Uninsured (%)	12	↓	13.5	16.9

Socio-Economic/Demographic				
Children in poverty (%)	15.9	↓	22	
Homicide (rate per 100,000)	6.9	-	5	
Percent African American	0.3	↑	9.2	
Percent Hispanic	1.1	↑	6.4	
Percentage of population that is 65 and older	15.2	↑	13.9	
Percentage of population that is below 18 years of age	24.8	↓	24.1	
Rural population (%)	88.9	↑	22.1	
Violent crime (rate per 100,000)	89.6	↓	334	

Top Causes of Death

Lung Cancer
COPD
Dementia

Diabetes Deaths

69% higher than
the national rate

Adult Smoking

74% higher than
the national rate

Suicide

High rate
Low ratio of mental
health providers

Excessive Drinking

High rate & growing
Related driving deaths -
54% higher than state

Percent Rural

The percent of
rural residents is
quadruple the state's

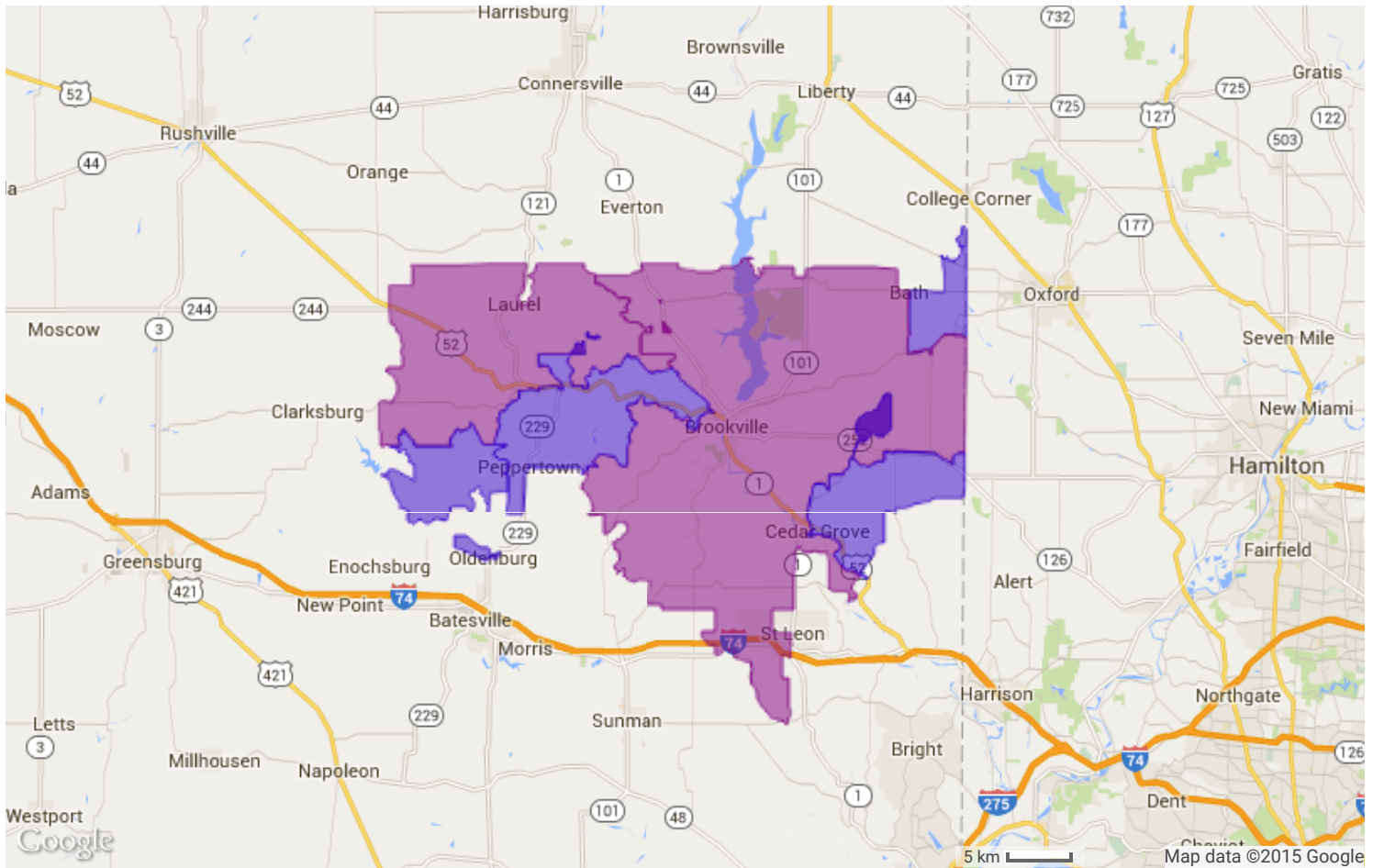
Community Need Index

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 exceeds a 3.4 score.

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): 2.6

CNI Score Median: 2.4

CNI Score Mode: 2,2.4

Zip Code	CNI Score	Population	City	County	State
47010	2	269	Bath	Franklin	Indiana
47012	2.6	9780	Brookville	Franklin	Indiana
47016	2.4	916	Cedar Grove	Franklin	Indiana
47024	3.2	3130	Laurel	Franklin	Indiana
47030	2	1630	Metamora	Franklin	Indiana
47036	2.4	1016	Oldenburg	Franklin	Indiana

RIPLEY COUNTY, INDIANA

Ripley County has a rural population of 83.2%, which is high compared to the state average of 22.1%. It had a high rate of excessive drinking, and the trend is increasing. The percentage of adult smokers was high, as is the lung cancer mortality rate. The County had a slightly higher rate (16.6%) than the state (13.9%), of people aged 65 or older, and the rate is going up. Rates are increasing for deaths due to Child mortality, Chronic Lower Respiratory Disease, Heart Disease, and Injuries. None of its ZIP Codes had a high CNI score.

Consensus on Priorities

Substance abuse and Obesity were cited as serious health issues by all groups. Individuals and agencies at the meeting and submitting surveys were also concerned with Diabetes. On their surveys, consumers and agencies also agreed that Mental health was an issue.

Top Causes of Death

- Heart disease
- Alzheimer's
- Dementia

Priorities from Community Meeting on June 23, 2015

Twenty-four people attended the meeting in Batesville.

TABLE 69. RIPLEY COUNTY MEETING PRIORITIES

Priority	# Votes	% Votes
Substance abuse	29	45%
Access to care, other	11	17%
Access to care, transportation	8	12%
Child health issues	6	9%
Diabetes	4	6%
Obesity	4	6%
Drinking & driving	1	1.5%
Funding to provide needed services	1	1.5%
Health promotion	1	1.5%

Survey Priorities

Below are the most common responses from individual consumers, living in Ripley County, who completed a survey between June 18 and June 29, 2015. Eight people answered the question, "What are the most serious health issues facing your community?" They mentioned 18 health and/or health-related issues of particular concern to them.

TABLE 70. RIPLEY COUNTY: CONSUMER – MOST SERIOUS HEALTH ISSUES

Most Serious Health Issues	# Mentions	% Mentions
Substance abuse	6	33.3%
Obesity	4	22.2%
Diabetes	2	11.1%
Mental health	2	11.1%

Ten organizations, serving Ripley County, answered the survey. Below are all the issues that received more than one mention.

TABLE 71. RIPLEY COUNTY: AGENCY – MOST SERIOUS HEALTH ISSUES

Most Serious Health Issues	# Mentions	% Mentions
Substance abuse	6	24.0%
Mental health	4	16.0%
Smoking	3	12.0%
Cancer	2	8.0%
Diabetes	2	8.0%
Obesity	2	8.0%

Response from Health Department

The Health Department identified the following serious health issues:

- Substance abuse
- Obesity
- Drug addiction
- Health care services in the southern rural area of county
- Hepatitis C

Substance abuse, obesity, and drug addiction are among its top priorities.

“Community efforts to increase exercise opportunities and improve access to fresh foods (farmer's market, school gardens, etc.) are apparent.”

-Ripley County resident

Ripley County Health Snapshot

Population: 28,419

Measure/Indicator	County	Trend	State	National
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Health Outcomes

Cancer mortality, Colon (rate per 100,000)	21.5	↑	16.1	14.7
Cancer mortality, Lung (rate per 100,000)	56.6	↓	55.8	44.9
Cancer mortality, Overall (rate per 100,000)	196.3	↓	183.5	166.4
Cancer mortality, Prostate (rate per 100,000)	31.8	-	21	19.6
Child mortality (rate per 100,000)	53.5	↑	60.1	50.7
Chronic Lower Respiratory Disease (CLRD) deaths age 65+ (rate per 100,000)	394.7	↑	392.3	284.5
Diabetes deaths (rate per 100,000)	25.6	-	26.3	21.2
Heart disease deaths (rate per 100,000)	183.6	↑	186.3	169.8
Injury deaths (rate per 100,000)	68	↑	62	58.8
Stroke deaths (rate per 100,000)	43.9	↓	40.7	36.2

Health Behaviors

Adult obesity (%)	31	↓	31	34.9
Adult smoking (%)	27	-	23	18.2
Chlamydia incidence (rate per 100,000)	322.7	↑	432	453.3
Motor vehicle crash deaths (rate per 100,000)	13	↑	12	NA
Teen births (rate per 1,000 aged 15 - 19)	36	↓	39	26.5

Substance Abuse/Mental Health

Excessive drinking (%)	24	↑	16	28.2
Heroin related poisoning deaths (rate per 100,000)	13.9	-	10.7	NA
Poor mental health days (last 30 days)	4	-	3.7	3.7

Access to Care

Dentists (ratio)	9473:1	↓	1973:1	NA
Mammography screening (%)	61.5	↑	61.4	72.4
Mental health providers (ratio)	2584:1	↓	750:1	NA
People with a usual primary care provider (%)	80.5	↓	NA	86.6
Preventable hospital stays (rate per 1,000 Medicare enrollees)	74	↓	70	NA
Uninsured (%)	13	-	13.5	16.9

Socio-Economic/Demographic

Rural Population (%)	83.2	↑	22.1	
Violent Crime (rate per 100,000)	112	↓	334	
Percentage of population that is below 18 years of age	24.6	↓	24.1	
Percentage of population that is 65 and older	16.6	↑	13.9	
Percent Hispanic	1.6	-	6.4	
Percent African American	0.3	-	9.2	
Children in poverty (%)	15	↓	22	

Top Causes of Death

Alzheimer's
Dementia

CLRD Deaths

-COPD is common in the aging population (65+)
-The rate is increasing

Excessive Drinking

-2nd highest among all Indiana Counties
-The rate is increasing

Adult Smoking

-Lung Cancer Mortality rate is high
-Heart Disease Death rate is increasing

Percent Rural

The percent of rural residents is more than three times the state's

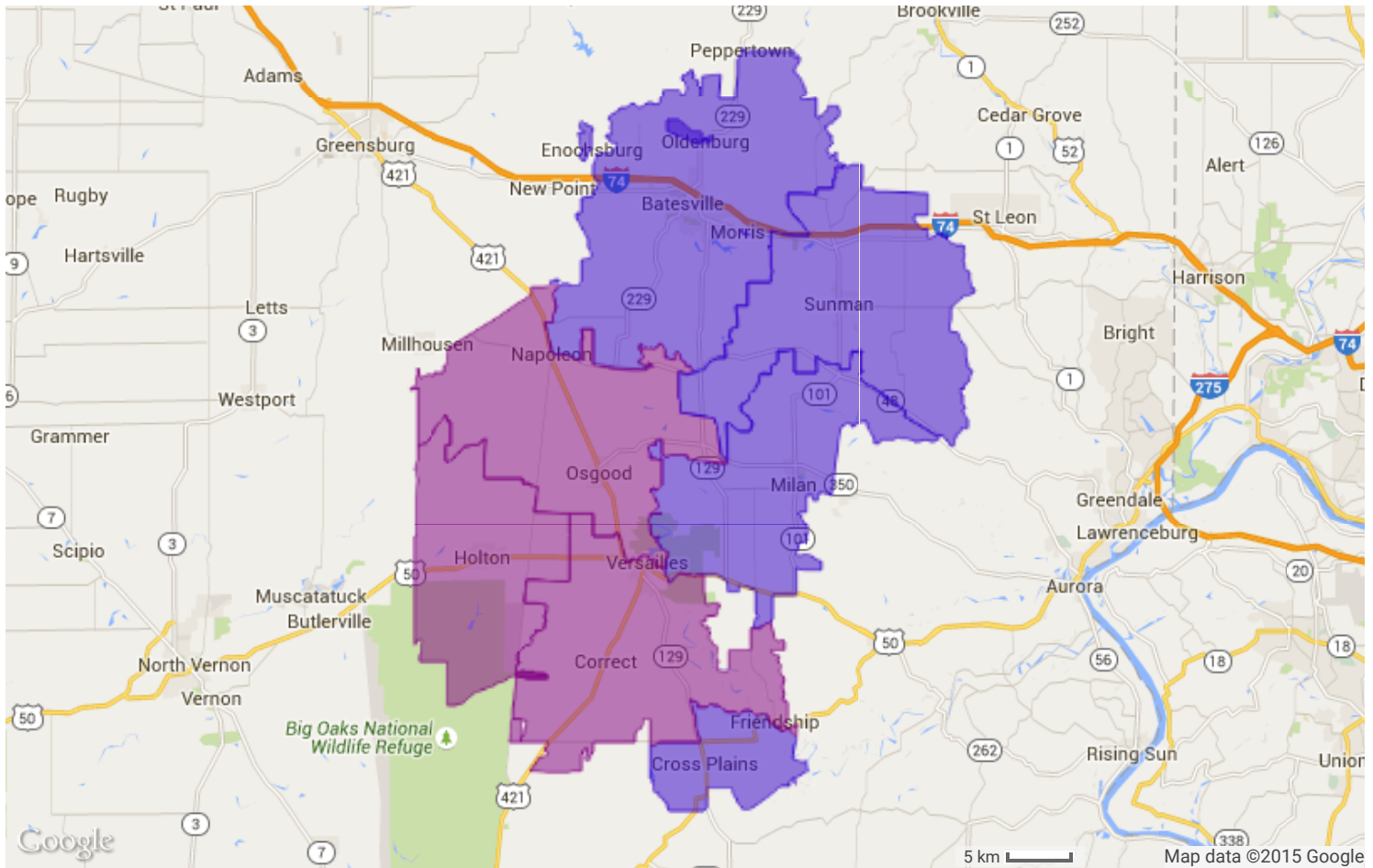
Community Need Index

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 exceeds 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): 2.5 / Mean(person): 2.4

CNI Score Median: 3

CNI Score Mode: 2,2,4,3

Zip Code	CNI Score	Population	City	County	State
47006	2	11854	Batesville	Ripley	Indiana
47017	2.4	622	Cross Plains	Ripley	Indiana
47023	3	1736	Holton	Ripley	Indiana
47031	2	4918	Milan	Ripley	Indiana
47037	3	4229	Osgood	Ripley	Indiana
47041	2.4	5949	Sunman	Ripley	Indiana
47042	3	4281	Versailles	Ripley	Indiana

UNION COUNTY, INDIANA

Union County has a 100% rural population. More than 16% of people were aged 65 or above, and the percentage is increasing. It is slightly higher than the state average of 13.9%. One ZIP Code, West College Corner, had a high CNI score. The County had a county-wide CNI score of 3.6. The County's rate of heart disease deaths was nearly 50% higher than the national rate, and it is increasing. Thirty percent of the adults smoked, a rate that is 30% higher than the state rate and 65% higher than the national rate. The smoking rate continues to increase.

