PICKAWAY COUNTY COMMUNITY HEALTH ASSESSMENT (CHA)

2015

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Pickaway

County

Community Health Assessment

2015

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Executive Summary

A community health assessment is intended to identify key health needs and issues through systematic, comprehensive data collection and analysis. This report represents a compilation of county profile, primary data gathered through convenience sampling survey and focus groups, data gathered from CHA students, and secondary data gathered through national, state, and local databases. The following is a summary of the results.

KEY FINDNGS

Pickaway County is a community that is well suited for population growth, job opportunities, and education. There are areas for improvement including healthy eating and exercise, access to healthcare and mental care, and need for improved dental care. The Community Health Assessment was conducted to address these needs and develop strategic planning and partnerships.

CONCLUSION

This survey suggests that there are health care needs in Pickaway County. The following are recommendations to consider regarding the top 5 health care issues and health care concerns.

Strategic Priority 1. Socioeconomic issues which have an impact on the community services, dental concerns, and chronic diseases such as obesity, diabetes, and cancer.
Goal 1: Provide access to food and education
Goal 2: Provide access to chronic disease screening.
Goal 3: Anticipate potential for increase immigration

Strategic Priority 2. Mental health issues which have coincident issues with drug use and crime
Goal 1: Provide increase access
Goal 2: Provide drug and alcohol rehabilitation services

Strategic Priority 3. Community health outcomes, which include concerns of smoking, diabetes, obesity, cancer, and dental care

Goal 1: Provide dental access
Goal 2: Increase at-risk lung assessments, provide tobacco education, and provide smoking cessation programs.
Goal 3: Improve and increase services to persons over the age of 65 years

Strategic Priority 4. Funding issues surrounding Pickaway County public health services
Goal 1: preparation for need for additional funding through placement of levy

Strategic Priority 5. Implications of the Affordable Care Act (ACA) and state legislative issues such as legalization of marijuana.
Goal 1: Help clients navigate the healthcare/ social services system
Goal 2: preparation for possible legislative changes

General Background of Pickaway County

The population of Pickaway County in 2010 was 55,698 residents, or 111.1 persons per square mile. The population of the county has increased at an annual rate of 1.1%.

Demographics

According to the 2013 United States Census data, Pickaway County is predominantly white, with 94.3% of residents self-identifying as white/Caucasian. Compared to the distribution of the State of Ohio, the population is evenly distributed by age.

The percentage of persons below the poverty level in Pickaway County is 14.6%, which is slightly below the percentage for the State of Ohio. The income per person, approximately $23,851, is also lower in comparison for the State of Ohio. This may be adjusted in part due to the high number of residents who share households. The number of adult residents in Pickaway County that lack health insurance is 16%.

DEMOGRAPHICS

Race/Ethnicity	Percent Pickaway County	Percent State of Ohio
White (non-Latino)	94.3	83.2
Black	3.7	12.5
Asian	0.4	1.9
Amer.Ind or Al. Nat.	0.2	0.3
Hawaiian or Pacific Islander	0.0	0.0
Multiracial	1.3	2.0
Hispanic (any race)	1.3	3.4
Other	0.2	0.8
Total Minority	6.4	18.9

Source. United States Census Bureau. Available at www.quickfacts.census.gov

INSURANCE STATUS AND POVERTY LEVEL

Insurance status	Percent Pickaway County	Percent State of Ohio
%Children < 19 uninsured	6.1	6.0
% Adults uninsured (age under 65 years)	16.0	17.0
% Birth Medicaid	41.5	38.0
% Children enrolled in Medicaid	44.9	33.3

%Persons < 100% FPL	14.6	16.0
% Children < 100% FPL	7.1	8.0
% Children eligible for free lunch	36	38
Health care costs	$11,147	$10,365
%could not see doctor due to cost	13	13
Per Capita (person) income 2009-2013	$23,851	$26,046
Median household income 2014	$52,666	$48,138

Source: Office of Policy, Research and Strategic Planning. 2013. Available at www.development.ohio.gov; countyhealthrankings.org/2014

METHODS.

