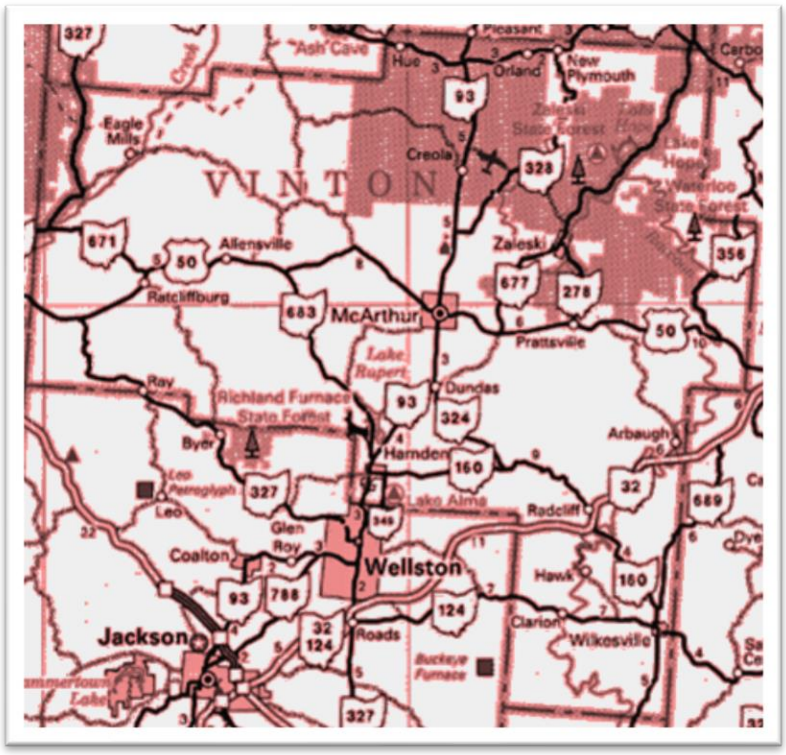

2019 Vinton County

Community Health Assessment Report

September 2019

Vinton County Health Department

Holzer

College of Public Health
Center for Public Health Practice
The Ohio State University

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Executive Summary

In 2018, the Vinton County Health Department (VCHD), in partnership with Holzer Health Systems (Holzer), embarked on a comprehensive regional community health assessment with the surrounding counties of Gallia, Meigs, and Jackson. The region utilized a framework known as MAPP (Mobilizing for Action through Planning and Partnerships). MAPP is a nationally recognized best practice for community health assessment and community health improvement planning designed by the National Association of City and County Health Officials (NACCHO). MAPP features four distinct assessments that result in a comprehensive view of the health of a community. This Executive Summary includes a brief overview of the focus group, survey and health indicator data that was collected during the process.

Mental Health/Substance use

Issues related to mental health and substance abuse were noted in each of the MAPP assessments. The issues identified concerning mental health focus primarily on access to mental health care services. 53.69% of CTSA survey respondents reported that it is very or somewhat difficult to receive mental health care. 26.32% of respondents reported stigma as a reason for not seeking needed mental health care. When asked about accessing certain types of care (Figure A), many respondents reported having a very or somewhat difficult time receiving mental health care (42.85%), addiction services (43.15%), Substance abuse was also identified throughout the assessments has having a large impact on the health of the Vinton County community. 71.13% of CTSA survey respondents reported that drug and/or alcohol abuse is one of the top three health problems in the community. During the Force of Change Assessment, the drug epidemic was identified as a Force with several threats and opportunities.

	2019	
	Vinton Co.	**Ohio**
Mental Health Providers	**15.1**	154.8

Access to Care

Access to care was noted as a large health issue in Vinton County throughout the assessment process. 80.76 % of CTSA survey respondents age 65 years and over indicated that it is somewhat or very difficult to access specialty care, 16.67% reported that cost is a barrier in access care, and 15.79% reported that they could not fill a prescription due to cost. Uninsured

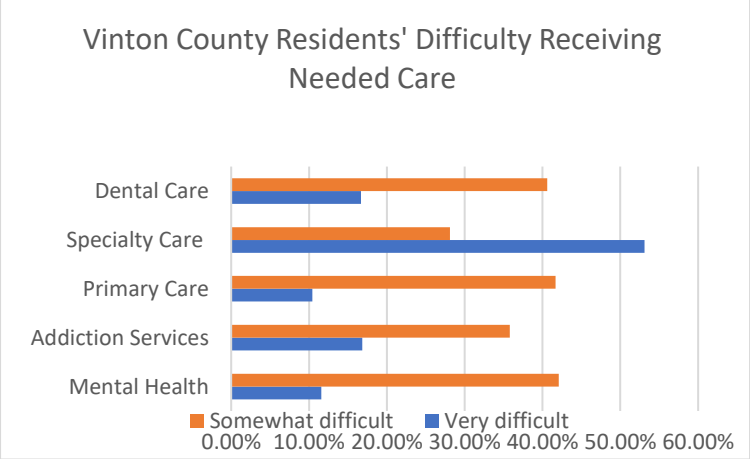

Figure A: Perceived ease of access to care, Vinton County 2019

adults are less likely to receive preventive health services and adults with health insurance are more likely to access needed health services. In addition, health insurance may reduce racial and ethnic disparities in health care access.

Access to Recreation and Fitness

Residents identified many issues with access to areas for affordable, safe recreation and fitness. Though focus group noted an abundance of natural recreation available in Vinton County, participants indicated a need for more opportunities for organized recreation it he community, especially for adults. Lack of access to opportunities for physical activity and healthy food was indicated as a factor in the health of the community. Participants reported wanting both physical activity recreation, including a YMCA-type facility and a community center to hold community classes for things like dancing, sewing, and art. There is an overall need for more organized activity in Vinton County that is accessible to all, regardless of age or income. In addition, participants noted the need for other activities for youth and adult alike, such as a bowling alley, movie theater, or skating rink. Participants suggested that increasing the activities in Vinton County would increase community morale and give people opportunities for more positive, healthful leisure time activities.

Chronic Disease

Chronic Disease was noted by focus group participants as a top health concern in Vinton County. Diabetes, cardiovascular disease, and obesity were mentioned related to health behaviors among residents. This is at least partially contributed to the fact that there is a perceived issue with access to healthy foods. Figure H displays information on a variety of chronic disease related morbidity and mortality issues and compares Vinton County and the state of Ohio. Vinton County has a higher rate of diabetes, high cholesterol, and heart disease than the state, as well as a higher stroke and heart disease mortality than the state. Vinton County's rate for diabetes, high cholesterol, and stroke mortality all worsened between 2016 and 2019, while the mortality rate for heart disease decreased.

	2016		2019		Change
	Vinton Co.	Ohio	Vinton Co.	Ohio	
Diabetes Incidence (Adult)	12.1%	10.1%	15.0%	10.4%	↑
High Cholesterol (Adult)	39.0%	38.7%	39.0%	38.7%	↔
Mortality - Stroke	39.6	41.4	49.8	40.49	↑
Heart Disease Incidence	8.3%	5.1%	8.3%	5.1%	↔
Mortality - Heart Disease	235.2	189.6	146.4	110.63	↓

Figure H: Chronic disease morbidity and mortality, Vinton County and Ohio, 2016 and 2019

Background

In 2018, the Vinton County Health Department (VCHD) partnered with Holzer Health System (Holzer) and the counties of Gallia, Meigs, and Jackson (LHDs) to conduct a comprehensive assessment of the community's health. The group utilized a framework known as Mobilizing for Action through Planning and Partnerships (MAPP). MAPP is a nationally recognized, best practice, six-phase framework for community health assessment and improvement planning designed by the National Association of City and County Health Officials (NACCHO). The six phases of MAPP are represented in Figure 1. They are:

1. Organizing, when a group of stakeholders is convened to serve as the steering committee for the MAPP process.
2. Visioning, when a community identifies what a shared community vision is.
3. Assessments, when data about the health of the community is collected and analyzed. A description of the assessments is below.
4. Identify Strategic Issues, when the most pressing health priorities in a community are identified.
5. Formulate Goals and Strategies, when the action plan for addressing those strategic issues is drafted.
6. Action Cycle, when the strategies drafted in phase 5 are planned, implemented, and evaluated in a continuous cycle until the next MAPP begins.

Figure 1: The MAPP Framework. The phases descend the center of the image and the assessments surround the phases.

About the Assessments

MAPP includes four distinct assessments that gather primary and secondary qualitative and quantitative data to create a comprehensive picture of the health status of the community. Below is a summary of the data collection methodology used during the assessment phase:

The Community Health Status Assessment (CHSA) identifies priority community health and quality of life issues. Questions answered include: "How healthy are our residents?"

and "What does the health status of our community look like?" To conduct this assessment, the group determined the data points to be collected. A secondary data repository was created and populated to serve as the CHSA. Sources of information for this assessment included the RWJF County Health Rankings, the US Census Bureau, and the United State Centers for Disease Control and Prevention. Holzer provided data for each of the LHD counties along with comparisons to the state of Ohio and the United States where that data was available and applicable. Holzer also provided data trend information to determine whether a particular data point was worsening or improving.

The Community Themes and Strengths Assessment (CTSA) provides a deep understanding of the issues that residents feel are important by answering the questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?" To conduct this assessment, data collection was divided into two methods, a survey and a series of community focus groups. First, the group created and Holzer distributed a survey via the mail. Surveys were mailed to a list of addresses generated by a computerized random sampling program. An addressed, stamped return envelope was included with the survey. After a low return rate, the surveys were distributed to the random sample via online survey. After considering the return rate for some of the counties, LHDs began distributing the surveys via convenience sample.

Concurrent with the surveying, a series of focus groups were held throughout the region. Each LHD organized four focus groups. Special efforts were made to assure that at-risk or vulnerable populations were targeted for the focus groups and each county offered incentives to increase participation.

The Local Public Health System Assessment (LPHSA) focuses on all of the organizations and entities that contribute to the public's health. The LPHSA answers the questions: "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?" To assess how well the community is ensuring that the Ten Essential Services of Public Health (ESPH) are being met, each LHD used the National Public Health Performance Standards tool. The tool was created by the United States Centers for Disease Control and Prevention (CDC) and is used by communities throughout the state of Ohio and the United States to conduct this assessment. To complete the tool, participants must rank the community's level of activity in each Performance Standard and Measures associated with the ESPH.

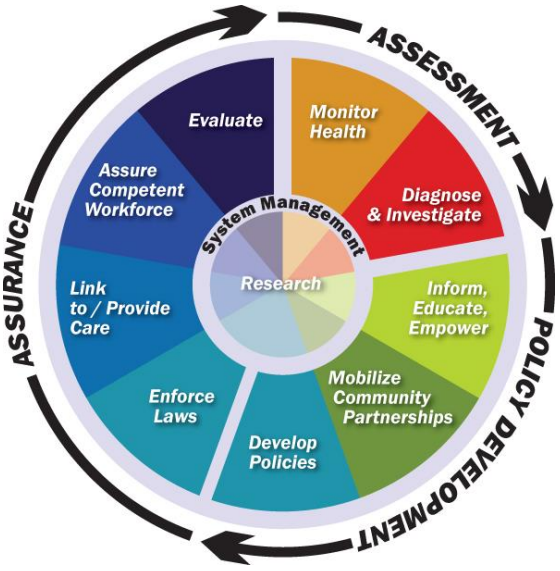

Figure 2: The Ten Essential Services of Public Health

Participants are then asked to identify strengths, weaknesses and opportunities associated with the Standards and Measures. A graphical representation of the ESPH is located in Figure 2.

The Forces of Change Assessment (FOCA) focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?" Each community conducted the Forces of Change independently. Community stakeholders were asked during a facilitated conversation to identify forces of change in the community and any threats and opportunities associated with those.

The assessment results can be found in Part II of this report. The CTSA, LPHSA, and FOCA have a separate report detailing the process and results of those assessments. The information gathered during those three assessments has been integrated where applicable and appropriate in the CHSA report.

Prioritization Process

Overview

A multi-step prioritization process was used. The first step included participants identifying a preliminary list of 10 priorities for the region. LHDs were sent that list of priorities and asked to gather community feedback on the preliminary priorities. The third step involved reviewing the community input and identifying three priorities to be used in community health improvement planning for the region. A more detailed description of the process can be found below, and the timeline of the prioritization can be found in Figure 3.

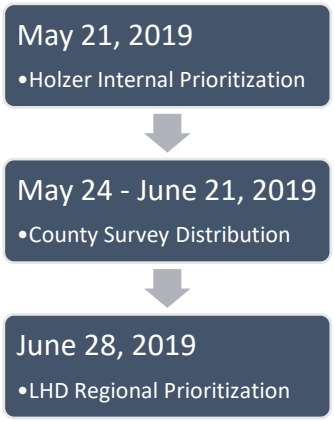

Figure 3: Prioritization Process Timeline

Holzer Prioritization

On May 21, 2019, Holzer convened a group of 25 stakeholders that represented different departments and staff levels from within the health system. A complete participant list can be found in Appendix A of this report. During that meeting, participants were given an opportunity to review, independently and in small groups, the assessment results provided by the LHDs. The meeting also allowed time for participants to ask questions, raise concerns, and get any needed clarification on the data.

Following the assessment review, participants worked in small groups to identify the top ten health priorities for the region. The groups were given the following criteria to use when determining which health issues to identify as priorities:

- Size: How many people are affected?
- SHIP alignment: Does this align with the SHIP priorities of Mental Health and Addiction, Chronic Disease, and Maternal and Infant Health?
- Seriousness: Does is cause a high number of deaths, hospitalizations, and/or disability?
- Trends: Is it getting worse or better?
- Equity: Are there some groups affected more?
- Intervention: Is there a proven strategy?
- Values: Does our community care about it?

The small groups then each reported out their list of ten health priorities. This resulted in a list of approximately 25 health priorities. Following a facilitated discussion, the list was condensed down to ten priorities. The group then ranked the priorities on a scale of one to ten, with one being the most important and ten being the least important:

1. Access to care
2. Health Promotion (including prevention and health education)
3. Mental health (including depression and suicide)
4. Substance abuse
5. Economy (including poverty, unemployment, under-employment)
6. Education (including literacy and culture)
7. Access to food (including affordability and healthy options)
8. Transportation
9. Maternal and children healthcare
10. Access to opportunities for recreation and fitness

Following the prioritization portion of the meeting, participants identified assets and resources that exist within the community to address the health priorities. These assets and resources will be leveraged to plan initiatives during subsequent phases of MAPP. A complete list of assets and resources identified in the meeting can be found in Appendix B of this report.

Community Ranking Survey

An online survey containing an unranked list of the priorities was distributed via email to representatives from the LHDs on May 24, 2019. The survey was open for four weeks. The purpose of the survey was for the LHDs to gather community input on the priorities. LHDs distributed the survey to their community partners. Each community partner was to rank the priorities based on the needs of their own community. The aggregate results of the survey were then used to guide the discussion during the LHD prioritization meeting (see below).

LHD Prioritization

During a meeting held on June 28, 2019, representatives from each of the LHDs convened with the intention of identifying three to five regional health priorities to base subsequent community health improvement planning efforts on. A complete participant list can be found in Appendix C of this report. Participants were given the opportunity to review the assessment results and the community ranking survey results. Following the review, participants were given time to ask questions, raise concerns, and get any needed clarification on the data.

After the assessment review, participants were asked to present their top five health priorities for their community. They were presented with the same criteria as the Hospital Prioritization meeting. Through a facilitated discussion, the group achieved consensus on the top four health priorities for the region:

- Substance Abuse and Mental Health
- Health Promotion / Chronic Disease
- Access to Opportunities for Recreation and Fitness
- Access to Care

How to Read This Report

The Vinton County Health Department utilized the Center for Public Health Practice at the Ohio State University's College of Public Health to integrate the data from all assessments. Where applicable and appropriate, related data from the other MAPP assessments has been incorporated in the information presented here. Data points associated with the topics presented are indicated with the following colors:

- Data from the Community Themes and Strengths Assessment (focus groups or survey) is presented with a **BLUE** label (**"CTSA:**…").
- Data from the Local Public Health System Assessment is presented with a **GREEN** label (**"LPHSA:**…**"**).
- Data from the Forces of Change Assessment is presented with a **PURPLE** label ("**FOCA:**…").

Below is a summary of the assessments:

Assessment	Question	Method(s)	Result(s)
Community Health Status Assessment (CHSA)	"What does the health status of our community look like?"	• Secondary Data Collection	CHSA report follows
Community Themes and Strengths Assessment (CTSA)	"What is important to our community?"	• Focus Groups • Survey	• A high incidence of substance abuse. • A need for increased access to several resources, including healthy food, transportation, and health Care. • A lack of opportunities for organized recreational activities.
Local Public Health System Assessment (LPHSA)	"How are the Essential Services being provided to our community?"	• Survey • Facilitated community discussion	• More action needs to come out of the community collaboration that exists. • The local public health system needs to improve the evaluation of population based and public health services.
Forces of Change Assessment (FOCA)	"What is occurring or might occur that affects the health of our community or the local public health system?"	• Facilitated community discussion	• Children are being disproportionately impacted by current community health issues, • Unfunded mandates are taxing key community and social service agencies, and • Many Vinton County resources are underfunded and under-resourced, especially those that impact and/or benefit vulnerable populations.

A complete list Vinton County Community Stakeholders that participated in each assessment can be found in Appendix D.

Community Profile

The following pages include information on the population and households in Vinton County.

		Vinton County	Ohio
Total Population[i]			
2018 Population Estimate		13,139	11,689,442
Percent change from 2010		-2.2%	+1.3%
Demographics[ii]			
Sex	Male	50.3%	49.0%
	Female	49.7%	51%
Age	Under 5 years	5.4%	6.0%
	5 – 9 years	6.0%	6.2%
	10 – 14 years	6.9%	6.4%
	15 – 19 years	6.56%	6.7%
	20 – 24 years	5.7%	6.7%
	25 – 34 years	10.5%	12.8%
	35 – 44 years	13.2%	12.0%
	45 – 54 years	14.4%	13.6%
	55 – 59 years	8.9%	7.2%
	60 – 64 years	6.4%	6.5%
	65 – 74 years	9.6%	9.0%
	75 – 84 years	5.2%	4.7%
	85 years and over	1.0%	2.2%
	Median age (years)	41.9	39.3
Race	One Race	98.0%	97.3%
	Two or More Races	2.0%	2.7%
	White	99.3	81.9
	African American	1.3%	12.3%
	American Indian and Alaskan Native	1.0%	0.2%
	Asian	0.4%	2.0%
	Native Hawaiian and Other Pacific Islander	0.0%	0.0%
	Some other race	0.0%	0.9%
Ethnicity	Hispanic or Latino	0.5%	3.6%
	Not Hispanic or Latino	99.5%	96.4%

Households and Families[iii]

		Vinton County	Ohio
Total Households		5,053	5,174,838
Household Type	Family Households	67.9%	63.8%
	Nonfamily Households	32.1%	36.2%
Household Size	Average Household Size (people)	2.58	2.4
	Average Family Size (people)	3.12	3.04
Without a Vehicle		9.0%	8.3%
Built prior to 1980		46.9%	67.5%
Grandparents responsible for grandchildren		17.9%	12.5%

Community Health Data

The following pages include data that include several factors that impact a community's health. The graphic in figure 1 illustrates how these factors impact the length and quality of people's lives. This model was designed by County Health Rankings and Roadmaps (CHR), a partnership between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute and is used to rank every county in the United States. The rankings help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors) [iv].

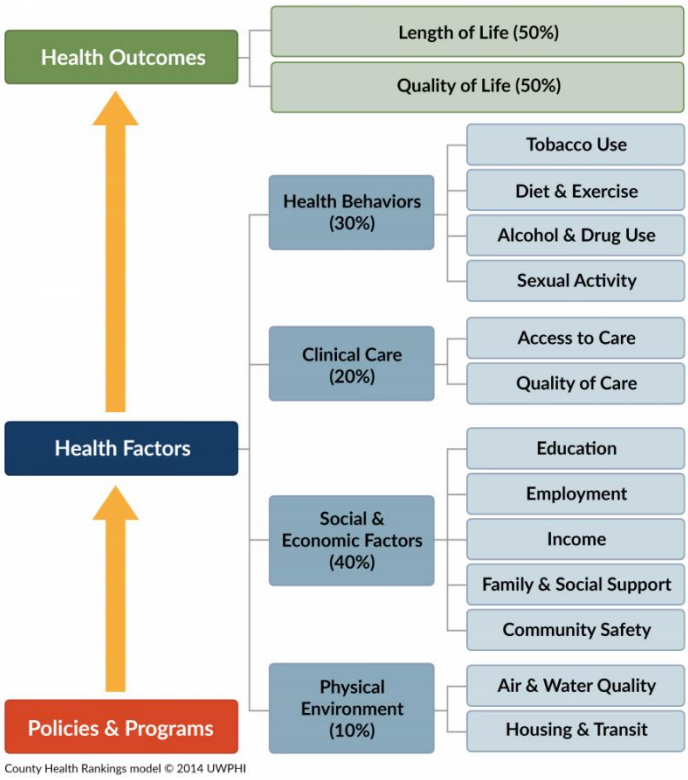

Figure 4: County Health Rankings Model (Source: County Health Rankings and Roadmaps)

Social & Economic Factors

Social and economic factors have a large impact on the health of a population. Factors based on where you live and not your health behaviors are known as the Social Determinants of Health (SDH). SDH include conditions such as socioeconomic status, education, neighborhood, and access to healthcare. Addressing these at the community level will impact health outcomes such as morbidity and mortality, healthcare expenditures, and health status.

Economic Factors[v]

		Vinton County	Ohio
Employment			
Employment Status	In labor force	55.6%	63.2%
	Not in labor force	44.4%	36.8%
Unemployment Rate		10.6%	6.5%
Income			
Household Income	Less than $10,000	10.2%	7.5%
	$10,000 to $14,999	6.8%	5.1%
	$15,000 to $24,999	15.4%	10.7%
	$24,999 to $34,999	10.8%	10.4%
	$40,000 to $49,999	14.9%	14.0%
	$50,000 to $74,999	20.0%	18.5%
	$75,000 to $99,999	10.1%	12.3%
	$100,000 to $149,999	9.8%	12.9%
	$150,000 to $199,999	1.4%	4.5%
	$200,000 or more	0.7%	4.0%
	Median household income	$41,541	$52,407

CTSA: 51.55% of survey respondents reported that economic challenges one of the top three health problems in the community.

FOCA: Economic issues were one of the major themes that arose during the Forces of Change Assessment meeting. Participants listed unemployment and a decrease in state and federal funding as major contributors to this.

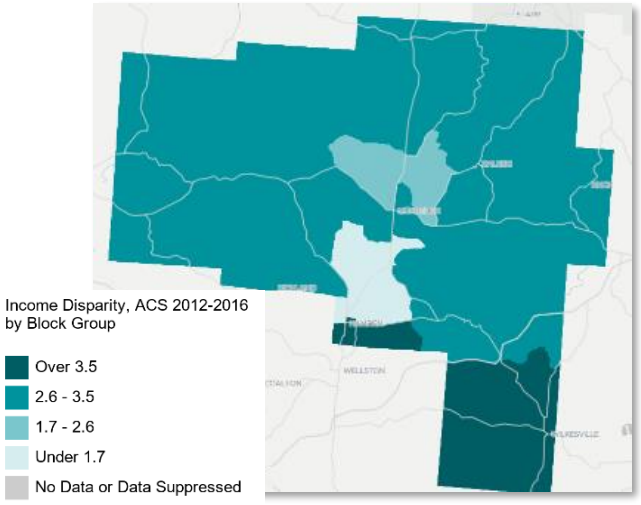

Figure 5: Estimated income disparity, 2012-2016 (Source: Community Commons)

Income Disparity

Income Disparity is a measure of income inequality that compares the concentrations of low-income households (household incomes less than $10,000 annually) to households with at least moderate financial means (household incomes greater than or equal to $50,000 annually)[vi]. Figure 2 shows the geographic distribution of income disparity among Vinton County residents. The higher the number, the greater the disparity, so darker colors mean a higher income disparity.

Poverty[vii]

Poverty has a wide variety of impacts on the public's health. Poverty increases the risk for mental illness, chronic disease, higher mortality and lower life expectancy[viii]. Figure 3 includes data on the percent of residents with income below the poverty level within the past twelve months.

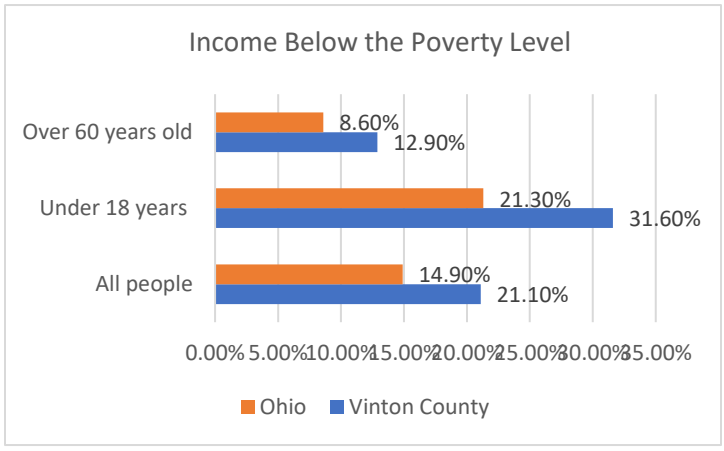

Figure 6: Estimates of the percent of residents with an income below the poverty level, 2012-2016

Families and Children in Poverty

Children in poverty face issues related to cognitive development, educational attainment and health outcomes. These issues can follow the child through adulthood[ix]. Figures 4 and 5 show the geographic distribution of poverty in Vinton County. The darker the color means a higher percentage of residents in poverty.

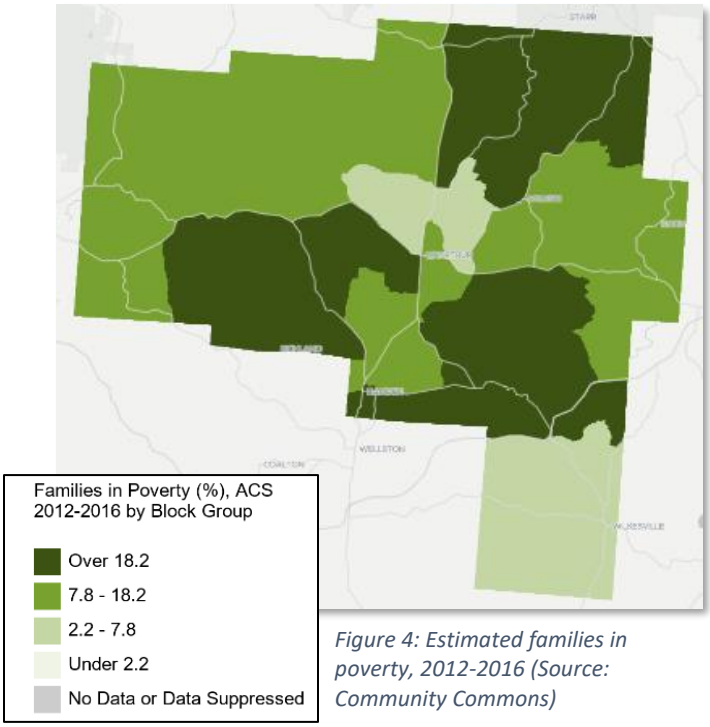

Figure 4: Estimated families in poverty, 2012-2016 (Source: Community Commons)

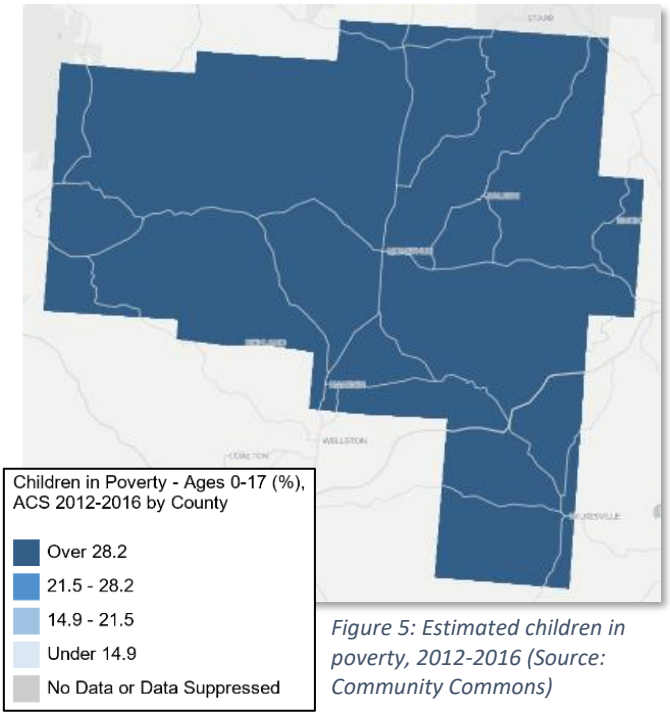

Figure 5: Estimated children in poverty, 2012-2016 (Source: Community Commons)

Children Eligible for Free and Reduced Lunch

The Federal Free and Reduced Lunch Program is a program that provides free school meals for children with household incomes at or below 130% of the federal poverty level and reduced-price school meals for children with household incomes between 130 and 185 percent of the federal poverty level[x]. The percent of Vinton County students eligible for the program increased from 77.9%

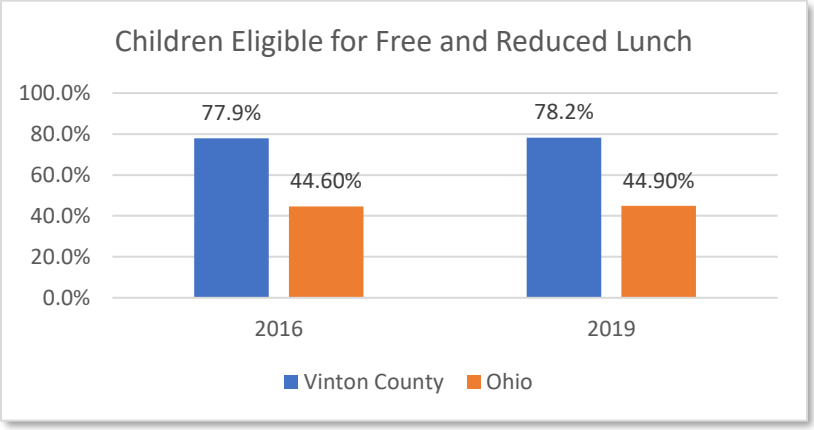

Figure 6: Estimated eligibility for free or reduced lunch, 2012-2016

in 2016 to 78.2% in 2019, this represented about the same increase as the state of Ohio, which had an increase from 44.6% to 44.9%, respectively[xi].

Food Insecurity

Food insecurity is a metric developed by the USDA and is measure of the lack of access to enough food for an active healthy life[xii]. According the Feeding America, in 2017 there were 2,090 food insecure people in Vinton County[xiii]. Between 2016 and 2019, the percent of food insecure households in Vinton County decreased from 17.6% to 16.7%, a much larger decrease than the state of Ohio's, whose rates were 16.9% and 16.7%, respectively.

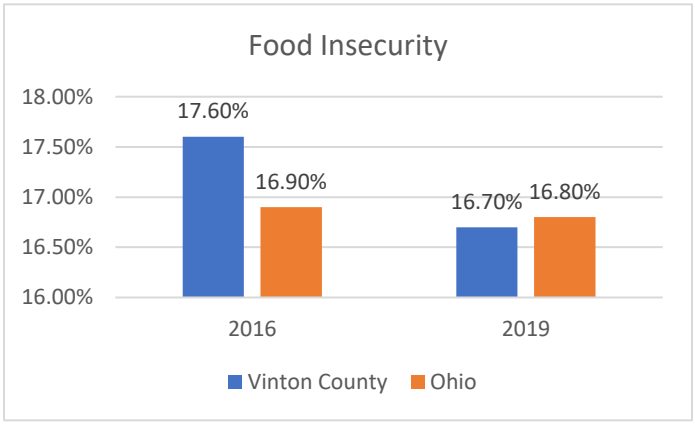

Figure 7: Food insecure households in Vinton County and Ohio (Source: Feeding America)

Educational Attainment

Educational attainment is correlated with health outcomes. People with higher educational attainment live longer, healthier lives. People without a high school diploma have higher incidence of substance use, are at a higher risk of mental health problems and are less likely to have health insurance as an adult[xiv]. The map on this page (figure 8) shows the geographic distribution of high school graduation rates in Vinton County. The chart below (figure 9) includes data on educational attainment for residents age 25 years and over in Vinton County and Ohio[xv].

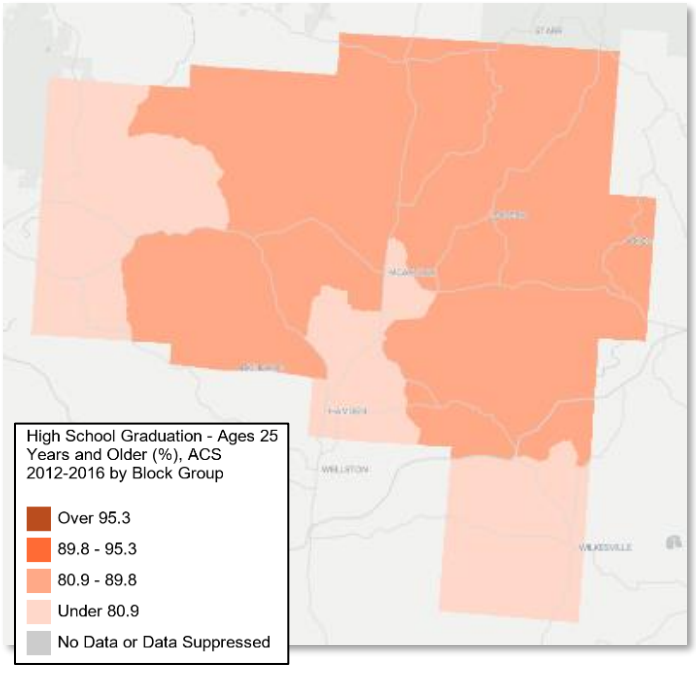

Figure 8: Estimated high school graduation rates, 2012-2016 (Source: Community Commons)

	Vinton County	Ohio
Less than 9th Grade	5.8%	2.9%
9th to 12th grade, no diploma	14.3%	7.3%
High school graduate, includes equivalency	46.4%	33.6%
Some College, no degree	14.8%	20.5%
Associate's Degree	8.4%	8.5%
Bachelor's Degree	7.2%	17.0%
Graduate or professional Degree	3.1%	10.2%

Figure 9: Estimated educational attainment by residents age 25 years and over, 2012-2016 (Source: US Census Bureau American Community Survey)

FOCA: Participants indicated that there is an overall lack of educational opportunities in the community, which leads to a lack of a competitive workforce.