Consensus on Priorities

There were two areas of agreement: Mental health and Access to specialized providers and services.

Top Causes of Death

The top cause of death in 2013 was AMI, or heart attack.

Priorities from Community Meeting on July 29, 2015

The Union County Health Department hosted eight people at a community meeting.

TABLE 72. UNION COUNTY MEETING PRIORITIES

Priority	# Votes	% Votes
Promoting healthy behaviors	13	54%
Substance abuse	6	25%
Need for specialized services	5	21%

Survey Priorities

There was only one survey response from an individual consumer living in Union County. Three organizations, serving Union County, answered the survey. They identified seven issues, but only Mental health received two mentions as a serious health issue.

Response from Health Department

The Health Department reported the following concerns as the community's most serious health issues:

- Chronic disease
- Smoking
- Mental health
- Access to mental health, eye and dental providers
- Hepatitis C

Chronic disease is the Health Department's number one priority, especially addressing obesity and including childhood obesity.

Union County Health Snapshot

Population: 7,277

Measure/Indicator	County	Trend	State	National
Health Outcomes				
Cancer mortality, Overall (rate per 100,000)	173.7	-	183.5	166.4
Diabetes (%)	11	-	11	8.5
Heart disease deaths (rate per 100,000)	252.2	↑	186.3	169.8
Poor or fair health (%)	15	↓	16	9.5

Top Cause of Death
Heart Attack (AMI)

Health Behaviors				
Access to exercise opportunities (%)	65	↑	75	NA
Adult obesity (%)	33	-	31	34.9
Adult smoking (%)	30	↑	23	18.2
Alcohol-impaired driving deaths (%)	30	↓	26	31
Motor vehicle crash deaths (rate per 100,000)	29	-	12	NA
Physical inactivity (%)	29	↑	27	NA
Teen births (rate per 1,000 aged 15 - 19)	42	↓	39	26.5

Heart Disease Deaths
Nearly 50% higher than national rate

Substance Abuse				
Heroin related poisoning deaths (rate per 100,000)	10	↑	10.7	NA

Adult Smoking
65% higher than national rate
30% higher than state rate

Access to Care				
Dentists (ratio)	7530:1	↑	1518:1	NA
Mammography screening (%)	54.8	↓	61.4	72.4
Mental health providers (ratio)	7277:1	↑	750:1	NA
Uninsured (%)	14	↓	13.5	16.9

Screening rates
low & decreasing

Socio-Economic/Demographic			
Children in poverty (%)	21	↓	22
Percent African American	0.6	↑	9.2
Percent Hispanic	1.3	↑	6.4
Percentage of population that is 65 and older	16.5	↑	13.9
Percentage of population that is below 18 years of age	23.4	↓	24.1
Rural population (%)	100	-	27.6

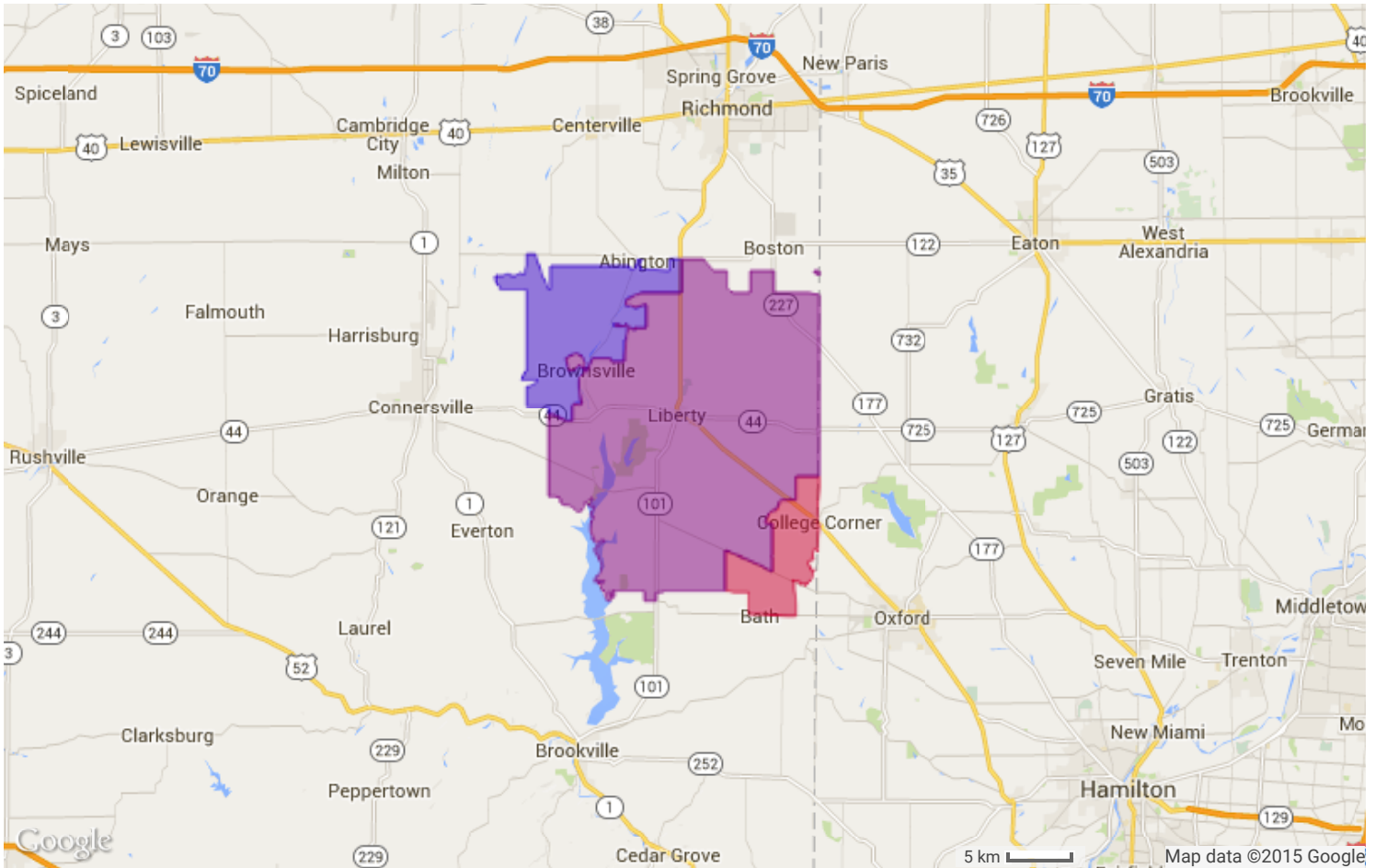
Percent Rural
100% of the County's residents live in rural areas

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. One of the County's ZIP Codes exceeds a 3.4 score.

Lowest Need

Highest Need



Mean(zipcode): 2.9 / Mean(person): 3

CNI Score Median: 3.6

CNI Score Mode: None

Zip Code	CNI Score	Population	City	County	State
■ 47003	3.6	1082	West College Corner	Union	Indiana
■ 47325	2	732	Brownsville	Union	Indiana
■ 47353	3	5531	Liberty	Union	Indiana

“I had no idea there were
this many resources in the community.”

- Nurse manager at community meeting



Chapter 8. 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 meetings, written in online surveys, or contributed by public health departments. Appendix P contains a list of specific resource recommendations.

Types of Community Resources

- 2-1-1 information and referral phone line
- AARP
- AEDs in public places
- Chambers of commerce
- Charter schools with support services
- Churches
- Civic groups
- Community gardens
- Community health centers
- Community Learning Centers
- Community-based coalitions
- Counseling services
- Department of Job and Family Services
- Doctors
- Drug manufacturers offering reduced prices
- Drug stores offering vaccinations
- Emergency Medical Services
- Employee Assistance Programs
- Faith-based community
- Farmers' markets
- Federally qualified health centers
- Fire departments
- Fitness centers
- Food pantries
- Foundations
- Grocery stores
- Health departments
- Home health care
- Hospitals
- Hospital billing departments
- Hospital outreach services
- Internet
- Law enforcement
- Libraries
- Local newspaper
- Low-income housing
- Mammography vans
- Managed care plans
- Medicaid education on social media
- Medical equipment companies
- Neighbors
- Nonprofit organizations
- Parish nurses and parish nurse programs
- Parks and park districts
- Patient coordinators
- Pharmacies
- Philanthropic organizations
- Physician offices
- Primary care physicians
- Public health departments
- Public housing authorities
- Recreation centers
- School nurses
- School-Based Health Centers
- Schools
- Screenings provided by hospitals
- Senior centers
- Senior citizens centers
- Senior housing
- Skilled nursing facilities
- SNAP (formerly Food Stamps) education
- Social workers at medical facilities
- Summer lunch programs
- United Ways
- Urgent care facilities
- Veteran's Administration
- Women, Infants, and Children (WIC) program
- YMCA

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 23-county area is diverse, large, and crosses three distinctly different states, its major issues are illuminated when viewed through a regional lens. Disease, drug abuse, poverty – 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 616 different responses. At the same time each county, and its ZIP Codes, represents a unique culture and landscape. For the 13 counties with 57 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.¹³ 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.

¹³ 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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Appendix A. Acknowledgments

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

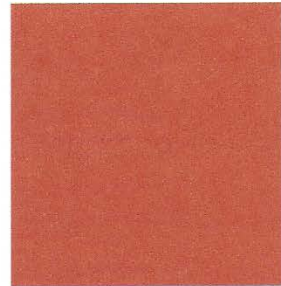
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Appendix B. Community Need Index Article



Improving Public Health & Preventing Chronic Disease

Dignity Health's Community Need Index



Appendix C. List of Data Sources

Measure	Data Source(s)	Years
Demographics		
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
Health Outcomes		
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 except 2007-13 for Switzerland Co.; 2009-13 for Adams and Pendleton
Heart disease deaths (rate per 100,000)	Health Indicators Warehouse	2009-2011, 2010-2012, 2011-2013
HIV incidence (rate per 100,000)	State Health Departments	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

List of Data Sources, continued

Causes of death	CDC Wonder - Cause of Death & Underlying Causes of Death	2011, 2012, 2013
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
Length of Life		
Years of potential life lost before age 75	CHR 2015 - National Center for Health Statistics	2005-2007, 2006-2008, 2008-2010, 2010-2012
Quality of life		
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 except 2007-13 for Franklin, Pike, and Pendleton; 2009-13 for Scioto
Total preterm live births (%)	Health Indicators Warehouse	2011-2013
Health Behaviors		
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 Departments	2013-2015
Drug poisoning deaths (per 100,000)	CHR 2015 - CDC WONDER mortality data	2006-2012

List of Data Sources, continued

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
Food insecurity (%)	CHR 2015 - Map the Meal Gap	2011, 2012
Gonorrhea incidence (rate per 100,000)	State Health Departments	2013-2015
Heroin poisoning overdose deaths (per 100,000)	State Health Departments	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 Departments	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
Student Drug Use		
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
Clinical Care		
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

List of Data Sources, continued

Uninsured % (Total)	New York Times - Enroll America and Civis Analytics	2013-2014
Social & Economic Factors		
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
Physical Environment		
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
Greater Cincinnati Community Health Status Survey		
Adults with hypertension or high blood pressure (% Yes)	GCHSS (excluding Pike, Preble, Scioto, and Union Counties)	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

List of Data Sources, continued

Insurance barrier - type of (% Yes)	GCHSS	2012 & 2014
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
Cancer	Kentucky Cancer Registry; 2011-2012; Healthy Ohio - Ohio Department of Health: 2006-2012; Indiana Cancer Consortium & Indiana State Department of Health: 2008-2013	
Cancer incidence, Breast (rate per 100,000)		
Cancer incidence, Colon (rate per 100,000)		
Cancer incidence, Kidney (rate per 100,000)		
Cancer incidence, Lung (rate per 100,000)		
Cancer incidence, Oro-pharyngeal (rate per 100,000)		
Cancer incidence, Overall (rate per 100,000)		
Cancer incidence, Prostate (rate per 100,000)		
Cancer incidence, Thyroid (rate per 100,000)		
Cancer incidence, Uterus (rate per 100,000)		
Cancer mortality, Breast (rate per 100,000)		
Cancer mortality, Colon (rate per 100,000)		
Cancer mortality, Kidney (rate per 100,000)		
Cancer mortality, Lung (rate per 100,000)		
Cancer mortality, Oro-pharyngeal (rate per 100,000)		
Cancer mortality, Overall (rate per 100,000)		
Cancer mortality, Prostate (rate per 100,000)		
Cancer mortality, Thyroid (rate per 100,000)		
Cancer mortality, Uterus (rate per 100,000)		

* The data is a trend for the period of 2011-2013. A longer trend period was needed for Switzerland, Adams, and Pendleton in order for the data to be statistically reliable.