As part of the accreditation process, Pickaway County's General Health District is required to conduct a Community Health Assessment (CHA). To assist in identifying the most important public health needs and issues in Pickaway County, a community health assessment survey was developed. A convenience sampling was obtained in October 2014 during the community's Pumpkin Show. Overall a total of 188 county residents completed the Pickaway County Health Assessment 2014.

Prior to beginning the questionnaire, participants were informed that their opinions would help the Health District better serve the health needs of the community. They participants were also informed that their participation was voluntary, their responses would be treated confidentially, and they could defer to answer any questions.

Survey results were statistically analyzed using descriptive statistic, including tabular and numerical methods for summarizing data. For each question, a crosstab table included number of respondents and frequencies. Statistics were reported as overall based on age, sex.

The data was compiled and a Stakeholders meeting was held to discuss the findings and to obtain input and feedback.

In addition, several focus groups were held to encompass a diverse perspective including high school students, senior citizens, company employees, county health fair, and community groups.

The Community Themes and Strengths Assessment

The Community Health Improvement Plan (CHIP) for Pickaway County is a roadmap for improved health in our County that was developed in partnership with a wide variety of organizations throughout Pickaway County. The CHIP is meant to guide public and private activities, initiatives and investments with the aim to improve the health status of community members and the community conditions that foster health.

This plan includes a number of areas focused on traditional health issues like prevention of chronic diseases and addressing various other health concerns. However, the CHIP also moves beyond the realm of conventional public health to propose key solutions that address the many social conditions in our communities that significantly affect health, such as unaffordable or poor quality housing, barriers to educational attainment, exposure to violence, and availability of safe places for recreation.

The purpose of the CHIP is to develop a health improvement agenda that partners from different sectors (e.g. health, education, housing, transportation) can use as a framework for collaboration. The CHIP is informed by the Community Health Assessment (a report describing the health status of people in Pickaway County and the neighborhood conditions that contribute to health) and also integrates significant input received from stakeholders at regional community meetings. This plan contains areas for health improvement with measurable objectives and strategies to accomplish these objectives.

The following are recommendations that the Steering Committee has compiled regarding the top 5 health care issues and health care concerns.

Strategic Priority 1. Socioeconomic issues which have an impact on the community services, dental concerns, and chronic diseases such as obesity, diabetes, and cancer.
Goal 1: Provide access to food and education
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Goal 3: Anticipate potential for increase immigration

Strategic Priority 2. Mental health issues which have coincident issues with drug use and crime
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Strategic Priority 3. Community health outcomes, which include concerns of smoking, diabetes, obesity, cancer, and dental care

Goal 1: Provide dental access

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Goal 3: Improve and increase services to persons over the age of 65 years

Strategic Priority 4. Funding issues surrounding Pickaway County public health services

Goal 1: preparation for need for additional funding through placement of levy

Strategic Priority 5. Implications of the Affordable Care Act (ACA) and state legislative issues such as legalization of marijuana.

Goal 1: Help clients navigate the healthcare/ social services system

Goal 2: preparation for possible legislative changes

The Community Health Status Assessment

2014 County Health Data

Diseases of the heart, cancer, stroke, lower respiratory disease, diabetes mellitus, and unintentional injuries accounted for 68.7 percent of the resident deaths during 2004-2006.

Heart disease was the leading cause of death for Pickaway County residents in 2004-2006. In Pickaway County, an average of 26 residents died from a stroke annually during 2004-2006 with 26.1 percent of the adult residents reported having high blood pressure and 2.2 percent had previously had a stroke during 2004, 2006 and 2007.

In 2012, male smoking was in the worst performing 25% of all counties at 28.7%. Female smoking was in the middle performing 50% of all counties at 23.1%.

In 2010, female life expectancy was in the worst 25% of all counties at 78.2 years (national average 80.0 years). Male life expectancy was in the middle 50% of all counties at 74.4 years (national average 76.3 years).