Health Insurance

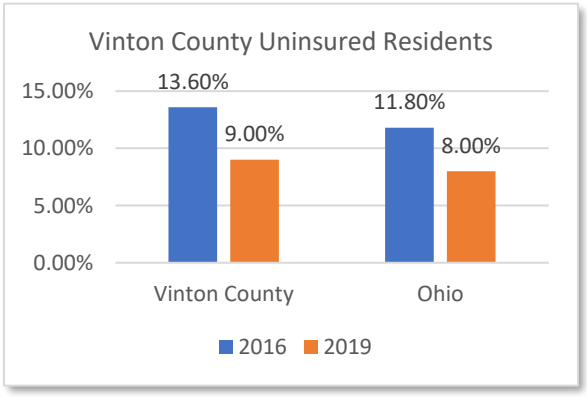

Figure 10: Estimated percent of residents under age 65 years with no health insurance, 2012-2016

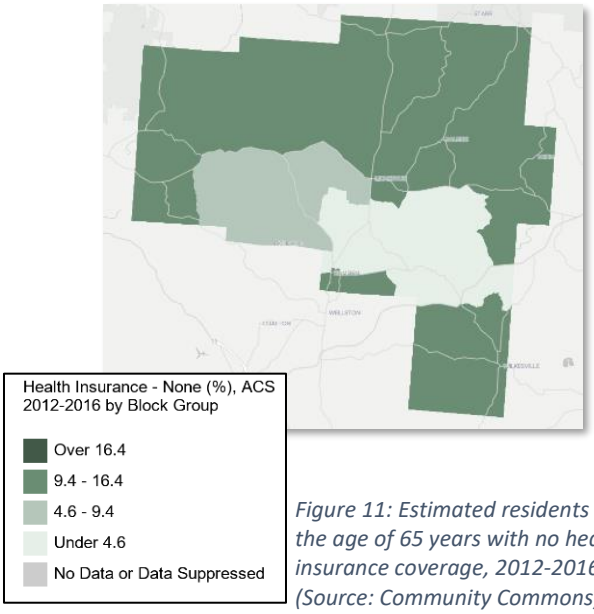

Figure 11: Estimated residents over the age of 65 years with no health insurance coverage, 2012-2016 (Source: Community Commons)

Uninsured adults are less likely to receive preventive health services and adults with health insurance are more likely to access needed health services. In addition, health insurance may reduce racial and ethnic disparities in health care access[xvi]. In Vinton County, the percentage of adults under the age of 65 with no health insurance decreased from 13.6% in 2016 to 9.0 % in 2019. Overall, Vinton County has a higher percentage of residents with no health insurance than the state of Ohio. Figure 10 shows the percentage of residents under the age of 65 years in Vinton County and Ohio that had no health insurance in 2016 and 2019. Figure 11 shows the geographic

distribution of uninsured residents in Vinton County. Dark colors represent a higher rate of uninsured adults.

CTSA: 23.08% of survey respondents residing in zip code 45634 reported being uninsured. Over half of those respondents indicating no insurance coverage in Vinton County are 45-64 years old.

Area Deprivation Index

Area Deprivation Index (ADI) is an area-based single number score (scaled as a percentage) that is statistically validated and combines 17 indicators of socioeconomic status (SES) to measure an area's deprivation. The ADI identifies vulnerable populations with a higher risk of poor health outcomes, such as cardiovascular disease, cancer, increased hospitalizations, and higher mortality rates. A higher ADI score or percentage indicates higher deprivation[xvii]. Figure 12 shows the geographic distribution of the ADI in Vinton County.

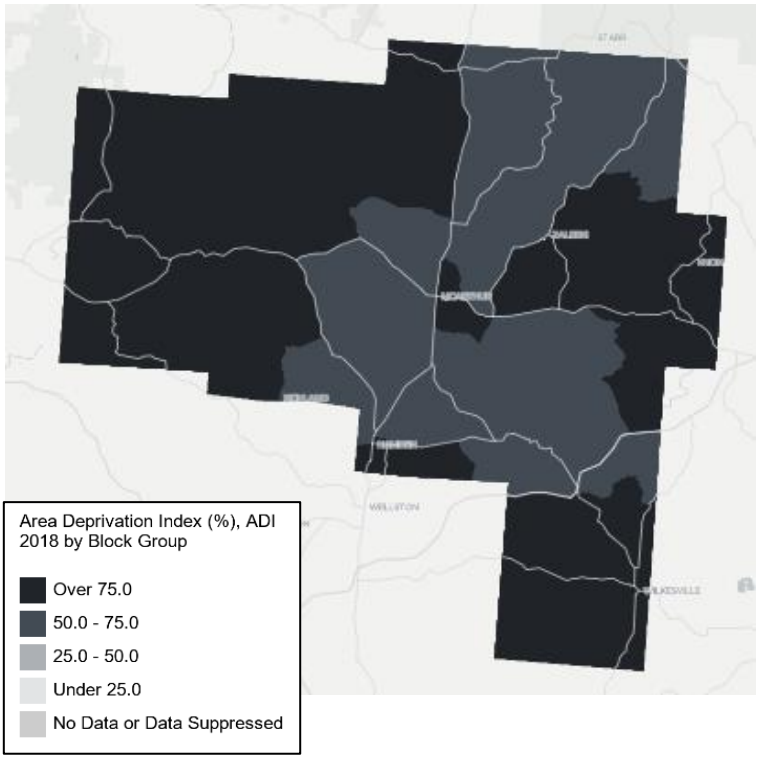

Figure 12: Estimated are deprivation index, 2012-2016 (Source: Community Commons)

CTSA: Lack of access to transportation was reported as a major community health issue for focus group participants. This was especially evident among the Help Me Grow group that participated in focus groups.

Physical Environment

The physical environment that someone lives in can greatly impact their health outcomes. Air quality, access to recreation facilities, and safety are all indicators of the quality of a community's physical environment. Vinton County's CHR ranking for physical environment was 78th out of Ohio's 88 counties in 2019, down from 47th in 2016. Indicators in **RED** have a rate worse than the state of Ohio.

CTSA: Though focus group noted an abundance of natural recreation available in Vinton County, participants indicated a need for more opportunities for organized recreation it he community, especially for adults. Lack of access to opportunities for physical activity and healthy food was indicated as a factor in the health of the community.

46.15% of survey respondents residing in zip code 45634 reported that areas for physical activity are either not accessible or somewhat accessible. 53.85% of those in 45634 reported that there are not enough safe places for children to play.

2019 Physical Environment Indicators[xviii]

Indicator	Vinton County	Ohio	*Description*
Air pollution - particulate matter	0.00%	0.09%	*% days exceeding standards*
Air pollution - Ozone	0.76%	1.61%	*% days exceeding standards*
Air Pollution	10.80	11%	*Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)*
Liquor store access	0.0	7.1	*Liquor stores, rate (per 100,000 pop.)*
Recreation and Fitness Facility Access	**0.0**	9.5	*Recreation and Fitness Facilities, rate (per 100,000 population)*
Severe Housing Problems	13.0%	15.0%	*% of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities.*
Driving Alone to Work	**89%**	83%	*% of the workforce that usually drives alone to work. The numerator is the number of workers who commute alone. The denominator is the total workforce.*
Long Commute - Driving Along	**50%**	30%	*Among workers who commute in their car alone, the percentage that commute more than 30 minutes.*

Indicator	Vinton County	Ohio	*Description*
Social Associations	**5.4**	11.3	*Number of membership associations per 10,000 population.*
Violent Crime	95.0	290.0	*Number of reported violent crime offenses per 100,000 population.*
Injury Deaths	**94.0**	75.0	*Number of deaths due to injury per 100,000 population.*

Clinical Care[xix]

Clinical care indicators represent health care access in a community. Provider availability, health care access, and health care utilization all impact the public's health. Vinton County's CHR ranking in clinical care was 65th out of Ohio's 88 counties, an increase of 18 from 2016. Trends are indicated in the Change column, indicators in **RED** have a 2019 rate worse than the state of Ohio.

CTSA: 23.6% of all survey respondents in Vinton County reported difficulty accessing needed specialty care due to cost, 30.34% of respondents reported difficulty filling a prescription for the same reason. Overall, 37.65% reported that they could not access health care due to the high cost. 14.5% of respondents reported not having a regular healthcare provider. 67.01% of respondents reported that it would take them 40 minutes or longer to obtain needed emergency care. 53.69% of respondents reported that it is very or somewhat difficult to receive mental health care, 62.09% reported the same about primary care, and 81.26% reported the same about specialty care. 26.32% of respondents reported stigma as a reason for not seeking needed mental health care.

For residents residing in zip code 45634, 100% of respondents reported that it would take them at least 20 minutes to access needed emergency care; 5385% reported that cost is a barrier to receiving medical care, and 54.55% were unable to fill a prescription due to the high cost.

For residents residing in zip code 45651, 94.33% reported that it is very or somewhat difficult to access specialty care, 85.19% are 40 or more minutes from needed emergency care, 32.61% reported cost as a barrier to accessing needed care, and 27.45% were unable to access dental care due to cost.

Focus group participants indicated an issue with the accessibility of healthcare in Vinton County, due to transportation and provider availability.

Survey respondents age 65 years and over reported similar issues with access to care. 80.76% of that group indicated that it is somewhat or very difficult to access specialty care, 16.67% reported that cost is a barrier in access care, and 15.79% reported that they could not fill a prescription due to cost.

FOCA: Access to Care was noted as a major theme in the Forces of Change Assessment meeting.

Indicator	2016		2019		Change	*Description*
	Vinton Co.	**Ohio**	**Vinton Co.**	**Ohio**		
Primary Care Physicians	7.5	77.1	**15.11**	93.1	↑	*Primary care physicians, rate (per 100,000 pop.)*
Lack of consistent source of primary care	31.8%	18.7%	**31.8%**	18.7%	↔	*% adults without any regular doctor*
Mental Health Providers	15.1	154.8	**15.1**	154.8	↔	*Mental health care provider, rate (per 100,000 pop.)*
Mammography	43.0%	58.3%	**54.3%**	61.2%	↑	*% of female Medicare enrollees ages 67-69 that receive mammography screening*
Sigmoidoscopy or Colonoscopy	53.4%	60.0%	**53.4%**	60.0%	↔	*% of adults screened for colon cancer*
HIV screenings	84.5%	68.3%	**84.5%**	68.3%	↔	*% of adults never screened for HIV / AIDS*
Dental Care Utilization	38.2%	27.600%	**38.2%**	27.600%	↔	*% adults without recent dental exam*
Preventable Hospital Events	96.9	71.7	**72**	59.8	↑	*Preventable hospital events, discharge rate (per 1,000 Medicare enrollees)*

Health Behaviors[xx]

Health behaviors are the things people choose to do that impact health outcomes. Though they have a relatively small impact on a community's overall health outcomes, they are an important factor in a community's health. In 2019, Vinton County's CHR ranking for health behaviors was 85th out of Ohio's 88 counties, the same as it was in 2016. Indicators in **RED** have a rate worse than the state of Ohio.

CTSA: 9.38% of survey respondents reported that areas for physical activity are not accessible in Vinton County. 55.21% of respondents reported that there are not enough safe places for children to play in the community.

76.92% of respondents living in zip code 45634 reported that poor health behaviors are one of the top three health priorities in the community.

LPHSA: Essential Service Three, Educate and Empower had the weakest level of activity of the ten essential services.

FOCA: Lack of recreational facilities was noted as a force of change.

2019 Health Behavior Indicators

Indicator	Vinton County	Ohio	*Description*
Physical inactivity	**29.1%**	25.5%	*% of adults aged 20 and over reporting no leisure-time physical activity*
Tobacco Use	20.9%	21.7%	*% of population smoking cigarettes*
Tobacco Usage - Quit Attempt	79%	55%	*% Smokers with quit attempt in past 12 months*
Overweight	**37%**	36%	*% Adults overweight*
STI - Chlamydia	165.71	474.10	*Chlamydia Infection Rate (per 100,000 pop.)*
STI - Gonorrhea	22.60	140.30	*Gonorrhea Infection Rate (per 100,000 pop.)*

Health Outcomes

Health outcomes reflect the overall physical and mental health of a community in its current state. They correlate with both length and quality of life. Trends are indicated in the Change column, indicators in **RED** have a 2019 rate worse than the state of Ohio.

CTSA: 71.13% of survey respondents reported that drug and/or alcohol abuse is one of the top three health problems in the community.

Focus group participants noted that substance use is a major health concern in the community.

FOCA: The drug epidemic was noted as a major force of change, impacting many different population groups and community health issues.

Health Outcome Indicator	2016		2019		Change	*Description*
	Vinton Co.	Ohio	Vinton Co.	Ohio		
Diabetes (Adult)	12.1%	10.1%	**15.0%**	10.4%	↑	*Population with diagnosed diabetes*
High Cholesterol (Adult)	39.0%	38.7%	**39.0%**	38.7%	↔	*% of adults with high cholesterol*
Heart Disease	8.3%	5.1%	**8.3%**	5.1%	↔	*% of adults with heart disease*
Adult Obesity	31.0%	30.0%	**33.0%**	30.9%	↑	*% of adults that report a BMI > or = 30*
Asthma Prevalence	18.3%	13.8%	**18.3%**	13.8%	↔	*% of adults with asthma*
Poor Dental Health	35.6%	18.7%	**35.6%**	18.7%	↔	*% of adults with poor dental health*

Health Outcome Indicator, cont.	2016		2019		Change	*Description*
	Vinton Co.	Ohio	Vinton Co.	Ohio		
Poor or fair health	19.0%	15.3%	**19.0%**	15.3%	↔	*% of adults reporting fair or poor health*
Cancer Incidence - Breast	100.7	120.5	103.4	122.9	↑	*Cancer incidence rate (per 100,000 pop.)*
Cancer Incidence - Colon and Rectum	48.6	43.0	34.4	41.2	↓	*Cancer incidence rate (per 100,000 pop.)*
Cancer Incidence - Lung	114.2	71.6	**111.1**	69.5	↓	*Cancer incidence rate (per 100,000 pop.)*
Cancer Incidence - Prostate	90.0	127.1	61.3	111.8	↓	*Cancer incidence rate (per 100,000 pop.)*
Low birth weight	9.6%	8.6%	9.6%	8.6%	↔	*% of live births with low birth weight (<2500 grams)*
Premature death	10,233	7,562	**11,671**	7,908	↑	*Years of potential life lost before age 75 per 100,000 population*
Mortality - Cancer	184.2	184.6	**200**	177.29	↑	*Age-adjusted death rate (per 100,000 pop.)*
Mortality - Heart Disease	235.2	189.6	**146.4**	110.63	↓	*Age-adjusted death rate (per 100,000 pop.)*
Mortality - Ischemic Heart Disease	154.6	119.8	154.6	119.8	↔	*Age-adjusted death rate (per 100,000 pop.)*
Mortality - Lung Disease	93.7	50.7	**72.4**	49.04	↓	*Age-adjusted death rate (per 100,000 pop.)*

Health Outcome Indicator, cont.	2016		2019		Change	*Description*
	Vinton Co.	Ohio	Vinton Co.	Ohio		
Mortality - Stroke	39.6	41.4	**49.8**	40.49	↑	*Age-adjusted death rate (per 100,000 pop.)*
Infant Mortality	8.2	7.7	**8.2**	7.7	↔	*Age-adjusted death rate (per 100,000 pop.)*
Poor physical health	4.5	4	**4.2**	4	↓	*Average # of physically unhealthy days reported in past 30 days*
Poor mental health days	4.5	4.3	4.3	4.3	↔	*Average # of mentally unhealthy days reported in past 30 days*

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Appendix A: Participants, Holzer Prioritization Meeting

Holzer Health System CHNA Prioritization Session

May 21, 2019

8am-12:30pm

Attendees:

Name	Title
MarJean Kennedy	Director – Business Development and Marketing
William Pfeifer	Manager – Infection Prevention and Control
Terri Kowalski	Director- Ambulatory
Cassie Edwards	Physician Liaison/Marketing representative – Marketing
Brenda Seagraves	Director- Population Health Service
Michael Hemphill	Manager & Wellness Coach – Holzer Therapy & Wellness Center
Matt Mossburg	Director – Population Health Services
Amanda Wray	Vice President – Post-Acute Care Services
Lisa Detty	Vice President – Chief Nursing Officer
Ashton Cale	Project Coordinator – Marketing/Business Development
Neil Creasey	Manager – Holzer Family Pharmacy
Rachel Harvey	Physician Liaison/Marketing Representative – Marketing
Audrey Burris	Manager- Regulatory Accreditation – Infection Prevention
Laurie Collins	Director – Quality Management
Sarah Harrigan	Director, Holzer Center for Cancer Care
Debra Mullins	Nurse Practitioner – Behavioral Health
Melissa Burris	Clinical Coordinator – Oncology
Sarah Waddell	Manager – Pediatrics
Trina Bressler	Director of Operations – Holzer Athens
Karen Deel	Site Manager – Holzer at Point Pleasant and Holzer Meigs
Amity Wamsley	Oncology Nurse Navigator – Holzer Center for Cancer Care
Lori Cremeans	Director – Operations
Gwen Craft	Manager – Community Outreach
Jan Frazee	Director – Operations – Jackson Admin PBB
Johanna Brown	Manager – Clinical – Sycamore Admin PBB

Appendix B: Vinton County Assets and Resources, Holzer Prioritization Meeting

Access to Opportunities for Recreation and Fitness:

- Raccoon Creek Outfitters
- Walking Club
- Library
- McArthur Wyman Park
- State Parks with trails
- Refit
- Gym

Transportation:

- Community Action
- Senior Citizens Agency
- Paved Roads
- Gas Vouchers
- Medical Transportation

Education:

- Buckeye Hills/Adult Ed/Vocation
- University of Rio Grande
- Library
- Reading Program

Economy

- Chamber of Commerce
- Rural Development Grant
- Appalachian Regional Commission
- Tourism/Visitors Center

Access to Food

- Local Food Banks
- Famers Markets
- School Backpack Programs
- AAA7 Meals on Wheels
- PB + J Drive
- Blessings Boxes
- Senior Center
- Community Gardens

Maternal and Child Care

- WIC
- Help Me Grow
- VFC Vaccinations
- Passed Social Services Levy
- Vinton County Health Department
- PALS Group and parenting classes
- Parenting Education Group
- Kinship Circle Group
- Child Abuse and Neglect workgroup

Access to Care

- AAA7
- Vinton County Health Department
- Breast Cancer Mobile Unit

Substance Abuse

- Hopewell Clinic
- Integrated Services
- Decrease Opioid Prescription Initiative – Statewide
- Hopewell Behavioral Health and Recovery
- ADAMHS boards
- Field of Hope
- Health Recovery Services

Health Promotion

- Health Fairs
- Vinton County Health Department
- Elder Services – AAA7
- Cancer Support Group
- Nutrition Education
- Cancer Research Group

Mental Health

- Hopewell Crisis Units
- Integrated Services
- HRS
- ADAMHS Board
- Suicide Hotline
- Private Psychiatrists
- School Counselors

Appendix C: Participants, Regional Prioritization Meeting

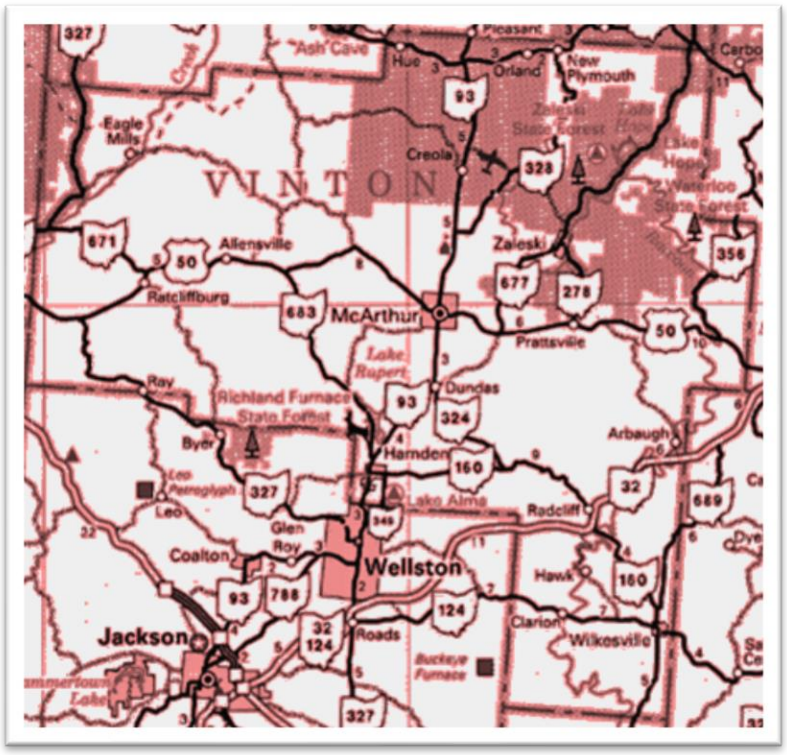
Holzer Health System
Community Health Prioritization Meeting
June 28, 2019 * 9:00 – 11:00 AM
Holzer Medical Center – Jackson
Davis Room
500 Burlington Road, Jackson, OH 45640

Name	Agency
Brittany Muncy	Gallia County Health Department
Tyler Schweichert	Gallia County Health Department
McKenzie Conley	Gallia County Health Department
Janelle McManis	Vinton County Health Department
Cassie Carver	Vinton County Health Department
Ian Blache	Rio Grande University (Meigs County Health Department)
Kevin Aston	Jackson County Health Department
Mikie Strite	Jackson County Health Department
MarJean Kennedy	Holzer Health System
Ashton Cale	Holzer Health System
Gwen Craft	Holzer Health System
Kelly Bragg	OSU - Center for Public Health Practice (facilitator)
Austin Oslock	OSU – CPHP Student Worker

Appendix D: Vinton County Assessment Participants

Name	Title/Agency
Earl Cecil	Executive Director, 317 Board
Janelle McManis	Environmental Health Director, Vinton County Health Department
Misty Napier	Director, University of Rio Grande
Johnna Owings	Vinton County Board of Developmental Disabilities
Carla Shaeffer	Case Manager, Hopewell Health
Jean Goodman	Office Manager, Hopewell Health
Connie Zickafoose	Counselor, Health Recovery Services
Wanda Edwards	Site Manager, Hopewell Health
MaryAnn Knapke	Administrative Assistant, Vinton County Health Department
Barbi Hammond	Supervisor, Help Me Grow
Carrie McManis	Vinton County Home visiting
Kim Wortman	Home Health Liaison, Vinton County Health Department
Sue Crapes	Vinton County Health Commissioner
Teresa Snider	Director of Curriculum, Instruction and Assessment, Vinton County Local Schools
Miranda Smith	Principal, Vinton County South Elementary School
Jeremy Ward	Principal, Vinton County Middle School
Margaret Demko	Vinton County Family and Children First Council
Glenn Thompson	Administrator, Vinton County Health Department
Joseph L Hewitt	Chief, Hamden Police Department
Teresa Coffee	Administrator, Maple Hills

Individual Assessments Reports



2019 Vinton County MAPP

(Mobilizing for Action through Planning and Partnership)

Community Health Status Assessment Report

July 2019

Vinton County Health Department

Holzer

College of Public Health
Center for Public Health Practice
The Ohio State University

Summary

In 2018, the Vinton County Health Department (VCHD), in partnership with Holzer Health Systems (Holzer), embarked on a comprehensive regional community health assessment with the surrounding counties of Gallia, Meigs, and Jackson. The region utilized a framework known as MAPP (Mobilizing for action through planning and partnerships). MAPP is a nationally recognized best practice for community health assessment and community health improvement planning designed by the National Association of City and County Health Officials (NACCHO). MAPP features four distinct assessments that result in a comprehensive view of the health of a community. This report focuses on the results of one of these assessments, the Community Health Status Assessment (CHSA).

The CHSA utilizes secondary data collection and identifies priority community health and quality of life issues. Questions answered include: "How healthy are our residents?" and "What does the health status of our community look like?" To conduct the CHSA, Holzer collected data from a variety of nationally validated secondary data sources including the County Health Rankings (University of Wisconsin Population Health Institute), National Center for Education Statistics, American Community Survey (US Census Bureau), Feeding America, Behavioral Risk Factor Surveillance System (United State Centers for Disease Control and Prevention), and others.

A large amount of data was collected throughout the course of this assessment. This report focuses on certain data points. A spreadsheet with all of the data collected can be found in Appendix A of this report. A table of contents to locate the specific topics found in this report is on this next page.

Topics in this Report:

Community Profile

The following pages include information on the population and households in Vinton County.

		Vinton County	Ohio
Total Population[xxi]			
2018 Population Estimate		13,139	11,689,442
Percent change from 2010		-2.2%	+1.3%
Demographics[xxii]			
Sex	Male	50.3%	49.0%
	Female	49.7%	51%
Age	Under 5 years	5.4%	6.0%
	5 – 9 years	6.0%	6.2%
	10 – 14 years	6.9%	6.4%
	15 – 19 years	6.56%	6.7%
	20 – 24 years	5.7%	6.7%
	25 – 34 years	10.5%	12.8%
	35 – 44 years	13.2%	12.0%
	45 – 54 years	14.4%	13.6%
	55 – 59 years	8.9%	7.2%
	60 – 64 years	6.4%	6.5%
	65 – 74 years	9.6%	9.0%
	75 – 84 years	5.2%	4.7%
	85 years and over	1.0%	2.2%
	Median age (years)	41.9	39.3
Race	One Race	98.0%	97.3%
	Two or More Races	2.0%	2.7%
	White	99.3	81.9
	African American	1.3%	12.3%
	American Indian and Alaskan Native	1.0%	0.2%
	Asian	0.4%	2.0%
	Native Hawaiian and Other Pacific Islander	0.0%	0.0%
	Some other race	0.0%	0.9%
Ethnicity	Hispanic or Latino	0.5%	3.6%
	Not Hispanic or Latino	99.5%	96.4%

Households and Families[xxiii]

		Vinton County	Ohio
Total Households		5,053	5,174,838
Household Type	Family Households	67.9%	63.8%
	Nonfamily Households	32.1%	36.2%
Household Size	Average Household Size (people)	2.58	2.4
	Average Family Size (people)	3.12	3.04
Without a Vehicle		9.0%	8.3%
Built prior to 1980		46.9%	67.5%
Grandparents responsible for grandchildren		17.9%	12.5%

Community Health Data

The following pages include data that include several factors that impact a community's health. The graphic in figure 1 illustrates how these factors impact the length and quality of people's lives. This model was designed by County Health Rankings and Roadmaps (CHR), a partnership between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute and is used to rank every county in the United States. The rankings help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors) [xxiv].

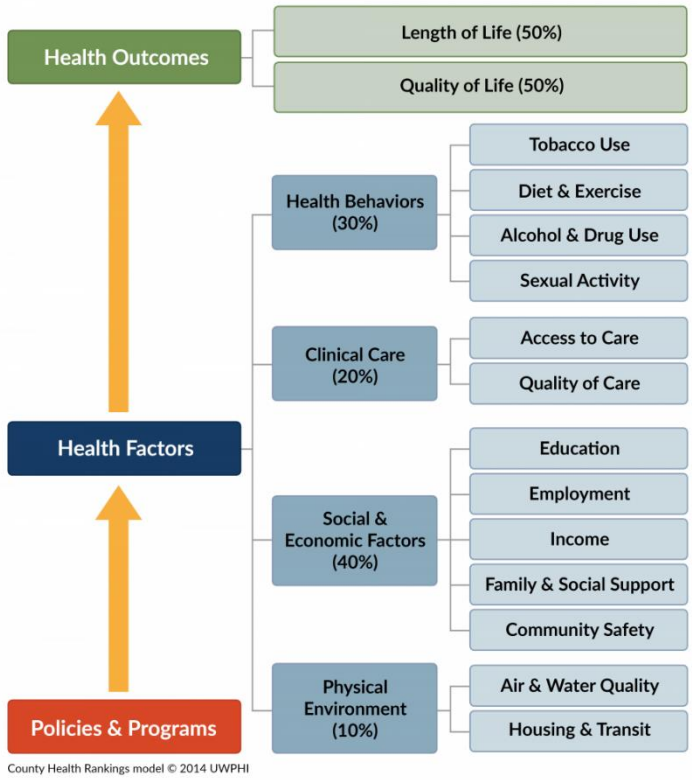


Figure 7: County Health Rankings Model (Source: County Health Rankings and Roadmaps)

Social & Economic Factors

Social and economic factors have a large impact on the health of a population. Factors based on where you live and not your health behaviors are known as the Social Determinants of Health (SDH). SDH include conditions such as socioeconomic status, education, neighborhood, and access to healthcare. Addressing these at the community level will impact health outcomes such as morbidity and mortality, healthcare expenditures, and health status.

Economic Factors[xxv]

		Vinton County	Ohio
Employment			
Employment Status	In labor force	55.6%	63.2%
	Not in labor force	44.4%	36.8%
Unemployment Rate		10.6%	6.5%
Income			
Household Income	Less than $10,000	10.2%	7.5%
	$10,000 to $14,999	6.8%	5.1%
	$15,000 to $24,999	15.4%	10.7%
	$24,999 to $34,999	10.8%	10.4%
	$40,000 to $49,999	14.9%	14.0%
	$50,000 to $74,999	20.0%	18.5%
	$75,000 to $99,999	10.1%	12.3%
	$100,000 to $149,999	9.8%	12.9%
	$150,000 to $199,999	1.4%	4.5%
	$200,000 or more	0.7%	4.0%
	Median household income	$41,541	$52,407

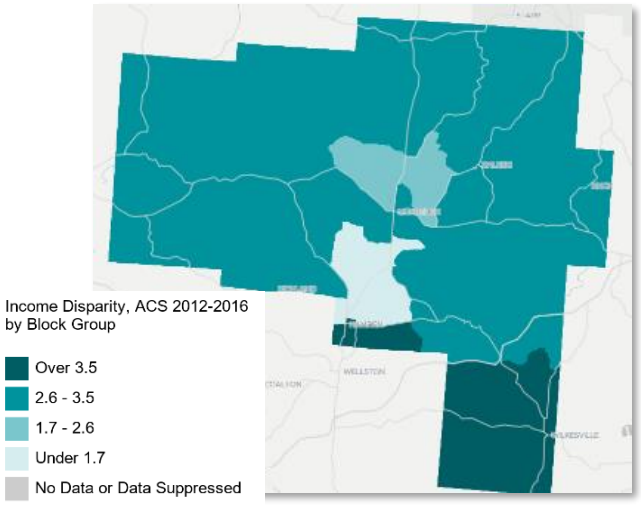


Figure 8: Estimated income disparity, 2012-2016 (Source: Community Commons)

Income Disparity

Income Disparity is a measure of income inequality that compares the concentrations of low-income households (household incomes less than $10,000 annually) to households with at least moderate financial means (household incomes greater than or equal to $50,000 annually)[xxvi]. Figure 2 shows the geographic distribution of income disparity among Vinton County residents. The higher the number, the greater the disparity, so darker colors mean a higher income disparity.

Poverty[xxvii]

Poverty has a wide variety of impacts on the public's health. Poverty increases the risk for mental illness, chronic disease, higher mortality and lower life expectancy[xxviii]. Figure 3 includes data on the percent of residents with income below the poverty level within the past twelve months.

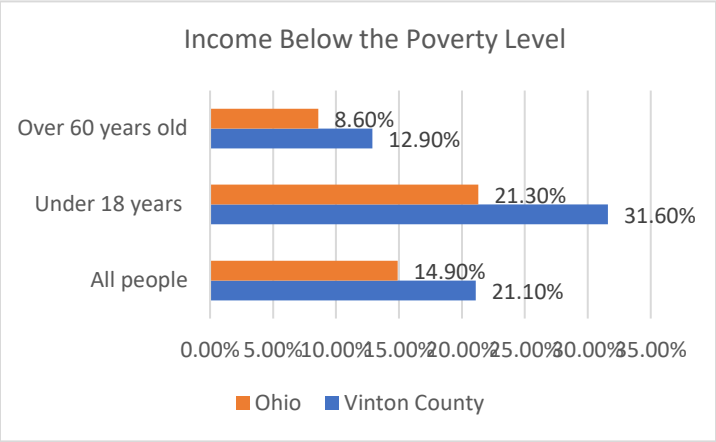


Figure 9: Estimates of the percent of residents with an income below the poverty level, 2012-2016

Families and Children in Poverty

Children in poverty face issues related to cognitive development, educational attainment and health outcomes. These issues can follow the child through adulthood[xxix]. Figures 4 and 5 show the geographic distribution of poverty in Vinton County. The darker the color means a higher percentage of residents in poverty.