** 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
Demographics		
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
Health Outcomes		
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
Length of Life		
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
Quality of life		
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
Health Factors		
Health Behaviors		
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
Health Factors/Health Behaviors		<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
Student Drug Use		
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
Clinical Care		
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 hospitals 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
Social & Economic Factors		
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
Social & Economic Factors		<i>continued</i>
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
Physical Environment		
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
GCHSS Results		
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

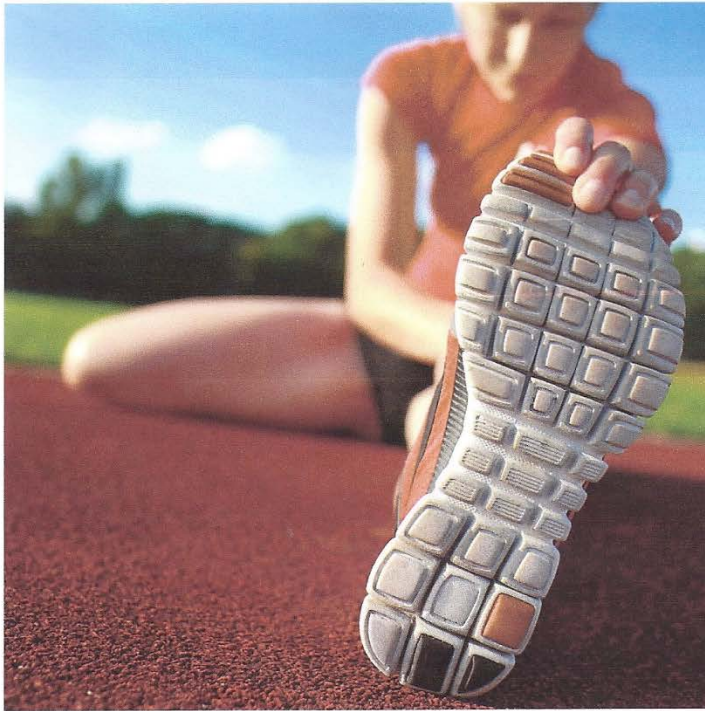
Explanation, *continued*

Measure	Trend	Explanation
GCHSS Results		<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
Cancer		
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
Cancer		<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		<i>continued</i>
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. Flyer Template



[DATE] COMMUNITY HEALTH NEEDS

[Hospital Name(s)]

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



YOU CAN HELP
SHAPE THE FUTURE
OF HEALTH CARE.

[TIME]

[ROOM, STREET
ADDRESS, CITY,
STATE]

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
or call 513/618-2862
before [Date].

Appendix F. Sample Meeting Agenda



Community Health Needs Assessment (CHNA)

Agenda

Community Meeting held in _____ County

Welcome	10 min.
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1. Introduction of Facilitators and Hosts
2. Sign-In Sheet
3. Review of Agenda

Purpose of Meeting	10 min.
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1. Background
2. Counties Served
3. Sources of Input

Brainstorming about Community Health Needs	60 min.
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1. Ground Rules
2. Handouts
3. Discussion about Health Needs
4. Top Priorities

Next Steps	10 min.
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Appendix G. List of Community Meeting Attendees

Name	Ind.	Org	Org. Name	Street Address	ZIP	City	County	Date
Sherry Stout		x	Adams County Medical Foundation (ACMF)	230 Medical Center Drive	45679	Seaman	Adams	6/30/2015
Rachel Cummings		x	Adams County Regional Medical Center	230 Medical Center Drive	45679	Seaman	Adams	6/30/2015
Teresa Carr		x	Adams County Senior Citizens	10835 S.R. 41 South	45693	West Union	Adams	6/30/2015
Marsha McCormick		x	Ohio State University Extension	215 N. Cross Street	45693	West Union	Adams	6/30/2015
Beverly Mathias, RN		x	Adams County Health Department	923 Sunrise Avenue	45693	West Union	Adams	6/30/2015
Jason Work		x	Adams County Health Department	923 Sunrise Avenue	45693	West Union	Adams	6/30/2015
Sue Fulton		x	Adams County Job & Family Services	P.O. Box 386	45693	West Union	Adams	6/30/2015
Susan Huff		x	Ohio Means Jobs Adams Brown	P.O. Box 188	45697	Winchester	Adams	6/30/2015
Kim Brown		x	Adams Brown Community Action Partnership (ABCAP); Reproductive Health and Wellness Center; and Child & Family Health Services (CFHS)	406 W. Plum Street	45121	Georgetown	Brown/ Adams	6/30/2015
Denise Neu		x	Adams Brown Community Action Partnership (ABCAP)	406 W. Plum Street	45121	Georgetown	Brown/ Adams	6/30/2015
Rachel Stall		x	Premier Health: Atrium Medical Center	One Medical Center Drive	45005	Middletown	Butler	7/30/2015
Heather Wells		x	Butler County Families and Children First Council	400 N. Fair Avenue	45011	Hamilton	Butler	7/30/2015
Marc Bellisario		x	Primary Health Solutions	210 S. Second Street	45011	Hamilton	Butler	7/30/2015

Name	Ind.	Org	Org. Name	Street Address	ZIP	City	County	Date
Shawna Noble		x	Butler County Commissioners	315 High Street	45011	Hamilton	Butler	7/30/2015
Kimball Stricklin		x	Butler Behavioral Health Services	1490 University Boulevard	45011	Hamilton	Butler	7/30/2015
Sarah Kinley		x	YWCA Hamilton	244 Dayton 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
Danielle Webb		x	Community First Solutions	230 Ludlow	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
Shirley Smith		x	TriHealth	412 S. Front Street	45013	Hamilton	Butler	7/30/2015
Araceli Ortiz		x	TriHealth Outreach Ministries	412 S. Front Street	45013	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
Lauren Marsh		x	Butler County Coalition / Mental Health and Addiction Recovery Services	5963 Boymel Drive	45014	Fairfield	Butler	7/30/2015
Jackie Phillips		x	Middletown City Health Department	One Donham Plaza	45042	Middletown	Butler	7/30/2015
Sharon Klein		x	McCullough-Hyde Hospital	110 W. Poplar Street	45056	Oxford	Butler	7/30/2015
Tracy Mallery	x		UC Medical Center	234 Goodman Street	41001	Cincinnati	Campbell	6/25/2015
Jenny Hudson		x	The Christ Hospital	2139 Auburn Avenue	45219	Newport	Campbell	6/25/2015
Hannah Hartig	x		UC Medical Center & community member (NKY resident)	Not given	NA	Not given	Campbell	6/25/2015

Name	Ind.	Org	Org. Name	Street Address	ZIP	City	County	Date
Jim Richter		x	Mercy Health	3000 Hospital Drive	45103	Batavia	Clermont	7/28/2015
Navdeep Kang		x	Mercy Health	3000 Hospital Drive	45103	Batavia	Clermont	7/28/2015
Margaret Jenkins		x	Ohio State University Extension	1000 Locust Street	45160	Owensville	Clermont	7/28/2015
Craig E. Beckley		x	Heart House	6815 U.S. 50	47001	Aurora	Dearborn	7/1/2015
Cathy Piche		x	YES Home	11631 County Farm Road	47001	Aurora	Dearborn	7/1/2015
Erin Thomas		x	LifeTime Resources	13091 Benedict Drive	47018	Dillsboro	Dearborn	7/1/2015
Sarah Brichto		x	Children's Advocacy Center (CAC) of Southeastern Indiana	12211 Rullman Drive	47018	Dillsboro	Dearborn	7/1/2015
Kristi Potts		x	Pregnancy Care Center	P.O. Box 4196	47025	Lawrenceburg	Dearborn	7/1/2015
Jennie Chafin		x	Pregnancy Care Center	P.O. Box 4196	47025	Lawrenceburg	Dearborn	7/1/2015
Mark Knigga		x	Lawrenceburg Community Schools	352 Schnebolt Street	47025	Lawrenceburg	Dearborn	7/1/2015
Kathy Jacobsen	x		Retired business owner	128 U.S. 50 East	47025	Greendale	Dearborn	7/1/2015
Gerald S. Jacobsen	x		Retired business owner	128 U.S. 50 East	47025	Greendale	Dearborn	7/1/2015
Nancy Kennedy		x	Dearborn County Hospital Physician	600 Wilson Creek Road	47025	Lawrenceburg	Dearborn	7/1/2015
Tammy Renck		x	Dearborn County Hospital	600 Wilson Creek Road	47025	Lawrenceburg	Dearborn	7/1/2015
Angela Scudder		x	Dearborn County Hospital, VP Patient Services	600 Wilson Creek Road	47025	Lawrenceburg	Dearborn	7/1/2015
Charlotte Ipach		x	Community Mental Health Center, Inc.	285 Bielby Road	47025	Lawrenceburg	Dearborn	7/1/2015

Name	Ind.	Org	Org. Name	Street Address	ZIP	City	County	Date
Julie Murphy		x	Ivy Tech	50 Walnut Street	47025	Lawrenceburg	Dearborn	7/1/2015
Matthew Probst		x	Ivy Tech	50 Walnut Street	47025	Lawrenceburg	Dearborn	7/1/2015
Carol Purrell		x	Shady Nook Care Center	36 Valley Drive	47025	Lawrenceburg	Dearborn	7/1/2015
Candy Laub		x	Shady Nook Care Center	36 Valley Drive	47025	Lawrenceburg	Dearborn	7/1/2015
Tom Talbot		x	Community Mental Health Center, Inc.	285 Bielby Road	47025	Lawrenceburg	Dearborn	7/1/2015
Louise Burress		x	Dearborn County Hospital Social Worker	600 Wilson Creek Road	47025	Aurora	Dearborn	7/1/2015
Mary Calhoun		x	Dearborn County Health Department	215 W. High Street	47025	Lawrenceburg	Dearborn	7/1/2015
Kelley McDaniel		x	Dearborn County Health Department	215 W. High Street	47025	Lawrenceburg	Dearborn	7/1/2015
Donna Thacker		x	Citizens Against Substance Abuse (CASA)	423 Walnut Street	47025	Lawrenceburg	Dearborn	7/1/2015
Eric Kranz		x	Dearborn County Chamber of Commerce	320 Walnut Street	47025	Lawrenceburg	Dearborn	7/1/2015
Mary Duffey		x	Dearborn County Hospital	600 Wilson Creek Road	47025	Lawrenceburg	Dearborn	7/1/2015
Steve Krider		x	Fayette Regional Health System	1941 Virginia Avenue	47331	Connersville	Fayette	6/23/2015 pm
Paul Tyrer		x	Southeast Indiana Health Center	374 Northside Drive	47006	Batesville	Franklin	6/23/2015
Jennifer Profitt		x	Boone Health Partners	1034 Main Street	47012	Brookville	Franklin	6/23/2015 pm
Melody Gault		x	Franklin County Public Library District	919 Main Street	47012	Brookville	Franklin	6/23/2015 pm
Kelly Bulmer		x	United Way of Franklin County	527 Main Street	47012	Brookville	Franklin	6/23/2015 pm
Devan Brown		x	Margaret Mary Health	615 E. 7th Street	47012	Brookville	Franklin	6/23/2015 pm

Name	Ind.	Org	Org. Name	Street Address	ZIP	City	County	Date
Robin Lee		x	United Way of Franklin County	527 Main Street	47012	Brookville	Franklin	6/23/2015 pm
Patty Riebsomer		x	George's Pharmacy	480 Main Street	47012	Brookville	Franklin	6/23/2015 pm
Nanette Beres	x			P.O. Box 162	47012	Brookville	Franklin	6/23/2015 pm
Carol Baden		x	Community Outreach Specialist, Ohio Attorney General	30 E. Broad Street, Columbus OH	43215	Cincinnati	Hamilton	6/30/2015
Nancy Sullivan		x	Episcopal Diocese, So. Ohio	534 Enright Avenue	45205	Cincinnati	Hamilton	7/15/2015
Karen Bell	x	x	UHCAN Ohio	1226 Lincoln Avenue	45206	Cincinnati	Hamilton	7/15/2015
Aimee Shinkle		x	Mercy Neighborhood Ministries	1602 Madison Road, 2nd floor	45206	Cincinnati	Hamilton	7/15/2015
Jennifer Brodbeck		x	TriHealth	619 Oak Street	45206	Cincinnati	Hamilton	7/15/2015
Lucy R. Alvarez		x	TriHealth	619 Oak Street	45206	Cincinnati	Hamilton	7/15/2015
Lauren Stenger		x	UC Medical Center	2621 Cleinview Avenue	45206	Cincinnati	Hamilton	7/15/2015
Araceli Ortiz		x	TriHealth	619 Oak Street	45206	Cincinnati	Hamilton	7/15/2015
Jennifer Brodbeck		x	TriHealth	619 Oak Street	45206	Cincinnati	Hamilton	7/30/2015
LiAnne Howard	x	x	Cincinnati Health Department		45207	Cincinnati	Hamilton	7/15/2015
Patricia Jackson	x			1621 Grantwood Avenue	45207	Cincinnati	Hamilton	7/15/2015
Darlene Dubois	x			1621 [street name illegible]	45207	Cincinnati	Hamilton	7/15/2015
Barbara Terrell		x	Barbara's Daycare	1620 Jonathan	45207	Cincinnati	Hamilton	7/15/2015

Name	Ind.	Org	Org. Name	Street Address	ZIP	City	County	Date
Rebecca Cochran		x	The Health Collaborative	2649 Erie Avenue	45208	Cincinnati	Hamilton	7/7/2015
Abigail Alford	x	x	UC Health		45208	Cincinnati	Hamilton	7/15/2015
Jacqueline Smith	x		Cincinnati Children's Hospital Medical Center	2969 Aquadale Lane	45211	Cincinnati	Hamilton	7/15/2015
Amy Owens		x	Mercy Health	2300 Wall Street	45212	Cincinnati	Hamilton	7/1/2015
Marre Barnette		x	Dayma	7 Vermont Avenue	45215	Wyoming	Hamilton	7/15/2015
Mary Catherine Alley		x	The Jewish Hospital - Mercy Health	4700 E. Galbraith Road, Suite 100	45215	Cincinnati	Hamilton	7/15/2015
Raquel Cobb	x			1255 Wabash Avenue	45215	Cincinnati	Hamilton	7/15/2015
Gina Frommeyer		x	UC Medical Center	234 Goodman Street	45219	Cincinnati	Hamilton	6/25/2015
Georgia Anderson		x	UC Health	234 Goodman Street	45219	Cincinnati	Hamilton	7/15/2015
Shirley Middleton		x	The Crossroads Center	311 M.L. King Drive	45219	Cincinnati	Hamilton	7/15/2015
Paul Diamond	x			48 E. Hollister	45219	Cincinnati	Hamilton	7/15/2015
Kamaria Tyehimba		x	UMADAOP	3021 Vernon Place	45219	Cincinnati	Hamilton	7/15/2015
Luz Ruvalcaba		x	TriHealth Outreach Ministries		45219	Cincinnati	Hamilton	7/30/2015
Shevonda Cew	x			4917 Hawaiian Terrace	45223	Cincinnati	Hamilton	7/15/2015
Frenchman Johnson	x			4917 Hawaiian Terrace	45223	Cincinnati	Hamilton	7/15/2015
Bobby Moore	x			611 F	45229	Cincinnati	Hamilton	7/15/2015