In 2009, the percentage of obese females was in the worst 25% of all counties at 41.8% (national average 35.1%) and an increase of 11.9% since 2001. The percentage of obese males was in the worst 10% of all counties at 40.1% (national average 32.8%) and an increase of 10.4% since 2001. (website: http://www.healthyohioprogram.org)

The following is a breakdown of the overall health outcomes for Pickaway County

HEALTH OUTCOMES 2014	PICKAWAY COUNTY	STATE OF OHIO
Diabetes	12%	11%
HIV prevalence	844	178
Premature age-adjusted mortality	407.4	375.2
Infant mortality	5.6	7.8
Child mortality	44.1	59.1

Source: county health rankings available at www.countyhealthrankings.org

The following reveals the Cancer rates for Pickaway County residents compared to the State of Ohio and with relation to race. Breast cancer is the most common diagnosed cancer in the county followed by lung cancer and uterine cancer.

Cancer	Ohio	Pickaway county	White	Black
Breast	120.0	115.5	118.5	64.7
Cervical	7.9	3	6.0	2.6
Uterine	27.6	31.5	27.1	3
Ovarian	11.0	4	11.2	3
Testicular	5.6	1	5.1	2
Lung	68.6	57.8	66.5	74.9

Source: county health rankings available at www.countyhealthrankings.org

In terms of Health Behaviors, the following reveals the general health status of the county residents.

HEALTH BEHAVIOR 2014	PICKAWAY COUNTY	STATE of OHIO
Adult smoking	21 %	21 %
Adult Obesity	35 %	30%
Food environment index	7.9	7.1
Physical inactivity	32 %	26 %
Access to exercise opportunities	71 %	83 %
Excessive drinking	14 %	18 %
Alcohol-impaired driving deaths	38 %	36 %
Sexually transmitted infections	254	460
Teen births	39	36

Source: county health rankings available at www.countyhealthrankings.org

Quality of Life and General Health outcomes as it relates to overall health as well as physical health and mental health is summarized.

HEALTH OUTCOME 2014	PICKAWAY COUNTY	STATE of OHIO
Premature death	7,610	7,466
Poor or fair health	22%	15%
Poor physical health days	5.0	3.7
Poor mental health days	4.6	3.8
Low birthweight	7.8%	8.7%

Source: County health rankings available at www.countyhealthrankings.org

INFANT MORTALITY

The United States has a higher rate of infant mortality than 28 developed countries. The infant mortality rate for Ohio has remained steady at 7.7 – 7.9 for the last decade, and is twelfth highest in the country. This is higher than the national average of 6.87 per 1,000 live births in 2012. The federal Department of Health and Human Services in the Health People 2010 initiative established a national goal of 4.5. Pickaway County has had a decrease in infant mortality rate over the past decade but remains above the national goal. The data may be skewed due to the transfer of premature infants to Columbus NICU hospitals.

Number of Infant Deaths and Infant Mortality Rates, 5 years Average Rates, 1996 – 2010

	Infant deaths 1996-2000	Infant mortality rate 1996-2000	Infant deaths 2001 – 2005	Infant mortality rate 2001 - 2005	Infant deaths 2006-2010	Infant mortality rate 2006 - 2010	Average annual births
Pickaway County	25	8.1	23	7.7	20	6.4	615
State of Ohio	5,999	7.9	5,5846	7.8	5,651	7.7	141,685

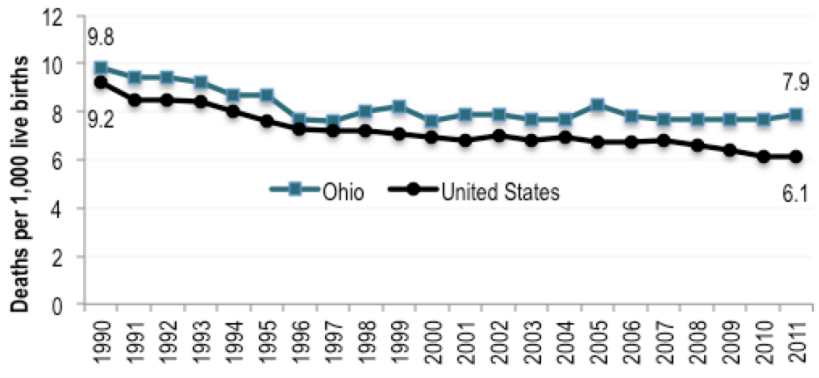
Source: county health rankings available at www.countyhealthrankings.org