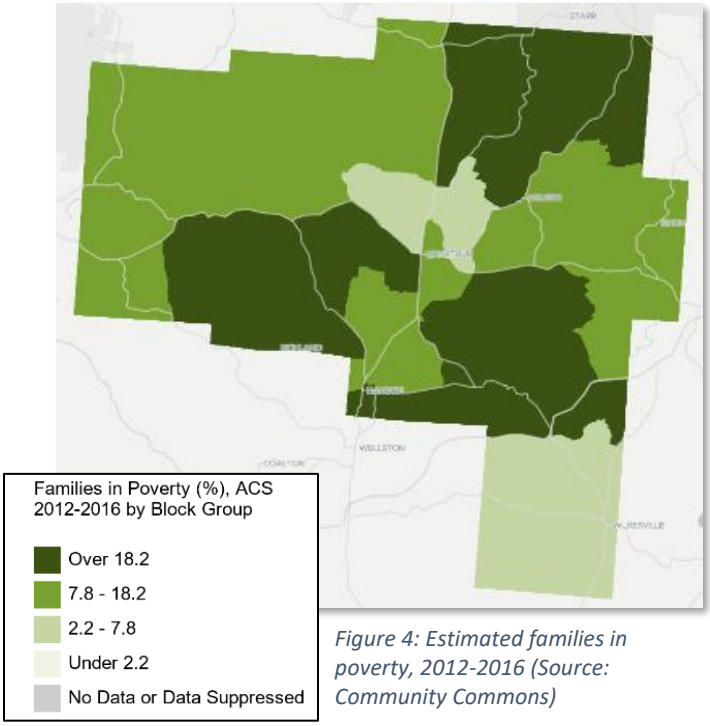


Figure 4: Estimated families in poverty, 2012-2016 (Source: Community Commons)

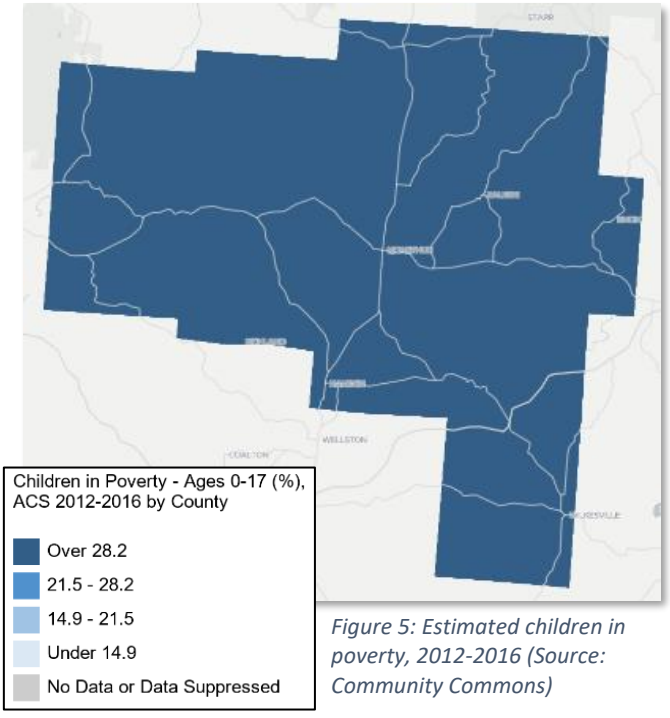


Figure 5: Estimated children in poverty, 2012-2016 (Source: Community Commons)

Children Eligible for Free and Reduced Lunch

The Federal Free and Reduced Lunch Program is a program that provides free school meals for children with household incomes at or below 130% of the federal poverty level and reduced-price school meals for children with household incomes between 130 and 185 percent of the federal poverty level[xxx]. The percent of Vinton County students eligible for the program increased from 77.9% in 2016 to 78.2% in 2019, this represented about the same increase as the state of Ohio, which had an increase from 44.6% to 44.9%, respectively[xxxi].

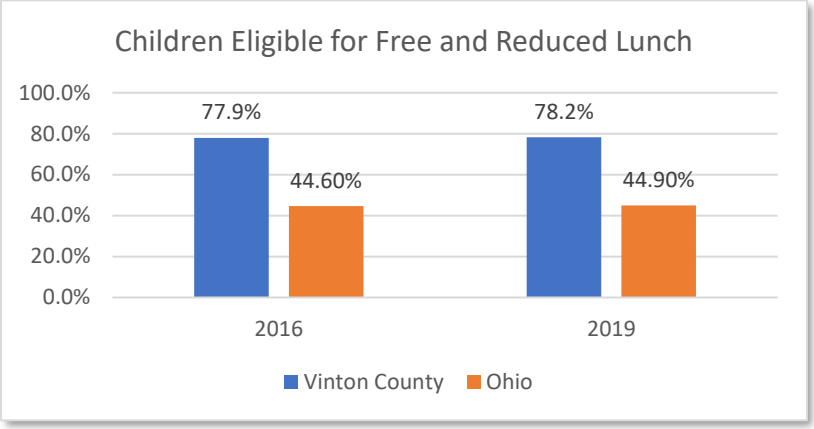


Figure 6: Estimated eligibility for free or reduced lunch, 2012-2016

Food Insecurity

Food insecurity is a metric developed by the USDA and is measure of the lack of access to enough food for an active healthy life[xxxii]. According the Feeding America, in 2017 there were 2,090 food insecure people in Vinton County[xxxiii]. Between 2016 and 2019, the percent of food insecure households in Vinton County decreased from 17.6% to 16.7%, a much larger decrease than the state of Ohio's, whose rates were 16.9% and 16.7%, respectively.

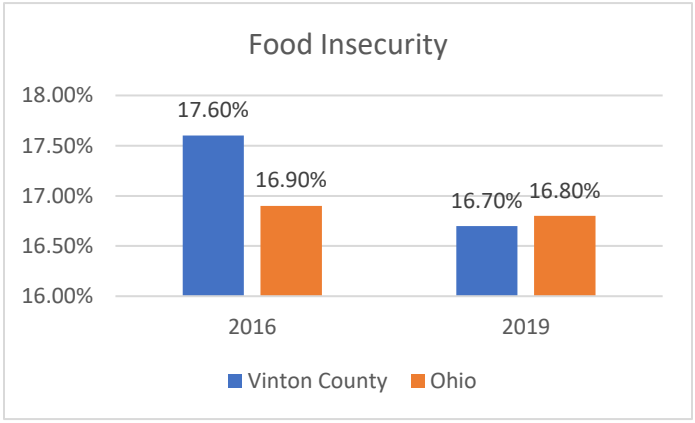


Figure 7: Food insecure households in Vinton County and Ohio (Source: Feeding America)

Educational Attainment

Educational attainment is correlated with health outcomes. People with higher educational attainment live longer, healthier lives. People without a high school diploma have higher incidence of substance use, are at a higher risk of mental health problems and are less likely to have health insurance as an adult[xxxiv]. The map on this page (figure 8) shows the geographic distribution of high school graduation rates in Vinton County. The chart below (figure 9) includes data on educational attainment for residents age 25 years and over in Vinton County and Ohio[xxxv].

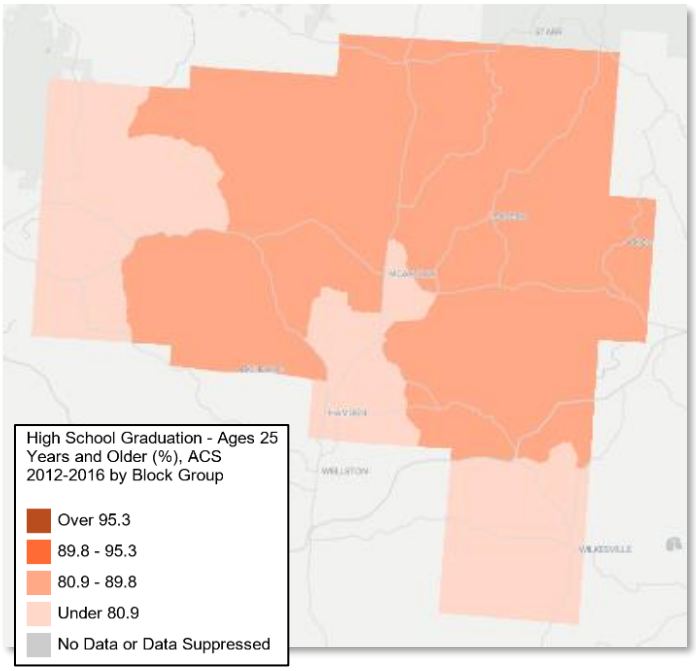


Figure 8: Estimated high school graduation rates, 2012-2016 (Source: Community Commons)

	Vinton County	Ohio
Less than 9th Grade	5.8%	2.9%
9th to 12th grade, no diploma	14.3%	7.3%
High school graduate, includes equivalency	46.4%	33.6%
Some College, no degree	14.8%	20.5%
Associate's Degree	8.4%	8.5%
Bachelor's Degree	7.2%	17.0%
Graduate or professional Degree	3.1%	10.2%

Figure 9: Estimated educational attainment by residents age 25 years and over, 2012-2016 (Source: US Census Bureau American Community Survey)

Health Insurance

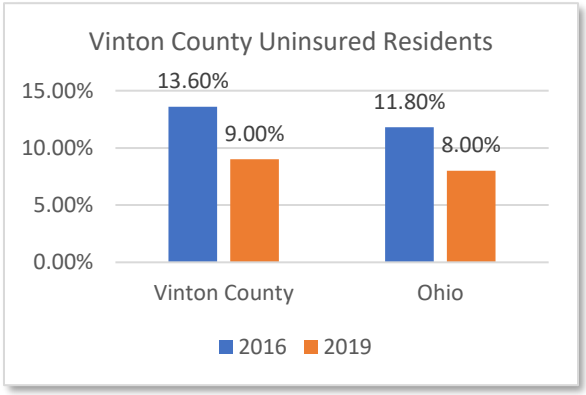


Figure 10: Estimated percent of residents under age 65 years with no health insurance, 2012-2016

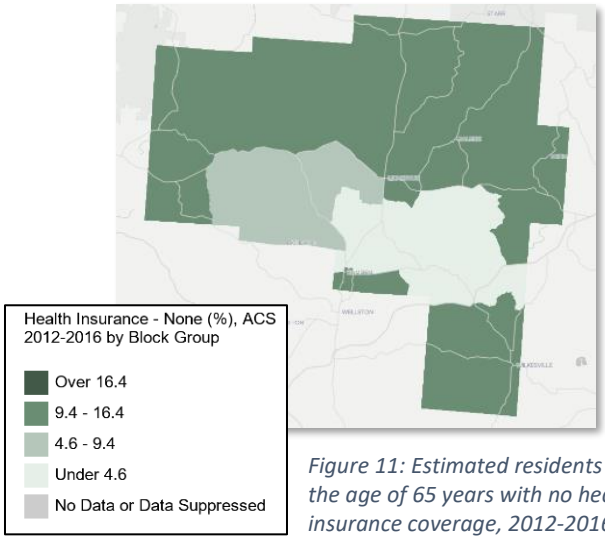


Figure 11: Estimated residents over the age of 65 years with no health insurance coverage, 2012-2016 (Source: Community Commons)

Uninsured adults are less likely to receive preventive health services and adults with health insurance are more likely to access needed health services. In addition, health insurance may reduce racial and ethnic disparities in health care access[xxxvi]. In Vinton County, the percentage of adults under the age of 65 with no health insurance decreased from 13.6% in 2016 to 9.0 % in 2019. Overall, Vinton County has a higher percentage of residents with no health insurance than the state of Ohio. Figure 10 shows the percentage of residents under the age of 65 years in Vinton County and Ohio that had no health insurance in 2016 and 2019. Figure 11 shows the geographic distribution of uninsured residents in Vinton County. Dark colors represent a higher rate of uninsured adults.

Area Deprivation Index

Area Deprivation Index (ADI) is an area-based single number score (scaled as a percentage) that is statistically validated and combines 17 indicators of socioeconomic status (SES) to measure an area's deprivation. The ADI identifies vulnerable populations with a higher risk of poor health outcomes, such as cardiovascular disease, cancer, increased hospitalizations, and higher mortality rates. A higher ADI score or percentage indicates higher deprivation[xxxvii]. Figure 12 shows the geographic distribution of the ADI in Vinton County.

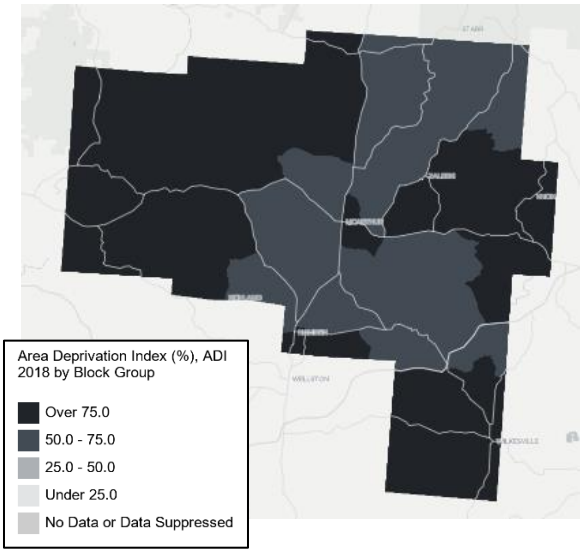


Figure 12: Estimated area deprivation index, 2012-2016 (Source: Community Commons)

Physical Environment

The physical environment that someone lives in can greatly impact their health outcomes. Air quality, access to recreation facilities, and safety are all indicators of the quality of a community's physical environment. Vinton County's CHR ranking for physical environment was 78th out of Ohio's 88 counties in 2019, down from 47th in 2016. Indicators in **RED** have a rate worse than the state of Ohio.

2019 Physical Environment Indicators[xxxviii]

Indicator	Vinton County	Ohio	*Description*
Air pollution - particulate matter	0.00%	0.09%	*% days exceeding standards*
Air pollution - Ozone	0.76%	1.61%	*% days exceeding standards*
Air Pollution	10.80	11%	*Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)*
Liquor store access	0.0	7.1	*Liquor stores, rate (per 100,000 pop.)*
Recreation and Fitness Facility Access	**0.0**	9.5	*Recreation and Fitness Facilities, rate (per 100,000 population)*
Severe Housing Problems	13.0%	15.0%	*% of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities.*
Driving Alone to Work	**89%**	83%	*% of the workforce that usually drives alone to work. The numerator is the number of workers who commute alone. The denominator is the total workforce.*
Long Commute - Driving Along	**50%**	30%	*Among workers who commute in their car alone, the percentage that commute more than 30 minutes.*
Social Associations	**5.4**	11.3	*Number of membership associations per 10,000 population.*
Violent Crime	95.0	290.0	*Number of reported violent crime offenses per 100,000 population.*
Injury Deaths	**94.0**	75.0	*Number of deaths due to injury per 100,000 population.*

Clinical Care[xxxix]

Clinical care indicators represent health care access in a community. Provider availability, health care access, and health care utilization all impact the public's health. Vinton County's CHR ranking in clinical care was 65th out of Ohio's 88 counties, an increase of 18 from 2016. Trends are indicated in the Change column, indicators in **RED** have a 2019 rate worse than the state of Ohio.

Indicator	2016		2019		Change	*Description*
	Vinton Co.	Ohio	Vinton Co.	Ohio		
Primary Care Physicians	7.5	77.1	**15.11**	93.1	↑	*Primary care physicians, rate (per 100,000 pop.)*
Lack of consistent source of primary care	31.8%	18.7%	**31.8%**	18.7%	↔	*% adults without any regular doctor*
Mental Health Providers	15.1	154.8	**15.1**	154.8	↔	*Mental health care provider, rate (per 100,000 pop.)*
Mammography	43.0%	58.3%	**54.3%**	61.2%	↑	*% of female Medicare enrollees ages 67-69 that receive mammography screening*
Sigmoidoscopy or Colonoscopy	53.4%	60.0%	**53.4%**	60.0%	↔	*% of adults screened for colon cancer*
HIV screenings	84.5%	68.3%	**84.5%**	68.3%	↔	*% of adults never screened for HIV / AIDS*
Dental Care Utilization	38.2%	27.600%	**38.2%**	27.600%	↔	*% adults without recent dental exam*
Preventable Hospital Events	96.9	71.7	**72**	59.8	↑	*Preventable hospital events, discharge rate (per 1,000 Medicare enrollees)*

Health Behaviors[xl]

Health behaviors are the things people choose to do that impact health outcomes. Though they have a relatively small impact on a community's overall health outcomes, they are an important factor in a community's health. In 2019, Vinton County's CHR ranking for health behaviors was 85th out of Ohio's 88 counties, the same as it was in 2016. Indicators in **RED** have a rate worse than the state of Ohio.

2019 Health Behavior Indicators

Indicator	Vinton County	Ohio	*Description*
Physical inactivity	**29.1%**	25.5%	*% of adults aged 20 and over reporting no leisure-time physical activity*
Tobacco Use	20.9%	21.7%	*% of population smoking cigarettes*
Tobacco Usage - Quit Attempt	79%	55%	*% Smokers with quit attempt in past 12 months*
Overweight	**37%**	36%	*% Adults overweight*
STI - Chlamydia	165.71	474.10	*Chlamydia Infection Rate (per 100,000 pop.)*
STI - Gonorrhea	22.60	140.30	*Gonorrhea Infection Rate (per 100,000 pop.)*

Health Outcomes

Health outcomes reflect the overall physical and mental health of a community in its current state. They correlate with both length and quality of life. Trends are indicated in the Change column, indicators in **RED** have a 2019 rate worse than the state of Ohio.

Health Outcome Indicator	2016		2019		Change	*Description*
	Vinton Co.	Ohio	Vinton Co.	Ohio		
Diabetes (Adult)	12.1%	10.1%	**15.0%**	10.4%	↑	*Population with diagnosed diabetes*
High Cholesterol (Adult)	39.0%	38.7%	**39.0%**	38.7%	↔	*% of adults with high cholesterol*
Heart Disease	8.3%	5.1%	**8.3%**	5.1%	↔	*% of adults with heart disease*
Adult Obesity	31.0%	30.0%	**33.0%**	30.9%	↑	*% of adults that report a BMI > or = 30*
Asthma Prevalence	18.3%	13.8%	**18.3%**	13.8%	↔	*% of adults with asthma*
Poor Dental Health	35.6%	18.7%	**35.6%**	18.7%	↔	*% of adults with poor dental health*
Poor or fair health	19.0%	15.3%	**19.0%**	15.3%	↔	*% of adults reporting fair or poor health*
Cancer Incidence - Breast	100.7	120.5	103.4	122.9	↑	*Cancer incidence rate (per 100,000 pop.)*
Cancer Incidence - Colon and Rectum	48.6	43.0	34.4	41.2	↓	*Cancer incidence rate (per 100,000 pop.)*
Cancer Incidence - Lung	114.2	71.6	**111.1**	69.5	↓	*Cancer incidence rate (per 100,000 pop.)*

Health Outcome Indicator, cont.	2016		2019		Change	*Description*
	Vinton Co.	Ohio	Vinton Co.	Ohio		
Cancer Incidence - Prostate	90.0	127.1	61.3	111.8	↓	*Cancer incidence rate (per 100,000 pop.)*
Low birth weight	9.6%	8.6%	9.6%	8.6%	↔	*% of live births with low birth weight (<2500 grams)*
Premature death	10,233	7,562	**11,671**	7,908	↑	*Years of potential life lost before age 75 per 100,000 population*
Mortality - Cancer	184.2	184.6	**200**	177.29	↑	*Age-adjusted death rate (per 100,000 pop.)*
Mortality - Heart Disease	235.2	189.6	**146.4**	110.63	↓	*Age-adjusted death rate (per 100,000 pop.)*
Mortality - Ischemic Heart Disease	154.6	119.8	154.6	119.8	↔	*Age-adjusted death rate (per 100,000 pop.)*
Mortality - Lung Disease	93.7	50.7	**72.4**	49.04	↓	*Age-adjusted death rate (per 100,000 pop.)*
Mortality - Stroke	39.6	41.4	**49.8**	40.49	↑	*Age-adjusted death rate (per 100,000 pop.)*
Infant Mortality	8.2	7.7	**8.2**	7.7	↔	*Age-adjusted death rate (per 100,000 pop.)*
Poor physical health	4.5	4	**4.2**	4	↓	*Average # of physically unhealthy days reported in past 30 days*
Poor mental health days	4.5	4.3	4.3	4.3	↔	*Average # of mentally unhealthy days reported in past 30 days*

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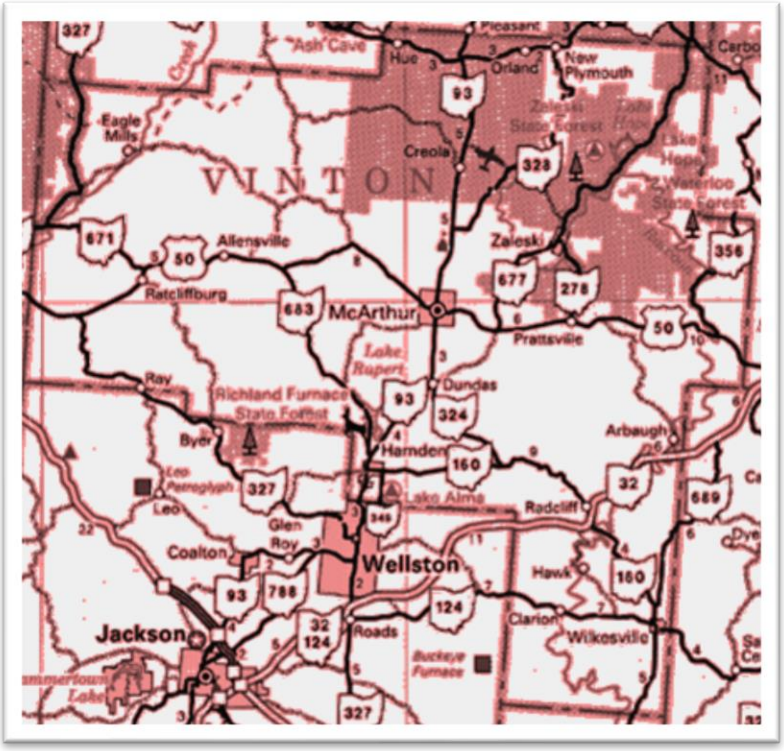
Appendix A-CHSA: CHNA Data

2019 CHNA County Health Ranking Measures and Comparison (Health factor groupings compared to 2016 CHNA data)

Measure	Description	Athens, OH	Gallia, OH	Jackson, OH	Lawrence, OH	Meigs, OH	Vinton, OH	OHIO	Mason, WV	West Virginia	US Median	HP2020 Target	Goal	Leading Health Indicator	Source	Data Status
Health Factors		*56 of 88 (+4)*	*57 of 88 (+20)*	*84 of 88 (Static)*	*78 of 88 (-2)*	*75 of 88 (+8)*	*83 of 88 (+2)*		*38 of 55 (-6)*							Updated
Social & Economic Factors		*60 of 88 (+6)*	*74 of 88 (+9)*	*78 of 88 (+3)*	*70 of 88 (-2)*	*82 of 88 (Static)*	*84 of 88 (Static)*		*24 of 55 (+9)*						http://www.countyhealthrankings.org/app/ohio/2018/compare/snapshot?counties=39_009%2B39_053%2B39_079%2B39_087%2B39_105%2B39_163	Updated
Children Eligible for Free/Reduced Price Lunch	% free/reduced price lunch eligible	57.0%	68.5%	68.5%	63.4%	63.9%	78.2%	44.9%	51.3%	49.4%	52.6%				National Center for Education Statistics, NCES - Common Core of Data. 2015-16. Source geography: Address	Updated
SNAP Benefits	% households receiving SNAP Benefits	19.66%	22.21%	20.63%	22.07%	26.12%	25.60%	14.80%	20.49%	16.40%	13.05%				US Census Bureau, American Community Survey. 2012-16. Source geography: Tract	New
Food Insecurity	% of population with food insecurity	19.8%	16.1%	17.7%	15.1%	16.9%	16.7%	16.8%	15.5%	15.3%	14.9%	6.0%	↓		Feeding America. 2014. Source geography: County	Updated
High school graduation	% of ninth-grade cohort that graduates in four years	92.3%	92.5%	94.2%	95.6%	85.6%	87.0%	90.1%	90.1%	89.9%	86.1%	87.0%	↑	LHI	US Department of Education, EDFacts. Accessed via DATA.GOV. Additional data analysis by CARES. 2015-16. Source geography: School District	Updated
Households with no motor vehicle	% of households with no motor vehicle	8.4%	8.0%	8.1%	7.0%	6.6%	8.7%	8.4%	9.7%	8.8%	9.0%				US Census Bureau, American Community Survey. 2012-16. Source geography: Tract	Updated
Uninsured	% of population under age 65 without health insurance	9.0%	9.0%	9.0%	8.0%	9.0%	9.0%	8.0%	7.0%	7.0%	15.5%	0.0%	↓	LHI	US Census Bureau, Small Area Health Insurance Estimates. 2016. Source geography: County *National Data=Data: Commonwealth Fund Affordable Care Act Tracking Surveys	Updated
Lack of Social or Emotional Support	% adults without adequate social /emotional support	33.8%	20.2%	32.0%	29.3%	18.4%	22.9%	19.5%	28.4%	19.0%	20.7%				Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County	Updated
Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	6.2%	6.7%	7.8%	6.4%	8.3%	7.0%	4.9%							Bureau of Labor Statistics	NEW
Poverty	% population with income at or below 200% FPL	50.9%	42.3%	46.3%	40.2%	44.3%	44.2%	33.3%	44.6%	39.4%	33.6%				US Census Bureau, American Community Survey. 2012-16. Source geography: Tract	Updated
Children in Poverty	Small Area Income and Poverty Estimates	25%	30%	27%	27%	28%	32%	20%								NEW
Children in Single-Parent Households	Percentage of children that live in a household headed by single parent.	36%	32%	38%	35%	35%	32%	36%							American Community Survey, 5-year estimates	NEW
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	6.9	4.6	4.9	5.1	5.0	4.8	4.8							American Community Survey, 5-year estimates	NEW
Teen births		13.9	50.4	55.1	48.8	45.3	52.3	36.0	47.5	45.4	36.6	36.2	↓		US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12. Source geography: County	Updated
Housing Cost Burden	The US Census Bureau	34.20%	23.32%	26.83%	25.72%	24.64%	26.14%	28.28%	20.49%	21.47%	32.89%				US Census Bureau, American Community Survey. 2012-16. Source geography: Tract	New
Public Assistance Income	% households with Public Assistance Income	4.20%	3.31%	3.68%	3.41%	3.80%	4.53%	3.18%	2.97%	2.33%	2.67%				US Census Bureau, American Community Survey. 2012-16. Source geography: Tract	New
Insurance - Medicaid	% of insured pop. Receiving Medicaid	23%	31%	30.93%	27.75%	32.58%	36.44%	20.83%	30.43%	2.80%	21.62%				US Census Bureau, American Community Survey. 2012-16. Source geography: Tract	New
Insurance - Uninsured Adults	% population age 18-64 without Medical Insurance	10.47%	8.77%	8.68%	8.25%	9.27%	8.92%	7.80%	7.10%	7.96%	12.08%				US Census Bureau, Small Area Health Insurance Estimates. 2016. Source geography: County	New
Population with Associate's Degree or Higher	% Population age 25 with Associate's Degree or Higher	38.84%	24.18%	25.42%	24.38%	23.74%	18.14%	35.06%	18.92%	26.33%	38.49%				US Census Bureau, American Community Survey. 2012-16. Source geography: Tract	New
Physical Environment		*51 of 88 (-38)*	*30 of 88 (-13)*	*20 of 88 (+35)*	*24 of 88 (-16)*	*7 of 88 (+5)*	*78 of 88 (-31)*		*44 of 55 (+1)*							Updated
Air pollution - particulate matter	% days exceeding standards	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.09%	0.00%	0.00%	0.10%				Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2012. Source geography: Tract	Static
Air pollution - Ozone	% days exceeding standards	0.69%	0.82%	0.82%	0.97%	0.77%	0.76%	1.61%	0.90%	0.44%	1.24%				Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2012.	Static
Air Pollution	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	10.70	10.90	10.90	11.00	11.00	10.80	11%							CDC's National Environmental Public Health Tracking Network	NEW
Liquor store access	Liquor stores, rate (per 100,000 pop.)	7.72	12.93	9.03	11.21	0	0	7.1	0	3.3	10.5				Source geography: Tract	Updated
Recreation and Fitness Facility Access	Recreation and Fitness Facilties, rate (per 100,000 population)	1.5	0.0	6.0	4.8	0.0	0.0	9.5	0.0	6.3	11.0				US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. Source geography: ZCTA	Updated
Drinking Water Violations		Yes	No	No	No	No	Yes								The Safe Drinking Water Information System (SDWIS)	NEW
Severe Housing Problems	% of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities.	24.0%	15.0%	13.0%	13.0%	11.0%	13.0%	15%							The U.S. Department of Housing and Urban Development (HUD) Comprehensive Housing Affordability Strategy (CHAS) data	NEW
Driving Alone to Work	% of the workforce that usually drives alone to work. The numerator is the number of workers who commute alone. The denominator is the total workforce.	70%	86%	86%	87%	82%	89%	83%							American Community Survey, 5-year estimates	New
Long Commute - Driving Along	Among workers who commute in their car alone, the percentage that commute more than 30 minutes.	22%	35%	36%	28%	42%	50%	30%							American Community Survey, 5-year estimates	New
Social Associations	Number of membership associations per 10,000 population.	10.0	13.3	15.0	10.5	14.2	5.4	11.3							County Business Patterns provides data on the total number of establishments, number of establishments by nine employment-size classes by detailed industry, mid- March employment, and first quarter and annual payroll for all counties in the United States and the District of Columbia.	NEW
Violent Crime	Number of reported violent crime offenses per 100,000 population.	94	110	113	155	105	95	290.00							Uniform Crime Reporting - FBI	NEW
Injury Deaths	Number of deaths due to injury per 100,000 population.	59	86	90	85	96	94	75.00							CDC WONDER mortality data	NEW
Clinical Care		*34 of 88 (+6)*	*22 of 88 (+15)*	*77 of 88 (-2)*	*75 of 88 (+3)*	*68 of 88 (+9)*	*65 of 88 (+18)*		*29 of 55 (-10)*							Updated
Primary Care Physicians	Primary care physicians, rate (per 100,000 pop.)	92.72	115.14	45.8	51.93	17.14	15.11	93.1	55.52	91.7	87.8				US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014. Source geography: County	Updated
Lack of consistent source of primary care	% adults without any regular doctor	18.9%	34.7%	25.6%	34.1%	30.3%	31.8%	18.7%	23.9%	23.9%	22.1%	16.1%	↓	LHI	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data	Static
Dentists	Dentists, rate (per 100,000 pop.)	23.2	32.7	24.4	27.5	29.8	22.6	57.3	25.8	48.4	63.2				analysis by CARES. 2011-12. Source geography: County	
Mental Health Providers	Mental health care provider, rate (per 100,000 pop.)	237.9	92.1	64.1	58.4	51.4	15.1	154.8	11.1	110	202.8				University of Wisconsin Population Health Institute, County Health Rankings. 2018. Source geography: County	Static
Cancer screening - mammography	% of female Medicare enrollees ages 67-69 that receive mammography screening	61.9%	63.9%	53.3%	56.8%	64.8%	54.3%	61.2%	60.3%	58.6%	63.1%	81.1%	↑		Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2014. Source geography: County	Updated
Cancer screening - pap test	% of adult females age 18 with regular pap test	73.5%	78.4%	73.3%	78.9%	83.0%	suppressed	78.7%	72.2%	76.6%	78.5%	93.0%	↑		Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County	Static
Cancer screening - Sigmoidoscopy or Colonoscopy	% of adults screened for colon cancer	53.5%	66.4%	63.5%	60.8%	62.6%	53.4%	60.0%	49.1%	53.7%	61.3%	70.5%	↑	LHI	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the	Static
HIV screenings	% of adults never screened for HIV / AIDS	66.5%	77.1%	76.1%	73.1%	71.0%	84.5%	68.3%	69.9%	71.1%	62.8%	26.4%	↓		Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County	Static
Pneumonia Vaccination	% of population age 65 with pneumonia vaccination	77.5%	75.0%	62.0%	72.6%	59.5%	suppressed	68.5%	73.3%	66.2%	67.5%	90.0%	↑		Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County	Static
Diabetes Management	% Medicare enrollees with diabetes with annual exam	86.0%	88.9%	87.8%	79.4%	84.9%	92.8%	84.4%	87.6%	84.1%	84.6%				Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source	
Dental Care Utilization	% adults without recent dental exam	47.7%	27.8%	47.1%	31.8%	45.9%	38.2%	27.600%	39.0%	39.1%	30.2%	49.0%	↑		Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10. Source geography: County	Updated
Preventable Hospital Events	Preventable hospital events, discharge rate (per 1,000 Medicare enrollees)	63.9	63.9	72.9	81.1	65.7	72	59.8	74.7	71.9	49.9%					Updated
Health Behaviors		*62 of 88 (+10)*	*57 of 88 (+23)*	*87 of 88 (-2)*	*86 of 88 (-8)*	*74 of 88 (+12)*	*76 of 88 (+8)*		*48 of 55 (-9)*							Updated
Physical inactivity	% of adults aged 20 and over reporting no leisure-time physical activity	26.3%	30.9%	35.0%	35.8%	31.6%	29.1%	25.5%	36.2%	30.7%	22.6%	32.6%	↓		Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Source geography: County	Updated
Alcohol Consumption	Estimated adults drinking excessively	10.3%	18.2%	supressed	13.2%	supressed	suppressed	18.4%	10.9%	11.0%	16.9%	25.4%	↓		Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County	Updated
Tobacco Use	% of population smoking cigarettes	30.0%	31.6%	27.1%	26.2%	39.1%	20.9%	21.7%	36.1%	27.6%	18.1%	12.0%	↓	LHI	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County	Updated
Tobacco Usage - Quit Attempt	% Smokers with quit attempt in past 12 months	52%	48%	31%	43%	38%	79%	55%	43%	52%	60%				Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County	NEW
Overweight	% Adults overweight	24%	33%	31%	31%	33%	37%	36%	34%	36%	36%					NEW
STI - Chlamydia	Chlamydia Infection Rate (per 100,000 pop.)	664.80	235.13	179.97	239.03	191.52	165.71	474.10	162.21	474.10	456.08				US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2014. Source geography: County	NEW
STI - Gonorrhea	Gonorrhea Infection Rate (per 100,000 pop.)	37.11	13.06	3.05	48.45	25.54	22.60	140.30	3.69	45.40	110.73				US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2014. Source geography: County	NEW
STI - HIV	HIV/AIDS Rate (per 100,000 pop.)	67.86	50.84	40.45	80.68	45.48	no data	200.53	30.33	105.23	353.16				US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2013. Source geography: County	NEW
Health Outcomes		*71 of 88 (-5)*	*84 of 88 (+2)*	*86 of 88 (-2)*	*83 of 88 (-1)*	*80 of 88 (-1)*	*85 of 88 (Static)*		*39 of 55 (+1)*							Updated
Diabetes (Adult)	Population with diagnosed diabetes	11.9%	12.5%	12.6%	13.6%	14.3%	15.0%	10.4%	10.9%	11.6%	9.2%				Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Source geography: County	Updated
High Cholesterol (Adult)	% of adults with high cholesterol	53.3%	43.5%	53.3%	32.7%	57.4%	39.0%	38.7%	44.5%	40.5%	38.5%				Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County	Static
Heart Disease	% of adults with heart disease	4.6%	3.4%	7.5%	4.8%	3.5%	8.3%	5.1%	7.3%	7.6%	4.4%					Static