Name	Ind.	Org	Org. Name	Street Address	ZIP	City	County	Date
Regina Hutchins		x	Cincinnati Health Department	3101 Burnet Avenue	45229	Cincinnati	Hamilton	7/15/2015
Tom Caruso		x	Anderson Township	7850 Five Mile Road	45230	Anderson Township	Hamilton	7/15/2015
Sharon Claxton	x	x	Mercy Health	1446 Biloxi	45231	Cincinnati	Hamilton	7/15/2015
Julie Bell		x	UC Medical Center	2647 Ambassador	45231	Cincinnati	Hamilton	7/15/2015
Michelle Wilcox	x	x	UC Medical Center	8967 Cherry Blossom Lane	45231	Cincinnati	Hamilton	7/15/2015
Martha Luken		x	Mercy Health - Jewish	4777 E. Galbraith Road	45236	Cincinnati	Hamilton	7/15/2015
Mary Ahlers		x	UC Medical Center - Air Care and Mobile Care	6817 Fox Hill Lane	45236	Cincinnati	Hamilton	7/15/2015
Maria Sulcer	x			4129 Lansdowne Avenue	45236	Deer Park	Hamilton	7/15/2015
Candace Davis	x			5414 Newfield Avenue	45237	Cincinnati	Hamilton	7/15/2015
Erica Jackson		x	Good Samaritan	1401 Franklin	45237	Cincinnati	Hamilton	7/15/2015
Libby Brown		x	Dayma	1309 California Avenue	45237	Cincinnati	Hamilton	7/15/2015
Judith Feinberg, MD	x	x	UC Medical Center	7301 Meadowbrook Drive	45237	Cincinnati	Hamilton	7/15/2015
Latoya Scherrer		x	Cincinnati Children's Hospital Medical Center	1335 Joseph Street	45237	Cincinnati	Hamilton	7/15/2015
DeSean Blair	x			818 Oak Street	45237	Cincinnati	Hamilton	7/15/2015
Sr. Cheryl Erb		x	Mercy Health	4600 McAuley Place	45242	Cincinnati	Hamilton	6/30/2015
Pam Jenkins		x	UC Medical Center	717 Cedarhill Drive	45246	Springdale	Hamilton	7/15/2015

Name	Ind.	Org	Org. Name	Street Address	ZIP	City	County	Date
Matt Baker	x	x	KNK Recruiting	9435 Water-stone Boulevard; Suite 140 [lives in Loveland]	45249	Cincinnati	Hamilton	7/28/2015
Sr. Mary Lou Averbeck		x	Mercy Health Anderson Hospital	7500 State Road	45255	Cincinnati	Hamilton	7/15/2015
Kathy Moses		x	Mercy Health	7500 State Road	45255	Cincinnati	Hamilton	7/28/2015
Richard Becker, MD		x	UC College of Medicine	231 Albert Sabin Way	45267	Cincinnati	Hamilton	7/15/2015
Jared Warner		x	Highland County Health Department	1487 N. High Street, Suite 400	45133	Hillsboro	Highland	6/30/2015
Louise Kent		x	Northern Kentucky Health Department	610 Medical Village Drive	41017	Edgewood	Kenton	6/25/2015
Jamie Works	x		Rising Sun School	436 S. Mulberry Street	47040	Rising Sun	Ohio	7/1/2015
Christopher Walcott		x	Ohio County Health Department	511 S. High Street	47041	Rising Sun	Ohio	7/1/2015
Becky Sorrell		x	Preble County Job & Family Services	1500 Park Avenue	45320	Eaton	Preble	July 29, 2015 early
Erik Balster		x	Preble County Public Health	615 Hillcrest Drive	45320	Eaton	Preble	July 29, 2015 early
Nan Smith		x	Preble County Public Health	615 Hillcrest Drive	45320	Eaton	Preble	July 29, 2015 early
Amy Raynes		x	Preble County Mental Health and Recovery Board	225 N. Barron Street	45320	Eaton	Preble	July 29, 2015 early
Diane Raver		x	The Herald-Tribune	475 N. Huntersville Road	47006	Batesville	Ripley	6/23/2015
Nancy Pieper		x	Community Mental Health Center, Inc.	215 E. George Street	47006	Batesville	Ripley	6/23/2015
Angie Johnson		x	Southeastern IN YMCA	30 S.R. 129 S.	47006	Batesville	Ripley	6/23/2015

Name	Ind.	Org	Org. Name	Street Address	ZIP	City	County	Date
Jill Hoog-Buerkle		x	Community Mental Health Center, Inc.	16 N. Park Avenue	47006	Batesville	Ripley	6/23/2015
David Hoover		x	Southeastern IN YMCA	30 S.R. 129 S.	47006	Batesville	Ripley	6/23/2015
Cindy Blessing		x	CHOICES, Batesville Community Schools & City of Batesville Wellness Coordinator	132 S. Main Street	47006	Batesville	Ripley	6/23/2015
Meg Applegate		x	Margaret Mary Health	321 Mitchell Avenue	47006	Batesville	Ripley	6/23/2015 am & pm
Jenny Mehlon		x	Margaret Mary Health	321 Mitchell Avenue	47006	Batesville	Ripley	6/23/2015
Becca Haugh		x	Southeastern IN YMCA	30 S.R. 129 S.	47006	Batesville	Ripley	6/23/2015
Cassie Nobbe		x	Margaret Mary Health, Outpatient Cancer Center	24 Six Pine Ranch Road	47006	Batesville	Ripley	6/23/2015
Tracy Dwenger		x	Margaret Mary Health	321 Mitchell Avenue	47006	Batesville	Ripley	6/23/2015
Wendy Bockover	x	x	Margaret Mary Health	321 Mitchell Avenue	47006	Batesville	Ripley	6/23/2015 am & pm
Lori Mauer		x	Margaret Mary Health	321 Mitchell Avenue	47006	Batesville	Ripley	6/23/2015
Mary Jo Heppner		x	Sisters of St. Francis	P.O. Box 100	47036	Oldenburg	Ripley	6/23/2015
Connie DeBurger		x	Family Connections	202 W. Gaslight Drive, P.O. Box 766	47042	Versailles	Ripley	6/23/2015
Holley Rose		x	Ripley County Health Department	102 W. First North Street	47042	Versailles	Ripley	6/23/2015
Patricia Thomas		x	Ripley County Health Department	102 W. First North Street	47042	Versailles	Ripley	6/23/2015
Vicky Powell		x	Ripley County Health Department	102 W. First North Street	47042	Versailles	Ripley	6/23/2015

Name	Ind.	Org	Org. Name	Street Address	ZIP	City	County	Date
Kim Linkel		x	Coalition for a Drug Free Batesville	132 S. Main Street	47006	Batesville	Ripley/Franklin	6/23/2015
Kelly Bauermeister		x	Community Mental Health Center, Inc.	16 N. Park Avenue	47006	Batesville	Ripley/Franklin	6/23/2015 am & pm
Sarah Lamping		x	City of Batesville	132 S. Main Street	47006	Batesville	Ripley/Franklin	6/23/2015
Geralyn Litzinger	x	x	Southeast Indiana Health Center & Margaret Mary Health	374 Northside Drive & 321 Mitchell Avenue	47006	Batesville	Ripley/Franklin	6/23/2015 am & pm
Tracey Crist		x	Purdue Extension Services / Union County Health Department	411 Patriot Boulevard	47353	Liberty	Union	July 29, 2015 late
Teressa Smith	x			879 W. Snake Hill Road	47353	Liberty	Union	July 29, 2015 late
Kim Klein		x	Union County Health Department	6139 S. Klein Road	47353	Liberty	Union	July 29, 2015 late
Trisha Witham		x	Union County Council on Aging	615 W. High Street	47353	Liberty	Union	July 29, 2015 late
Jim Franklin		x	Union County Emergency Management Agency	6 W. High Street	47353	Liberty	Union	July 29, 2015 late
Joe Timberman		x	Union County Emergency Management Agency	6 W. High Street	47353	Liberty	Union	July 29, 2015 late
Candy Guenther		x	Union County Health Department	1958 N. State Line Road	47353	Liberty	Union	July 29, 2015 late
Diann Timberman		x	Union County Health Department	6 W. South Street	47353	Liberty	Union	July 29, 2015 late
Donna C. Banks	x		Premier Health: Atrium Medical Center	8904 Franklin-Trenton Road	45005	Franklin	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

Name	Ind.	Org	Org. Name	Street Address	ZIP	City	County	Date
Nicole Schiesler	x	x	PreventionFIRST (also resident)	1288 Tecumseh Drive	45039	Maineville	Warren	7/7/2015
Sam Lobar	x		Premier Health: Atrium Medical Center	5879 Stillwater Drive	45040	Mason	Warren	7/7/2015
Carla Clasen	x			8735 Toftrees Lane	45066	Springboro	Warren	7/7/2015

Appendix H. List of Participating Agencies/Organizations

Organizations Completing Surveys

(not all respondents self-identified)

Butler County United Way
Clermont County Mental Health & Recovery Board
Childhood Food Solutions
Children's Advocacy Center of Southeastern Indiana
Churches Active In Northside - CAIN
Cincinnati Children's Hospital Medical Center
Community Mental Health Center, Inc.
Erlanger-Elsmere Schools
Family Connections
Family, Career and Community Leaders of America
Freestore Foodbank
Good Samaritan Free Health Center
The Greater Cincinnati Foundation
The HealthCare Connection
HealthPath Foundation of Ohio
Ivy Tech Community College
Mercy Health Anderson Hospital
Mercy Health Cincinnati
Mercy Health Clermont Hospital
National Library of Medicine
NKY Health Services
Northern Kentucky Health Department
One Community One Family
Primary Health Solutions
Purdue Extension-Dearborn County
Santa Maria Community Services
SC Ministry Foundation
Southeastern Indiana Economic Opportunity Corporation
St. Elizabeth Healthcare
Talbert House
Tri-State Eating Disorder Resource Team
YWCA of Greater Cincinnati

Organizations Represented at Meetings

Adams Brown Community Action Partnership
Adams County Health Department
Adams County Job & Family Services
Adams County Medical Foundation (ACMF)
Adams County Regional Medical Center
Adams County Senior Citizens
Anderson Township
Barbara's Daycare
Batesville Community Schools
Boone Health Partners
Butler Behavioral Health Services
Butler County Coalition / Mental Health and Addiction Recovery Services
Butler County Commissioners
Butler County Families and Children First Council
Child & Family Health Services
Children's Advocacy Center of Southeastern Indiana
CHOICES
The Christ Hospital
Cincinnati Children's Hospital Medical Center
Cincinnati Health Department
Citizens Against Substance Abuse (CASA)
City of Batesville
City of Hamilton Health Department
Coalition for a Drug Free Batesville
Coalition for a Healthy, Safe and Drug-Free Greater Hamilton
Community First Solutions
Community Mental Health Center, Inc.
Crossroads Center
Dayma
Dearborn County Chamber of Commerce
Dearborn County Health Department
Dearborn County Hospital
Episcopal Diocese, Southern Ohio
Family Connections
Fayette Regional Health System
Franklin County Public Library District
George's Pharmacy
Good Samaritan
Health Collaborative
Heart House
Herald-Tribune
Highland County Health Department

Organizations Represented at Meetings, *continued*

Ivy Tech
KNK Recruiting
Lawrenceburg Community Schools
LifeTime Resources
Margaret Mary Health
McCullough-Hyde Hospital
Mercy Health
Mercy Neighborhood Ministries
Middletown City Health Department
Northern Kentucky Health Department
Ohio Attorney General
Ohio County Health Department
Ohio Means Jobs Adams Brown
Ohio State University Extension
Preble County Job & Family Services
Preble County Mental Health and Recovery Board
Preble County Public Health
Pregnancy Care Center
Premier Health: Atrium Medical Center
PreventionFIRST
Primary Health Solutions
Purdue Extension Services
Reproductive Health and Wellness Center
Ripley County Health Department
Shady Nook Care Center
Sisters of St. Francis
Southeast Indiana Health Center
Southeastern IN YMCA
TriHealth
UC College of Medicine
UC Health
UC Medical Center
UHCAN Ohio
UMADAOP
Union County Council on Aging
Union County Emergency Management Agency
Union County Health Department
United Way of Franklin County
YES Home
YWCA Hamilton

Appendix I. Survey Questions

For Individual Consumers

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 enough in your community?
4. What would you say is the most important child health issue in your community?
5. What would you say is the most important thing that can be done to improve child health in your community?
6. What can you do to improve your health?
7. Where are some of the places you know that can help with health-related issues in your community?
8. 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: _____

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

For Latino Community

1. Cuales son las situaciones de salud mas serias que confronta tu comunidad?
2. Cuales situaciones importantes de salud han sido manejadas apropiadamente en tu comunidad?
3. Cuales son las situaciones medicas de mayor importancia que no han sido resueltas en tu comunidad? Que mas es lo que se puede hacer?
4. Cual es las condicion medica infantil de mas importancia en tu comunidad?
5. Menciona que es de mas importancia por hacer para que se mejore la salud infantil en tu comunidad?
6. Que puedes hacer para mejorar tu salud?
7. Quales son los lugares que conoces donde puedes recibir ayuda medica en tu comunidad?
8. Has experimentado dificultades al recibir atencion medica en tu comunidad? (Las dificultades pueden ser relacionadas a lo financier o algo no – financier. Revisa la siguiente lista y marca la opcion que aplica para ti.)

Si has experimentado dificultades financieras, cuales han sido?

- ☐ No tener seguro medico
- ☐ No poder pagar el deducible de mi seguro
- ☐ No poder pagar receta medica
- ☐ No poder pagar por equipo medico
- ☐ Facturas vencidas con proveedor de atencion medica
- ☐ No tener transportacion o carro
- ☐ No poder pagar la gasoline de sur carro
- ☐ No le dan permiso en su trabaja para ir al medico
- ☐ O por algun otro motivo:

Si has experimentado dificultades que no han sido financieras, cuales han sido?