The leading causes of infant mortality include: congenital anomalies, prematurity, low birth weight, and sudden infant death syndrome. The Preventing Infant Mortality in Ohio Task force in 2009 outlined 10 recommendations to reduce infant mortality and disparities in the State of Ohio. The recommendations included the following:

1. Provide comprehensive reproductive health services and service coordination for all women and children before, during and after pregnancy.
2. Eliminate health disparities and promote health equity to reduce infant mortality.
3. Prioritize and align program investments based on documented outcome and cost effectiveness.
4. Implement health promotion and education to reduce preterm birth.
5. Improve data collection and analysis to inform program and policy decisions.
6. Expand quality improvement initiatives to make measurable improvements in maternal and child health outcomes.
7. Address the effect of racism and the impact of racism on infant mortality.
8. Increase public awareness on the effect of preconception health on birth outcomes.
9. Develop, recruit and train a diverse network of culturally competent health professionals statewide.
10. Establish a consortium to implement and monitor the recommendations of the Ohio Infant Mortality Task Force (OIMTF)

Figure 1

Infant mortality rate in the United States and Ohio 1990-2014



Source: Policy Matters Ohio, based on Population Reference Bureau analysis of data from the Center for Disease Control, provided by the Kids Count Data Center, Annie Casey Foundation, at http://bit.ly/1lHA8zQ.

Secondary Results Data.

The following information was submitted by three graduate students from the OSU Public Health Community Health Assessment class. Dental health, mental health, substance abuse, and adolescent health concerns were the primary focus of this project.

DENTAL CARE.

Dental and vision programs are some of the most requested programs in Pickaway County. Pickaway County has been identified as a dental shortage area, particularly in the city of Circleville. [a]From the convenience sampling survey, 12% of respondents noted difficulty in access to dental care and 5.33% of respondents noted difficulty in access to vision care. This is similar to findings in a previous Pickaway County health assessment, in which 13.3% of respondents did not feel that dental care was accessible or available, and approximately 7.0% of residents are estimated to have unmet dental care needs.

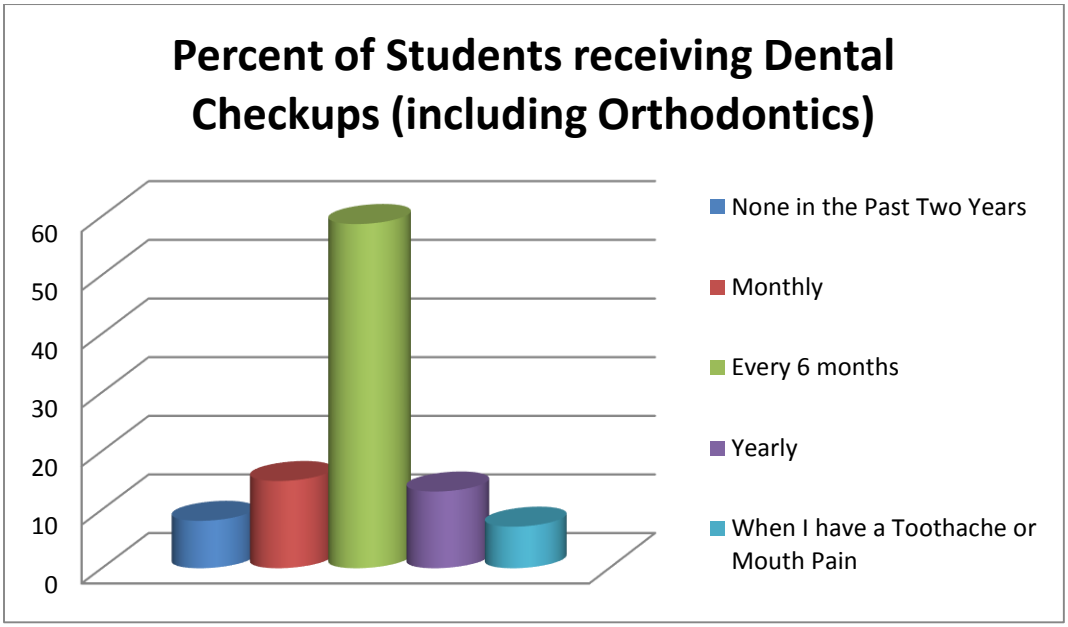
These secondary health services are often not covered by insurance despite their importance to general health. Approximately 27% of Pickaway County adults (or the equivalent of approximately 15,700 residents) do not have insurance for dental care, and 9.8% of children in Pickaway County have never been to a dentist.[a] While recent statewide expansion of Medicaid may have reduced this amount, this does not ensure greater access. In 2009, only 28% of dentists took at least one Medicaid-eligible patient and only 12% billed for a significant number of Medicaid patients.