High Blood Pressure	% of adults with high blood pressure	19.6%	35.5%	41.3%	26.5%	30.3%	suppressed	28.8%	36.2%	32.5%	28.2%				Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County	Static
Adult Obesity	% of adults that report a BMI > or = 30	28.5%	32.0%	37.0%	38.9%	33.7%	33.0%	30.9%	36.3%	34.7%	27.5%	30.5%		LHI	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Source geography: County	Updated
Asthma Prevalence	% of adults with asthma	20.8%	20.7%	13.2%	23.8%	21.6%	18.3%	13.8%	11.3%	12.3%	13.4%				Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County	Static
Poor Dental Health	% of adults with poor dental health	21.6%	31.6%	28.0%	24.1%	27.7%	35.6%	18.7%	32.6%	30.7%	15.7%				Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10. Source geography: County	Static
Poor or fair health	% of adults reporting fair or poor health	16.6%	17.9%	21.7%	27.9%	22.6%	19.0%	15.3%	20.9%	21.5%	16.0%				Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County	Static
Cancer Incidence - Breast	Cancer incidence rate (per 100,000 pop.)	120.0	77.8	98.5	112.8	113.8	103.4	122.9	89.4	114.8	123.4				State Cancer Profiles. 2010-14. Source geography: County	Updated
Cancer Incidence - Colon and Rectum	Cancer incidence rate (per 100,000 pop.)	49.4	35.4	46.1	44.3	43.0	34.4	41.2	42.1	46.6	39.8	38.7		LHI	State Cancer Profiles. 2010-14. Source geography: County	Updated
Cancer Incidence - Lung	Cancer incidence rate (per 100,000 pop.)	73.9	82.3	91.7	79.1	73.0	111.1	69.5	84.8	80.4	61.2				State Cancer Profiles. 2010-14. Source geography: County	Updated
Cancer Incidence - Prostate	Cancer incidence rate (per 100,000 pop.)	103.4	103.0	87.4	88.5	85.4	61.3	111.8	117.5	99.6	114.8				State Cancer Profiles. 2010-14. Source geography: County	Updated
Low birth weight	% of live births with low birth weight (<2500 grams)	7.5%	8.9%	9.3%	10.9%	9.7%	9.6%	8.6%	10.6%	9.4%	8.2%	7.8%		LHI	US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12. Source geography: County	Static
Premature death	Years of potential life lost before age 75 per 100,000 population	8,115	10,713	10,942	10,363	9,521	11,671	7,908	10,669	10,011	7,222				University of Wisconsin Population Health Institute, County Health Rankings. 2014-16. Source geography: County	Updated
Mortality - Cancer	Age-adjusted death rate (per 100,000 pop.)	180.2	213.3	198.9	221.5	202.9	200	177.29	195.3	190.01	160.9	160.6		LHI	Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County	Updated
Mortality - Heart Disease	Age-adjusted death rate (per 100,000 pop.)	114.5	123.9	193.8	129.9	111.9	146.4	110.63	134.2	123.6	99.6				Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County	Updated
Mortality - Ischemic Heart Disease	Age-adjusted death rate (per 100,000 pop.)	125.2	140.1	192.4	148.4	151.6	154.6	119.8	153.9	132.3	109.5	103.4		LHI		Static
Mortality - Lung Disease	Age-adjusted death rate (per 100,000 pop.)	56.7	76.6	84.1	71.4	71.2	72.4	49.04	65.8	63.32	41.3				Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County	Updated
Mortality - Stroke	Age-adjusted death rate (per 100,000 pop.)	41.9	53.4	36.2	53.3	54.5	49.8	40.49	56.7	43.84	36.9	33.8		LHI	Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County	Updated
Mortality - Suicide	Age-adjusted death rate (per 100,000 pop.)	12.7	21.6	18	16.7	24.3	suppressed	13.29	suppressed	17.67	13	10.2		LHI	Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County	Updated
Mortality - Drug Overdose	Age-adjusted death rate (per 100,000 pop.)	18.70	26.00	28.90	28.10	22.60	suppressed	26.66	36.10	38.52	15.60	10.20			Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County	not comparable to prior assessment data
Infant Mortality	Age-adjusted death rate (per 100,000 pop.)	5.7	8.3	8.2	9.1	9.2	8.2	7.7	11.7	7.5	6.5	6		LHI	US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2006-10. Source geography: County	Static
Quality of Life		*87 of 88 (-10)*	*84 of 88 (-9)*	*86 of 88 (-5)*	*78 of 88 (-9)*	*85 of 88 (-5)*	*73 of 88 (+12)*		*39 of 55 (+3)*							Updated
Poor physical health	Average # of physically unhealthy days reported in past 30 days	4.7	4.4	4.5	4.1	4.3	4.2	4	5.4	5	3.7				http://www.countyhealthrankings.org/app/ohio/2018/compare/snapshot?counties=39_009%2B39_053%2B39_087%2B39_105%2B39_163%2B39_079	Updated
Poor mental health days	Average # of mentally unhealthy days reported in past 30 days	4.7	4.4	4.5	4.5	4.3	4.3	4.3	5.1	4.7	3.7				http://www.countyhealthrankings.org/app/ohio/2018/compare/snapshot?counties=39_009%2B39_053%2B39_087%2B39_105%2B39_163%2B39_079	Updated



2019 Vinton County MAPP

(Mobilizing for Action through Planning and Partnership)

Community Themes and Strengths Assessment

March 2019 Focus Groups Report

Vinton County Health Department

Holzer

College of Public Health
Center for Public Health Practice
The Ohio State University

Summary

In 2018, the Vinton County Health Department (VCHD), in partnership with Holzer Health Systems, embarked on a comprehensive regional community health assessment with the surrounding counties of Gallia, Meigs, and Jackson. The region utilized a framework known as MAPP (Mobilizing for Action through Planning and Partnerships). MAPP is a nationally recognized best practice for community health assessment and community health improvement planning designed by the National Association of City and County Health Officials (NACCHO). MAPP features four distinct assessments that result in a comprehensive view of the health of a community. This report focuses on the results of one of these assessments, the Community Themes and Strengths Assessment (CTSA).

To conduct the CTSA, VCHD contracted with the Center for Public Health Practice at the Ohio State University (CPHP) to conduct a series of focus groups utilizing a standard question set (see below). Several populations were targeted with these focus groups to gauge what the most pressing health issues in Vinton County are. Participants were given the opportunity to voice their opinions and concerns about community assets, resources, gaps, and needs. 28 individuals participated in sessions held in McArthur, Ohio.

Across the four sessions, several general themes emerged. In Vinton County, there is:

- A high incidence of substance abuse.
- A need for increased access to several resources, including:
    - Healthy food,
    - Transportation, and
    - Health Care.
- A lack of opportunities for organized recreational activities.

Methodology

A total of four focus groups were conducted over four weeks in February and March 2019 to determine what major health, quality of life, and resource concerns exist in Vinton County. The purpose of these focus groups was to better understand specific situations, issues, and potential solutions exit in the community. Gathering data directly from the community gives us the opportunity to understand how the issues of a community impact the population, including what the population's perspectives and priorities are or what community resources or resilience can be mobilized to address situations that cause poor health.

A total of 28 residents participated. As the purpose of these focus groups was to gather information about all residents of Vinton County, the focus groups were open to all residents that wished to participate. The only screening done for eligibility was a verbal assurance that participants were residents of Vinton County.

The focus group were targeted towards several vulnerable populations. The first session was held at the Vinton County Senior Center and advertised to members of the senior population in Vinton County. Participants were given the opportunity to win a $25 gift card as an incentive for attendance. The second session was held in conjunction with the Vinton County Drug Task Force meeting and was conducted with representatives of agencies that work with Vinton County residents impacted by the opioid epidemic, including people that use opioids and their families. This group included representatives of social service agencies, education, and law enforcement. Participants were given an incentive lunch for participating. The third focus group was held for the general community and an incentive dinner was provided for participants. The final focus group was held in conjunction with a Help Me Grow playgroup. This group is comprised primarily of low-income parents with children age three years and under. The incentives for this group were gift cards and household items. All focus groups were held in McArthur, Ohio.

The focus groups were advertised in a variety of ways to ensure that Vinton County residents were aware of them. For the sessions held in conjunction with previously established groups (Senior Center, Drug Task Force, and Help Me Grow), email invitations were sent to members including information about the purpose of the focus groups, time commitment, and incentives, if applicable. The general community session was advertised via Facebook and a press release that appeared in the newspaper.

Focus Group Procedures/Protocol

At the beginning of each focus group, participants were greeted and given a brief overview of the purpose of the focus groups and an overview of the process for the session. Verbal consent to be recorded and to keep the responses confidential was obtained from each participant before questions were asked. Each focus group utilized a standard script to assure that the groups were asked the same questions. Questions were designed to objectively collect responses without bias. The complete script utilized can be found in Appendix A of this report.

The focus groups were scheduled for two hours to allow adequate time for all responses to be generated. Focus groups lasted between 75 and 115 minutes and covered the following questions:

Health

1. What do you think are the most important health concerns in your community?
2. What's happening in your neighborhood and community that influences the health of you and your family?
3. What keeps you and your family healthy? What keeps you from being healthy?

Resources

1. If you needed help for some reason who and where would you turn to?
2. What resources or activities would you like to see in your community that would impact health in a positive way?
3. What makes it hard for people to get health information and care?

Quality of Life

1. What 1-2 words would you use to describe quality of life in Vinton County?
2. What does Vinton County need more of?

Closing:

1. Of everything that we talked about today, which one issue or item is the most important for your community to address?

During the focus groups, one note taker captured the conversation using a pre-developed note-taking template. An audio recording of the session was made for backup purposes. The transcripts of the focus groups were read, analyzed, and coded based on identified themes.

Findings

The following is a summary of the responses to the above questions given during the focus groups.

Question #1: What do you think are the most important health concerns in your community?

The overwhelming majority of the responses to this question had to do with issues surrounding substance use and mental health in the community. Opioids were identified as a major concern, but the use of methamphetamine and marijuana was also noted. In addition to the problems directly associated with substance abuse mentioned, including overdose death, the issues associated with substance abuse are also a major community concern. These include an increase in Hepatitis C and crime.

Chronic Disease related responses were also given. Diabetes, cardiovascular disease, and obesity were mentioned related to health behaviors among residents. This is at least partially contributed to the fact that there is a perceived issue with access to health foods. Cancer was listed as a chronic disease of concern, but the majority of people who mentioned cancer as an issue attribute it to an environmental issue of unknown origin. The community would like more research done to identify the cause of the cancer and then efforts made to mitigate the risk of developing cancer for residents.

Other responses to this question included access to care issues, lack of transportation, lack of education, and infant mortality.

Question #2: What's happening in your neighborhood and community that influences the health of you and your family?

Overall, the responses to this focused on substance use, access to opportunities for physical activity and healthy food, and a lack of adequate resources. Opioid, marijuana, and methamphetamine use were noted as the most prevalent drugs used and the groups discussed the stress on the community, the impact on the crime rate, and the increase in diseases related to intravenous drug use. Also noted was the acceptance of alcohol use among youth by adults and the acceptance of excessive alcohol use among adults. There is an overall feeling of "That's just the way it's always been" among residents as a reason for the acceptance for alcohol use among youth and adults.

While the community noted a great deal of natural resources that are in the county, including state parks, lakes, and ample green space, a need for more organized recreation opportunities was noted, especially for adults. Many participants noted the need for a community center with recreation opportunities, similar to a YMCA. Access to healthy foods was noted as a gap in Vinton County, with people citing the lack of

variety in food stores and the distance to healthier food outlets being an issue. Community hunger, especially among children was also noted as an issue.

Finally, an overall lack of adequate resources was noted in all of the focus groups, including inadequate medical facilities, first responders, and funding for community improvement.

Question #3: What keeps you and your family healthy? What keeps you from being healthy?

Overall responses to this question focused on personal behaviors. About half of the responses to this question reported that positive behaviors, including being physically active and eating healthy foods helped keep residents healthy, while the other half reported that lack of motivation led to not exercising or eating healthfully. In addition, participants noted an increase in crime related to the opioid epidemic as being a barrier to exercising.

Other responses to this question included accessing community resources as assisting with positive health behaviors.

Question #4: If you needed help for some reason who and where would you turn to?
Overall, conversation surrounding this question ended in the community referencing how much of a supportive community Vinton County is. Several participants commented on how when people are in need in Vinton County, the community comes together to offer support in a variety of ways, including financial assistance. There is a sense that Vinton County "takes care of their own" and residents seek help from social networks before turning to traditional social service agencies. Several participants reported seeking help from the church community and their own families when in need. In addition to turning to social networks, participants named a variety of community agencies where assistance is available, including the St. Francis Center, Sojourner's, Help Me Grow, and Jobs and Family Services.

This question generated several comments about the need for more awareness of what community resources there are in Vinton County. A centralized resource guide or mobile phone app so that people could easily access the information is needed.

Question #5: What resources or activities would you like to see in your community that would impact health in a positive way?

The majority of responses to this question fell into two themes, the need for more recreation facilities and the need for public transportation. Participants reported wanting both physical activity recreation, including a YMCA-type facility and a community center to hold community classes for things like dancing, sewing, and art. There is an overall need for more organized activity in Vinton County that is accessible

to all, regardless of age or income. The need for public transportation was noted as a major need for the community. The lack of transportation impacts residents in a variety of ways, including access to care, food, and schools. The lack of transportation impacts residents' ability to seek better jobs. Access to better jobs that pay a living wage was noted as a need.

Additionally, the need for a jail facility was noted as a community need. Currently, Vinton County's law enforcement officers are required to transport people out of Vinton County to access the justice system. This is a concern for multiple reasons. It leads to a gap in law enforcement coverage for the community as a whole. In addition, it causes the surrounding jail facilities to become overcapacity, leading to prosecutors releasing criminals early because there is not enough space to hold everyone. There is a special community need for more jail space for women as well.

Other responses to this question included the need for more medical facilities, including an urgent care facility and expanded mental health care services and improved roads.

During the discussion about this question, many participants noted the issues that hydraulic fracturing ("fracking") has created in Vinton County, including water and air quality issues. It was noted that Vinton County does not benefit from fracking because the revenue generated benefits other communities throughout the state and region, but only suffers from the exposure to many of the hazardous byproducts of fracking.

Question #6: What makes it hard for people to get health information and care?

Overall, the responses to this question were related to Vinton County's small population size and large geographic size resulting in a lack of resources. There is no local information on any of the major news sources in the county because Vinton is included with other media markets for radio, television, and newspaper purposes. In addition, the lack of countywide broadband internet service and reliable cell phone connectivity also impact residents' ability to get health information.

Health care access is limited primarily by the limited number of care providers in town and the lack of reliable transportation for a number of residents. Because of Vinton County's large geographic area, the residents are very spread out and must travel excessive distances to receive care. In addition to the fact that there is not available public transportation, many residents lack access to other forms of reliable transportation, including personal vehicles in good working order.

Other responses to this question included insurance eligibility issues among residents.

Question #7: What 1-2 words would you use to describe quality of life in Vinton County?

Community was the most frequently used word in response to this question. Participants noted that there is a strong sense of community in Vinton County and that the people of Vinton County feel as though they can rely on each other in times of need. Other

answers to this question were primarily about the geography of Vinton County. Many participants made note of the natural beauty of Vinton County, due to its rural nature. The lack of crowds and congestion was seen as a mostly positive attribute of life in Vinton County.

Question #8: What does Vinton County need more of?

The answers to this question fell into a number of themes. Participants reported wanting more recreation opportunities and facilities. This included a golf course, a community center, and activities that would capitalize on the natural resources in the community. More medical providers, in a variety of specialties was also noted as a need. Economy-related issues, including jobs, affordable housing, and more stores were also noted. Residents reported wanting a large superstore, such as a Target or a Walmart, as well as more small businesses to help maintain the small-town culture in Vinton County. These businesses were noted as being needed to not only provide goods and services for Vinton County, but to create jobs as well. Finally, a change in leadership was noted as a need in Vinton County to create a more inclusive and open-minded culture in the county.

Question #9: Of everything that we talked about today, which one issue or item is the most important for your community to address?

The responses to this were varied by group and no real themes emerged. Participants noted the following as the top priority:

- Recreation facilities
- Transportation
- Medical Facilities
- Increased social services, including adult and child protective services
- Substance Abuse and Mental Health care
- Enhanced Law Enforcement facilities

Discussion

While participants identified a variety of quality of life related issues in Vinton County, several themes stood out across all questions. The most pressing health issues in Vinton County have to do with issues surrounding substance use; access to resources, including healthy food, transportation, and health care; and the need for more organized opportunities for recreation was a theme that connected each focus group.

Substance use, including the issues associated with the impact on community safety, family stability, and law enforcement utilization, was noted as a major health issue in Vinton County. While the majority of attention is paid to the opioid issue, methamphetamine use, marijuana use, and excessive alcohol consumption in both

youth and adults were listed as issues in Vinton County. Community safety, including used needles being discarded in public places, such as parks and parking lots was noted as an issue, as was an increase in domestic violence, child abuse and neglect, and elder abuse and neglect. Law enforcement utilization is an issue because the jail is over capacity and Vinton County does not have the resources to adequately meet the needs of the community, meaning that officers must often escort people to drug treatment facilities located over two hours away, therefore taking them away from the needs of Vinton County.

Access to healthy foods was mentioned several times as a need in Vinton County, with people noting that the presence of a grocery store has improved, but not fixed, that issue. There is a strong connection between the economy and access to foods, with several participants referencing the hunger issue in the county as a major contributor to health status.

In each focus group, the issue of access to reliable, affordable transportation was noted. Participants reported that many residents do not own reliable vehicles and there is not an adequate transportation service in Vinton County to assist with this. This leads to issues with food access, access to health care, access to educational opportunities, and access to employment.

Access to healthcare, whether it be primary, urgent, or specialty care was noted as a large gap in resources for Vinton County residents. Participants noted needing expanded hours for existing health care providers to allow for more flexibility with appointments in the ambulatory care setting. Participants noted the need for a freestanding emergency department or urgent care facility to address emergencies without having to travel out of county and to increase the number of first responders in the community to reduce critical wait times during emergencies.

Finally, the need for opportunities for recreation was noted in each of the sessions, regardless of group. Participants noted the need for an affordable community recreation center to not only be physically active, but also to take classes on a variety of subjects, from knitting to dancing. While many participants noted Vinton County's many natural resources for activities such as hiking, walking, and other outdoor activities, the need for recreational opportunities for adults during the winter months, when outdoor recreation is difficult for certain populations. In addition, participants noted the need for other activities for youth and adult alike, such as a bowling alley, movie theater, or skating rink. Participants suggested that increasing the activities in Vinton County would increase community morale and give people opportunities for more positive, healthful leisure time activities.

APPENDIX A – Focus Groups: SCRIPT

Opening

Thank you for taking the time to meet with us for this discussion group. We know your time is valuable and we appreciate your participation.

My name is _____ and I a program manager at the Center for Public Health Practice at Ohio State University. I am working with Vinton County Health Department to complete their community health assessment. (Intro student if necessary)

Purpose

Every 3 years Vinton County does a Community Health Assessment in which they try to identify what's working and what needs improving in the community. This time, we're interviewing various groups – other people like you – to gain a better understanding of what they think the health issues in the community are. The information you provide will be used by Vinton County Health Department and other community groups to improve current health programs and plan new ones.

Confidentiality

Here's what will happen today:

During the next hour, I'm going to ask you some questions and you'll al have the opportunity to respond.

Anything you say in this room will remain confidential. The information you provide will be summarized in reports, but your name will not be used, and you will not be identified in any way. We do that so you will feel completely comfortable being open and honest with us. Sharing your opinions truthfully is the most important thing you can do.

_____ will be taking notes to capture your responses today. We will also be audio taping the conversation. Your input is important, and we want to make sure that we get it right. After we're finished with the community health assessment, the tapes will be stored at the Vinton County Health Department, but again there will be no way to identify you. That's why we're going to use first names only today.

Once we've gathered all the information and written our summary report, a copy will be sent to the state health department, who is funding this work, and various partner agencies in Vinton County. It will also be available on the health department's website.

Does anyone have any questions or concerns about the confidentiality of today's session or how the answers will be used? (scan room for concern)

Ground Rules

1. You are not required to answer any question you may not wish to answer.

2. If at any time while we are talking you do not feel comfortable, you do not need to respond.
3. Please speak clearly, listen to the responses of other participants, and do not interrupt others.
4. There are no right or wrong answers; it's ok to have a different opinion than the others.
5. Do not discuss the responses of the people in this discussion with others when you leave here today.

Does everyone agree to the ground rules? (get verbal/nodding approval from everyone!)

Self-introduction

Let's get started by introducing ourselves. Very briefly, tell us your name and one thing you love about Vinton County. (*Keep this short*)

Health

4. What do you think are the most important health concerns in your community?
5. What's happening in your neighborhood and community that influences the health of you and your family?
6. What keeps you and your family healthy? What keeps you from being healthy?

Resources

4. If you needed help for some reason who and where would you turn to?
5. What resources or activities would you like to see in your community that would impact health in a positive way?
6. What makes it hard for people to get health information and care?

Quality of Life

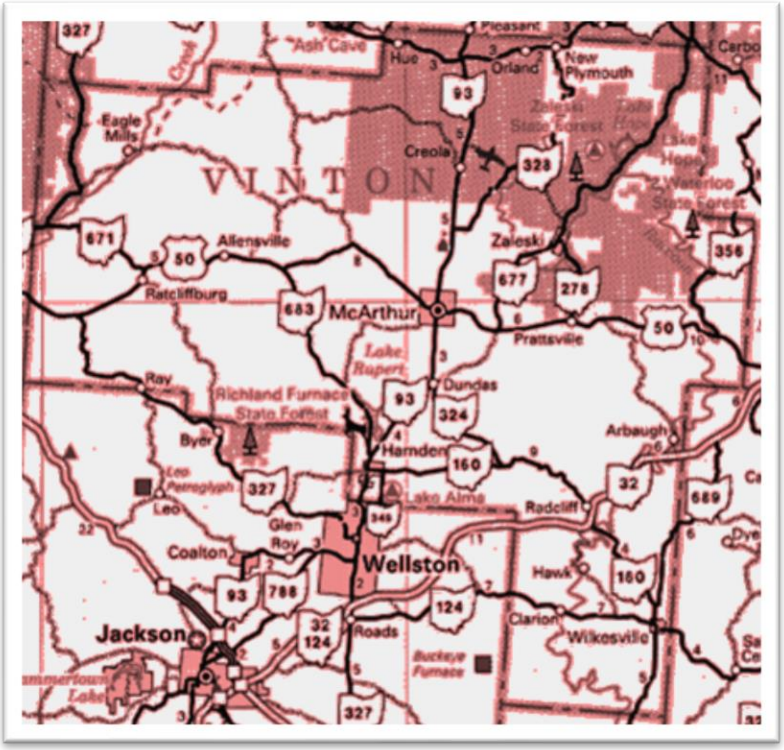
3. What 1-2 words would you use to describe quality of life in Vinton County?
4. What does Vinton County need more of?

Priority:

2. Of everything that we talked about today, which one issue or item in the most important for your community to address?

Closing:

Thank you so much for your time! As a reminder, this will be used as part of a larger assessment to identify the most pressing health issues in Vinton County. Please contact the health department with questions or concerns.



2019 Vinton County MAPP

(Mobilizing for Action through Planning and Partnership)

Community Themes and Strengths Assessment

March 2019 Community Survey Report

Vinton County Health Department

Holzer

College of Public Health
Center for Public Health Practice
The Ohio State University

Summary

In 2018, the Vinton County Health Department (VCHD), in partnership with Holzer Health System (Holzer), embarked on a comprehensive regional community health assessment with the surrounding counties of Gallia, Meigs, and Jackson (LHDs). The region utilized a framework known as MAPP (Mobilizing for Action through Planning and Partnerships). MAPP is a nationally recognized best practice for community health assessment and community health improvement planning designed by the National Association of County and City Health Officials (NACCHO). MAPP features four distinct assessments that result in a comprehensive view of the health of a community. This report focuses on the results of one of these assessments, the Community Themes and Strengths Assessment (CTSA).

The CTSA aims to collect information about quality of life in a community, as well as the resources available to residents that would positively impact their health. Holzer and the LHDs determined the best way to collect the data needed to inform the CTSA would be to split the data collection into two portions, focus groups and a survey. To conduct the survey portion of the CTSA, Holzer, with input from the LHDs, created and distributed a quality of life survey. The survey was distributed via mail, email, and in person collection using a combination of random and convenience sampling. A total of 97 surveys were collected in Vinton County.

Methodology

In 2018, Holzer Health System (Holzer) convened a group of representatives from the health departments located in Jackson, Meigs, Vinton, and Gallia Counties in the Southeastern Region of Ohio (LHDs). The purpose of this group was to collaborate on a joint Community Health Needs Assessment (CHNA) for Holzer and Community Health Assessments (CHA) for the LHDs. The group chose to utilize a framework call Mobilizing for Action through Planning and Partnerships (MAPP), a nationally recognized, best practice community health assessment and improvement process designed by the National Association of County and City Health Officials (NACCHO). MAPP requires four distinct assessments to create a comprehensive picture of the health of a community. One of those assessments, the Community Themes and Strengths Assessment (CTSA) is a qualitative assessment that gathers information on quality of life and resources in a community.

To conduct the CTSA, Holzer and the LHDs chose to use two data collection techniques: focus groups and a survey. This report focuses on the survey results. Information on and analysis of the focus groups can be found in a separate report.

To conduct the survey, Holzer and the LHDs crafted a questionnaire that aimed to collect information on access to healthy produce, access to areas for safe recreation, barriers to receiving care, and demographic data. Complete survey results can be found in Appendix A of this report.

The survey was distributed via USPS (mail) by Holzer using a computerized random sample of addresses in the assessment area. Effort was made to assure appropriate distribution based on county population size. When return rate was not high enough to assure statistically significant responses in some of the counties, email distribution was used to resend the survey to a random sample. With return rates still low, Holzer and the LHDs decided to begin gathering survey responses via convenience sample. Each LHD was responsible for collecting additional surveys for their county through a combination of in-person and email surveys. Any in-person or mail surveys were entered into Survey Monkey by Holzer for analysis.

Vinton County had a total of 97 respondents to the survey. This sample size represents a 95% confidence interval and 10% margin of error based on the 2018 population estimate of 13,132[1].

[1] American FactFinder: Vinton County, OH. (2019, April 24). Retrieved from https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml?src=bkmk

Findings

The questions in the survey focused primarily on access to resources, including food, recreation, and health care. While information on the focus groups can be found in a separate report, comparisons between the survey results and the focus group results are provided in this report when appropriate and applicable.

85.29% of respondents reported that they had access to a place to purchase healthy foods. This is similar to the LHD regional rate of 87.32%. During the focus group sessions, participants expressed concerns about the affordability of these foods. 63.87% of respondents reported that areas for physical activity are moderately or very accessible, while 55.46% reported that there are enough safe places for children to play in the community, compared to 55.37% and 53.90% respectively. During the focus group sessions, Vinton County's areas for outdoor recreation were identified as an asset of the community, while safety was identified as an issue. A high incidence of substance abuse in the community was attributed to those safety issues.

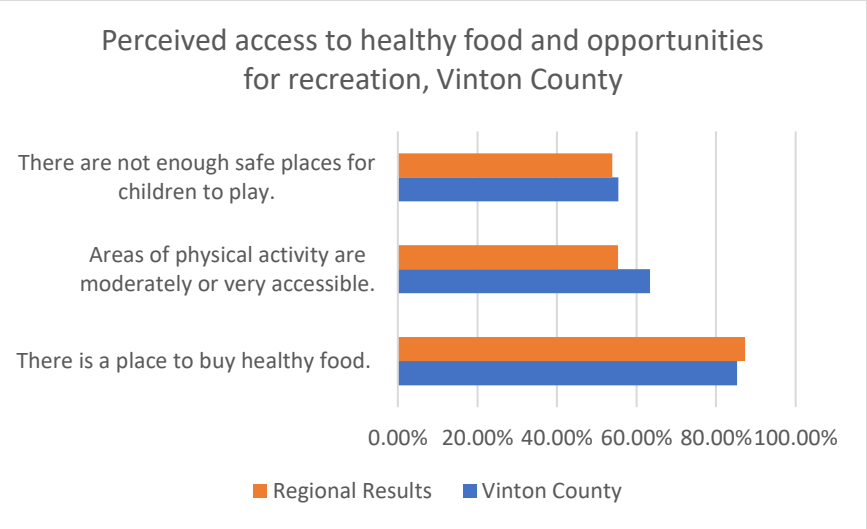


Figure 10: How Vinton County compares to the region concerning perceived access to healthy food and areas for safe recreation.

In response to a question asking what the top three health problems in the community are (Figure 2), 84.31% of Vinton County respondents reported that drug and/or alcohol abuse is the top health problem, followed by poor health behavior (including smoking, poor diet, limited exercise) at 68.63% and economic challenges (including unemployment, poverty, education levels) at 56.37%. These are the same health conditions that rose to the top in the regional results. During the focus group sessions, substance abuse, including drugs and/or

Biggest health problem in the community		
	Vinton County	Regional Results
Drug and/or Alcohol Abuse	84.31%	80.27%
Poor Health Behavior	68.63%	64.44%
Economic Challenges	56.37%	49.48%

Figure 11: Top three perceived health issues in Vinton County and the Region

alcohol were noted as a community concern, as well as economic challenges in the community.

When asked about accessing certain types of care (Figure 3), many respondents reported having a very or somewhat difficult time receiving mental health care (42.85%), addiction services (43.15%), primary care (52.09%) specialty care (56.16%), and dental care (45.05%). Even given this, 83.41% of respondents reported having a regular healthcare provider.

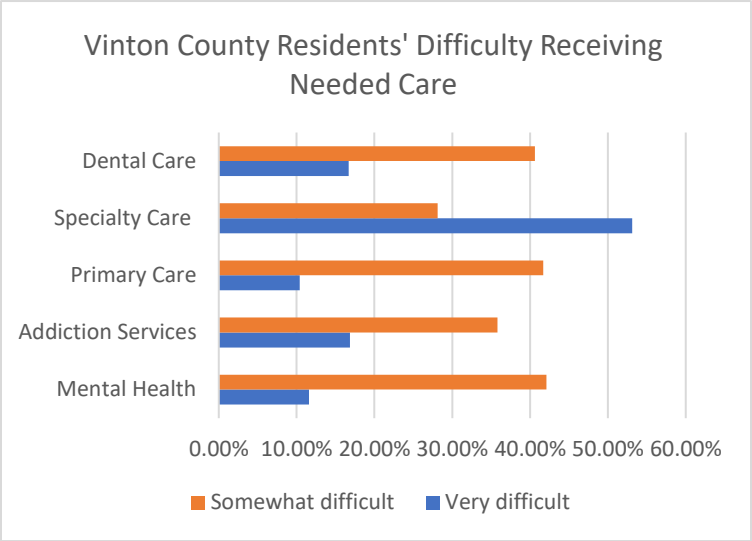


Figure 12: Perceived ease of access to care.

The top three reasons that respondents report not accessing needed health care were that the cost was too high (37.65%), inability to take or afford time off work (17.65%), and the needed service was too far away (10.59%). This underscores the results of the focus group sessions, where access to healthcare was noted as a reason for concern in the community due to the fact that many jobs in Vinton County do not allow for time off with pay and that providers are geographically inaccessible for many residents.

23.63% of Vinton County respondents could not access dental care and 19.23% of Vinton County respondents could not get a prescription filled due to cost, compared to 26.50% and 23.90% for the regional, respectively.

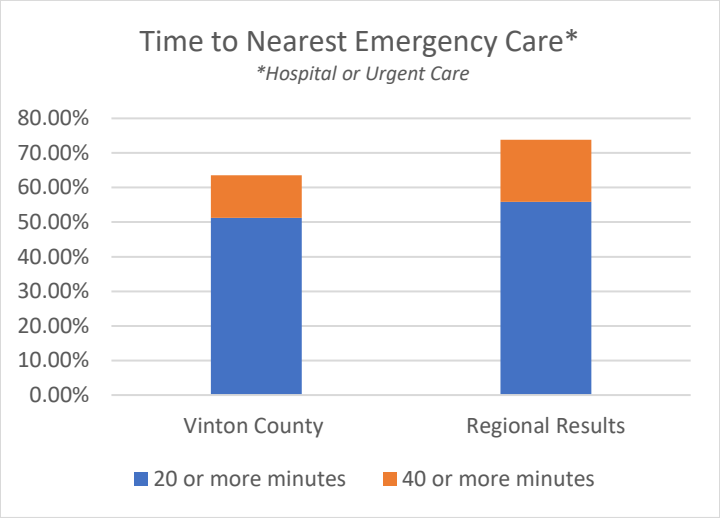


Figure 13: Travel time to nearest emergency care.

Access to emergency services was a particular issue for Vinton County (Figure 4). 51.24% of Vinton County respondents reported that it would take them 20 or more minutes to get to a hospital, urgent care, or emergency room if seriously injured. 12.32% reported that it would take 40 or more minutes.

When asked specifically about seeking mental health care, respondents reported that awareness, stigma, and cost were the biggest barriers to care. 33.51% reported that most people with a mental health issue do not know that

they have a problem, 21.99% reported that fear of others finding out is a barrier, and 17.80% reported that the cost of treatment is too high.