- ☐ No se a donde ir a pedir ayuda
- ☐ No se donde encontrar a un doctor/proveedor que acepte mi sefuro medico.
- ☐ No tengo quien me cuide a mis ninos
- ☐ No entiendo las instrucciones medicas
- ☐ No hablo ingles
- ☐ Tengo dificultad para leer las instrucciones
- ☐ Necesito ayuda/apoyo en casa para poder seguir instrucciones medicas
- ☐ Sufro de discapacidad fisica
- ☐ Sufro de discapacidad mental
- ☐ O por algun otro motivo:

For Agencies/Organizations

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 enough in your community?
4. What would you say is the most important child health issue in your community?
5. What would you say is the most important thing that can be done to improve child health in your community?
6. What can the people, whom your agency serves, do to improve their health??
7. Where are some of the places you know that can help people with health-related issues in your community?
8. 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: _____

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

For Health Departments

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 enough in your community?
4. What would you say is the most important child health issue in your community?
5. What would you say is the most important thing that can be done to improve child health in your community?
6. What can the people, whom your organization serves, do to improve their health?
7. Where are some of the places you know that can help with health-related issues in your community?
8. Given the health issues facing the community, which ones would be your top priorities?
9. What are some financial barriers to receiving health care in your community? (Barriers can be financial or non-financial. See checklists below.)
10. 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: _____

Appendix J. Health Department Contacts & Qualifications

County	Health Department	Person Contacted	Qualifications	Method
Adams	Adams County Health District	Jason Work	MPH, RS	Online Survey
Boone, Campbell, Grant, & Kenton	Northern Kentucky Independent District Health Department	Dr. Lynne Saddler in consultation with staff	District Director of Health, MD, MPH	Online Survey
Bracken	Bracken County Health Department	Tony Cox	Health Commissioner, MTh	Phone Interview
Brown	Brown County Health Department	Harold Vermillion	Health Commissioner, MHSA, RS	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
Clermont	Clermont County General Health District	Julianne Nesbit	Health Commissioner, RS, MPH. Health Commissioner Clermont County General Health District 2013 - present.	In person Interview
Dearborn	Dearborn County Health Department	Mary Calhoun	Officer Leader, BS, AA	Online Survey
Franklin	Franklin County Health Department	Dr. Michael Fain	Did not respond to multiple attempts.	N/A
Gallatin & Pendleton	Three Rivers District Health Department	Dr. Georgia Heise	Director, DPh, MS, BS. Director Three Rivers Health Department 2004 - present. Director Franklin County Health Department 2000 - 2004.	Online Survey
Hamilton	Cincinnati Health Department	Dr. Noble Maseru	Health Commissioner, Ph.D., MPH	In person Interview

County	Health Department	Person Contacted	Qualifications	Method
Hamilton	Hamilton County Public Health	Tim Ingram in consultation with staff	Health Commissioner, MS, BS, RS. Health Commissioner 1993 - present. Public Health Administrator Clermont County General Health District 1986 - 1993.	In person Interview
Hamilton	Norwood City Health District	Chandra Corbin	Director of Nursing, RN, BSN	In person Interview
Hamilton	Springdale City Health District	Jerry Thamann with Director of Nursing	Currently serving as Interim Health Commissioner. Assistant City Manager, B.S. Assistant City Manager City of Springdale 2009 - present. City Administrator North College Hill 1992 - 2009.	Online Survey
Highland	Highland County Health District	Jared Warner	Health Commissioner, MEM, RS. Health Commissioner Highland County Health District 2014 - present. Warner Preparedness Services 2009 - present.	Online Survey
Ohio	Ohio County Health Department	Regina Crouch	Public Health Nurse, RN	Phone Interview
Pike	Pike County Health District	Wally Burden	Health Commissioner, MA. Health Commissioner Pike County Health District 2001 - present.	Online Survey
Preble	Preble County Health District	Erik Balster	Health Commissioner, MPH, REHS, RS.	Phone Interview
Ripley	Ripley County Health Department	Patricia Thomas in consultation with staff	Health Department Administrator	Online Survey
Scioto	Portsmouth City Health District	Chris Smith	Health Commissioner, RS, MA.	Online Survey
Scioto	Scioto County Health District	Dr. Aaron Adams	Health Commissioner, DO. Health Commissioner Scioto County Health District 2004 - present.	Online Survey
Switzerland	Switzerland County Health Department	Betty Lucas	Health Department Administrator. Switzerland County Clerk. Sagamore of the Wabash 2005.	Phone Interview
Union	Union County Health Department	Kim Kline	Public Health Nurse, RN. Public Health Nurse 2005 - present.	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

Appendix K. Categories for Survey Analysis

Common themes and concepts were combined when they elicited multiple responses. Here are the categories used for each type of stakeholder and question. The goal was consistency of terminology while retaining the variety and meaning of responses.

Categories for Individual Responses

Serious Health Issues:

Access to care/services
Allergies
Cancer
Care for children
Care for elderly
Chronic disease
Communicable disease
Dementia/Alzheimer's
Dental
Diabetes
Don't know/Unsure/NA
Health education
Healthy food/nutrition
Healthy lifestyle choices
Heart
Hypertension
Mental health
Obesity
Opportunity for exercise
Poverty
Prenatal care
Respiratory disease (lung, COPD)
Sleep
Smoking
Stroke
Substance abuse
Transportation
Uncategorized
Violence
Vision
Wellness/vaccination/immunization

Latino – Serious Health Issues:

Access to care/services
Cancer
Cholesterol
Dental
Depression
Diabetes

Hypertension
Lack of information
Lack of medical insurance
Obesity
Stress
Uncategorized
Vision

Issues Handled Well:

Access to care/services
Cancer
Cholesterol
Dental
Depression
Diabetes
Hypertension
Lack of information
Lack of medical insurance
Obesity
Stress
Uncategorized
Vision

Latino – Issues Handled Well:

Access to care/services
Care for children
Cholesterol
Clinics/hospitals
Dental
Diabetes
Don't know/Unsure/NA
Health fairs
Hypertension
Mammogram
Medical check-ups
Nutrition information
Ob/Gyn
Obesity
Transportation
Uncategorized

Categories for Individual Responses, continued

Issues Not Addressed Enough:

Access to care/services
Cancer
Care for children
Care for elderly
Chronic disease
Dementia/Alzheimer's
Diabetes
Don't know/Unsure/NA
Health education
Healthy food/nutrition
Heart
Hospital
Infant mortality
Mental health
Obesity
Opportunity for exercise
Poverty
Smoking
Substance abuse
Teen health
Uncategorized
Violence
Wellness
Women's health

Latino – Issues Not Addressed Enough:

Access to care/services
Communicable disease
Dental
Depression
Domestic violence
Don't know/Unsure/NA
Health education
Healthy food/nutrition
Hypertension

Mammogram
Medical check-ups
Need information
Obesity
Opportunity for exercise
Prenatal care
Vision
Women's health

Ways to Improve Health:

Drink less alcohol
Drink more water
Eat healthier
Exercise more
Follow doctor's instructions
Get enough sleep
Get information
Lose weight
Make better lifestyle choices
Quit smoking
Receive regular check-ups
Self-care; Cope better with stress
Take prescribed medications

Latino – Ways to Improve Health:

Be U.S. resident
Don't know/Unsure/NA
Eat well/better
Exercise more
Follow medical directions
Have insurance
Need information
Nutrition
Receive regular check-ups
Rest/sleep
Uncategorized

Categories for Agencies/Organization Responses

Serious Health Issues:

Access to care/services
Allergies
Cancer
Care for children
Care for elderly
Communicable disease
Crime
Dementia/Alzheimer's
Dental
Diabetes
Domestic violence
Health education
Healthy food/nutrition
Heart
Hypertension
Inactivity
Infant mortality
Mental health
Obesity
Respiratory (e.g., lung, COPD, asthma)
Smoking
Substance abuse
Transportation
Vascular disease
Violence
Wellness/vaccination/immunization

Issues Handled Well:

Access to care/services
Cancer
Care for children
Care for elderly
Dementia/Alzheimer's
Dental
Diabetes
Don't know/Unsure/NA
Health education
Health outreach
Healthy food/nutrition
Infant mortality
Integration of medical care
Mental health
Obesity
Opportunity for exercise
Patient-centered medical home
Quality of healthcare

Smoking
Substance abuse
Teen pregnancy
Wellness/vaccination/immunization
Wound care

Issues Not Addressed Enough:

Access to care/services
Care for children
Care for elderly
Communicable disease
Coordination
Dental
Diabetes
Don't know/Unsure/NA
Health education
Healthcare workforce
Healthy food/nutrition
Healthy lifestyle choice
Heart
Homelessness
Mental health
Obesity
Opportunity for exercise
Respiratory disease
Smoking
Social determinants
Substance abuse
Transportation
Wellness

Ways to Improve Health:

Access to services
Be responsible
Care for children
Eat better/well
Exercise more
Health education
Healthy food/nutrition
Make healthy lifestyle choices
Mental health
Opportunity for exercise
Quit smoking
Receive regular check-ups
Self-care; Cope better with stress
Take prescribed medications
Wellness

Categories for Health Department Responses

Serious Health Issues:

Access to care/services
Cancer
Cardiovascular disease
Chronic disease
Communicable disease
Coordination
Dental
Diabetes
Environmental health
Foodborne illness
Health inequity
Healthy food/nutrition
Heart disease
Homicide
Hypertension
Infant mortality
In-home injuries
Integration of care
Lack of exercise
Mental health
Obesity
Respiratory (lung, COPD)
Smoking
Social determinants
Stress
Substance abuse
Transportation
Vision

Issues Handled Well:

Access to care/services
Blood pressure
Chronic disease
Communicable disease
Community coalition
Diabetes
Doctor office check-ups
Don't know/Unsure/NA
Emergency plan/response
Exercise
Healthy eating
Infant mortality
Infrastructure
Injuries
Obesity
Patient education
Prenatal care
Prevention/screening
Smoking
Substance abuse
Teen pregnancy
Transportation
Uncategorized
Wellness/vaccination/immunization
Women's health

Issues Not Addressed Enough:

Access to care/services
Cardiovascular disease
Communicable disease
Coordinated education for chronic disease
Dental
Environmental health
Health equity
Hearing
Infant mortality
In-home safety
Limited funding
Mental health
Obesity
Opportunity for exercise
Prevention/vaccinations
Skin cancer
Smoking
Social determinants
Substance abuse
Timely health data
Transportation

Categories for Health Department Responses, continued

Ways to Improve Health:

Access to fresh foods
Adopt healthy behaviors
Be responsible
Call the Health Department
Coordination of services
Eat healthier
Exercise more
Follow doctor's instructions
Get involved in community
Get rest/sleep
Have a job
Improve environmental health
Increase health awareness
Make safe home environment
Nutrition
Promote social change
Quit smoking
Receive regular check-ups
Self-care
Stop use of illegal drugs
Take prescribed medications
Uncategorized

Appendix L. Regional Child Health Needs Assessment Questions Summary¹

I. Community Survey

Questions Asked of Entire Survey Population:

1. What would you say is the most important child health issue facing Greater Cincinnati?
2. What would you say is the most important thing that can be done to improve child health in Greater Cincinnati?

Questions Asked After Being Screened:

- What would you say your child's health is:
- Has a doctor or other healthcare provider ever told you that your child has health needs?
- When a child is sick or needs advice about his/her health, to which one of the following places do you usually go?
- Sometimes people have trouble getting healthcare when they need it. By healthcare, I mean medical care as well as other kinds of care like dental care and mental health services. During the past 12 months, was there any time when your child needed healthcare but it was delayed or not received?
- What is the first place you would go if you needed information about your child's health?
- Since the beginning of the school year, about how many days did your child miss school because of illness or injury?
- Since starting kindergarten, has your child repeated any grades?
- Do you believe that you can freely ask your doctors or healthcare providers any questions you want?
- My child's healthcare providers provide care that is truly best for my child?
- My child's healthcare providers perform research that is meaningful to children?

II. Key Informant Interviews

- How would you rate the health of children in the Greater Cincinnati community?
- How do we compare to other communities regarding child health in the country?
- What are the top 3 child health problems in the Greater Cincinnati community?
- What are some of the best things about living in Cincinnati for children?
- What are barriers to children being healthy?
- What are barriers for children getting their healthcare needs met in our community?
- Are there other child health needs that are unmet and should be identified?
- What are some initiatives/stakeholders that have contributed to the health of children in our community?

¹ Full list of questions available upon request.

- What child health partnerships do you find valuable?
- What are some partnerships/collaborations you would like to see in our community?
- Are there new ways of thinking, collaborations, or technologies that are needed to address and improve child health (e.g., social media)?
- Do you have any other thoughts about child health or what we can do to improve it?

III. Community Focus Groups

1. What would you say is the most important child health issue facing Greater Cincinnati?
2. What would you say is the most important thing that can be done to improve child health in Greater Cincinnati?



Appendix M. 2013 CHNA Priorities

Name of Hospital	Top #1 Priority	Top #2 Priority	Top #3 Priority	Top #4 Priority	Top #5 Priority
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)			
The Christ Hospital Health Network	Access to Care	Breast and Prostate Cancer	Cardiovascular Disease (Hypertension, Hyperlipidemia, Stroke, Congestive Heart Failure)	Behaviors related to Obesity	Maternal and Infant Health (LBW Babies and Infant Mortality)
Cincinnati Children's Hospital Medical Center	Infant Mortality	Obesity	Asthma	Injury	Access to Care
Dearborn County Hospital	Environmental Health (Elevated Lead Blood Levels in Children)	Access to Food and Nutrition	Access to Care (Provider Supply, Health Insurance, Barriers to Care, Caregivers)	Healthy Lifestyle and Preventative Care Issues (Physical Activity and Immunizations & Screenings)	Health Conditions and Diseases (Chronic Illnesses, Mental Illness & Substance Abuse, Maternal Health)
Lindner Center of Hope	Increase collaboration and communication	Focus on cultural awareness	Improve access to cancer screening	Monitor influenza vaccinations	Decrease obesity
Margaret Mary Health	Access to Health Services	Substance Abuse	Nutrition, Physical Activity, and Weight		
McCullough-Hyde Memorial Hospital	Access to Care	Dental Health	Mental Health	Substance Abuse	Obesity
Mercy Health-Anderson Hospital	Mental Health, including Substance Abuse	Diabetes	Heart Disease	Access to Care	Sexually Transmitted Diseases
Mercy Health-Clermont Hospital	Obesity	Mental Health, including Substance Abuse	Smoking	Access to Care	Diabetes
Mercy Health-Fairfield Hospital	Obesity	Mental Health, including Substance Abuse	Heart Disease	Access to Care	Diabetes
Mercy Health-The Jewish Hospital	Access to Care	Diabetes	Cancer	Heart Disease	Mental Health, including Substance Abuse
Mercy Health-West Hospital	Cancer	Mental Health, including Substance Abuse	Dental Health	Heart Disease	Access to Care

2013 CHNA Priorities, *continued*

Name of Hospital	Top #1 Priority	Top #2 Priority	Top #3 Priority	Top #4 Priority	Top #5 Priority
Premier Health: Atrium Medical Center (priorities not in ranked order)	Maternal/Infant (1st Trimester Prenatal Care & Infant Mortality)	Primary & Chronic Diseases (Hypertension, Breast Cancer, Diabetes & Alcohol and Drug Dependence)			
TriHealth-Bethesda Hospital	Birth Outcomes	Obesity Rates	Chronic Health Conditions (high rates among poor Latinos)	Substance Abuse / Mental Health	
TriHealth-Good Samaritan Hospital	Birth Outcomes	Obesity Rates	Chronic Health Conditions (high rates among poor Latinos)	Substance Abuse / Mental Health	
UC Health-Drake Center	Stroke	Chronic Lower Respiratory Disease	Chronic Lung Disease	Access to Health Care	Healthy Lifestyles and Prevention
UC Health-University of Cincinnati Medical Center	Infant Mortality	Diabetes/Adult Obesity/Hypertension	Stroke	Mental Health	Cancer
UC Health-West Chester Hospital and UC Health Surgical Hospital	Healthy Lifestyles and Prevention	Access to Health Care	Sexually Transmitted Diseases	Chronic Conditions	Obesity