From a community health perspective, oral health problems are associated with heart and lung disease, pregnancy complications, and have an impact on a person's social and professional life . Likewise eye-related disorders and vision loss have a significant economic impact in both direct costs and in indirect costs from productivity loss. It is estimated that 1.2 million Ohioans have a vision related disease such as glaucoma or cataracts, and approximately 25% of Ohio school-age children are estimated to have a vision problem .

The Ohio Department of Health has numerous reports and articles regarding dental care in Ohio. In Pickaway County, the incidence rate of oral cancers is 11.4 per 100,000 residents, which is 8 times higher than the rate of melanomas of the skin in Pickaway County. Regular dental care would assist with prevention of such cancers, as well as aid early detection should such cancers develop.

DENTAL CARE RESOURCES	
Number of Licensed Dentists	18
Number of Licensed Pediatric Dentists	0
Number of Dentists Who Treat Medicaid Patients	8
1-50 patients	2
51-249 patients	4
250+ patients	2
Number of OPTIONS Dentists	2
Ratio of Low-Income Patients per OPTIONS Dentist	9,429: 1
Number of Safety Net Dental Clinics	0

In 2013, a survey of 953 Pickaway County middle and high school students, representing seven separate schools, were asked how often they had a dental check up, including any orthodontic service. As in similar surveys, 8.1% had not been to a dentist in the past two years, and 7.1% only went when they had tooth or mouth pain; 28.3% of the respondents visited the dentist less than every six months, which is recommended.



There are few options available to low-income residents who are unable to obtain dental care through Medicaid. There is no longer available the Free Clinic of Pickaway County which had offered free or discounted care to low-income or uninsured residents, but was available to treat emergencies only on Tuesdays. It was not considered a safety net dental clinic. There are no free dental care clinics in the county. The county does have a Federally Qualified Health Center through the FQFC grant. The State of Ohio has 41 FQHCs and FQHC Look-Alikes (with about 180 clinical sites). Pickaway County has 1 FQHC known as the Columbus Neighborhood Health Center (CNHC) Circleville. In May 2015, it was renamed PrimaryOne Health. Primary One Health has 9 clinics in the Columbus area, including the one in Circleville. It is located in the Berger Hospital Medical Office Building at 600 North Pickaway Street. The purpose is to coordinate care and provide service or referrals for dental care, vision care, OBGYN, primary care, and diabetes. Pickaway County does not have a safety net dental clinic. Emergency rooms frequently are the only option for uninsured and publicly insured residents who are unable to meet their dental needs. In 2011, there were 384 visits to Pickaway County emergency departments for dental needs, primarily cavities, abscesses and dental disorders. OPTIONS, a dental program available in the state of Ohio to assist low-income and uninsured Ohioans, has two dentists available in Pickaway County. However, the need in the county is such that there are 9,429 patients for each OPTIONS dentist.

MENTAL HEALTH.