Discussion

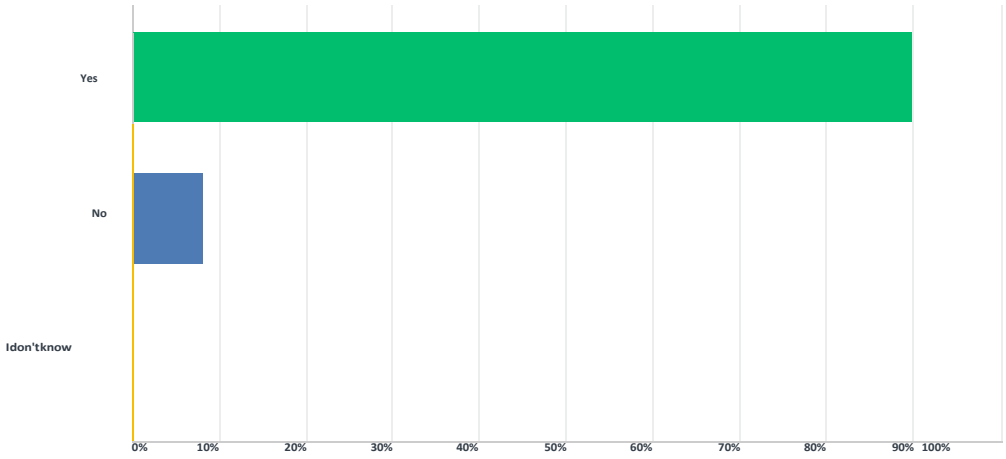
Survey respondents reported an overall inability to access care because of several issues, including cost and distance to healthcare providers. When considered with the results of the focus groups, there is a great need for jobs with better benefits. This would allow Vinton County residents better benefits, which would reduce the out of pocket cost for health care. In addition, jobs that offer paid sick time would allow the people who were unable to afford taking off work for needed care to seek the care they need.

There is also a need for more accessible emergency and specialty care in Vinton County. Almost two thirds of respondents reported being 20 minutes or more from the closest emergency care when seriously injured and over half of respondents reported having difficulty receiving specialty care. This also underscores the results of the focus group sessions, where participants noted an overall lack of specialists in the community and the distance to care that many residents have to travel.

The main place in which the focus group results diverged from the survey was results was in access to healthy foods. A majority of survey respondents reporting have a place to purchase healthy foods in the community, while this came up as a gap in the community with focus group participants. Cost was given as a barrier to accessing healthy foods in the focus groups which was not asked in the survey. This may explain the difference.

Q1 Is there a place within your community where you can buy healthy foods, such as fresh produce?

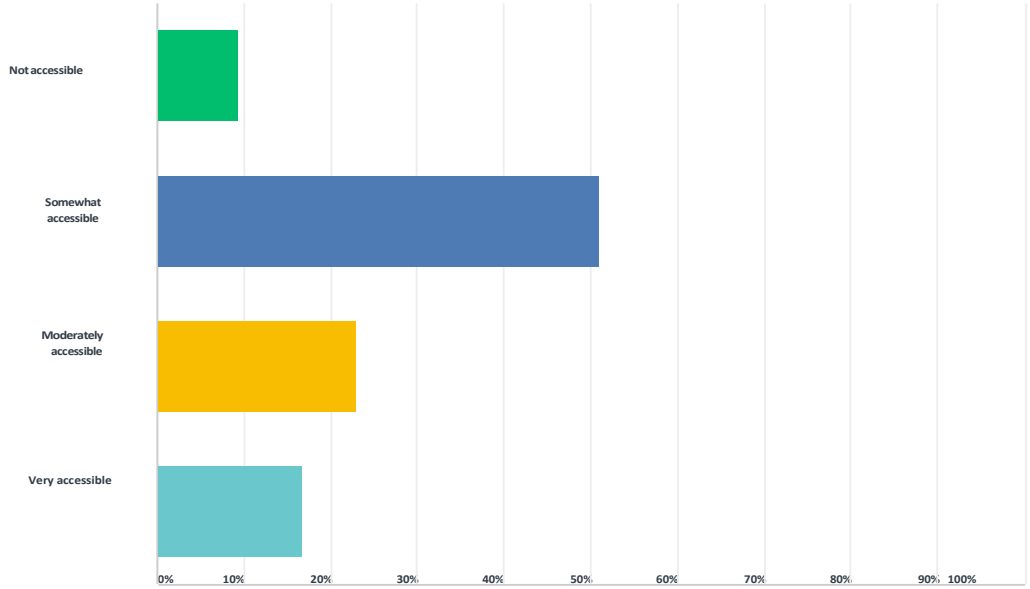
Answered: 96 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	89.58%	86
No	8.33%	8
I don't know	2.08%	2
TOTAL		96

Q2 How accessible are areas to be physically active in your community?

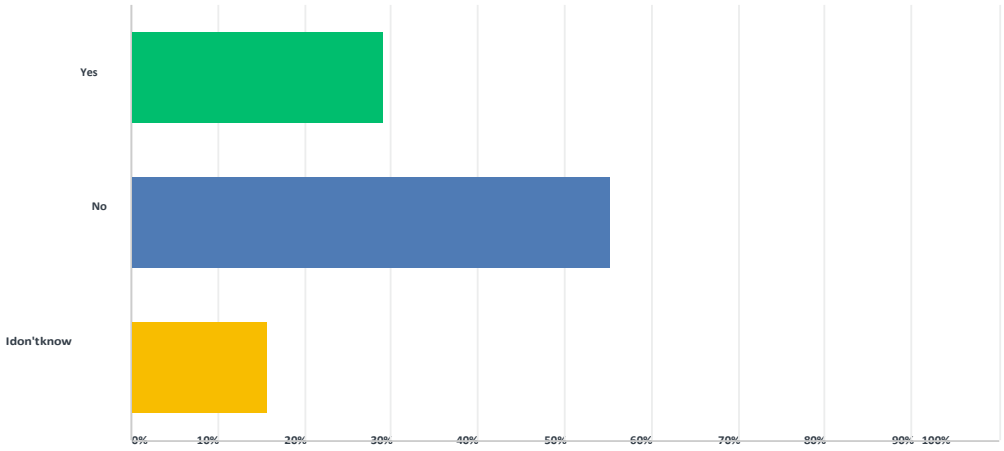
Answered: 96 Skipped: 1



ANSWER CHOICES	RESPONSES	
Not accessible	9.38%	9
Somewhat accessible	51.04%	49
Moderately accessible	22.92%	22
Very accessible	16.67%	16
TOTAL		96

Q3 Do you think that there are enough safe places for children toplay within your community?

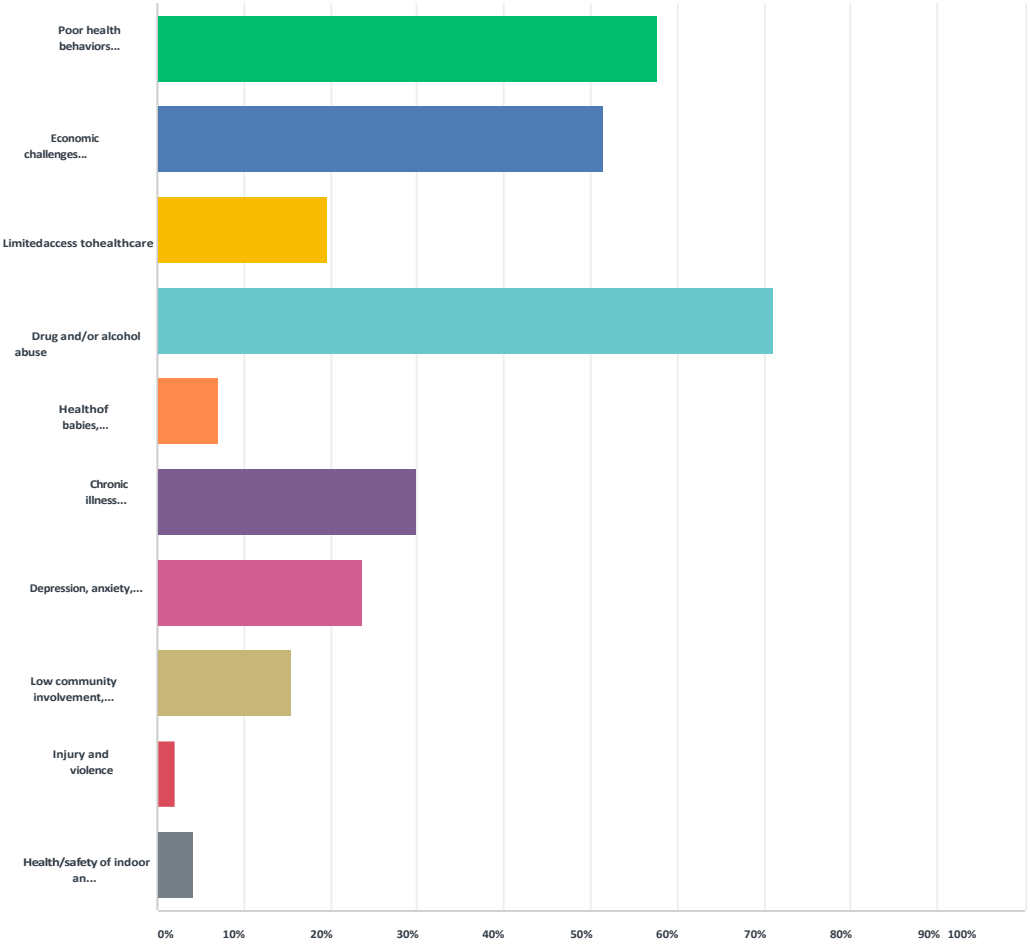
Answered: 96 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	29.17%	28
No	55.21%	53
I don't know	15.63%	15
TOTAL		96

Q4 What do you feel is the biggest health problem in your community? (Select top 3)

Answered: 97 Skipped: 0

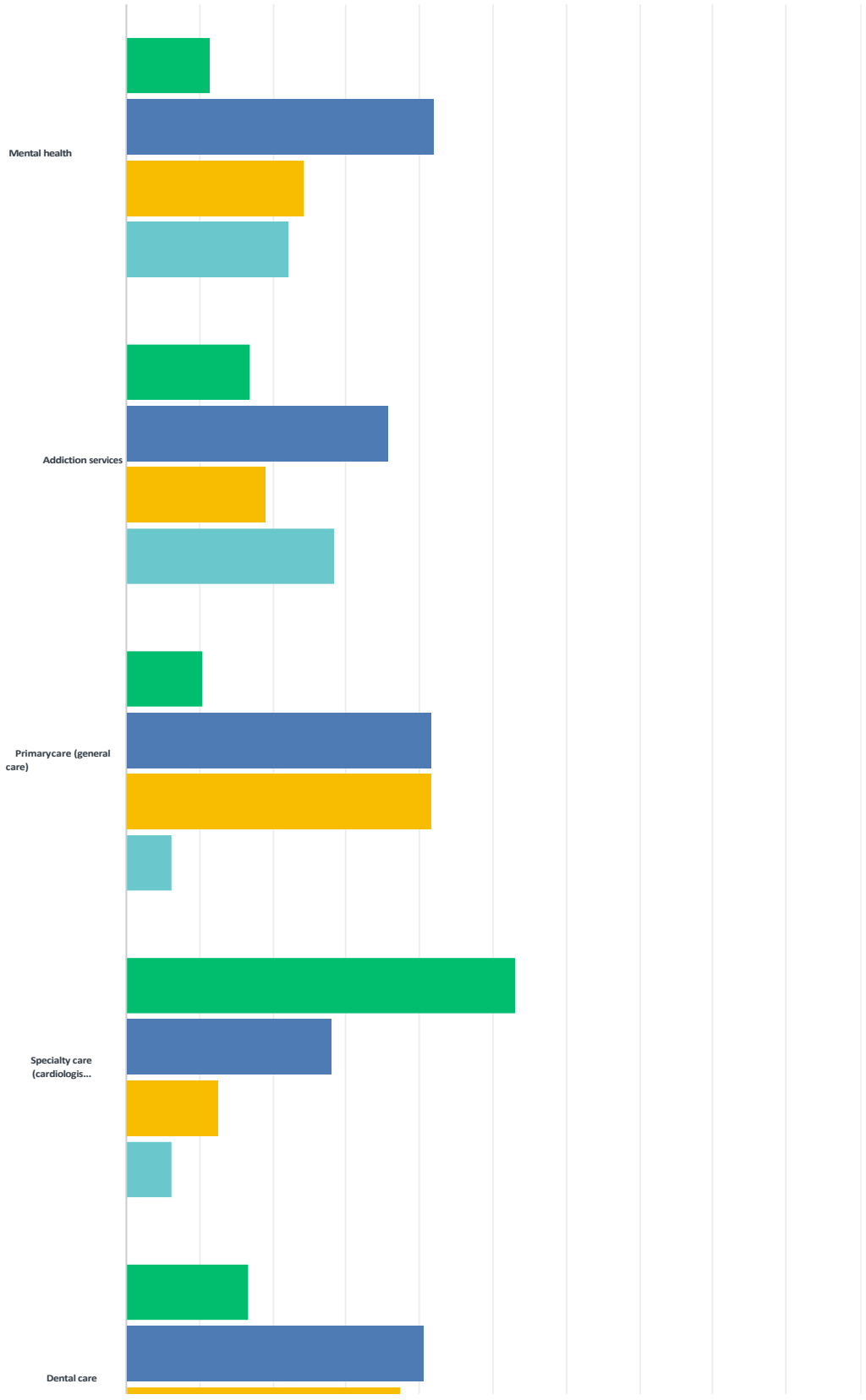


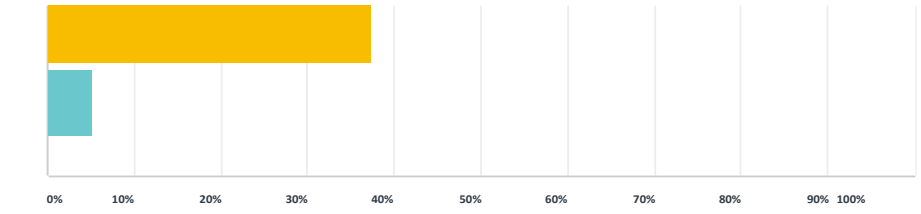
ANSWER CHOICES	RESPONSES	
Poor health behaviors (Smoking, poor diet, limited exercise)	57.73%	56
Economic challenges (unemployment, poverty, education levels)	51.55%	50
Limited access to health care	19.59%	19
Drug and/or alcohol abuse	71.13%	69
Health of babies, mothers, and children (teen pregnancy, childhood obesity, prenatal care)	7.22%	7
Chronic illness (diabetes, cancer, obesity, ongoing pain)	29.90%	29
Depression, anxiety, stress, people feeling judged for seeking mental health treatment	23.71%	23
Low community involvement, hopelessness, apathy	15.46%	15
Injury and violence	2.06%	2
Health/safety of indoor and outdoor spaces	4.12%	4

Total Respondents: 97

Q5 How difficult is it to receive the following services within your community?

Answered: 97 Skipped: 0

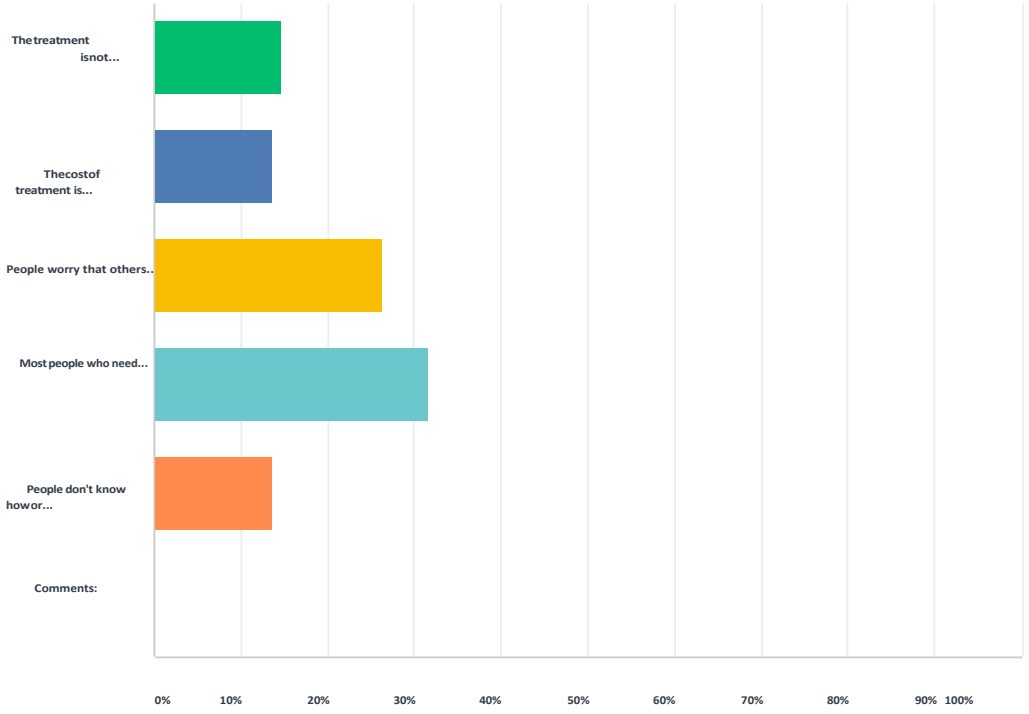




	VERY DIFFICULT	SOMEWHAT DIFFICULT	NOT AT ALL DIFFICULT	I DON'T KNOW	TOTAL
Mental health	11.58% 11	42.11% 40	24.21% 23	22.11% 21	95
Addiction services	16.84% 16	35.79% 34	18.95% 18	28.42% 27	95
Primary care (general care)	10.42% 10	41.67% 40	41.67% 40	6.25% 6	96
Specialty care (cardiologist, podiatrist, etc.)	53.13% 51	28.13% 27	12.50% 12	6.25% 6	96
Dental care	16.67% 16	40.63% 39	37.50% 36	5.21% 5	96

Q6 Some people choose not to seek help for mental health issues.What do you think is the primary reason people in your community mightavoid getting help for mental health issues? (Select ONE)

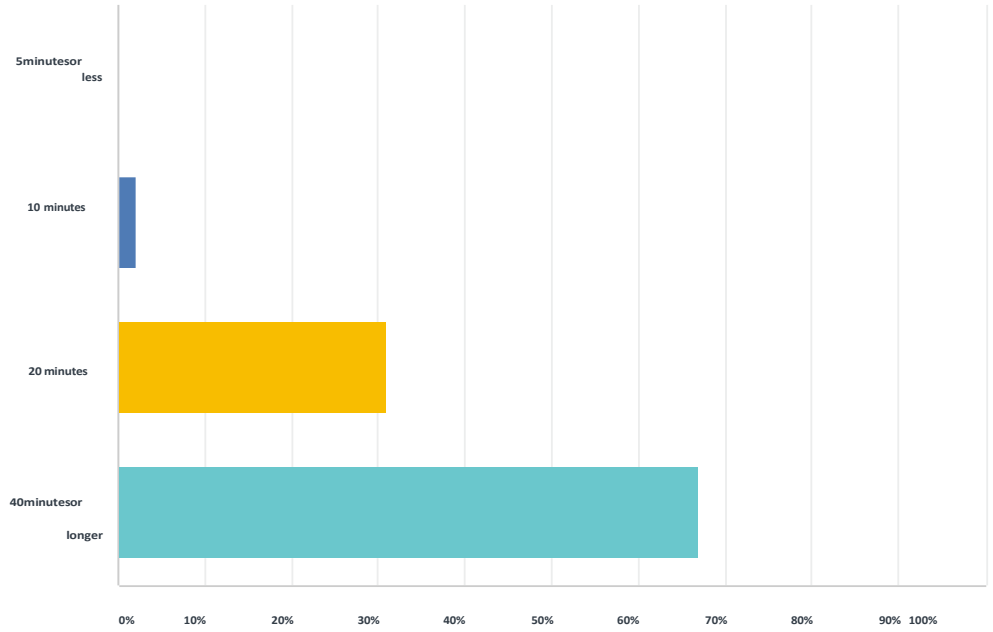
Answered: 95 Skipped: 2



ANSWER CHOICES	RESPONSES	
The treatment is not available or is too far away	14.74%	14
The cost of treatment is too high	13.68%	13
People worry that others will find out about the issue and/or treatment	26.32%	25
Most people who need treatment do not believe they have a problem	31.58%	30
People don't know how or where to get this type of treatment	13.68%	13
Comments:	0.00%	0
TOTAL		95

Q7 If you were seriously injured, how long would it take you to get to a hospital, urgent care, or emergency room for treatment?

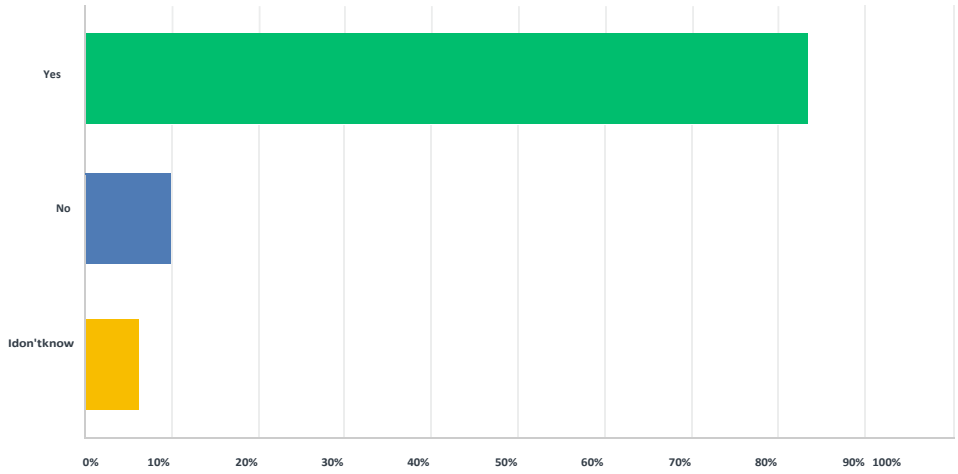
Answered: 97 Skipped: 0



ANSWER CHOICES	RESPONSES	
5 minutes or less	0.00%	0
10 minutes	2.06%	2
20 minutes	30.93%	30
40 minutes or longer	67.01%	65
TOTAL		97

Q8 Do you consider yourself hopeful?

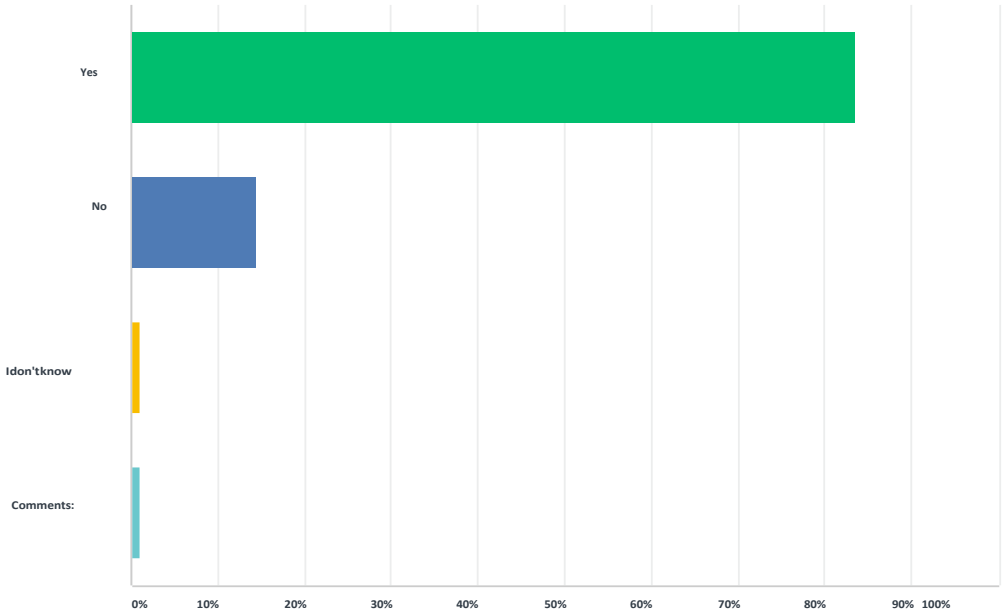
Answered: 97 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	83.51%	81
No	10.31%	10
I don't know	6.19%	6
TOTAL		97

Q9 Do you have someone that you consider your regular healthcare provider?

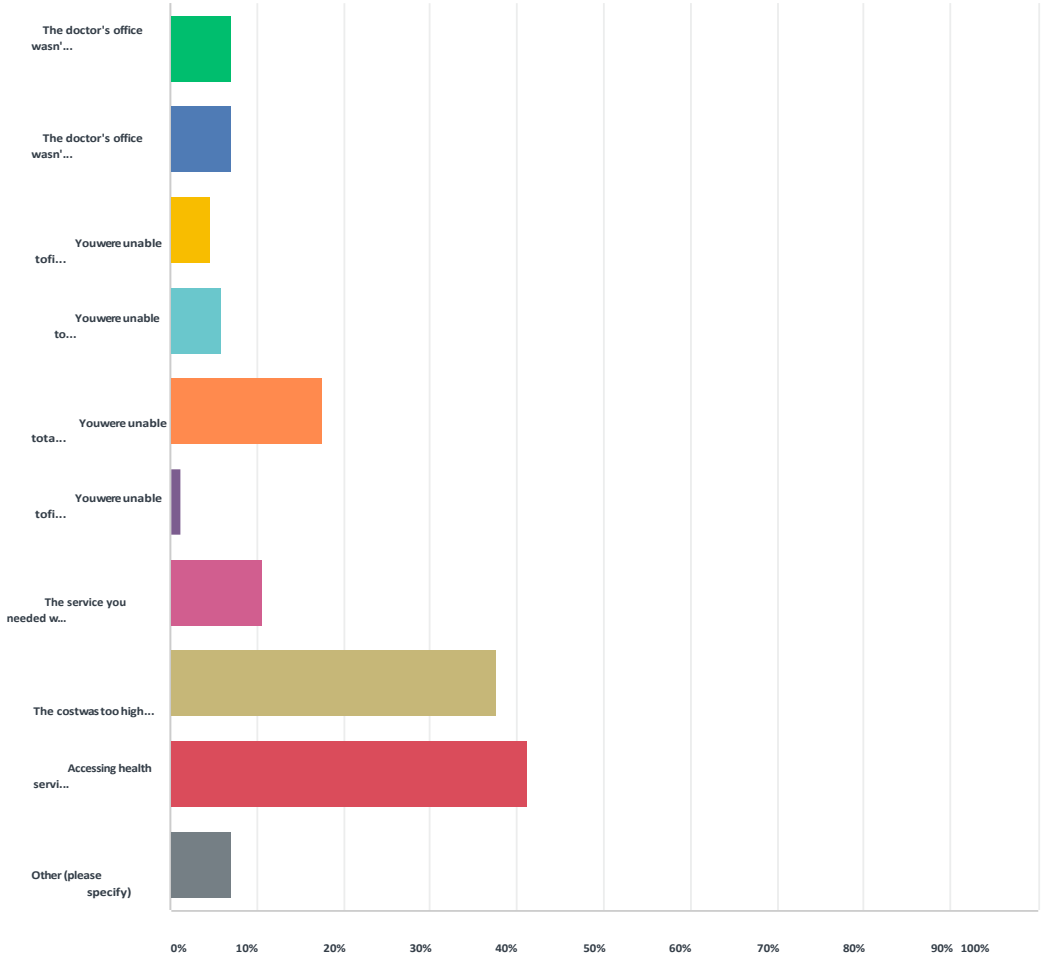
Answered: 97 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	83.51%	81
No	14.43%	14
I don't know	1.03%	1
Comments:	1.03%	1
TOTAL		97

Q10 Please indicate if any of the following issues prevented you from accessing health care in the past year (please select all that apply):

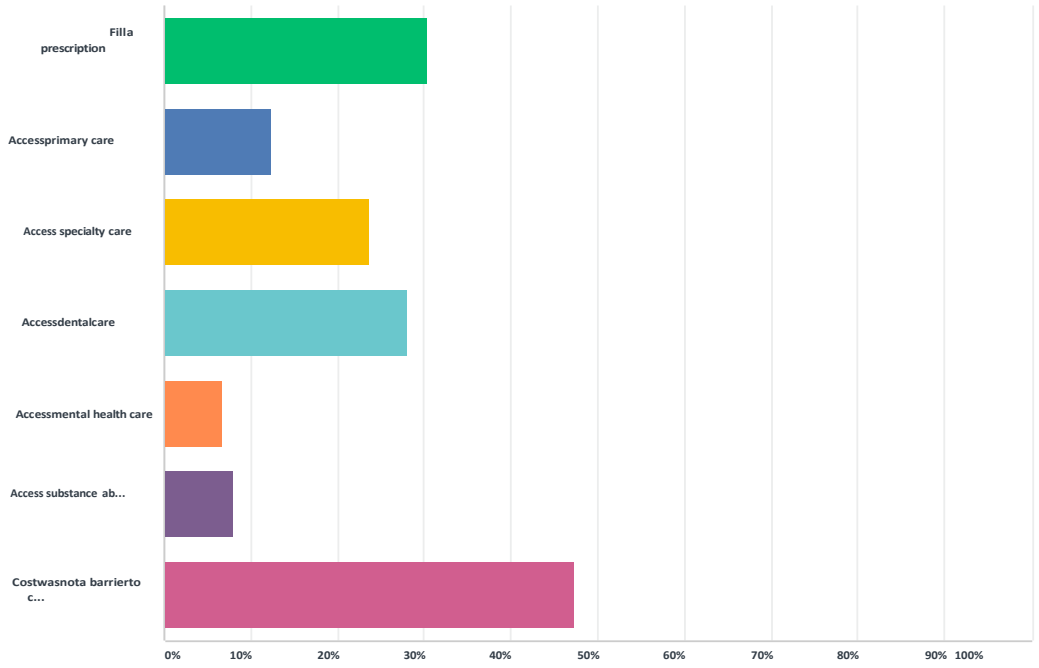
Answered: 85 Skipped: 12



ANSWER CHOICES	RESPONSES	
The doctor's office wasn't accepting your health insurance	7.06%	6
The doctor's office wasn't accepting new patients	7.06%	6
You were unable to find transportation	4.71%	4
You were unable to afford transportation	5.88%	5
You were unable to take or afford time off from work	17.65%	15
You were unable to find necessary childcare	1.18%	1
The service you needed was too far to access	10.59%	9
The cost was too high (insurance deductible, co-pay, lab costs, prescriptions)	37.65%	32
Accessing health services was not an issue for me in the past year	41.18%	35
Other (please specify)	7.06%	6
Total Respondents: 85		

Q11 Please let us know if you or someone in your family were unable to do any of the following within the last year due to the inability to afford the service (please select all that apply):

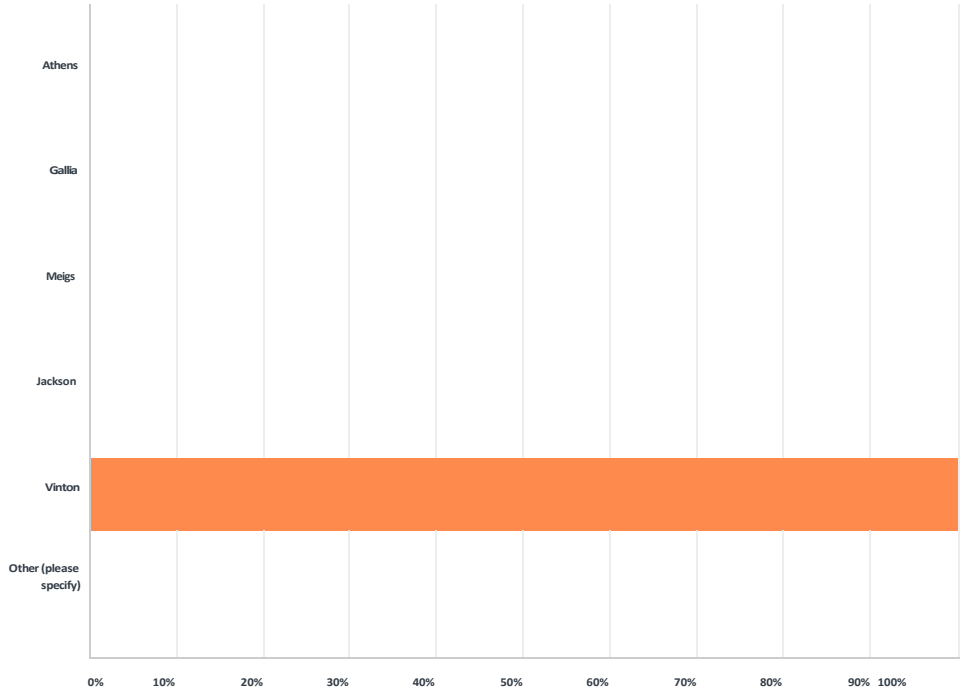
Answered: 89 Skipped: 8



ANSWER CHOICES	RESPONSES	
Fill a prescription	30.34%	27
Access primary care	12.36%	11
Access specialty care	23.60%	21
Access dental care	28.09%	25
Access mental health care	6.74%	6
Access substance abuse services	7.87%	7
Cost was not a barrier to care for me or my family in the past year	47.19%	42
Total Respondents: 89		

Q12 What county do you live in?