Appendix N. 2011-2013 Top Causes of Death

Ohio	2013	2012	2011
Adams	Acute myocardial infarction	Bronchus or lung - Malignant neoplasms	Acute myocardial infarction
	Chronic obstructive pulmonary disease	Dementia	Bronchus or lung - Malignant neoplasms
	Bronchus or lung - Malignant neoplasms		
Brown	Bronchus or lung - Malignant neoplasms	Bronchus or lung - Malignant neoplasms	Bronchus or lung - Malignant neoplasms
	Atherosclerotic heart disease	Atherosclerotic heart disease	Acute myocardial infarction
	Acute myocardial infarction	Chronic obstructive pulmonary disease	Alzheimer's disease
	Chronic obstructive pulmonary disease		Atherosclerotic heart disease
			Chronic obstructive pulmonary disease
Butler	Bronchus or lung - Malignant neoplasms	Bronchus or lung - Malignant neoplasms	Bronchus or lung - Malignant neoplasms
	Dementia	Dementia	Dementia
	Atherosclerotic heart disease	Atherosclerotic heart disease	Atherosclerotic heart disease
	Chronic obstructive pulmonary disease	Chronic obstructive pulmonary disease	Chronic obstructive pulmonary disease
	Acute myocardial infarction	Acute myocardial infarction	Acute myocardial infarction
Clermont	Bronchus or lung - Malignant neoplasms	Bronchus or lung - Malignant neoplasms	Bronchus or lung - Malignant neoplasms
	Acute myocardial infarction	Acute myocardial infarction	Atherosclerotic heart disease
	Atherosclerotic heart disease	Atherosclerotic heart disease	Chronic obstructive pulmonary disease
	Dementia	Chronic obstructive pulmonary disease	Dementia
	Chronic obstructive pulmonary disease		Acute myocardial infarction

2011-2013 Top Causes of Death, *continued*

Ohio	2013	2012	2011
Hamilton	Dementia	Atherosclerotic heart disease	Bronchus or lung - Malignant neoplasms
	Bronchus or lung - Malignant neoplasms	Bronchus or lung - Malignant neoplasms	Dementia
	Atherosclerotic heart disease	Dementia	Atherosclerotic heart disease
	Acute myocardial infarction	Chronic obstructive pulmonary disease	Acute myocardial infarction
	Chronic obstructive pulmonary disease	Acute myocardial infarction	Chronic obstructive pulmonary disease
Highland	Acute myocardial infarction	Bronchus or lung - Malignant neoplasms	Bronchus or lung - Malignant neoplasms
	Bronchus or lung - Malignant neoplasms	Chronic obstructive pulmonary disease	Acute myocardial infarction
	Chronic obstructive pulmonary disease	Acute myocardial infarction	Chronic obstructive pulmonary disease
	Atherosclerotic heart disease	Alzheimer's disease	Atherosclerotic heart disease
		Atherosclerotic heart disease	
Pike	Dementia	Acute myocardial infarction	Acute myocardial infarction
	Acute myocardial infarction	Bronchus or lung - Malignant neoplasms	Bronchus or lung - Malignant neoplasms
			Dementia
			Congestive heart failure
Preble	Bronchus or lung - Malignant neoplasms	Atherosclerosis	Atherosclerotic heart disease
	Atherosclerosis	Atherosclerotic heart disease	Bronchus or lung - Malignant neoplasms
	Atherosclerotic heart disease	Bronchus or lung - Malignant neoplasms	Atherosclerosis
	Congestive heart failure	Acute myocardial infarction	Chronic obstructive pulmonary disease

2011-2013 Top Causes of Death, *continued*

Ohio	2013	2012	2011
Scioto	Acute myocardial infarction	Acute myocardial infarction	Acute myocardial infarction
	Atherosclerotic heart disease	Atherosclerotic heart disease	Atherosclerotic heart disease
	Bronchus or lung - Malignant neoplasms	Chronic obstructive pulmonary disease	Bronchus or lung - Malignant neoplasms
	Chronic obstructive pulmonary disease	Bronchus or lung - Malignant neoplasms	Chronic obstructive pulmonary disease
Warren	Dementia	Bronchus or lung - Malignant neoplasms	Atherosclerotic heart disease
	Bronchus or lung - Malignant neoplasms	Dementia	Bronchus or lung - Malignant neoplasms
	Atherosclerotic heart disease	Atherosclerotic heart disease	Dementia
	Alzheimer's disease	Chronic obstructive pulmonary disease	Alzheimer's disease
	Acute myocardial infarction	Alzheimer's disease	Chronic obstructive pulmonary disease
Kentucky			
Boone	Bronchus or lung - Malignant neoplasms	Bronchus or lung - Malignant neoplasms	Bronchus or lung - Malignant neoplasms
	Atherosclerotic heart disease	Atherosclerotic heart disease	Atherosclerotic heart disease
	Dementia	Chronic obstructive pulmonary disease	Chronic obstructive pulmonary disease
	Chronic obstructive pulmonary disease	Dementia	Dementia
	Accidental poisoning by and exposure to narcotics and psychodysleptics	Stroke	Acute myocardial infarction
Bracken	Bronchus or lung - Malignant neoplasms	Bronchus or lung - Malignant neoplasms	Numbers too small

2011-2013 Top Causes of Death, *continued*

Kentucky	2013	2012	2011
Campbell	Dementia	Dementia	Atherosclerotic heart disease
	Bronchus or lung - Malignant neoplasms	Atherosclerotic heart disease	Bronchus or lung - Malignant neoplasms
	Atherosclerotic heart disease	Bronchus or lung - Malignant neoplasms	Dementia
	Acute myocardial infarction	Accidental poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified	Acute myocardial infarction
	Stroke	Acute myocardial infarction	Chronic obstructive pulmonary disease
Gallatin	Bronchus or lung - Malignant neoplasms	Cardiac Arrest	Bronchus or lung - Malignant neoplasms
			Cardiac Arrest
Grant	Atherosclerotic heart disease	Bronchus or lung - Malignant neoplasms	Bronchus or lung - Malignant neoplasms
	Bronchus or lung - Malignant neoplasms	Acute myocardial infarction	Acute myocardial infarction
	Chronic obstructive pulmonary disease	Atherosclerotic heart disease	Atherosclerotic heart disease
	Acute myocardial infarction	Cardiac arrest	Cardiac arrest
	Cardiac arrest	Chronic obstructive pulmonary disease	Chronic obstructive pulmonary disease
Kenton	Bronchus or lung - Malignant neoplasms	Bronchus or lung - Malignant neoplasms	Bronchus or lung - Malignant neoplasms
	Dementia	Atherosclerotic heart disease	Atherosclerotic heart disease
	Atherosclerotic heart disease	Chronic obstructive pulmonary disease	Dementia
	Chronic obstructive pulmonary disease	Dementia	Chronic obstructive pulmonary disease
	Acute myocardial infarction	Acute myocardial infarction	Acute myocardial infarction

2011-2013 Top Causes of Death, *continued*

Kentucky	2013	2012	2011
Pendleton	Bronchus or lung - Malignant neoplasms	Acute myocardial infarction	Bronchus or lung - Malignant neoplasms
		Chronic obstructive pulmonary disease	Acute myocardial infarction
			Chronic obstructive pulmonary disease

Indiana	2013	2012	2011
Dearborn	Bronchus or lung - Malignant neoplasms	Acute myocardial infarction	Atherosclerotic heart disease
	Atherosclerotic heart disease	Bronchus or lung - Malignant neoplasms	Bronchus or lung - Malignant neoplasms
	Acute myocardial infarction	Atherosclerotic heart disease	
	Dementia	Stroke	
	Stroke		

Franklin	Atherosclerotic heart disease	Bronchus or lung - Malignant neoplasms	Bronchus or lung - Malignant neoplasms
	Bronchus or lung - Malignant neoplasms	Dementia	Alzheimer's disease
	Chronic obstructive pulmonary disease	Acute myocardial infarction	Acute myocardial infarction
	Dementia	Atherosclerotic heart disease	Atherosclerotic heart disease
	Congestive heart failure		

Ohio	<i>Numbers too small for reporting</i>		
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Ripley	Atherosclerotic heart disease	Atherosclerotic heart disease	Bronchus or lung - Malignant neoplasms
	Alzheimer's disease		Atherosclerotic heart disease
	Dementia		

Switzerland	Atherosclerotic heart disease	Bronchus or lung - Malignant neoplasms	<i>Numbers too small</i>
		Chronic obstructive pulmonary disease	

2011-2013 Top Causes of Death, *continued*

Indiana	2013	2012	2011
Union	Acute myocardial infarction	Acute myocardial infarction	<i>Numbers too small</i>

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death, 1999-2013 on CDC WONDER Online Database, released 2015. Data are from the Multiple Cause of Death Files, 1999-2013, 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> on August 10, 2015.

Appendix O. Underlying Causes of Death

Ohio	2013	2012	2011
Adams/ Brown/ Highland/ Pike/Scioto	Diseases of heart	Diseases of heart	Diseases of heart
	Malignant neoplasms	Malignant neoplasms	Malignant neoplasms
	Chronic lower respiratory diseases	Chronic lower respiratory diseases	Chronic lower respiratory diseases
	Accidents	Accidents	Accidents
	Cerebrovascular disease	Cerebrovascular disease	Cerebrovascular disease
Butler	Malignant neoplasms	Malignant neoplasms	Malignant neoplasms
	Diseases of heart	Diseases of heart	Diseases of heart
	Accidents	Chronic lower respiratory diseases	Chronic lower respiratory diseases
	Chronic lower respiratory diseases	Accidents	Accidents
	Cerebrovascular disease	Cerebrovascular disease	Cerebrovascular disease
Clermont	Malignant neoplasms	Malignant neoplasms	Malignant neoplasms
	Diseases of heart	Diseases of heart	Diseases of heart
	Cerebrovascular disease	Accidents	Chronic lower respiratory diseases
	Accidents	Cerebrovascular disease	Cerebrovascular disease
	Chronic lower respiratory diseases	Chronic lower respiratory diseases	Accidents
Hamilton	Malignant neoplasms	Malignant neoplasms	Malignant neoplasms
	Diseases of heart	Diseases of heart	Diseases of heart
	Cerebrovascular disease	Cerebrovascular disease	Cerebrovascular disease
	Chronic lower respiratory diseases	Chronic lower respiratory diseases	Chronic lower respiratory diseases
	Accidents	Accidents	Accidents
Preble	Malignant neoplasms	Diseases of heart	Diseases of heart
	Diseases of heart	Malignant neoplasms	Malignant neoplasms
	Atherosclerosis	Atherosclerosis	Chronic lower respiratory diseases
	Accidents	Accidents	Alzheimer's disease
	Alzheimer's disease	Chronic lower respiratory diseases	Accidents

Underlying Causes of Death, *continued*

Ohio	2013	2012	2011
Warren	Malignant neoplasms	Diseases of heart	Diseases of heart
	Diseases of heart	Malignant neoplasms	Malignant neoplasms
	Alzheimer's disease	Chronic lower respiratory diseases	Chronic lower respiratory diseases
	Cerebrovascular disease	Cerebrovascular disease	Alzheimer's disease
	Chronic lower respiratory diseases	Accidents	Accidents

Kentucky	2013	2012	2011
Boone/ Campbell/ Kenton	Malignant neoplasms	Malignant neoplasms	Malignant neoplasms
	Diseases of heart	Diseases of heart	Diseases of heart
	Accidents	Accidents	Accidents
	Chronic lower respiratory diseases	Chronic lower respiratory diseases	Chronic lower respiratory diseases
	Cerebrovascular disease	Cerebrovascular disease	Cerebrovascular disease

Bracken/ Gallatin/ Grant/ Pendleton	Malignant neoplasms	Diseases of heart	Diseases of heart
	Diseases of heart	Malignant neoplasms	Malignant neoplasms
	Chronic lower respiratory diseases	Accidents	Accidents
	Accidents	Chronic lower respiratory diseases	Chronic lower respiratory diseases
	Cerebrovascular disease	Cerebrovascular disease	Alzheimer's disease

Indiana	2013	2012	2011
Dearborn/ Ohio/ Switzerland	Malignant neoplasms	Diseases of heart	Malignant neoplasms
Ohio/ Switzerland	Diseases of heart	Malignant neoplasms	Diseases of heart
	Chronic lower respiratory diseases	Chronic lower respiratory diseases	Chronic lower respiratory diseases
	Accidents	Cerebrovascular disease	Cerebrovascular disease
	Cerebrovascular disease	Accidents	Accidents

Underlying Causes of Death, *continued*

Indiana	2013	2012	2011
Franklin	Malignant neoplasms	Malignant neoplasms	Malignant neoplasms
	Diseases of heart	Diseases of heart	Diseases of heart
	Chronic lower respiratory diseases	Accidents	Alzheimer's disease
	Cerebrovascular disease	Chronic lower respiratory diseases	Accidents
	Diabetes mellitus	Cerebrovascular disease	Cerebrovascular disease
Ripley	Diseases of heart	Malignant neoplasms	Malignant neoplasms
	Malignant neoplasms	Diseases of heart	Diseases of heart
	Alzheimer's disease	Alzheimer's disease	Chronic lower respiratory diseases
	Chronic lower respiratory diseases	Cerebrovascular disease	Cerebrovascular disease
	Accidents	Chronic lower respiratory diseases	Accidents
Union	Diseases of heart	Diseases of heart	Diseases of heart
	Malignant neoplasms		Malignant neoplasms

Disease(s) causing death	ICD Code(s)
Diseases of heart	I00-I09, I11, I13, I20-I51
Malignant neoplasms	C00-C97
Chronic lower respiratory diseases	J40-J47
Cerebrovascular diseases	I60-I69
Accidents (unintentional injuries)	V01-X59, Y85-Y86
Alzheimer's disease	G30
Diabetes mellitus	E10-E14
Atherosclerosis	I70

Source: 15 Leading Causes, Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death, 1999-2013 on CDC WONDER Online Database, released 2015. Data are from the Multiple Cause of Death Files, 1999-2013, 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> on August 10, 2015.