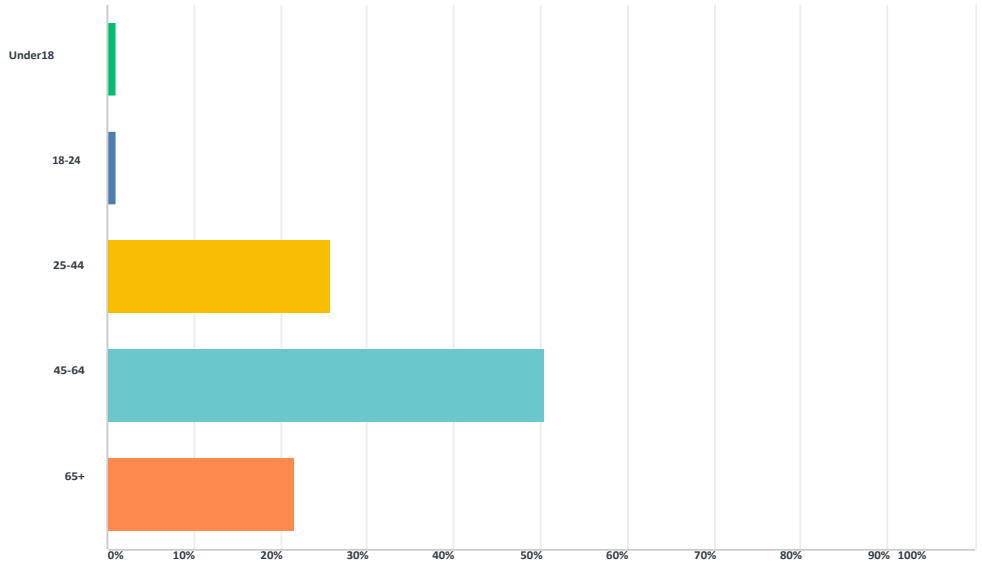
Answered: 97 Skipped: 0



ANSWER CHOICES	RESPONSES	
Athens	0.00%	0
Gallia	0.00%	0
Meigs	0.00%	0
Jackson	0.00%	0
Vinton	100.00%	97
Other (please specify)	0.00%	0
TOTAL		97

Q14 Please tell us your age:

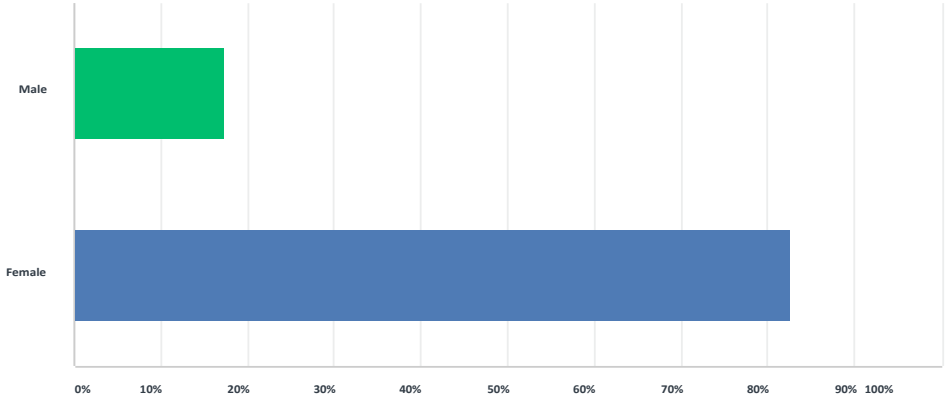
Answered: 97 Skipped: 0



ANSWER CHOICES	RESPONSES	
Under 18	1.03%	1
18-24	1.03%	1
25-44	25.77%	25
45-64	50.52%	49
65+	21.65%	21
TOTAL		97

Q15 Please tell us your sex:

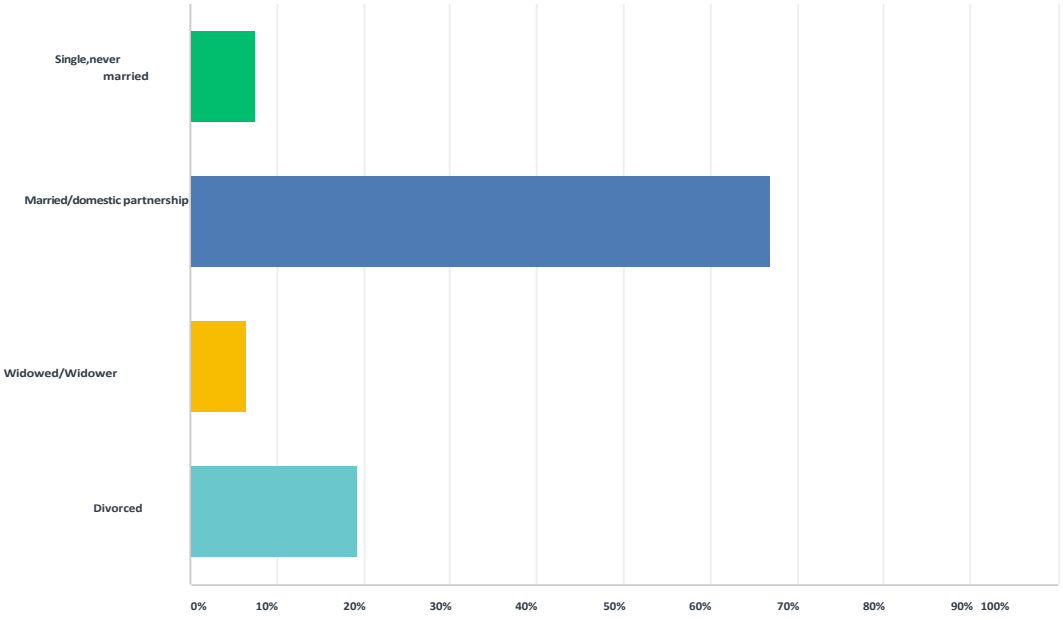
Answered: 92 Skipped: 5



ANSWER CHOICES	RESPONSES	
Male	17.39%	16
Female	82.61%	76
TOTAL		92

Q16 What is your marital status?

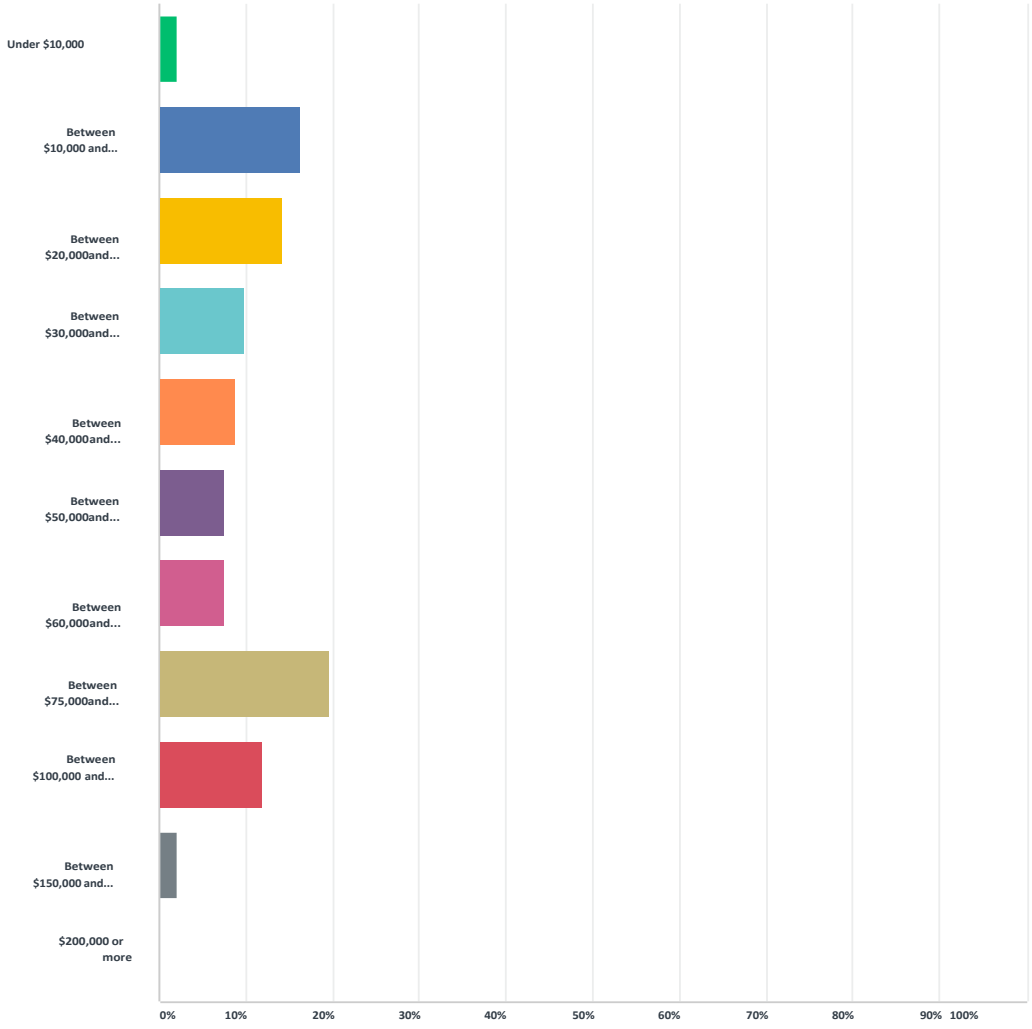
Answered: 94 Skipped: 3



ANSWER CHOICES	RESPONSES	
Single, never married	7.45%	7
Married/domestic partnership	67.02%	63
Widowed/Widower	6.38%	6
Divorced	19.15%	18
TOTAL		94

Q17 What is your average yearly household income?

Answered: 92 Skipped: 5

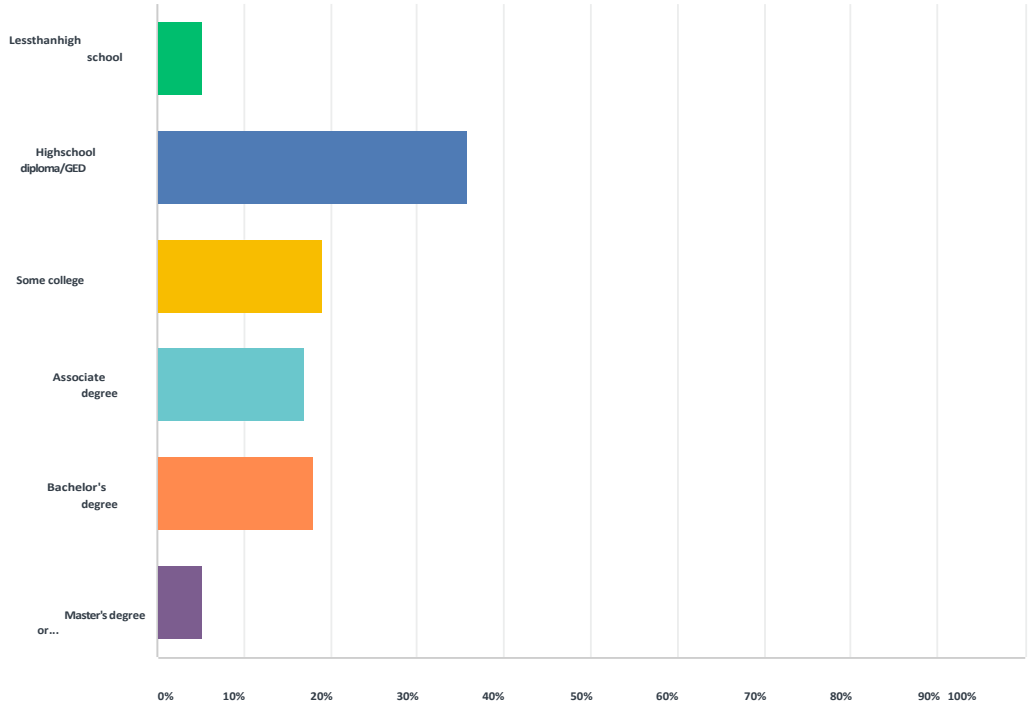


ANSWER CHOICES	RESPONSES	
Under $10,000	2.17%	2
Between $10,000 and $19,999	16.30%	15
Between $20,000 and $29,999	14.13%	13
Between $30,000 and $39,999	9.78%	9
Between $40,000 and $49,999	8.70%	8
Between $50,000 and $59,999	7.61%	7
Between $60,000 and $74,999	7.61%	7
Between $75,000 and $99,999	19.57%	18
Between $100,000 and $149,999	11.96%	11
Between $150,000 and $199,999	2.17%	2

$200,000 or more	0.00%	0
TOTAL		92

Q18 What is your highest level of education?

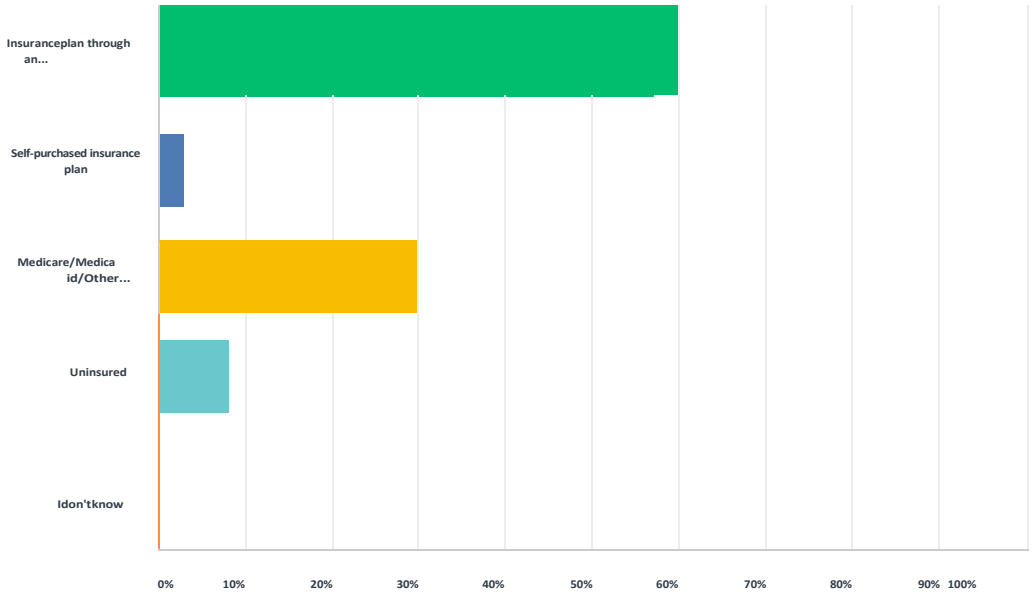
Answered: 95 Skipped: 2



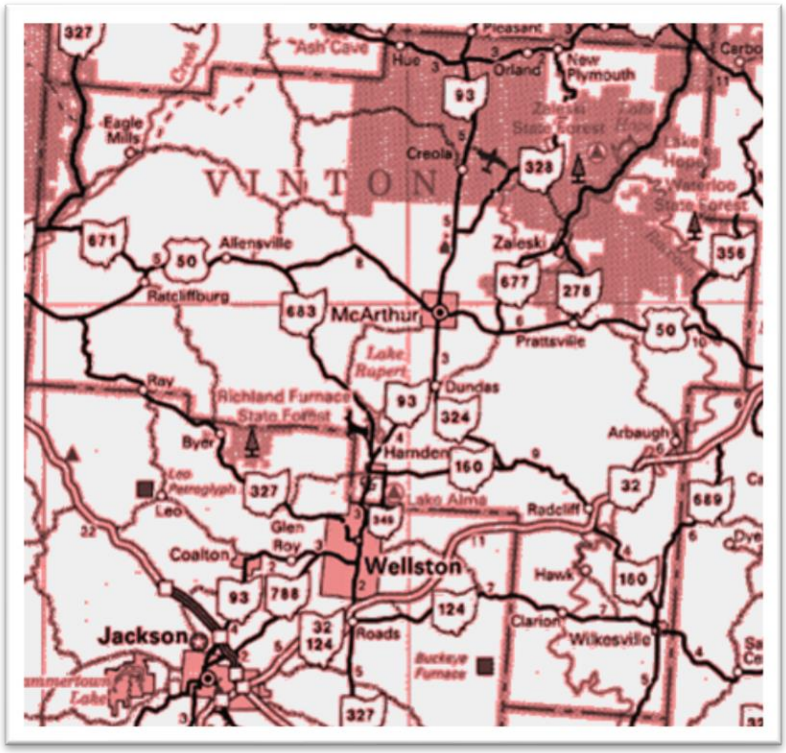
ANSWER CHOICES	RESPONSES	
Less than high school	5.26%	5
High school diploma/GED	35.79%	34
Some college	18.95%	18
Associate degree	16.84%	16
Bachelor's degree	17.89%	17
Master's degree or higher	5.26%	5
TOTAL		95

Q19 What is your current insurance status?

Answered: 96 Skipped: 1



ANSWER CHOICES	RESPONSES	
Insurance plan through an employer	57.29%	55
Self-purchased insurance plan	3.13%	3
Medicare/Medicaid/Other government program	30.21%	29
Uninsured	8.33%	8
I don't know	1.04%	1
TOTAL		96



2019 Vinton County MAPP

(Mobilizing for Action through Planning and Partnership)

Local Public Health System Assessment

March 2019

Supplemental Process Report

Vinton County Health Department

Holzer

College of Public Health
Center for Public Health Practice
The Ohio State University

Summary

In 2018, the Vinton County Health Department (VCHD), in partnership with Holzer Health Systems, embarked on a comprehensive regional community health assessment with the surrounding counties of Gallia, Meigs, and Jackson. The region utilized a framework known as MAPP (Mobilizing for Action through Planning and Partnerships). MAPP is a nationally recognized best practice for community health assessment and community health improvement planning designed by the National Association of City and County Health Officials (NACCHO). MAPP features four distinct assessments that result in a comprehensive view of the health of a community. This report focuses on the process and results of one of these assessments, the Local Public Health System Assessment (LPHSA).

To conduct the LPHSA, VCHD contracted with the Center for Public Health Practice at the Ohio State University (CPHP) to administer an online survey to provide inputs to complete the National Public Health Performance Standards Assessment tool (NPHPS), a nationally validated survey developed to assess a community's activity in each if the 10 Essential Public Health Services. An in-person meeting was held on March 8, 2019 to review the results of the online surveys and determine what Vinton County's strengths, weaknesses, opportunities, and priorities were surrounding these essential services.

Overall, there were two priorities identified during the discussion at the in-person meeting:

- There is a need to act on the issues identified at community meetings. At several points throughout the discussion, people noted that Vinton County has regular meetings to discuss health issues and ways to improve them, but often lacks sustainable action to improve the community's health.
- The biggest priority for improvement was in Essential Service 9, Evaluation of Health Services. The group discussed the need to improve evaluating population based and public health services.

The complete results of the NPHPS are located in Appendix C of this report. This report focuses on the process used for the Vinton County LPHSA and a brief overview of the findings of the in-person meeting.

Methodology

The Local Public Health System Assessment (LPHSA) is a method of assessing a community's activity level surrounding the 10 Essential Public Health Services utilizing the National Public Health Performance Standards Assessment tool (NPHPS). The NPHPS tool asks respondents to assess the activity level in a community pertaining to a series of model standards per essential service with measures associated with each model standard. This assessment has traditionally been conducted utilizing only in-person meetings. In order to make the assessment more manageable for the community, a hybrid online/in-person method of conducting the LPHSA has been developed.

The Ohio State University Center for Public Health Practice (CPHP) transferred the NPHPS questions into an online survey utilizing the survey program Qualtrics, creating one survey per essential service. After the online surveys were developed, the Vinton County Health Department determined which community members would be able to respond to which essential service survey. The surveys were distributed via email to the selected community members and participants were given two weeks to complete the surveys. After the online surveys were completed, CPHP took the results and completed the NPHPS Local Assessment Data Sheets and Report (Report). CPHP utilized the mean (average) score from the online survey as the Performance Score in listed in the Report.

During an in-person session on March 8, 2019 held at the Vinton County Health Department, a group of 20 community stakeholders reviewed the Report. A complete list of participants, including the organizations they represent, can be found in Appendix A of this report. Participants worked in small groups to review the Performance Scores. Each group reviewed two or three of the essential services. The groups were asked to adjust the scores if they did not agree with the Performance Score given. These adjustments did not change the Performance Score in the Report, but were noted in the Report's Summary Notes Section.

Next, the groups were asked to note any strengths, weaknesses and opportunities for improvement that occur in Vinton County as a result of the activity happening surrounding the essential surveys they were reviewing. Any identified strengths, weaknesses, and opportunities were noted in the Report's Summary Notes section. A worksheet, detailing the process used, was given to participants. That worksheet can be found in Appendix B of this supplemental report.

Results

A summary of the average Essential Service Performance Score is located in Figure 1. The Performance Scores, Priority Rating, and Agency Contribution Scores can be found in Table 1. Gallia County's strongest activity occurs in Essential Service 2, Diagnose and Investigate, this is primarily due to the number of legally mandated functions required in Essential Service 2. The weakest Essential Service is 3: Inform, Educate, and Empower People about Health Issues. Research/Innovations. This was primarily due to low scores on 3.2.3, identify

and train spokespersons in public health issues, and 3.3.3, provide risk communication training for all employees and volunteers.

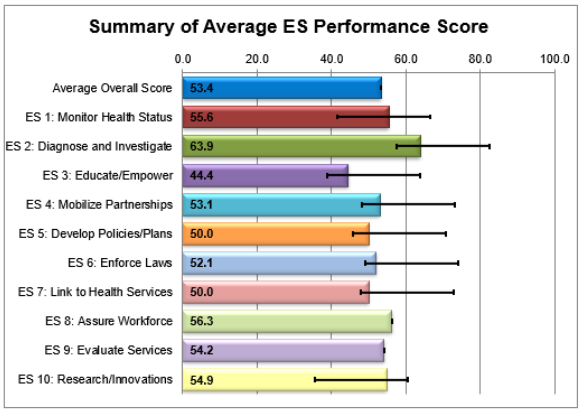


Figure 14: Summary of Essential Service Performance Scores

Discussion

The discussion about the activities surrounding the Ten Essential Public Health Services prompted a community conversation about the public health system in general. Overall, the local public health system does a good job of adequately responding to the essential services, with the strongest activity occurring in Essential Service 2, Diagnose and Investigate. Much of this Essential Service is mandated by legislative mandate and therefore must be carried out by the local public health authority. Resource availability, including inadequate technology, was noted as an area for improvement. The weakest activity occurring in Essential Service 3, Educate and Empower. The group noted that while there are good partnerships and community conversations that occur around health education and empowerment, there are barriers to success due to the use of outdated methods of communication. Essential Service 3 also includes Risk Communication, which the group thought was done by well-trained communication professionals in Vinton County, but that the public was still weary of certain risks. The group discussed the need for more community education to mitigate this.

The community had an in-depth conversation about the public health system, its activities, and its limitations. Notes on that conversation can be found in the Report. Overall, the community commented that Vinton County does a food job with meeting regularly to assess the community and discuss the health issues, community needs, and resource gaps that exist in Vinton County. There is an overall impression that no action comes from these conversations, despite several agencies and organizations participating in community improvement plans, including the community health improvement plan (CHIP). Even given its resource limitation, Vinton County needs to do a better job of following through on generating the resources needed to create sustainable community change.

In addition, the group put the highest priority on targeting resources towards Essential Service 9, Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services. The group noted that there is currently little evaluation done to determine if programs and initiatives that come out of community planning are effective and noted that there was a potential connection between the perceived lack of action

noted above and the lack of evaluation. The group discussed the need to evaluate in order to assure that resources are being spent well and that community change is occurring to improve the health of the community and correct gaps in resources.

APPENDIX A - LPHSA: List of Participants

Name	Title/Agency
Earl Cecil	Executive Director, 317 Board
Janelle McManis	Environmental Health Director, Vinton County Health Department
Misty Napier	Director, University of Rio Grande
Johnna Owings	Vinton County Board of Developmental Disabilities
Carla Shaeffer	Case Manager, Hopewell Health
Jean Goodman	Office Manager, Hopewell Health
Connie Zickafoose	Counselor, Health Recovery Services
Wanda Edwards	Site Manager, Hopewell Health
MaryAnn Knapke	Administrative Assistant, Vinton County Health Department
Barbi Hammond	Supervisor, Help Me Grow
Carrie McManis	Vinton County Home visiting
Kim Wortman	Home Health Liaison, Vinton County Health Department
Sue Crapes	Vinton County Health Commissioner
Teresa Snider	Director of Curriculum, Instruction and Assessment, Vinton County Local Schools
Miranda Smith	Principal, Vinton County South Elementary School
Jeremy Ward	Principal, Vinton County Middle School
Margaret Demko	Vinton County Family and Children First Council
Glenn Thompson	Administrator, Vinton County Health Department
Joseph L Hewitt	Chief, Hamden Police Department
Teresa Coffer	Administrator, Maple Hills

APPENDIX B - LPHSA: NPHPS Review and Prioritization Process

Vinton County 2019 Local Public Health System Assessment (LPHSA)

Overview

Congratulations on completing the Local Public Health System Assessment survey! The National Public Health Performance Standard (NPHPS) assessment is designed to help health departments and public health system partners generate a snapshot of performance standards at their agencies and identify areas of strength and weakness. This morning's meeting will review the performance scores based on the survey you have already completed and identify strengths, weaknesses, and opportunities for improvement associated with how Vinton County's Local Public Health System (LPHS) addresses the 10 Essential Public Health Services. Each Essential Service has a series of Model Standards for assuring the Essential Service is met. Within each Model Standard is a series of Measures outlining activities needed to achieve the Model Standard.

A Qualtrics survey gathering community feedback about Vinton County's activities surrounding the 10 Essential Public Health Services was distributed in January 2019. The survey was comprised of questions taken from the NPHPS assessment tool. This worksheet contains a set of Performance Scores based on the average scores reported in the results of that Qualtrics survey. Today, you will be given the opportunity to review the scores and consider the priority of each Model Standard to the LPHS. Follow the instructions below for each of the 10 Essential Public Health Services.

Instructions

First, review the Performance Score for each measure. Consider how you think Vinton County responds to this Essential Public Health Service and whether or not this score reflects that. The scores reflect the following level of activity in your community:
No Activity = 0
Minimal Activity = 25
Moderate Activity = 50
Significant Activity = 75
Optimal Activity = 100

If you disagree with the score given, please note why in the *Notes* section.

Next, prioritize the Measure based on the following question: “On a scale of 1 to 10, how important is it to improve our performance in this activity (e.g., through a quality improvement process, increased emphasis, or resources)?”

Finally, for each Model Standard, list any strengths, weaknesses, and short- or long-term opportunities for improvement in the *Strengths, Weaknesses, and Opportunities* Section.

National Public Health Performance Standards

Local Assessment Report

Vinton County Health Department
2/1/2019

Program Partner Organizations

American Public Health Association
www.apha.org

Association of State and Territorial Health Officials
www.astho.org

Centers for Disease Control and Prevention
www.cdc.gov

National Association of County and City Health Officials
www.naccho.org

National Association of Local Boards of Health
www.nalboh.org

National Network of Public Health Institutes
www.nnphi.org

Public Health Foundation
www.phf.org

Table of Contents

Acknowledgements
The National Public Health Performance Standards (NPHPS) was developed collaboratively by the program's national partner organizations. The NPHPS partner organizations include: Centers for Disease Control and Prevention (CDC); American Public Health Association (APHA); Association of State and Territorial Health Officials (ASTHO); National Association of County and City Health Officials (NACCHO); National Association of Local Boards of Health (NALBOH); National Network of Public Health Institutes (NNPHI); and then Public Health Foundation (PHF). We thank the staff of these organizations for their time and expertise in the support of the NPHPS.

Background
The NPHPS is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPS assessment instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards. Through these assessments, responding sites can consider the activities of all public health system partners, thus addressing the activities of all public, private and voluntary entities that contribute to public health within the community.

The NPHPS assessments are intended to help users answer questions such as "What are the components, activities, competencies, and capacities of our public health system?" and "How well are the ten Essential Public Health Services being provided in our system?" The dialogue that occurs in the process of answering the questions in the assessment instrument can help to identify strengths and weaknesses, determine opportunities for immediate improvements, and establish priorities for long term investments for improving the public health system.

Three assessment instruments have been designed to assist state and local partners in assessing and improving their public health systems or boards of health. These instruments are the:

- State Public Health System Performance Assessment Instrument,
- Local Public Health System Performance Assessment Instrument, and
- Public Health Governing Entity Performance Assessment Instrument.

The information obtained from assessments may then be used to improve and better coordinate public health activities at state and local levels. In addition, the results gathered provide an understanding of how state and local public health systems and governing entities are performing. This information helps local, state and national partners make better and more effective policy and resource decisions to improve the nation's public health as a whole.

Introduction

The NPHPS Local Public Health System Assessment Report is designed to help health departments and public health system partners create a snapshot of where they are relative to the National Public Health Performance Standards and to progressively move toward refining and improving outcomes for performance across the public health system.

The NPHPS state, local, and governance instruments also offer opportunity and robust data to link to health departments, public health system partners and/or community-wide strategic planning processes, as well as to Public Health Accreditation Board (PHAB) standards. For example, assessment of the environment external to the public health organization is a key component of all strategic planning, and the NPHPS assessment readily provides a structured process and an evidence-base upon which key organizational decisions may be made and priorities established. The assessment may also be used as a component of community health improvement planning processes, such as Mobilizing for Action through Planning and Partnerships (MAPP) or other community-wide strategic planning efforts, including state health improvement planning and community health improvement planning. The NPHPS process also drives assessment and improvement activities that may be used to support a Health Department in meeting PHAB standards. Regardless of whether using MAPP or another health improvement process, partners should use the NPHPS results to support quality improvement.

The self-assessment is structured around the Model Standards for each of the ten Essential Public Health Services, (EPHS), hereafter referred to as the Essential Services, which were developed through a comprehensive, collaborative process involving input from national, state and local experts in public health. Altogether, for the local assessment, 30 Model Standards serve as quality indicators that are organized into the ten essential public health service areas in the instrument and address the three core functions of public health. Figure 1 below shows how the ten Essential Services align with the three Core Functions of Public Health.

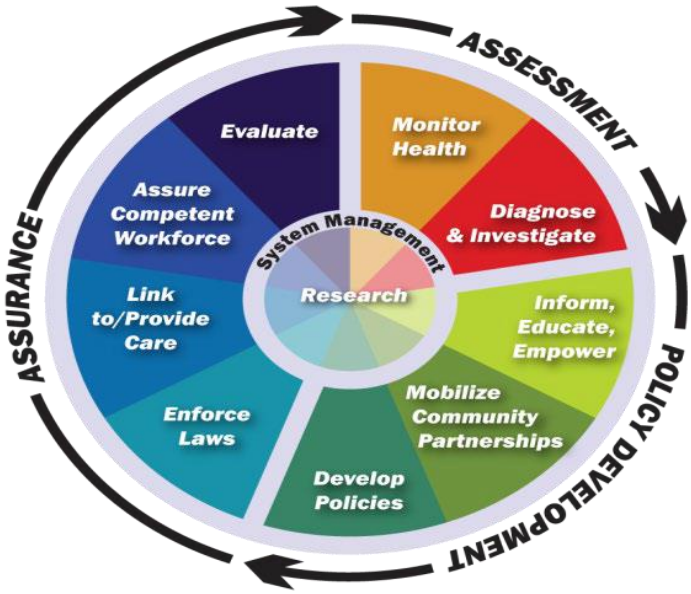


Figure 1. The ten Essential Public Health Services and how they relate to the three Core Functions of Public Health.

Purpose

The primary purpose of the NPHPS Local Public Health System Assessment Report is to promote continuous improvement that will result in positive outcomes for system performance. Local health departments and their public health system partners can use the Assessment Report as a working tool to:

- Better understand current system functioning and performance;
- Identify and prioritize areas of strengths, weaknesses, and opportunities for improvement;
- Articulate the value that quality improvement initiatives will bring to the public health system;
- Develop an initial work plan with specific quality improvement strategies to achieve goals;
- Begin taking action for achieving performance and quality improvement in one or more targeted areas; and
- Re-assess the progress of improvement efforts at regular intervals.

This report is designed to facilitate communication and sharing among and within programs, partners, and organizations, based on a common understanding of how a high performing and effective public health system can operate. This shared frame of reference will help build commitment and focus for setting priorities and improving public health system performance. Outcomes for performance include delivery of all ten essential public health services at optimal levels.

About the Report

Calculating the Scores

The NPHPS assessment instruments are constructed using the ten Essential Services as a framework. Within the Local Instrument, each Essential Service includes between 2-4 Model Standards that describe the key aspects of an optimally performing public health system. Each Model Standard is followed by assessment questions that serve as measures of performance. Responses to these questions indicate how well the Model Standard - which portrays the highest level of performance or "gold standard" - is being met.

Table 1 below characterizes levels of activity for Essential Services and Model Standards. Using the responses to all of the assessment questions, a scoring process generates score for each Model Standard, Essential Service, and one overall assessment score.

Table 1. Summary of Assessment Response Options

Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.
Significant Activity (51-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met.
Moderate Activity (26-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met.
Minimal Activity (1-25%)	Greater than zero, but no more than 25% of the activity described within the question is met.
No Activity (0%)	0% or absolutely no activity.

Understanding Data Limitations

There are a number of limitations to the NPHPS assessment data due to self-report, wide variations in the breadth and knowledge of participants, the variety of assessment methods used, and differences in interpretation of assessment questions. Data and resultant information should not be interpreted to reflect the capacity or performance of any single agency or organization within the public health system or used for comparisons between jurisdictions or organizations. Use of NPHPS generated data and associated recommendations are limited to guiding an overall public health infrastructure and performance improvement process for the public health system as determined by organizations involved in the assessment.

All performance scores are an average; Model Standard scores are an average of the question scores within that Model Standard, Essential Service scores are an average of the Model Standard scores within that Essential Service and the overall assessment score is the average of the Essential Service scores. The responses to the questions within the assessment are based upon processes that utilize input from diverse system participants with different experiences and perspectives. The gathering of these inputs and the development of a response for each question incorporates an element of subjectivity, which may be minimized through the use of particular assessment methods. Additionally, while certain assessment methods are recommended, processes differ among sites. The assessment methods are not fully standardized and these differences in administration of the self-assessment may introduce an element of measurement error. In addition, there are differences in knowledge about the public health system among assessment participants. This may lead to some interpretation differences and issues for some questions, potentially introducing a degree of random non-sampling error.

Presentation of results

The NPHPS has attempted to present results - through a variety of figures and tables - in a user-friendly and clear manner. For ease of use, many figures and tables use short titles to refer to Essential Services, Model Standards, and questions. If you are in doubt of these definitions, please refer to the full text in the assessment instruments.

Sites may have chosen to complete two additional questionnaires, the Priority of Model Standards Questionnaire assesses how performance of each Model Standard compares with the priority rating and the Agency Contribution Questionnaire assesses the local health department's contribution to achieving the Model Standard. Sites that submitted responses for these questionnaires will see the results included as additional components of their report.