Appendix P. List of Community Resources

“I had no idea there were
this many resources in the community.”
- Nurse Manager at community meeting

Resource	Description
Southeast Indiana	
Dearborn, Ohio, Switzerland Counties	
Citizens Against Substance Abuse (CASA) – Local Coordination Council	Intervention/Treatment Law Enforcement/Justice Prevention/Education
Dearborn County Clearinghouse, Aurora	Food, clothing, and other support (when available) to families in need
Community Center	Aurora Group fitness Lawrenceburg Cardiac rehab Health, fitness, and athletics
Community Mental Health Center – Dearborn County	Comprehensive mental health services including: Inpatient, outpatient, home-based, school, and community-based programs
Dearborn County Hospital	Acute care regional hospital offering both inpatient and outpatient services
Dearborn County Purdue Extension, Aurora	Information and education for families about health, food, and nutrition
Every Child Succeeds	Home visits that help first-time parents create a nurturing and healthy environment
Family Connections	Child development skills Teach positive parenting skills
First Steps (for children with disability or developmentally vulnerable)	Early intervention services including: Assistive technology Audiological services Developmental therapy Family education, training, and counseling Health, medical, and nutritional services
Heart House Homeless Shelter	60-bed shelter Social services for life and coping skills

Resource	Description
Indiana Comprehensive Treatment Centers - Lawrenceburg Methadone Clinic	Offers Suboxone, Subutex, and Vivitrol
Ireland Home Based Services	Services for children and families who have experienced abuse and neglect
LifeTime Resources	Aging & disabled resource center Catch-a-Ride public transportation Community resource guides Family caregiver In-home case management Nutrition services Sentry services - guardianship
One Community, One Family	Coordinated system of care for children and youth with emotional and behavioral health needs Children's health Mental health aid Trauma response care
Pregnancy Care Center	Counseling Education on prenatal care, first aid, and car seat safety
Purdue Extension Office – Switzerland County	Education about community health issues Provide information on agricultural production and financial management
Rising Sun Medical Center	Primary care physician practice
Safe Passage	Educational programs on domestic violence Shelter for domestic abuse Support groups
Southeastern Indiana Economic Opportunity Corporation	Education for low-income individuals and families Emergency assistance Helps people find and maintain meaningful employment
Switzerland County Nurse Clinic, Vevay	Primary health care by nurse practitioner to poor and uninsured
Switzerland County YMCA	Health and fitness
Youth Encouragement Services (YES) Home	Diabetes education Free screenings Home for abused and neglected children Immunizations Medical, dental, and counseling services
Franklin County	
Resource	Description
Area 9 Agency	Services for seniors
Brookville Library	Free blood pressure screenings and health education

Resource	Description
College Success Coalition	Academic support for students College access mentoring Financial support for college access activities (campus visits, test fees) Information about college, careers, and financial aid Student scholarships
Community Mental Health Center	Inpatient, outpatient, home-based, school, and community-based mental health services
Fayette Regional/United Way	Free health fair
Franklin County Foundation	Connecting donors to community projects
Franklin County Stayin' Alive	Law enforcement Promote awareness & education of substance abuse Treatment
Gleaners Food Bank	Distribution center for food pantries and meals for children
Here is Hope	Support group at the local library
Humane Society	Addresses the feral cat colonies Free pet food Spay/neuter for pets
Jobs for America	Free food pantry with high school honor students
Lilly Scholars & 21 st Century Scholars	Financial aid to promote collegiate success
Main Street beautification program	Economic revitalization of downtown
Margaret Mary Health	Free screenings
Alcoholics Anonymous/ Narcotics Anonymous	Meetings at the Methodist Church
Oldenburg Franciscan	Free meditation classes
Pregnancy Help Center, Brookville	Pregnancy testing and information
Safe Passage	Domestic abuse shelter Support and counseling for families
Southeast Indiana Health Center	Medical care for those who can't afford it: Acute care (bacterial infections, respiratory, urinary and gastrointestinal conditions, rashes, simple injuries and wound care) Chronic care and management (diabetes, hypertension, asthma, COPD) Health education and counseling Mental health (depression management and counseling) Primary and preventive care Women's health (PAP test, pregnancy testing)
Township Trustees Fund	Assistance in paying utility bills
Vocational Rehab	Assistive technology Employment opportunities Independent Living Program

Resource	Description
Women's help events	Locations: Library & Fayette Regional
Works of Mercy – Brookville	Free meal Working on opening a family shelter
Ripley County	
Resource	Description
1-800-QUITNOW	24/7 counseling for smoking cessation
Alcoholics Anonymous/ Narcotics Anonymous/ Gamblers Anonymous/ Overeaters Anonymous	Support and counseling groups
Batesville Area Resource Center	Batesville area food pantry River Valley Resources, Inc. Totes for Tots and Teens (Project T3) Inc.
Coalition for Drug Free Batesville	Alcohol education and prevention course Free at-home drug testing kits Prescription drug disposal
Family Connections	Services for abused children Smoking cessation
Head Start	Early learning for infants and toddlers Family well-being Health
LifeTime Resources, Dillsboro	Home health care agency
Margaret Mary Community Outreach	Programs for bike helmets, car seats, mammograms, and walking
Margaret Mary Health	Diabetes education Free screenings Immunizations
New Horizons	Services for MRDD population
One Community, One Family	Children's health Mental health aid Trauma response care
Play 2 Talk (national)	Individual and group speech therapy services to children and adults
Protect Your Family Initiative	Home drug testing kits
Ripley County Drug Awareness Coalition	Local efforts to reduce drug and alcohol abuse
Ripley County Health Department	Diabetes screening Immunizations Prescription drug disposal Testing for tuberculosis

Resource	Description
Safe Passage	Educational programs for the communities they serve Shelter for domestic abuse Support groups
Sheriff's Department	Solid waste drug disposal
Southeast Indiana Health Center	Medical care for those who can't afford it: Acute care (bacterial infections, respiratory, urinary and gastrointestinal conditions, rashes, simple injuries and wound care) Chronic care and management (diabetes, hypertension, asthma, COPD) Health education and counseling Mental health (depression management and counseling) Primary and preventive care Women's health (Pap test, pregnancy testing)
Southeastern Indiana YMCA	Exercise programs for youth, adults, and seniors Grandparents raising children Physical education and fitness equipment Senior services and activities
Township Trustees	Funding for individual health needs
Union County	
Resource	Description
Centerstone	Mental health, addiction, and developmental disabilities services
College Corner Junction	Food pantry Free computer access and computer training courses Free health screening Meals for kids in the summer Parish nursing Resume writing classes Thrift store
Council on Aging	Arts and crafts Dances and dance classes Exercise programs Noontime meals Pitch-in dinners Speakers
Family Nutrition Program - Purdue Extension	Program for healthy meal planning on a limited budget
Head Start	Connects families with other service providers at the local level to ensure health, nutrition, and other services Early learning for infant and toddlers Individualized child development and parent education services

Resource	Description
McCullough Hyde in College Corner	Screening services and patient transportation for medical services
Medicenter Pharmacy	Home delivery of prescriptions Medical setups Provides health education
Oxford Free Clinic - College Corner	Basic medical care Gynecology clinic on second Wednesdays of every month Chronic disease management
Reid Memorial Hospital, Richmond, IN	Nonprofit regional referral medical center
State Line Medical Equipment	Home delivery of equipment Works in coordination with Oxford Free Clinic
Union County Health Department	Family Practice Clinic Tuesday - Friday Food protection and sanitation Free mammography screening Immunizations Tobacco cessation program
Northern Kentucky	
Boone, Campbell, Kenton Counties	
Resource	Description
American Cancer Society	Cancer education Helps individuals find support and treatment
Boone County Health Center, Florence	Health care services
Brighton Center	Adolescent mental health treatment Community organizing Connections to resources Crisis intervention for children Homeward Bound shelter Independent Living Program Preliminary case management Youth leadership development
Cabinet for Children and Family Services	Physical and mental health services for all ages
Cancer Family Care	Activities for children affected by cancer Children's services Free wigs, massage therapy, and healing touch therapy Individual and family counseling Information about cancer-related illness and loss
Cancer Support Community	Education Individual services Support groups

Resource	Description
The Christ Hospital Health Network	General medical/surgical acute care hospital, plus more than 100 physician practice and outpatient locations (Please see Hamilton County for a list of more services.)
Cincinnati Children's Hospital Medical Center	Integrated pediatric health care: inpatient and ambulatory care, level I trauma services, newborn, cardiac and pediatric intensive care, surgical, rehabilitation and mental health services, and research (See Hamilton County for more services.)
Good Samaritan Hospital	General medical/surgical acute care hospital
Health Point	Federally qualified health center offering: Addictions counseling Family medicine Immunizations Obstetrics/Gynecology Pediatrics Prenatal care Psychiatry
Hoxworth Blood Center	Photopheresis Red blood cell exchange Therapeutic apheresis Transfusion service
North Key	Continuum of care provider for those needing mental health, substance abuse disorders, and intellectual disability services
Northern Kentucky Health Department	Affordable Care Act resources Birth/death certificates HIV/AIDS case management Immunizations Oral health program WIC Farmers Market
Northern Kentucky University	Health Innovation Center to improve region's health care and transform delivery Nurse practitioner clinic
Oncology Hematology Center (OHC)	Health care for people with cancer and blood disorders
Ronald McDonald House	Housing and education services for families in Cincinnati for health care needs
St. Vincent de Paul	Christmas Adopt-a-Family program Coat donation program Feed a Family holiday program Food for Thanksgiving or Christmas dinner HVAC aid to those in need

Resource	Description
Salvation Army	Adult rehabilitation Christmas assistance Combating human trafficking Elderly services Emergency assistance Emergency disaster services Housing and homeless services Sunday lunch program Worship opportunities Youth services; youth camps and recreation
School Family Resource Centers - Covington Independent Public Schools	Academic achievement and well-being Early learning and successful transition to school Graduation and transition into adult life
Skyward	Developing and managing Northern Kentucky's strategic plan
St. Elizabeth Healthcare	Hospital health care system including six facilities throughout Northern Kentucky and vast resources to serve the Greater Cincinnati area
Talbert House	Network of services focusing on prevention, assessment, treatment, and reintegration: Adult and youth behavioral health Court and corrections Housing Substance abuse
Transitions	Chemical dependency programs available to Kentucky residents and to homeless individuals regardless of their ability to pay Employment and community service Individual and group counseling
Tri-ED	Economic development nonprofit serving Northern Kentucky
UC Health	University of Cincinnati's affiliated health system
Welcome House	Assessment, outreach, case planning, financial education/budgeting, housing counseling, and community referrals services Employment assistance Northern Kentucky homeless assistance
Women's Crisis Center	Empowering survivors of domestic violence, rape, and child sexual abuse Services are provided to women, children, teens, older adults, immigrants, disabled individuals, male victims of partner abuse, rape, and sexual assault and victims of human trafficking

Southwest Ohio	
Adams, Brown, Highland, Pike, Scioto Counties	
Resource	Description
Adams and Brown Community Action Partnership	Adult and kids' meals Appalachian Exercise Initiative Emergency HVAC repair Employment skills Family Head Start Help Me Grow Housing Referrals for mental health Senior transportation Weatherization
Adams & Highland traveling care van	Immunizations
Adams County Fair	Health and wellness All day health fair
Adams County Regional Medical Center	Adult health fair - screening opportunities Back-to-school kids' health fair Critical access facility, medical, surgical, Geriatric psychological services – outpatient Health management Walking in hospital
Adams County Senior Center	Chair yoga Tai Chi
Adams County Sheriff	Boot Camp
Adams County Summer Recreation Program	Activities Meals
Area Agency on Aging District 7	Serves 10 counties, including Adams, Brown, Highland, Pike, and Scioto: Advocates (ombudsman) for people receiving home care, assisted living, and nursing home care Chronic disease management Helps with information and signing up for Medicare Home repair In-home care Services for seniors
Brown County	Adult Health Fair
Brown County Diabetic Education	Georgetown Baptist Group
The Counseling Center	Locations in Portsmouth and West Union Case management Outpatient treatment
<i>(continued on next page)</i>	

Resource	Description
The Counseling Center <i>continued</i>	Prevention/diversion Residential treatment Supportive housing
Crisis Pregnancy Center	Locations in Georgetown and West Union Resources for women with unplanned pregnancies
FRS Counseling Center	Behavioral health Opiate treatment Recovery housing Transportation
Highland County Community Action Agency	Child and family services Emergency services Housing Senior services
Portsmouth City Health Department	Birth/death statistics Drug-free community support program HIV prevention and free, accessible HIV resources in rural Ohio Public health nursing services
Reproductive Health	Wellness for age 13+ male and female
Scioto County Health Department	Assistance with school health screenings Casefinding and referral to the Bureau for Children with Medical Handicaps Flu and pneumonia shots Health education and information Immunization clinic Other public health services (e.g., Vital Statistics, inspections) Referrals made to specialty clinics Tuberculosis clinic
Southern Ohio Medical Center	Comprehensive services related to primary health care
Talbert House	Network of services focusing on prevention, assessment, treatment, and reintegration Adult and youth behavioral health Court and corrections Housing Substance abuse
Walking trail at Peebles	Peebles is near several places with trails: nature preserve, state forest, and Serpent Mound
Highland County Family YMCA	Recreational programs and services for all ages

Butler County	
Resource	Description
Booker T. Washington Community Center	Operated by the YMCA: Fitness programs Homework help Nutrition programs Public computer access
Butler County Education Service Center	Central educational and service resource Family services for children ages prenatal through high school Head Start Early childhood programs Family and Children First Council
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
The Christ Hospital Health Network	General medical/surgical acute care hospital with more than 100 physician practice and outpatient locations in the Greater Cincinnati Area (Please see Hamilton County for a list of more services.)
Cincinnati Children's Hospital Medical Center	Integrated pediatric health care: inpatient and ambulatory care, level I trauma services, newborn, cardiac and pediatric intensive care, surgical, rehabilitation and mental health services, and research (See Hamilton County for more services.)
Community Behavioral Health Center	Individual, group, and family counseling Case management services Decisions and countermeasures Domestic violence services Employment services Mental health services (Middletown) Outpatient chemical dependency 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

Resource	Description
High Hopes	Free and confidential outreach program for African-American pregnant women in Butler County Program operated by the Butler County Health Department Provides prenatal care and nutritional information
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 Maternal - Child Health Center for self-pay and indigent Obstetrics Surgery Women's Center
Primary Health Solutions	Federally Qualified Health Center in Hamilton, Ohio
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

Clermont County	
Resource	Description
Cancer Family Care	Cancer support & services including: Education Services for children Summer camp Therapeutic counseling Wigs
Child Focus Inc.	Early learning Mental health Foster care Parent training
The Christ Hospital Health Network	General medical/surgical acute care hospital with more than 100 physician practice and outpatient locations in the Greater Cincinnati Area. (Please see Hamilton County for a list of more services.)
Clermont Agenda for Future	Community information and projected economic growth initiatives
Clermont County Community Services	Diabetic clinic Emergency HEAP Health assessment Homeless shelter Pediatric dental Pediatric medical Weatherization Youth services
Clermont County General Health District	Birth and death certificates Bureau for Children with Medical Handicaps Complaint investigations Hepatitis C and HIV testing Inspections Immunizations Mammograms and Pap tests Women, Infants, and Children (WIC)
Clermont County Mental Health and Recovery Board	Planning, funding, and evaluation of comprehensive mental health and recovery services
Clermont County Ohio State University Extension	Community development Family and consumer education and information Food and nutrition education SNAP education
Clermont Recovery Center	Services for adults and adolescents suffering from substance abuse Mental illness services Prevention, intervention, and treatment services

Resource	Description
Coalition for Activity and Nutrition (CAN)	Promoting Healthy Behaviors Introducing Physical Activity Nutrition education Reducing youth smoking
HealthSource of Ohio	Services in family medicine, internal medicine, and pediatrics, including: Behavioral health Dentistry OB/Gyn services Pharmacy Case management
LifePoint Solutions, division of Greater Cincinnati Behavioral Health Services	Care management Family support Mental health Substance abuse care
McAuley Health Center	Health care in East End community Outreach nurse offer free screenings
Mercy Health - Clermont Hospital	24-hour emergency care and critical care Adult behavioral health services Cancer care / oncology Cardiology Diabetes care and education Lung specialists and pulmonary services Primary and specialty care Rehabilitation and therapy (outpatient) Women's Center Wound Care Center
Opiate Task Force	Community coalition to address heroin epidemic
Veterans' Service Commission	Emergency financial assistance Flags and grave markers Assists veterans or dependents in filing for VA benefits Transportation to local VA Medical Center
Hamilton	
Resource	Description
281-Care	Talbert House immediate assistance hotline
Addiction Services Council	Assessment Family, group, and individual counseling Intervention, prevention, and treatment services Specialized services for Latinos
Alice Paul	Education Gender Equality

Resource	Description
American Cancer Society	Cancer education Helps individuals find support and treatment
American Red Cross	Disaster response Education Emergency service
Anna Louise Inn	Safe and affordable housing for single women
Bethesda North	General medical/surgical acute care hospital
Boy Scouts of America	Youth leadership and growth
Cancer Family Care	Activities for children affected by cancer Children's services Free wigs, massage therapy, and healing touch therapy Individual and family counseling Information about cancer-related illness and loss
Cancer Support Community	Education Individual services Support groups
Catholic Charities of Southwest Ohio	Family services Mental health services Refugee resettlement services Senior services Su Casa Hispanic Center
Center for Closing the Health Gap	Advocacy Education Community outreach to combat obesity and promote wellness Annual Health Expo event
Central Community Health Board of Hamilton County (CCHB)	Comprehensive community mental health care facility
The Christ Hospital Health Network	General medical/surgical acute care hospital, plus more than 100 physician practice and outpatient locations in the Greater Cincinnati Area. These services and programs include but are not limited to: Prescription assistance Social services Patient assistance Emergency assistance Home Health care Urgent Care centers Prenatal clinic Free community education events Adult behavioral health services Financial assistance Wound care Comprehensive support groups
<i>(Continued on next page)</i>	

Resource	Description
The Christ Hospital Health Network <i>continued</i>	Diabetes and endocrine center Subsidized clinics
Cincinnati Association for the Blind	Employment services for people with low vision or blindness, including: Access technology services Counseling Information services
Cincinnati Children's Hospital Medical Center	Asthma Improvement Collaborative Asthma Home Health Pathway Buckle Up for Life Center for Better Health and Nutrition Child HeLP Cincinnati Children's Cincinnati Children's College Hill Campus Cincinnati Children's Primary Care Clinics Cincinnati Children's School Based Health Centers Collaboration to Lessen Environmental Asthma Risks (CLEAR) Comprehensive Child Injury Center Every Child Succeeds Keeping Kids Nourished and Developing (KIND) Mayerson Center for Safe and Healthy Children MindPeace Perinatal Institute at Cincinnati Children's The Health Network by Cincinnati Children's
Cincinnati-Hamilton County Community Action Agency	Ex-offenders/Fresh Start Head Start/HEAP utility assistance Housing support Supportive services Tax preparation assistance Workforce development Youth construction training
Cincinnati Health Department	Center for Reproductive Health & Wellness Braxton F. Cann Memorial Medical Center Crest Smile Shoppe Elm Street Health Center Millvale at Hopple Street Health Center Northside Health Center Price Hill Health Center
--Childhood lead prevention	Financial assistance to control lead hazards; Paint chip testing
Cincinnati Metropolitan Housing Authority (CMHA)	Provides affordable rental housing for low income people and vouchers
Cincinnati Recreation Commission	Centers for recreation and exercise throughout City of Cincinnati

Resource	Description
Cincinnati Works	Job readiness and acquisition Childcare resources Behavioral counseling Legal advocacy Support services to break the cycle of poverty Transportation assistance
CityLink Center	Childcare Education Financial education Health and wellness Housing advocacy Workforce development
Council on Aging	Advocacy Caregiver support Programs and services for older adults and people with disabilities Wellness programming, information and resource center
Cradle Cincinnati	Collaborative initiative focused on spacing, smoking, and sleep to reduce infant mortality rates in Cincinnati and Hamilton County
Crossroads Health Center	Federally Qualified Health Center offering primary care for all ages: Alcohol and drug assessment and treatment Bilingual staff Licensed daycare Medication assisted treatment programs Mental health counseling and treatment
Drop Inn Center	Emergency shelter for adults Recovery program Shelter-based case management Supportive services for chronically homeless
Elm Street Health Center	City of Cincinnati Health Department Clinic Offering primary care, dental care, and pharmacy
Family Nurturing Center	Child abuse treatment services
Freestore Foodbank (emergency food and services provider)	Food distribution Clothing assistance Financial assistance Cincinnati Cooks! and Kids Café Social services
Gabriel's Place	Food education from seed to table in Avondale

Resource	Description
Good Samaritan Free Health Center – Price Hill	Dental care Chronic disease care Gastroenterological care Gynecological care Mammograms Physical therapy Rheumatology services Sick visits
Growing Well Cincinnati	Coalition of local providers that coordinates health services within Cincinnati Public Schools
Hamilton County Ohio State University Extension	Food preservation workshops Master gardener program Nutrition education for children and adults SNAP education
Hamilton County Public Health Department	Disease prevention Health promotion and education Birth/death certificates Nursing Emergency preparedness and response Epidemiology and assessment Permitting, licensing and inspections
HealthCare Connection	Operates three primary care centers: Lincoln Heights Health Center Mt. Healthy Family Practice Forest Park Health Center (pediatrics) Provides primary care for four behavioral health centers
Healthcare for the Homeless (Cincinnati Health Network's partners serving the homeless)	Intensive collaborative case management Oral healthcare Primary and mental health care Respite care Social support services Substance abuse and addiction treatment
Healthy Beginnings	Prenatal care Maternal services
Healthy Moms and Babies	Health education and information Assessments Care coordination Physical, emotional and social support Referrals Screenings

Resource	Description
Hope Clinic at Good Samaritan Hospital	Case management Financial counseling Nutrition counseling Prenatal care Referrals to treatment and community support services Referrals & follow-up to Methadone Maintenance Treatment facilities / Subutex providers Social work support
Injury Free Coalition for Kids	Coalition to prevent childhood injuries
LifePoint Solutions, division of Greater Cincinnati Behavioral Health Services	Care management Family support Mental health Substance abuse care
Lifespring	Mental health services
Lighthouse Youth Services	Social services for children, youth and families in need, including: Community School, grades 6-12 Help Me Grow Transitional housing and services for homeless youth
Lincoln Heights Health Center	Federally Qualified Health Center; part of HealthCare Connection
Mental Health Access Point, division of Central Clinic	Application assistance for medical and disability benefits Assessment, support and connections for those in need of mental health services Housing assessments Mental health assessments Transitional case management
Mercy Health Diabetes Program	Diabetes education and resources
Mercy Health – St. John	Basic Needs - Food, clothing, personal hygiene and household items, and bus cards Bridges program - Job readiness and computer training Emergency assistance with rent and utilities Homelessness prevention Medical clinic Prescription assistance and vision assistance Social services Youth Development program
Mercy Hospitals (in Hamilton County)	Mercy Health - Anderson Hospital Mercy Health - The Jewish Hospital Mercy Health - West Hospital
Mobile Crisis Team	Mental health intervention with 24/7 response team
Norwood City Schools	Preschool to grade 12

Resource	Description
Norwood Health Department	Blood pressure screening Bureau for Children with Medical Handicaps Car seat checks Health education Help Me Grow Home health visits Immunizations Nursing services for youth, elderly, and pregnant women Referrals Tuberculosis testing
Norwood Senior Center	Senior center
People Working Cooperatively	Home repairs for low-income, elderly, and disabled homeowners Home maintenance Mobility modification Weatherization Work/Life quality and flexibility
Pregnancy Centers	Pregnancy testing and information Prenatal care Earn While You Learn – one-on-one, 8-week program for expectant mothers who receive baby items after completing life skills and parenting education
PreventionFirst!	Annual administration of student drug use survey Greater Cincinnati Evaluation Center Group facilitation Prevention education sessions Substance abuse prevention specialist
Price Hill Health Center	Cincinnati Health Department: Primary care, dental care, and pharmacy
St. Charles Borromeo Church	Roman Catholic church tending to the needs of the Hispanic community
St. Elizabeth Healthcare	Hospital healthcare system including six facilities throughout Northern Kentucky and vast resources to serve the Greater Cincinnati area
St. Vincent de Paul	Assistance with rent and utility payments Charitable pharmacy Clothing and household items Education and training Food pantries Re-Entry program Seasonal programs Service learning

Resource	Description
Salvation Army	Adult rehabilitation Combating human trafficking Disaster relief Donated goods Elderly services Housing and homeless services Hunger relief Missing persons Prison ministries Veterans' services Youth camps and recreation
Santa Maria Community Services	Early childhood and youth development Bienestar Hispanic Health Access program and services Health and Wellness programming that reaches out to older adults, Appalachians, African-Americans, and Latino immigrants Workforce development
Sharonville	Ballfield
The Strive Partnership	Education partnership dedicated to support children academically from cradle to career
Su Casa Hispanic Center	Program of Catholic Charities of SW Ohio Primary provider of social, educational, language, employment, and health care services to Hispanic/Latino community
Success by Six	United Way strategy focused on improving school readiness
Talbert House	Network of services focusing on prevention, assessment, treatment, and reintegration: Adult and youth behavioral health Court and corrections Housing Substance abuse
TriHealth Hospitals	Healthcare system including Bethesda North and Good Samaritan Hospitals. Clinical, preventive, educational, and social programs provided throughout more than 125 locations in the Greater Cincinnati area
Trinity Church Free Health Clinic	No description available
UC Hospital	General adult medical/surgical acute care hospital and teaching facility
UMADAOP	Alcohol and drug addiction prevention services for children and adults
Urban League of Greater Southwestern Ohio	African-American business development Leadership program Sickle Cell Awareness Group Workforce development

Resource	Description
Vineyard Community Church	The Healing Center offers: Annual health fair Auto repair clinic Financial counseling GED help Health care screenings Job coaching Support groups Tax preparation Veterans' services
WinMed Health Services	Federally Qualified Health Center offering: Family health care (including OB/Gyn) Pediatric care Screenings and testing
Women Helping Women	Services for victims of domestic abuse, including Education Prevention
YWCA	Dedicated to eliminating racism and empowering women, providing: Coordination of Breast Cancer and Cervical Health Network to ensure education and screening for under-served women Child care Domestic violence - education and shelter Food pantry Health and fitness
Preble County	
Resource	Description
Community Action Partnership	Connects low income individuals with potential public benefits Emergency cold shelter Furniture and clothing bank Manages public housing rentals and voucher program Transportation information line Utility assistance Weatherization
Council on Aging	In-home and community-based services for people age 60+: Center in Eaton with fitness room Help with federal and state programs Information and referrals Transportation service
Oxford Free Clinic - College Corner	Basic medical care Gynecology clinic on second Wednesdays of every month Chronic disease management

Resource	Description
Preble County Mental Health Recovery Board	Planning, funding, and evaluation of comprehensive mental health and recovery services
Preble County Public Health Department	Blood pressure screening Car seat program Emergency preparedness Environmental health and food safety Flu clinic Health education Help Me Grow program Immunizations Prenatal clinic Prescription drug drop box for disposal Public health nursing Reproductive Health clinic Tuberculosis control Women, Infants, and Children (WIC)
YMCA	Child care resources Exercise Nutrition
Warren County	
Resource	Description
Centerpoint	Federally Qualified Health Center in Franklin
The Christ Hospital Health Network	General medical/surgical acute care hospital with more than 100 physician practice and outpatient locations in the Greater Cincinnati Area (Please see Hamilton County for a list of more services.)
Cincinnati Children's Hospital Medical Center	Integrated pediatric health care: inpatient and ambulatory care, level I trauma services, newborn, cardiac and pediatric intensive care, surgical, rehabilitation and mental health services, and research (See Hamilton County for more services.)
Countryside YMCA	Child care centers for after school/summer Child health resources from Dayton Children's Exercise and fitness facilities Largest YMCA in the United States
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 (also active throughout region)

Resource	Description
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
Premier 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
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
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 Q. List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AMI	Acute Myocardial Infarction (heart attack)
AED	Automated external defibrillator
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)
CMS	Centers for Medicare and Medicaid Services (part of U.S. Department of Health and Human Services)
CLRD	Chronic Lower Respiratory Disease
COPD	Chronic Obstructive Pulmonary Disease
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)
CNI	Community Need Index (interactive tool maintained by Dignity Health)
FQHC	Federally Qualified Health Center
HIV	Human Immunodeficiency Virus
IPR	Institute for Policy Research
MSA	Metropolitan Statistical Area (defined by U.S. Office of Management and Budget)
ODH	Ohio Department of Health
STD	Sexually Transmitted Disease
SNAP	Supplemental Nutrition Assistance Program (federal program formerly known as Food Stamps)
THC	The Health Collaborative
TB	Tuberculosis
WIC	Women, Infants, and Children federally-funded program that provides supplemental foods, health care referrals, and nutrition education