Results

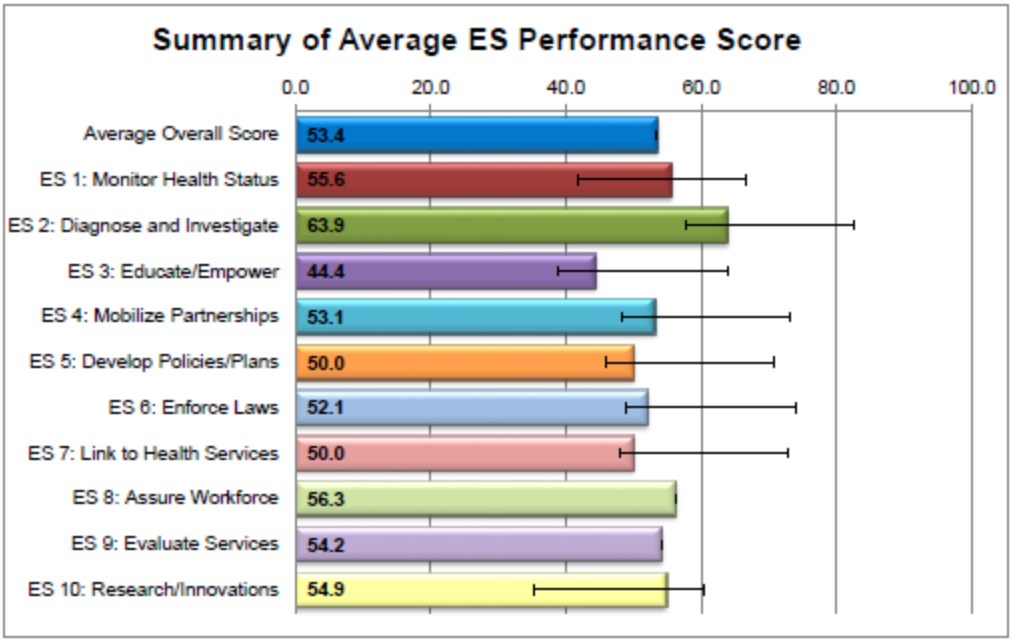
Now that your assessment is completed, one of the most exciting, yet challenging opportunities is to begin to review and analyze the findings. As you recall from your assessment, the data you created now establishes the foundation upon which you may set priorities for performance improvement and identify specific quality improvement (QI) projects to support your priorities.

Based upon the responses you provided during your assessment, an average was calculated for each of the ten Essential Services. Each Essential Service score can be interpreted as the overall degree to which your public health system meets the performance standards (quality indicators) for each Essential Service. Scores can range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum value of 100% (all activities associated with the standards are performed at optimal levels).

Figure 2 displays the average score for each Essential Service, along with an overall average assessment score across all ten Essential Services. Take a look at the overall performance scores for each Essential Service. Examination of these scores can immediately give a sense of the local public health system's greatest strengths and weaknesses. Note the black bars that identify the range of reported performance score responses within each Essential Service.

Overall Scores for Each Essential Public Health Service

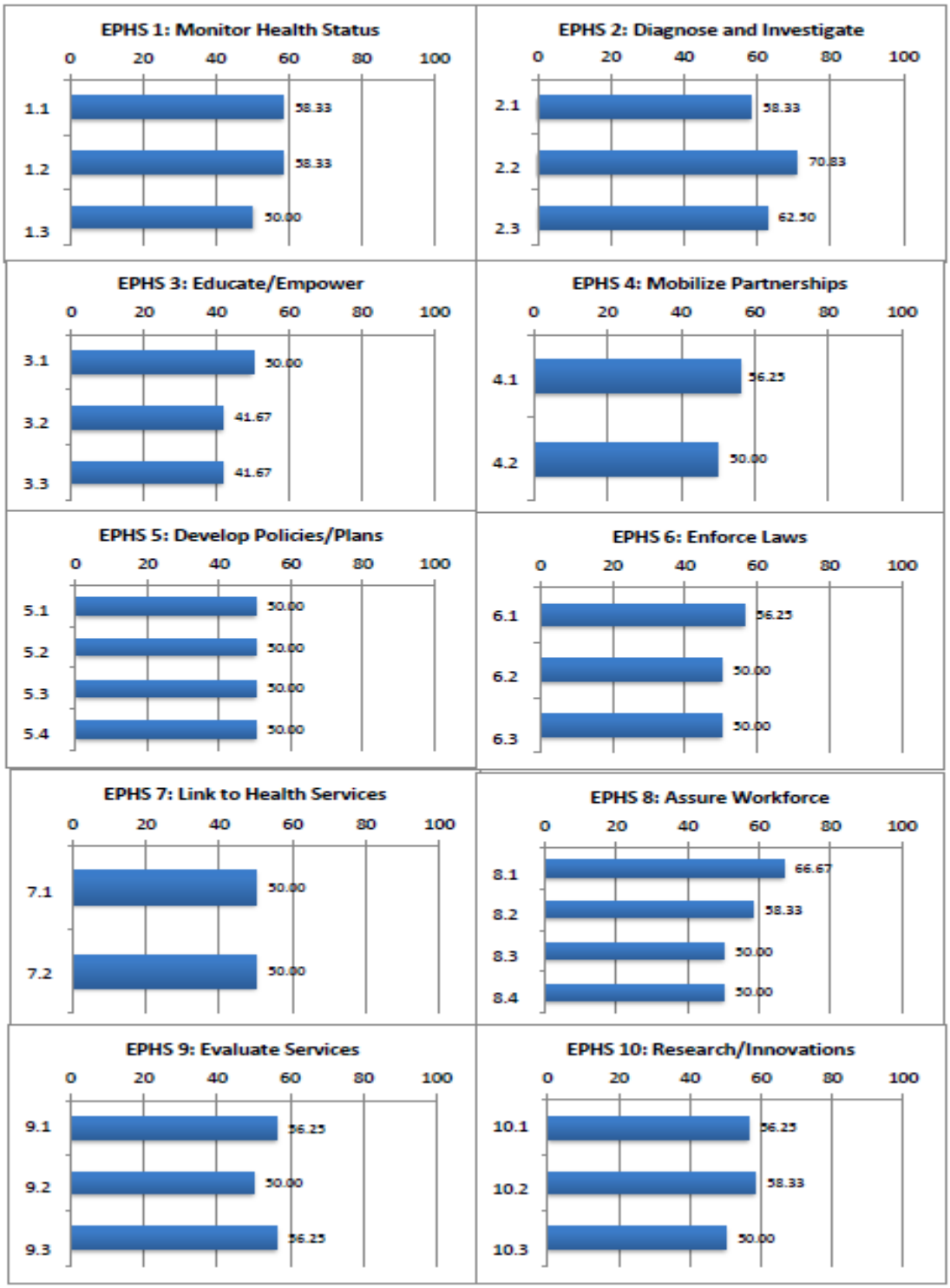
Figure 2. Summary of Average Essential Public Health Service Performance Scores



Performance Scores by Essential Public Health Service for Each Model Standard

Figure 3 and Table 2 on the following pages display the average performance score for each of the Model Standards within each Essential Service. This level of analysis enables you to identify specific activities that contributed to high or low performance within each Essential Service.

Figure 3. Performance Scores by Essential Public Health Service for Each Model Standard



In Table 2 below, each score (performance, priority, and contribution scores) at the Essential Service level is a calculated average of the respective Model Standard scores within that Essential Service. Note – The priority rating and agency contribution scores will be blank if the Priority of Model Standards Questionnaire and the Agency Contribution Questionnaire are not completed.

Table 2. Overall Performance, Priority, and Contribution Scores by Essential Public Health Service and Corresponding Model Standard

Model Standards by Essential Services	Performance Scores	Priority Rating	Agency Contribution Scores
ES 1: Monitor Health Status	**55.6**	**7.0**	
1.1 Community Health Assessment	58.3	7.0	
1.2 Current Technology	58.3	7.0	
1.3 Registries	50.0	7.0	
ES 2: Diagnose and Investigate	**63.9**		
2.1 Identification/Surveillance	58.3		
2.2 Emergency Response	70.8		
2.3 Laboratories	62.5		
ES 3: Educate/Empower	**44.4**	**9.0**	
3.1 Health Education/Promotion	50.0	8.0	
3.2 Health Communication	41.7	9.0	
3.3 Risk Communication	41.7	10.0	
ES 4: Mobilize Partnerships	**53.1**	**6.5**	
4.1 Constituency Development	56.3	6.0	
4.2 Community Partnerships	50.0	7.0	
ES 5: Develop Policies/Plans	**50.0**	**5.0**	
5.1 Governmental Presence	50.0	6.0	
5.2 Policy Development	50.0	8.0	
5.3 CHIP/Strategic Planning	50.0	5.0	
5.4 Emergency Plan	50.0	1.0	
ES 6: Enforce Laws	**52.1**	**5.7**	
6.1 Review Laws	56.3	6.0	
6.2 Improve Laws	50.0	8.0	
6.3 Enforce Laws	50.0	3.0	
ES 7: Link to Health Services	**50.0**	**8.0**	
7.1 Personal Health Service Needs	50.0	8.0	
7.2 Assure Linkage	50.0	8.0	
ES 8: Assure Workforce	**56.3**	**4.8**	
8.1 Workforce Assessment	66.7	2.0	
8.2 Workforce Standards	58.3	6.0	
8.3 Continuing Education	50.0	7.0	
8.4 Leadership Development	50.0	4.0	
ES 9: Evaluate Services	**54.2**	**9.0**	
9.1 Evaluation of Population Health	56.3	8.0	
9.2 Evaluation of Personal Health	50.0	10.0	
9.3 Evaluation of LPHS	56.3	9.0	
ES 10: Research/Innovations	**54.9**	**8.3**	
10.1 Foster Innovation	56.3	10.0	
10.2 Academic Linkages	58.3	7.0	
10.3 Research Capacity	50.0	8.0	
Average Overall Score	**53.4**	**NA**	**NA**
Median Score	**53.6**	**NA**	**NA**

Performance Relative to Optimal Activity

Figures 4 and 5 display the proportion of performance measures that met specified thresholds of achievement for performance standards. The five threshold levels of achievement used in scoring these measures are shown in the legend below. For example, measures receiving a composite score of 76-100% were classified as meeting performance standards at the optimal level.

Figure 4. Percentage of the system's Essential Services scores that fall within the five activity categories. This chart provides a high level snapshot of the information found in Figure 2, summarizing the composite performance measures for all 10 Essential Services.

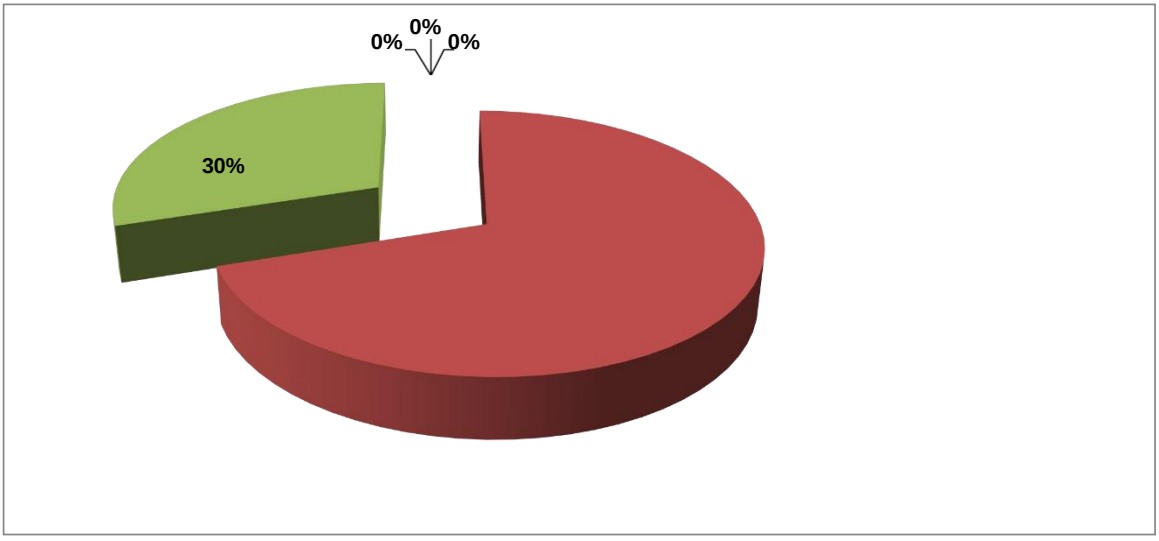
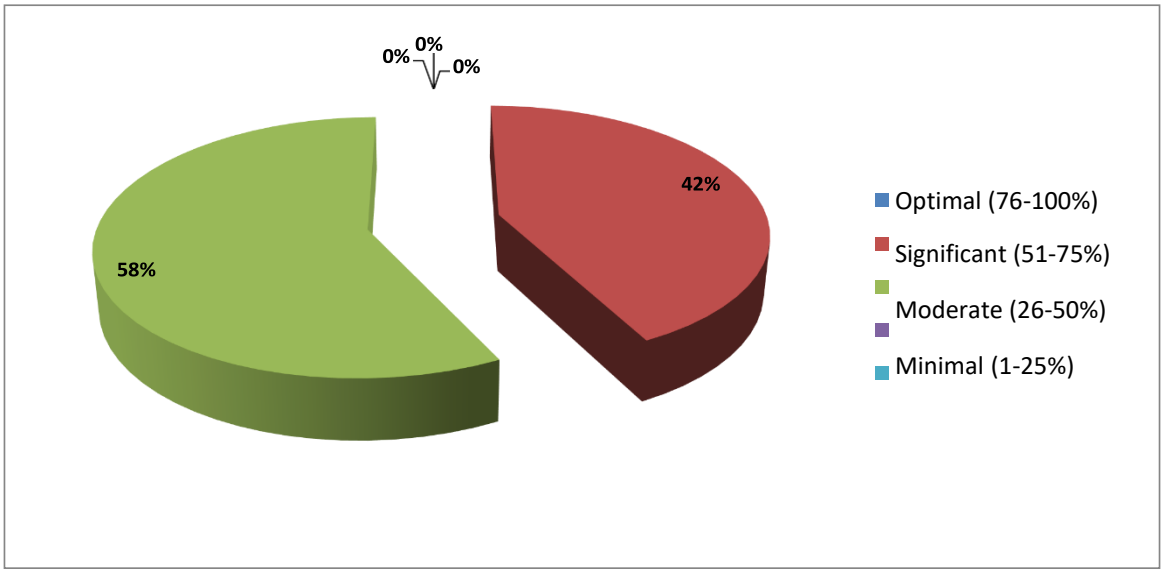


Figure 5. Percentage of the system's Model Standard scores that fall within the five activity categories. This chart provides a high level snapshot of the information found in Figure 3, summarizing the composite measures for all 30 Model Standards.



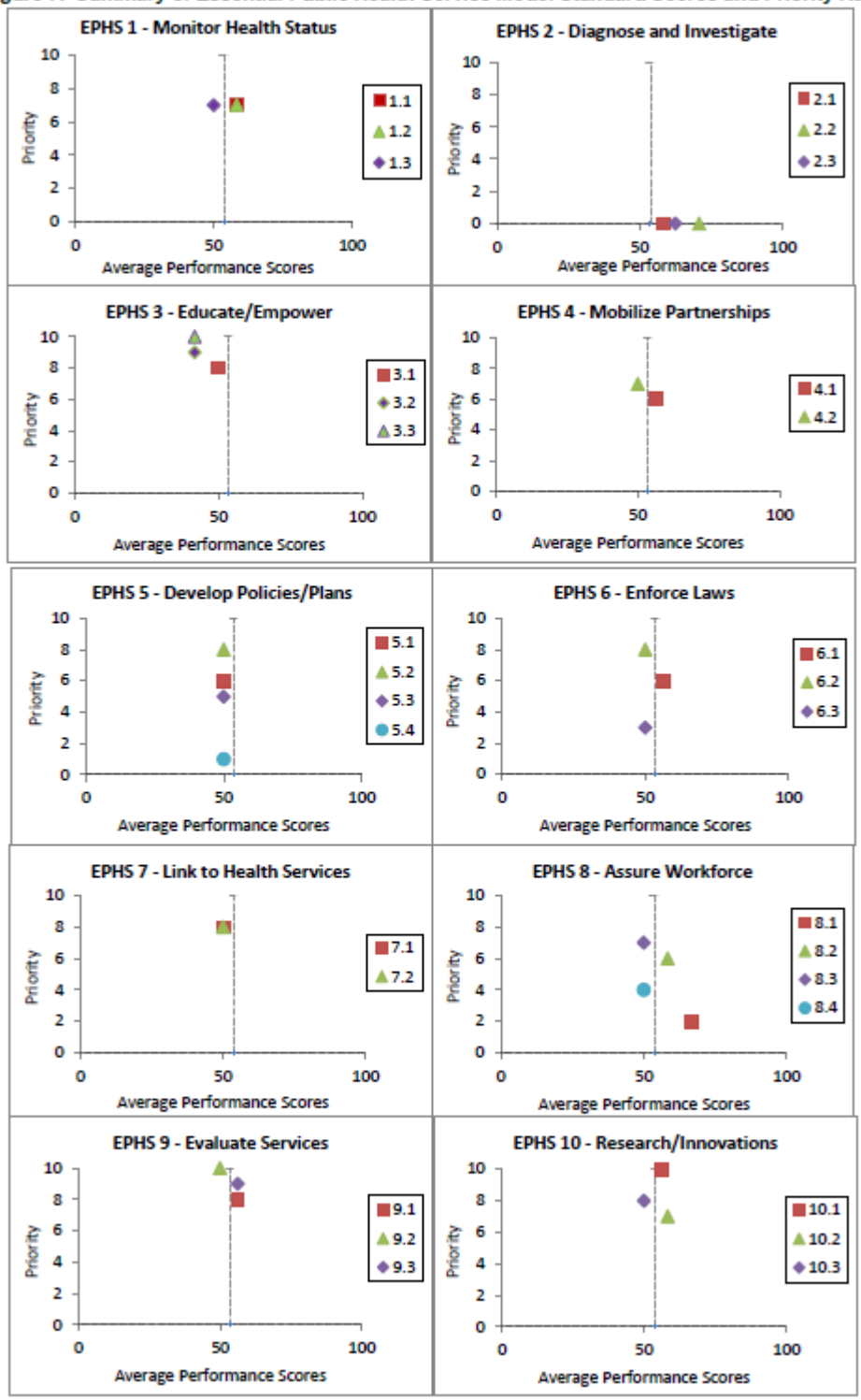
Priority of Model Standards Questionnaire Section (Optional Survey)

If you completed the Priority Survey at the time of your assessment, your results are displayed in this section for each Essential Service and each Model Standard, arrayed by the priority rating assigned to each. The four quadrants, which are based on how the performance of each Essential Service and/or Model Standard compares with the priority rating, should provide guidance in considering areas for attention and next steps for improvement.

Quadrant A	(High Priority and Low Performance) – These activities may need increased attention.
Quadrant B	(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.
Quadrant C	(Low Priority and High Performance) – These activities are being done well, consideration may be given to reducing effort in these areas.
Quadrant D	(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.

Note - For additional guidance, see Figure 4: Identifying Priorities - Basic Framework in the *Local Implementation Guide.*

Figure 7. Summary of Essential Public Health Service Model Standard Scores and Priority Ratings



Note – Figure 7 will be blank if the Priority of Model Standards Questionnaire is not completed.

Table 3 below displays priority ratings (as rated by participants on a scale of 1-10, with 10 being the highest priority) and performance scores for Model Standards, arranged under the four quadrants. Consider the appropriateness of the match between the importance ratings and current performance scores and also reflect back on the qualitative data in the Summary Notes section to identify potential priority areas for action planning. Note – Table 3 will be blank if the Priority of Model Standards Questionnaire is not completed.

Table 3. Model Standards by Priority and Performance Score

Quadrant	Model Standard	Performance Score (%)	Priority Rating
Quadrant C	9.1 Evaluation of Population Health	56.3	8
Quadrant C	8.2 Workforce Standards	58.3	6
Quadrant C	8.1 Workforce Assessment	66.7	2
Quadrant C	6.1 Review Laws	56.3	6
Quadrant C	4.1 Constituency Development	56.3	6
Quadrant C	1.2 Current Technology	58.3	7
Quadrant C	1.1 Community Health Assessment	58.3	7
Quadrant D	10.3 Research Capacity	50.0	8
Quadrant D	9.2 Evaluation of Personal Health	50.0	10
Quadrant D	8.4 Leadership Development	50.0	4
Quadrant D	8.3 Continuing Education	50.0	7
Quadrant D	7.2 Assure Linkage	50.0	8
Quadrant D	7.1 Personal Health Services Needs	50.0	8
Quadrant D	6.3 Enforce Laws	50.0	3
Quadrant D	6.2 Improve Laws	50.0	8
Quadrant D	5.4 Emergency Plan	50.0	1
Quadrant D	5.3 CHIP/Strategic Planning	50.0	5
Quadrant D	5.2 Policy Development	50.0	8
Quadrant D	5.1 Governmental Presence	50.0	6
Quadrant D	4.2 Community Partnerships	50.0	7
Quadrant D	3.3 Risk Communication	41.7	10
Quadrant D	3.2 Health Communication	41.7	9
Quadrant D	3.1 Health Education/Promotion	50.0	8
Quadrant D	1.3 Registries	50.0	7

Figure 8. Summary of Essential Public Health Service Performance Scores and Contribution Ratings

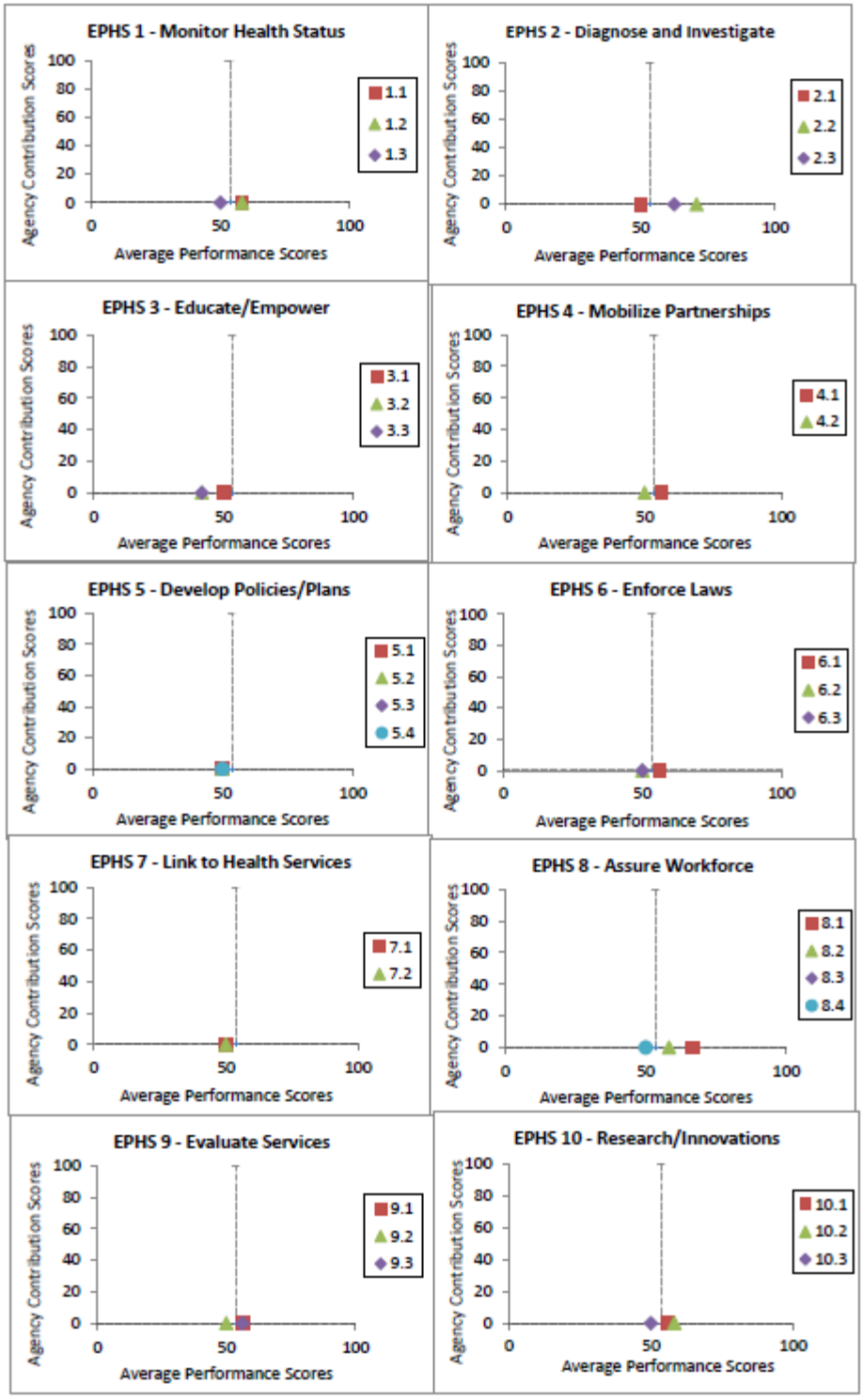
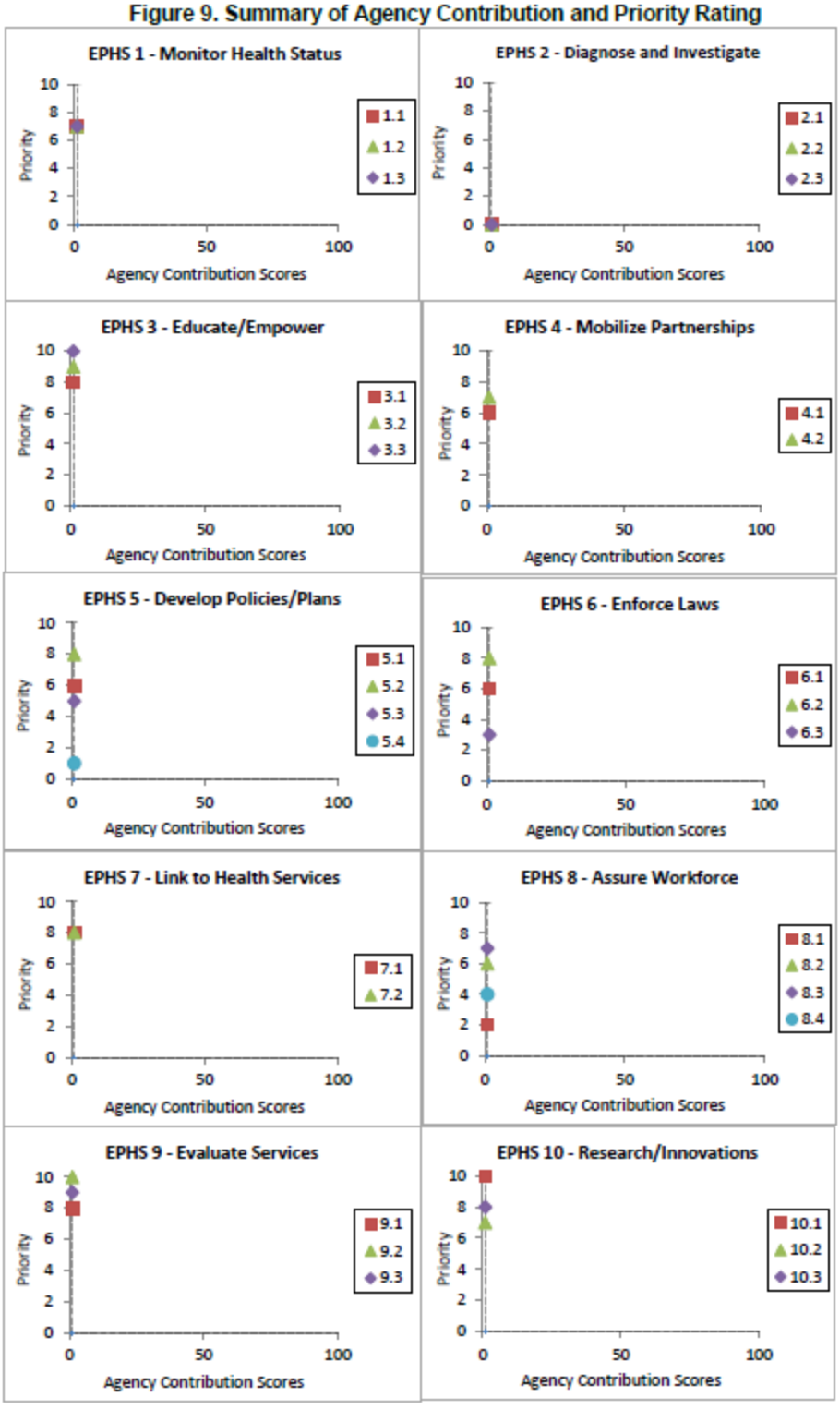


Figure 9. Summary of Agency Contribution and Priority Rating



Analysis and Discussion Questions

Having a standard way in which to analyze the data in this report is important. This process does not have to be difficult; however, drawing some initial conclusions from your data will prove invaluable as you move forward with your improvement efforts. It is crucial that participants fully discuss the performance assessment results. The bar graphs, charts, and summary information in the Results section of this report should be helpful in identifying high and low performing areas. Please refer to Appendix H of the Local Assessment Implementation Guide. This referenced set of discussion questions will to help guide you as you analyze the data found in the previous sections of this report.

Using the results in this report will help you to generate priorities for improvement, as well as possible improvement projects. Your data analysis should be an interactive process, enabling everyone to participate. Do not be overwhelmed by the potential of many possibilities for QI projects – the point is not that you have to address them all now. Consider this step as identifying possible opportunities to enhance your system performance. Keep in mind both your quantitative data (Appendix A) and the qualitative data that you collected during the assessment (Appendix B).

Next Steps

Congratulations on your participation in the local assessment process. A primary goal of the NPHPS is that data is used proactively to monitor, assess, and improve the quality of essential public health services. This report is an initial step to identifying immediate actions and activities to improve local initiatives. The results in this report may also be used to identify longer-term priorities for improvement, as well as possible improvement projects.

As noted in the Introduction of this report, NPHPS data may be used to inform a variety of organization and/or systems planning and improvement processes. Plan to use both quantitative data (Appendix A) and qualitative data (Appendix B) from the assessment to identify improvement opportunities. While there may be many potential quality improvement projects, do not be overwhelmed – the point is not that you have to address them all now. Rather, consider this step as a way to identify possible opportunities to enhance your system performance and plan to use the guidance provided in this section, along with the resources offered in Appendix C, to develop specific goals for improvement within your public health system and move from assessment and analysis toward action.

Note: Communities implementing Mobilizing for Action through Planning and Partnerships (MAPP) may refer to the MAPP guidance for considering NPHPS data along with other assessment data in the Identifying Strategic Issues phase of MAPP.

Action Planning

In any systems improvement and planning process, it is important to involve all public health system partners in determining ways to improve the quality of essential public health services provided by the system. Participation in the improvement and planning activities included in your action plan is the responsibility of all partners within the public health system.

Consider the following points as you build an Action Plan to address the priorities you have identified
• Each public health partner should be considered when approaching quality improvement for your system
• The success of your improvement activities are dependent upon the active participation and contribution of each and every member of the system
• An integral part of performance improvement is working consistently to have long-term effects
• A multi-disciplinary approach that employs measurement and analysis is key to accomplishing and sustaining improvements

You may find that using the simple acronym, 'FOCUS' is a way to help you to move from assessment and analysis to action.

F **Find** an opportunity for improvement using your results.

O **Organize** a team of public health system partners to work on the improvement. Someone in the group should be identified as the team leader. Team members should represent the appropriate organizations that can make an impact.

C **Consider** the current process, where simple improvements can be made and who should make the improvements.

U **Understand** the problem further if necessary, how and why it is occurring, and the factors that contribute to it. Once you have identified priorities, finding solutions entails delving into possible reasons, or "root causes," of the weakness or problem. Only when participants determine why performance problems (or successes!) have occurred will they be able to identify workable solutions that improve future performance. Most performance issues may be traced to well-defined system causes, such as policies, leadership, funding, incentives, information, personnel or coordination. Many QI tools are applicable. You may consider using a variety of basic QI tools such as brainstorming, 5-whys, prioritization, or cause and effect diagrams to better understand the problem (refer to Appendix C for resources).

S **Select** the improvement strategies to be made. Consider using a table or chart to summarize your Action Plan. Many resources are available to assist you in putting your plan on paper, but in general you'll want to include the priority selected, the goal, the improvement activities to be conducted, who will carry them out, and the timeline for completing the improvement activities. When complete, your Action Plan should contain documentation on the indicators to be used, baseline performance levels and targets to be achieved, responsibilities for carrying out improvement activities and the collection and analysis of data to monitor progress. (Additional resources may be found in Appendix C.)

Monitoring and Evaluation: Keys to Success

Monitoring your action plan is a highly proactive and continuous process that is far more than simply taking an occasional "snap-shot" that produces additional data. Evaluation, in contrast to monitoring, provides ongoing structured information that focuses on why results are or are not being met, what unintended consequences may be, or on issues of efficiency, effectiveness, and/or sustainability.

After your Action Plan is implemented, monitoring and evaluation continues to determine whether quality improvement occurred and whether the activities were effective. If the Essential Service performance does not improve within the expected time, additional evaluation must be conducted (an additional QI cycle) to determine why and how you can update your Action Plan to be more effective. The Action Plan can be adjusted as you continue to monitor and evaluate your efforts.

APPENDIX A: Individual Questions and Responses

Performance Scores

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems		
1.1	**Model Standard: Population-Based Community Health Assessment (CHA)** *At what level does the local public health system:*	
1.1.1	Conduct regular community health assessments?	50
1.1.2	Continuously update the community health assessment with current information?	75
1.1.3	Promote the use of the community health assessment among community members and partners?	50
1.2	**Model Standard: Current Technology to Manage and Communicate Population Health Data** *At what level does the local public health system:*	
1.2.1	Use the best available technology and methods to display data on the public's health?	50
1.2.2	Analyze health data, including geographic information, to see where health problems exist?	75
1.2.3	Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?	50
1.3	**Model Standard: Maintenance of Population Health Registries** *At what level does the local public health system:*	
1.3.1	Collect data on specific health concerns to provide the data to population health registries in a timely manner, consistent with current standards?	50
1.3.2	Use information from population health registries in community health assessments or other analyses?	50

ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards		
2.1	**Model Standard: Identification and Surveillance of Health Threats** *At what level does the local public health system:*	
2.1.1	Participate in a comprehensive surveillance system with national, state and local partners to identify, monitor, share information, and understand emerging health problems and threats?	50
2.1.2	Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?	75
2.1.3	Assure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?	50
2.2	**Model Standard: Investigation and Response to Public Health Threats and Emergencies** *At what level does the local public health system:*	

2.2.1	Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?	75
2.2.2	Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	75
2.2.3	Designate a jurisdictional Emergency Response Coordinator?	75
2.2.4	Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	75
2.2.5	Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?	50
2.2.6	Evaluate incidents for effectiveness and opportunities for improvement?	75
2.3	**Model Standard: Laboratory Support for Investigation of Health Threats** *At what level does the local public health system:*	
2.3.1	Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?	75
2.3.2	Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?	50
2.3.3	Use only licensed or credentialed laboratories?	75
2.3.4	Maintain a written list of rules related to laboratories, for handling samples (collecting, labeling, storing, transporting, and delivering), for determining who is in charge of the samples at what point, and for reporting the results?	50

ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues		
3.1	**Model Standard: Health Education and Promotion** *At what level does the local public health system:*	
3.1.1	Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?	50
3.1.2	Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?	50
3.1.3	Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities?	50
3.2	**Model Standard: Health Communication** *At what level does the local public health system:*	
3.2.1	Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?	50
3.2.2	Use relationships with different media providers (e.g. print, radio, television, and the internet) to share health information, matching the message with the target audience?	50

3.2.3	Identify and train spokespersons on public health issues?	25
3.3	**Model Standard: Risk Communication** *At what level does the local public health system:*	
3.3.1	Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?	50
3.3.2	Make sure resources are available for a rapid emergency communication response?	50
3.3.3	Provide risk communication training for employees and volunteers?	25

ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems		
4.1	**Model Standard: Constituency Development** *At what level does the local public health system:*	
4.1.1	Maintain a complete and current directory of community organizations?	75
4.1.2	Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	50
4.1.3	Encourage constituents to participate in activities to improve community health?	50
4.1.4	Create forums for communication of public health issues?	50
4.2	**Model Standard: Community Partnerships** *At what level does the local public health system:*	
4.2.1	Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?	50
4.2.2	Establish a broad-based community health improvement committee?	50
4.2.3	Assess how well community partnerships and strategic alliances are working to improve community health?	50

ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts		
5.1	**Model Standard: Governmental Presence at the Local Level** *At what level does the local public health system:*	
5.1.1	Support the work of a local health department dedicated to the public health to make sure the essential public health services are provided?	50
5.1.2	See that the local health department is accredited through the national voluntary accreditation program?	50
5.1.3	Assure that the local health department has enough resources to do its part in providing essential public health services?	50
5.2	**Model Standard: Public Health Policy Development** *At what level does the local public health system:*	
5.2.1	Contribute to public health policies by engaging in activities that inform the policy development process?	50

5.2.2	Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?	50
5.2.3	Review existing policies at least every three to five years?	50
5.3	**Model Standard: Community Health Improvement Process and Strategic Planning** *At what level does the local public health system:*	
5.3.1	Establish a community health improvement process, with broad- based diverse participation, that uses information from both the community health assessment and the perceptions of community members?	50
5.3.2	Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	50
5.3.3	Connect organizational strategic plans with the Community Health Improvement Plan?	50
5.4	**Model Standard: Plan for Public Health Emergencies** *At what level does the local public health system:*	
5.4.1	Support a workgroup to develop and maintain preparedness and response plans?	50
5.4.2	Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?	50
5.4.3	Test the plan through regular drills and revise the plan as needed, at least every two years?	50

ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety		
6.1	**Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances** *At what level does the local public health system:*	
6.1.1	Identify public health issues that can be addressed through laws, regulations, or ordinances?	50
6.1.2	Stay up-to-date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels?	50
6.1.3	Review existing public health laws, regulations, and ordinances at least once every five years?	50
6.1.4	Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	75
6.2	**Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances** *At what level does the local public health system:*	
6.2.1	Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?	50

6.2.2	Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote the public health?	50
6.2.3	Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	50
6.3	**Model Standard: Enforcement of Laws, Regulations, and Ordinances** *At what level does the local public health system:*	
6.3.1	Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?	50
6.3.2	Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?	50
6.3.3	Assure that all enforcement activities related to public health codes are done within the law?	50
6.3.4	Educate individuals and organizations about relevant laws, regulations, and ordinances?	50
6.3.5	Evaluate how well local organizations comply with public health laws?	50

ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable		
7.1	**Model Standard: Identification of Personal Health Service Needs of Populations** *At what level does the local public health system:*	
7.1.1	Identify groups of people in the community who have trouble accessing or connecting to personal health services?	50
7.1.2	Identify all personal health service needs and unmet needs throughout the community?	50
7.1.3	Defines partner roles and responsibilities to respond to the unmet needs of the community?	50
7.1.4	Understand the reasons that people do not get the care they need?	50
7.2	**Model Standard: Assuring the Linkage of People to Personal Health Services** *At what level does the local public health system:*	
7.2.1	Connect (or link) people to organizations that can provide the personal health services they may need?	50
7.2.2	Help people access personal health services, in a way that takes into account the unique needs of different populations?	50
7.2.3	Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?	50
7.2.4	Coordinate the delivery of personal health and social services so that everyone has access to the care they need?	50

ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce

8.1	**Model Standard: Workforce Assessment, Planning, and Development** *At what level does the local public health system:*	
8.1.1	Set up a process and a schedule to track the numbers and types of LPHS jobs and the knowledge, skills, and abilities that they require whether those jobs are in the public or private sector?	75
8.1.2	Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?	75
8.1.3	Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?	50
8.2	**Model Standard: Public Health Workforce Standards** *At what level does the local public health system:*	
8.2.1	Make sure that all members of the public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet the law?	75
8.2.2	Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the essential public health services?	50
8.2.3	Base the hiring and performance review of members of the public health workforce in public health competencies?	50
8.3	**Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring** *At what level does the local public health system:*	
8.3.1	Identify education and training needs and encourage the workforce to participate in available education and training?	50
8.3.2	Provide ways for workers to develop core skills related to essential public health services?	50
8.3.3	Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	50
8.3.4	Create and support collaborations between organizations within the public health system for training and education?	50
8.3.5	Continually train the public health workforce to deliver services in a cultural competent manner and understand social determinants of health?	50
8.4	**Model Standard: Public Health Leadership Development** *At what level does the local public health system:*	
8.4.1	Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	50
8.4.2	Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?	50
8.4.3	Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	50

8.4.4	Provide opportunities for the development of leaders representative of the diversity within the community?	50

ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services		
9.1	**Model Standard: Evaluation of Population-Based Health Services** *At what level does the local public health system:*	
9.1.1	Evaluate how well population-based health services are working, including whether the goals that were set for programs were achieved?	50
9.1.2	Assess whether community members, including those with a higher risk of having a health problem, are satisfied with the approaches to preventing disease, illness, and injury?	50
9.1.3	Identify gaps in the provision of population-based health services?	75
9.1.4	Use evaluation findings to improve plans and services?	50
9.2	**Model Standard: Evaluation of Personal Health Services** *At what level does the local public health system:*	
9.2.1	Evaluate the accessibility, quality, and effectiveness of personal health services?	50
9.2.2	Compare the quality of personal health services to established guidelines?	50
9.2.3	Measure satisfaction with personal health services?	50
9.2.4	Use technology, like the internet or electronic health records, to improve quality of care?	50
9.2.5	Use evaluation findings to improve services and program delivery?	50
9.3	**Model Standard: Evaluation of the Local Public Health System** *At what level does the local public health system:*	
9.3.1	Identify all public, private, and voluntary organizations that provide essential public health services?	50
9.3.2	Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to essential public health services?	50
9.3.3	Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	50
9.3.4	Use results from the evaluation process to improve the LPHS?	75

ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems	
10.1	**Model Standard: Fostering Innovation** *At what level does the local public health system:*

10.1.1	Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work?	50
10.1.2	Suggest ideas about what currently needs to be studied in public health to organizations that do research?	50
10.1.3	Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?	75
10.1.4	Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results?	50
10.2	**Model Standard: Linkage with Institutions of Higher Learning and/or Research** *At what level does the local public health system:*	
10.2.1	Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?	75
10.2.2	Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?	50
10.2.3	Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?	50
10.3	**Model Standard: Capacity to Initiate or Participate in Research** *At what level does the local public health system:*	
10.3.1	Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?	50
10.3.2	Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?	50
10.3.3	Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc?	50
10.3.4	Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?	50

APPENDIX B: Qualitative Assessment Data

Summary Notes

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
1.1	Model Standard: Population-Based Community Health Assessment (CHA)		
Performance scores for this ranged from 50 - 75, indicating that survey participants saw moderate to significant activity for this model standard.	Overall, the group agreed with the performance scores from the online survey. The group suggested one change to the scores - 1.1.3 should be changed from 50 to 25 and noted a weakness in community awareness. While agencies involved in the assessments are aware of the assessments and how they are used, other community members are not.	Opportunities for improvement include increasing community awareness of how assessments are used.	
1.2	Model Standard: Current Technology to Manage and Communicate Population Health Data		
The group agreed with the performance scores from the online survey - which were 50-75, showing moderate to significant activity in this area. A noted strength is that there is a large variety of agencies that provide information for the health assessments.	No weaknesses were identified		
1.3	Model Standard: Maintenance of Population Health Registries		
Performance scores for this measure were both 50 for the online survey, indicating that survey respondents saw moderate activity in this standard. The group suggested that measure 1.3.2 should be increased to 75, significant activity, and noted that reporting is accurate and timely.	No weaknesses were identified		

ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
2.1	Model Standard: Identification and Surveillance of Health Threats		
The group agreed with the performance scores from the online survey - which were 50-75, showing moderate to significant activity in this area. A noted strength is that the community uses available technology to the best of its ability	A weakness noted here is that Vinton County does not have the most updated technology available		Identified opportunity for improvement is to improve technology in Vinton County to bring the community up to date.
2.2	Model Standard: Investigation and Response to Public Health Threats and Emergencies		
The group agreed with the performance scores from the online survey, which scored five out of six of these measures at 75 - significant activity. Only one was scored at 50 - moderate activity.	A noted weakness is that there is a limited availability of resources.		
2.3	Model Standard: Laboratory Support for Investigation of Health Threats		
The group agreed with the performance scores here, which were all 50 or 75, indicating the community feels that there is moderate to significant activity for this standard	A noted weakness is that the labs are all out of the county.		

ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
3.1	Model Standard: Health Education and Promotion		
No strengths noted, all performance scores were 50 - moderate activity	No weaknesses were identified	The group discussed partnerships to increase outreach efforts	Long term opportunities identified included changing the methods of marketing and advertising. Need to use newspaper, radio, banner ads, ads at Tricity Theater, ball games, direct mail, WIC, HMG, social media, web page. Need to make the webpage up to date.
3.2	Model Standard: Health Communication		
The group increased the score for 3.2.3 from 25 to 50, noting that this standard is not just about the health department, other agencies and organizations that comprise the public health system do this well.		The quality of home health needs to be highlighted more.	Opportunities here include attending health fairs, spring showcase, turkey festival, getting new banners printed. The group noted the need to highlight and emphasize outstanding staff at agencies.
3.3	Model Standard: Risk Communication		
The group agreed with two of the three performance scores but suggested that 3.3.3 should be rated at a 50 instead of a 25, indicating that they see more activity than survey respondents. The group noted this is due to the fact that the people who deal with risk communication are extremely knowledgeable.	No weaknesses were identified		The group noted that people are scared of preparedness and that it makes them nervous and never feel prepared enough. This is an opportunity for improvement.

ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
4.1	Model Standard: Constituency Development		
The group indicated that the scores from the online survey were too low and needed to be increased, changing them all to 75 - significant activity.	No weaknesses were identified		
4.2	Model Standard: Community Partnerships		
Performance scores were mixed on this - 4.2.2 was increased from 50 to 75, indicating that the group sees significant activity in establishing a CHIP committee.	The performance score for 4.2.3 was suggested by the group to need to be changed to 25 - minimal activity. The overall discussion surrounding this was that the community does not do enough evaluation of the work being done. The group expressed frustration with the fact that they meet a lot but don't see a lot of action		More action based on the CHIP needs to take place.

ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
5.1	Model Standard: Governmental Presence at the Local Level		
Overall, the group agreed with the online survey performance scores, rating this at 50 - moderate activity. The group noted that the community partners working together is a strength.			
5.2	Model Standard: Public Health Policy Development		
The group agreed with the scores from the online survey, 50 - moderate activity.		An opportunity for improvement noted here is that there needs to be more community engagement from agencies other that the health department.	
5.3	Model Standard: Community Health Improvement Process and Strategic Planning		
The group changed two of the scores from the online survey - 5.3.1 and 5.3.2 from 50 to 75, meaning the group saw more activity in the community than the performance scores reflect. The group noted that these changes were suggested because the CHIP is current and included community participation and that the CHIP has workplans that are being implemented.			The group noted that an opportunity is to include a more diverse population in community health planning efforts.

5.4	Model Standard: Plan for Public Health Emergencies		
5.4.2 and 5.4.3 were increased from 75 to 100 by the group because all agencies have emergency response plans that are tested. A noted strength is that agencies work together for emergency response and testing.			This standard was given a priority of 1 because it is mandated by the state and federal government to do these plans.

ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
6.1	Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances		
6.1.2 was increased from 50 to 75 because each entity stays up-to-date with their regulations and 6.1.3 was increased from 50 to 100 because all entities are required to review, most annually. A noted strength is that the entities are in compliance with regulations.			
6.2	Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances		
6.2.1 was increased from 50 to 75 because entities have adopted ordinances to fill gaps in the law of public health	A noted weakness is that there are not enough resources to change the laws.		
6.3	Model Standard: Enforcement of Laws, Regulations, and Ordinances		
6.3.1 was changed from 50 to 75 because organizations are identified, the public knows who to call; 6.3.3 was changed from 50 to 100 because there have been no lawsuits stating noncompliance. All programs are surveyed and have been found in compliance.			

ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
7.1	Model Standard: Identification of Personal Health Service Needs of Populations		
7.1.4 was changed from 50 to 75, meaning that the group sees more activity in the LPHS's understanding of the reasons that people don't get care. A noted strength is that the population identified are well served.	7.1.1 was changes from 50 to 25, indicating that the group sees less activity in identifying people who have trouble accessing healthcare services. A noted weakness is that the population is grossly underserved and there is a lack of knowledge and support.		An opportunity is to develop a method of reaching more individuals
7.2	Model Standard: Assuring the Linkage of People to Personal Health Services		
7.2.2 was changed from 50 to 75, a noted strength is that there are a few programs in place that are working very well.	7.2.3 and 7.2.4 were changed from 50 to 25. A noted weakness is that there is a lack of communication, follow through.		Opportunities identified to increase communication with other agencies that work together.

ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
8.1	Model Standard: Workforce Assessment, Planning, and Development		
The group agreed with the scores from the online survey - 75 and 50.			An opportunity identified is more sharing of workforce assessment details to other entities.
8.2	Model Standard: Public Health Workforce Standards		
		An opportunity identified here is that the health department has competence-based job descriptions, but many other agencies do not.	
8.3	Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring		
No strengths noted, all performance scores were 50 - moderate activity	No weaknesses were identified		
8.4	Model Standard: Public Health Leadership Development		
8.4.2 was changed from 50 to 75 and it was noted that all leaders and members work together in many faucets such as CHIP, CHA, meetings about rising forces		Opportunity identified to work with RIO to obtain interns for medical assistance.	

ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
9.1	Model Standard: Evaluation of Population-Based Health Services		
	9.1.1 and 9.1.4 were changed from 50 to 25, indicating that the group thinks the community has minimal activity in evaluating population-based health services and using the evaluation results to improve plans, processes, and services.		
9.2	Model Standard: Evaluation of Personal Health Services		
	All performance scores were adjusted from 50 to 25, indicating that the group believed that the local public health system does minimal activity in evaluating personal health services.		
9.3	Model Standard: Evaluation of the Local Public Health System		
9.3.1 was increased from 50 to 75.	9.3.3 was lowered from 50 to 25 and 9.3.4 was lowered from 75 to 0, indicating a big gap in evaluation.		

ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
10.1	Model Standard: Fostering Innovation		
A strength here as listed as the cancer group keeping everyone up on national levels of awareness.	A weakness was noted here - generational lack for responsibility		
10.2	Model Standard: Linkage with Institutions of Higher Learning and/or Research		
	10.2.1 was decreased from 75 to 2 and 10.2.3 was decreased from 50 to 25, weaknesses noted here are a lack of linkage with HEIs, lack of communication - presentation of need		
10.3	Model Standard: Capacity to Initiate or Participate in Research		
The group noted that the LPHSA itself represented the evaluation process of public health. In addition, strengths were identified leaders of community partners to participate in planning and development	Weakness noted that there needs to be follow through with results of the meeting.		

APPENDIX C: Additional Resources

General

Association of State and Territorial Health Officers (ASTHO)
http://www.astho.org/

CDC/Office of State, Tribal, Local, and Territorial Support (OSTLTS)
http://www.cdc.gov/ostlts/programs/index.html

Guide to Clinical Preventive Services
http://www.ahrq.gov/clinic/pocketgd.htm

Guide to Community Preventive Services
www.thecommunityguide.org

National Association of City and County Health Officers (NACCHO)
http://www.naccho.org/topics/infrastructure/

National Association of Local Boards of Health (NALBOH)
http://www.nalboh.org

Being an Effective Local Board of Health Member: Your Role in the Local Public Health System
http://www.nalboh.org/pdffiles/LBOH%20Guide%20-%20Booklet%20Format%202008.pdf

Public Health 101 Curriculum for governing entities
http://www.nalboh.org/pdffiles/Bd%20Gov%20pdfs/NALBOH_Public_Health101Curriculum.pdf

Accreditation

ASTHO's Accreditation and Performance Improvement resources
http://astho.org/Programs/Accreditation-and-Performance/

NACCHO Accreditation Preparation and Quality Improvement
http://www.naccho.org/topics/infrastructure/accreditation/index.cfm

Public Health Accreditation Board
www.phaboard.org

Health Assessment and Planning (CHIP/ SHIP)

Healthy People 2010 Toolkit:

- Communicating Health Goals and Objectives
  http://www.healthypeople.gov/2010/state/toolkit/12Marketing2002.pdf
- Setting Health Priorities and Establishing Health Objectives
  http://www.healthypeople.gov/2010/state/toolkit/09Priorities2002.pdf

Healthy People 2020:
www.healthypeople.gov

- MAP-IT: A Guide To Using Healthy People 2020 in Your Community
  http://www.healthypeople.gov/2020/implementing/default.aspx

Mobilizing for Action through Planning and Partnership:
http://www.naccho.org/topics/infrastructure/mapp/

- MAPP Clearinghouse
  http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/
- MAPP Framework
  http://www.naccho.org/topics/infrastructure/mapp/framework/index.cfm

National Public Health Performance Standards Program
http://www.cdc.gov/nphpsp/index.html

Performance Management /Quality Improvement

American Society for Quality; Evaluation and Decision Making Tools: Multi-voting
http://asq.org/learn-about-quality/decision-making-tools/overview/overview.html

Improving Health in the Community: A Role for Performance Monitoring
http://www.nap.edu/catalog/5298.html

National Network of Public Health Institutes Public Health Performance Improvement Toolkit
http://nnphi.org/tools/public-health-performance-improvement-toolkit-2

Public Health Foundation – Performance Management and Quality Improvement
http://www.phf.org/focusareas/Pages/default.aspx

Turning Point
http://www.turningpointprogram.org/toolkit/content/silostosystems.htm

US Department of Health and Human Services Public Health System, Finance, and Quality Program
http://www.hhs.gov/ash/initiatives/quality/finance/forum.html

Evaluation

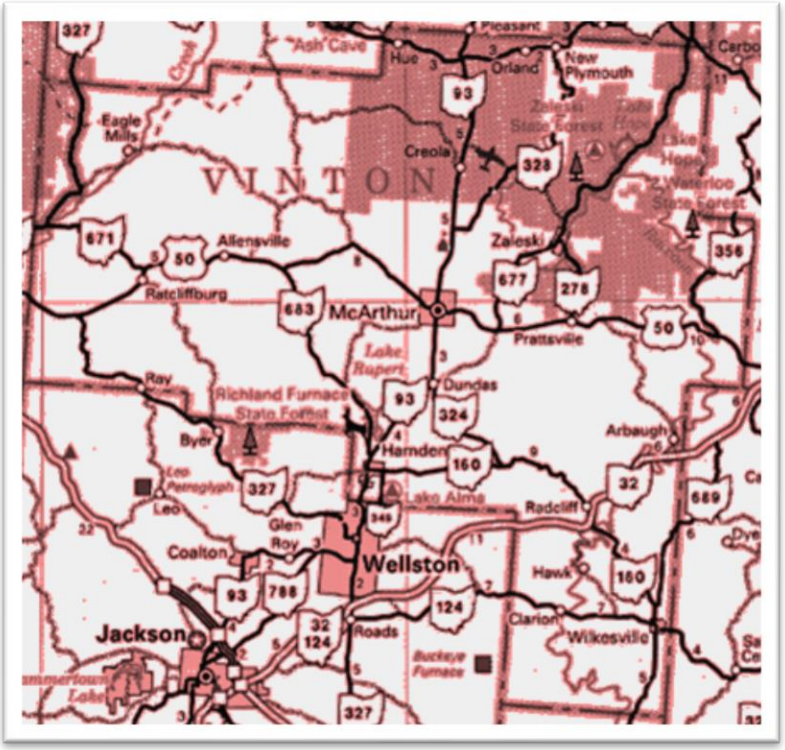
CDC Framework for Program Evaluation in Public Health
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm

Guide to Developing an Outcome Logic Model and Measurement Plan (United Way)
http://www.yourunitedway.org/media/Guide_for_Logic_Models_and_Measurements.pdf

National Resource for Evidence Based Programs and Practices
www.nrepp.samhsa.gov

W.K. Kellogg Foundation Evaluation Handbook
http://www.wkkf.org/knowledge-center/resources/2010/W-K-Kellogg-Foundation-Evaluation-Handbook.aspx

W.K. Kellogg Foundation Logic Model Development Guide
http://www.wkkf.org/knowledge-center/resources/2006/02/WK-Kellogg-Foundation-Logic-Model-Development- Guide.aspx



2019 Vinton County MAPP

(Mobilizing for Action through Planning and Partnership)

Forces of Change Assessment Report

March 2019

Vinton County Health Department

Holzer

College of Public Health
Center for Public Health Practice
The Ohio State University

Summary

In 2018, the Vinton County Health Department (VCHD), in partnership with Holzer Health Systems, embarked on a comprehensive regional community health assessment with the surrounding counties of Gallia, Meigs, and Jackson. The region utilized a framework known as MAPP (Mobilizing for Action through Planning and Partnerships). MAPP is a nationally recognized best practice for community health assessment and community health improvement planning designed by the National Association of City and County Health Officials (NACCHO). MAPP features four distinct assessments that result in a comprehensive view of the health of a community. This report focuses on the results of one of these assessments, the Forces of Change Assessment (FOCA).

To conduct the FOCA, VCHD contracted with the Center for Public Health Practice at the Ohio State University (CPHP) to facilitate and plan the assessment. At a meeting held on March 8, 2019, a group of community stakeholders convened to brainstorm their community's forces of change and the threats and opportunities associated with those forces.

The following themes emerged during the discussion about Vinton County's Forces of Change:

- Children are being disproportionately impacted by current community health issues,
- Unfunded mandates are taxing key community and social service agencies, and
- Many Vinton County resources are underfunded and under-resourced, especially those that impact and/or benefit vulnerable populations.

Methodology

The Forces of Change Assessment (FOCA) focuses on identifying Forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This assessment answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?"

The Vinton County Health Department (VCHD) contracted with the Ohio State University Center for Public Health Practice (CPHP) to plan and facilitate the assessment, which occurred in March 2019. 20 community stakeholders participated the meeting. A complete list of participants, including the organizations they represent, can be found in Appendix A of this report. Prior to the meeting, CPHP provided VCHD a worksheet to distribute to community stakeholders that were invited to participate in the assessment. The worksheet, which can be found in Appendix B of this report, described what Forces of Change are and gave participants space to brainstorm overall Forces in Vinton County.

During the meeting that utilized a process that combined small and large group work, participants came to consensus on what the Forces of Change for Vinton County are and what the potential threats and opportunities associated with those Forces are. After the meeting, the brainstormed list was analyzed and themed by CPHP based on the subject matter and group discussion from the meeting.

Findings

The Forces brainstormed were categorized into six groups. The following is a summary of those groups. A detailed table, including the Forces, threats and opportunities can be found in Appendix C of this report.

Economy. There were nine Forces that related to the economy identified, including the impact of a gap in career training and educational opportunities leading to a reduction in employment. The increasing cost of medication was also noted. A potential solar plant and increased infrastructure leading to an increase in tax revenue was noted. There was a lot of discussion about an overall decrease in funding and resources at the state and federal level and the impact that has had on the community. Opportunities to collaborate to leverage resources were discussed.

Resource needs. There were four Forces related to gaps in resources in Vinton County. Two of the forces identified, a lack of crisis mental health services and a lack of crisis developmental disability services have a direct impact on vulnerable populations. Opportunities for an increase in training for first responders were discussed here, and existing resources shared with the group. In addition, a lack of recreational facilities was noted with a threat identified as lost tax revenue and a burden on people who have to leave the community to engage in certain activities. Finally, the health department

having to become accredited by the National Public Health Accreditation Board was noted as being an unfunded, resource intensive process that takes resources away from the population.

Access to care. Two Forces identified were related to access to care issues. The overall lack of providers in Vinton County was noted as a Force with threats being that people would need to travel further for needed care, which is not always possible given economic status. While there is a need for more providers in general, the lack of specialists in the community was noted as a specific gap in resources in Vinton County. In addition, the Mobile Health Unit coming to Vinton County was listed as a positive force as it helps people access needed screenings. Opportunities related to this included expanding the services of the Mobile Health Unit.

Impact on Children. Two Forces identified were related to issues that impact children. Though it was only two Forces, this theme generated some of the longest conversations of the meeting. One Force noted was a lack of appropriate foster parents, resulting in myriad negative impacts on youth in Vinton County, an already vulnerable population. These impacts include children being left in unsafe situations, grandparents raising their grandchildren, an overall burden on resources, and a lack foster parents trained in raising a special needs child. Opportunities here were to increase training and resources. The second Force in this theme is the state mandated Positive Behavior Intervention and Support (PBIS) for grades K-3. Vinton County has expanded this mandate to include grades K-12. While this training is seen as an overall net positive for the students, as it leads to positive behavior change and a safer and more secure classroom, it also adds to the already overtaxed educators of the county.

Technology. One Force was identified related to technology. The advent of the digital world was discussed. Threats include the proliferation of false information accessed by people, an increase in bullying amount youth, and a reduction of face to face social support networks. Opportunities for this Force included accessibility of healthcare via telemedicine and education via online learning.

Substance Abuse. The drug epidemic was identified as a Force with several threats and opportunities. The discussion around this Force included associated community issues that result from substance abuse, including the spread of needle related diseases, the burden on community resources, and the increase in crime. The impact on children was identified, as the lack of stability in homes impacts by the drug epidemic can lead to lifelong issues for children. Opportunities related to this Force included hiring a community grant writer for Vinton County to allow the community to increase resources to combat the issue, creating a group to pool resources and leverage existing resources so that agencies and organizations are not fighting the issue in siloes, and increasing rehabilitation resources to assist those in the community with recovery.

Discussion

Several cross-cutting themes arose during the large group discussion about Vinton County's Forces of Change. Much of the discussion surrounded how the various community issues identified had an impact on children, both positive and negative. State and locally mandated PBIS training aims to improve the security of children by creating positive behavior change around them in the school setting. Conversely, the lack of foster parents and the drug epidemic have a negative impact on children. Both create unstable homes for children, which can have a lifelong impact on them.

In addition, increasing demands, whether it be though state mandates, local mandates, or increasing community issues, are taxing the resources in Vinton County. State and local mandated PBIS training and state mandated PHAB accreditation put more pressure on the school system and the health department, respectively, to do more with no increase in funding to accomplish those goals. Similarly, the drug epidemic is placing a large burden on a variety of community organizations and agencies.

The issue of a lack of adequate resources was noted consistently throughout the meeting. This has unequal impact on vulnerable populations, including children and the elderly. In each group of forces identified by the group, there were forces that impact children, the elderly, and economically disadvantaged residents. The community noted several opportunities to help mitigate this, including more intentionally collaborating to pool resources so that community agencies are being proactive instead of reactive and more efficiently combating the community health issues that exist. In addition, having a dedicated grant writer for the county would assist in resource generation and community development to assist in improving service availability in the county.

APPENDIX A - FOCA: List of participants

Name	Title/Agency
Earl Cecil	Executive Director, 317 Board
Janelle McManis	Environmental Health Director, Vinton County Health Department
Misty Napier	Director, University of Rio Grande
Johnna Owings	Vinton County Board of Developmental Disabilities
Carla Shaeffer	Case Manager, Hopewell Health
Jean Goodman	Office Manager, Hopewell Health
Connie Zickafoose	Counselor, Health Recovery Services
Wanda Edwards	Site Manager
MaryAnn Knapke	Administrative Assistant
Barbi Hammond	Supervisor
Carrie McManis	Vinton County Home visiting
Kim Wortman	Home Health Liaison, Vinton County Health Department
Sue Crapes	Vinton County Health Commissioner
Teresa Snider	Principal, Vinton County Central Elementary School
Miranda Smith	Principal, Vinton County South Elementary School
Jeremy Ward	Principal, Vinton County Middle School
Margaret Demko	Vinton County Family and Children First Council
Glenn Thompson	Administrator, Vinton County Health Department
Joseph L Hewitt	Chief, Hardin Police Department
Teresa Coffer	Administrator, Maple Hills

Forces of Change Brainstorming Worksheet
(Page 1)

The following two-page worksheet is designed for MAPP Committee members to use in preparing for the Forces of Change brainstorming session.

What are Forces of Change?

Forces are a broad all-encompassing category that includes trends, events, and factors.

- **Trends are patterns over time**, such as migration in and out of a community or a growing disillusionment with government.
- **Factors are discrete elements**, such as a community's large ethnic population, an urban setting, or a jurisdiction's proximity to a major waterway.
- **Events are one-time occurrences**, such as a hospital closure, a natural disaster, or the passage of new legislation.

What Kind of Areas or Categories Are Included?

Be sure to consider any and all types of forces, including:

- social
- economic
- political
- technological
- environmental
- scientific
- legal
- ethical

How To Identify Forces of Change

Think about forces of change — outside of your control— that affect the local public health system or community.

1. What has occurred recently that may affect our local public health system or community?
2. What may occur in the future?
3. Are there any trends occurring that will have an impact? Describe the trends.
4. What forces are occurring locally? Regionally? Nationally? Globally?
5. What characteristics of our jurisdiction or state may pose an opportunity or threat?
6. What may occur or has occurred that may pose a barrier to achieving the shared vision?

Also, consider whether or not forces identified were unearthed in previous discussions.

1. Was the MAPP process spurred by a specific event such as changes in funding or new trends in public health service delivery?
2. Did discussions during the Local Public Health System Assessment reveal changes in organizational activities that were the result of external trends?
3. Did brainstorming discussions during the Visioning or Community Themes and Strengths phases touch upon changes and trends occurring in the community?

Forces of Change Brainstorming Worksheet
(Page 2)

Using the information from the previous page, list all brainstormed forces, including factors, events, and trends. Continue onto another page if needed. Bring the completed worksheet to the brainstorming session

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

APPENDIX C - FOCA: Forces of Change Chart

THEME	FORCE OF CHANGE	THREAT	OPPORTUNITY	NOTES
Economy	**State fiscal dependency**	Unfunded mandates	Networking to access resources	Resource needs
	Unemployment	reduction in tax revenue		Economy, tax revenue
		People don't have the money to pay for basic needs		
	Bedbugs			poverty related - can't afford remediation
	Solar power plant	Environmental impact is unknown	Jobs	Environmental
		Someone has to purchase power	tax revenue	Economy, tax revenue
			lowering energy costs	
	Increased cost of medication			EpiPen, Hep C meds
	Duplication of services			
	Decreased funding (state and federal)	Loss of programs	Networking to pool resources	
		No Sustainability		
		No expansion of programs		
		Medicare/Medicaid not able to provide skilled healthcare services		Impact on vulnerable
		Disproportionately impacting underserved		Impact on vulnerable
	Limited infrastructure	Limits growth	Increaser revenue and income	Water, industrial parks, Village storm water
		Limits tax revenue		Economy, tax revenue

	Educational opportunities	Not competitive, can't attract businesses	Incentivize trade school	Economy, jobs
Resource Needs	**Lack of recreational facilities**	People leave the county	Jobs and activities in county	Economy
	Lack of crisis mental health services	First responders not sure how to handle situations, people in jail that don't need to be	Recruiting case managers and counselors	Impact on vulnerable
	Lack of crisis DD services	Need a CIT team accessible to everyone		Impact on vulnerable
		Training for LE, first responders		
	State mandated PHAB accreditation (health department)	Too many meetings	HD more visible (they are more than just immunizations, etc.)	
		Drain on resources	Encourage other agencies to be more empowered for community change	
		Cut in revenue		Impact on vulnerable
Access to care	**Providers/Access to Care needs**	Travel- length, money	Stand-alone ER	
		Not getting proper care	Clinic, specialists (more competitive in recruitment)	Impact on children
	Mobile health unit (OSU)		More screenings	Impact on elderly
Impact on Children	**Lack of foster care providers**	No regulation of appropriateness of home	More training	Impact on children
		Children stay in dangerous situations	More support	Resource needs
		grandparents raising grandchildren		Impact on children
		Lack of understanding of how to raise special needs kids		Impact on children
		Burden on resources		Resource needs

	State mandated PBIS (positive behavior intervention and support) for grades K-3 (Vinton County requiring to grade 12)	Difficult to balance academics and social-emotion learning	Promotes positive behavior change in all students	
		Roles and responsibilities of educators, this is outside traditional educator expertise	Creates safe and secure learning environment	Impact on children
Technology	**Digital world (reliance on cell phone, internet)**	Vinton County has no broadband	24/7 access to health care, information	Impact on vulnerable
		Social discourse ruled by mob mentality	Work from home	
		False information	Education at home	
Substance Abuse	**Drug epidemic**	Increase in disease spread (whole population)	Hire a county grant writer (would help get resources for drugs, families, homeless, and bedbugs)	
		Grandparents raising grandkids	Group to pool resources to be more proactive, more collaborative, less siloed	Impact on elderly
		Neonatal abstinence syndrome	Increase rehab resources	
		Increase in long term care referrals		Recovery
		Decrease in community resources		Resources
		Decrease in retention and completion in secondary and higher education		Impact on children
		Increase in bullying		Impact on children
		Limiting education growth		Impact on children
		Increase in crime		
		Increase in Domestic Violence		Impact on children
		Lack of a stable home for children		Impact on children

		After rehab, addicted persons are going back into the same environment		Recovery
		Lack of funding		Resources
		Leads to inability of children to maintain stable relationships		Impact on children
		Has compromised values - lower level of what's considered acceptable		Schools/impact on children

[i] American Community Survey, US Census Bureau. Selected characteristics. Accessed on July 8, 2019. https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF

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