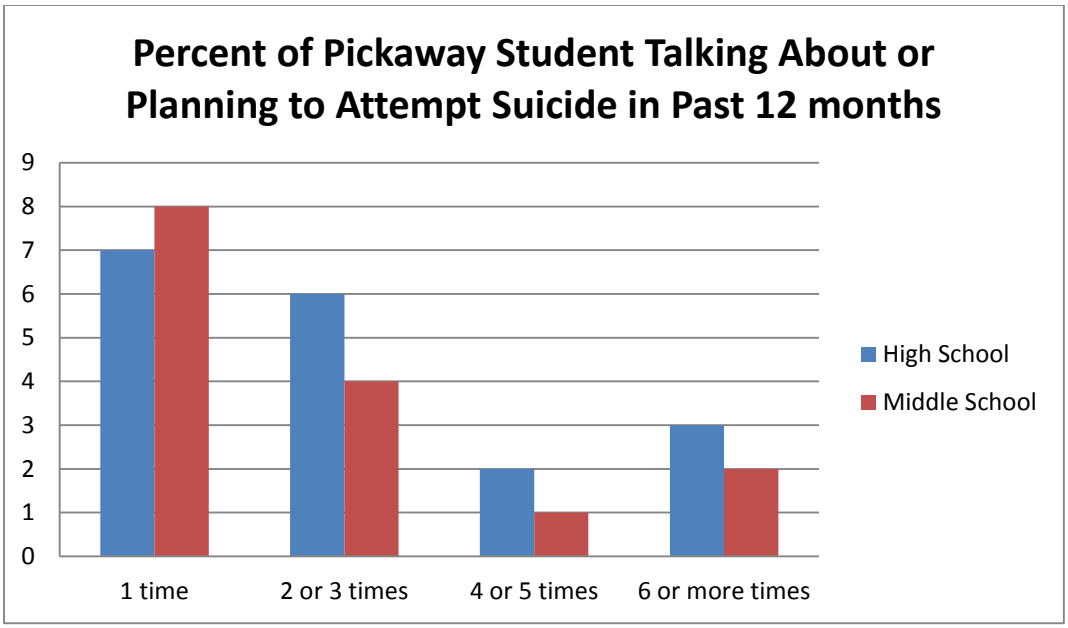
Pickaway County is experiencing a mental health professional shortage. There are currently 3,133 patients for every one mental health professional in Pickaway County. That is over three times the size of Ohio's mental health provider ratio. According to the Health Resources and Services Administration's Health Professional Shortage Area score, county areas are scored on a scale of 0 to 26, with a higher score meaning higher priority to meet health professional shortages. In a Medicaid-eligible area, Pickaway County scored a 13 out of 26.

One in five adults in the U.S. had a mental illness in 2013. The most common mental illness in the U.S. is depression, affecting 15.7 million adults in 2013. Mental illnesses are responsible for more disabilities than cancer or heart disease in developed countries, and cost the U.S. around $300 billion due to loss in productivity and the cost of treatment.

Mentally unhealthy days measures the mean number of days in the past 30 days where an individual over age 18 self-reported his or her mental health was not good. Pickaway county's mean number of mentally unhealthy days is 4.6, slightly higher than the mean for Ohio and the U.S.

Mentally Unhealthy Days	
Geographic Area	**Mean Number of Days**
Pickaway County	4.6
State of Ohio	3.8
United States	3.5

According to the 2013 Ohio Youth Risk Behavior Survey, one in four teens reported symptoms of depression. Adolescents who suffer from depression are more likely to drop out of school and become involved with the criminal justice system. From a county health perspective, it is important to understand the prevalence of depression and suicidal thoughts among Pickaway County's youth. This in turn gives the community an opportunity to ensure that students are completing their education and living successful lives. The Pickaway County General Health District obtained primary data from Circleville High School, Logan Elm High School, Westfall High School, Circleville Middle School, Logan Elm Middle School, Teays Valley Middle Schools, and Westfall Middle School. There were 561 total high school respondents in either ninth or eleventh grade, and 465 total middle school respondents in seventh grade.



Overall, there is little difference between the amount of times middle school and high school students talk about or plan to attempt suicide. Based on the 2013 Ohio Youth Risk Behavior Survey of 9th to 12th grade students, 11% of students in Ohio made a plan about how they would attempt suicide. This is higher than the percentages reported by Pickaway County students. Programs should target youth in middle school through collaboration with Pickaway County schools for mental health and substance abuse educational programming

SUBSTANCE ABUSE.

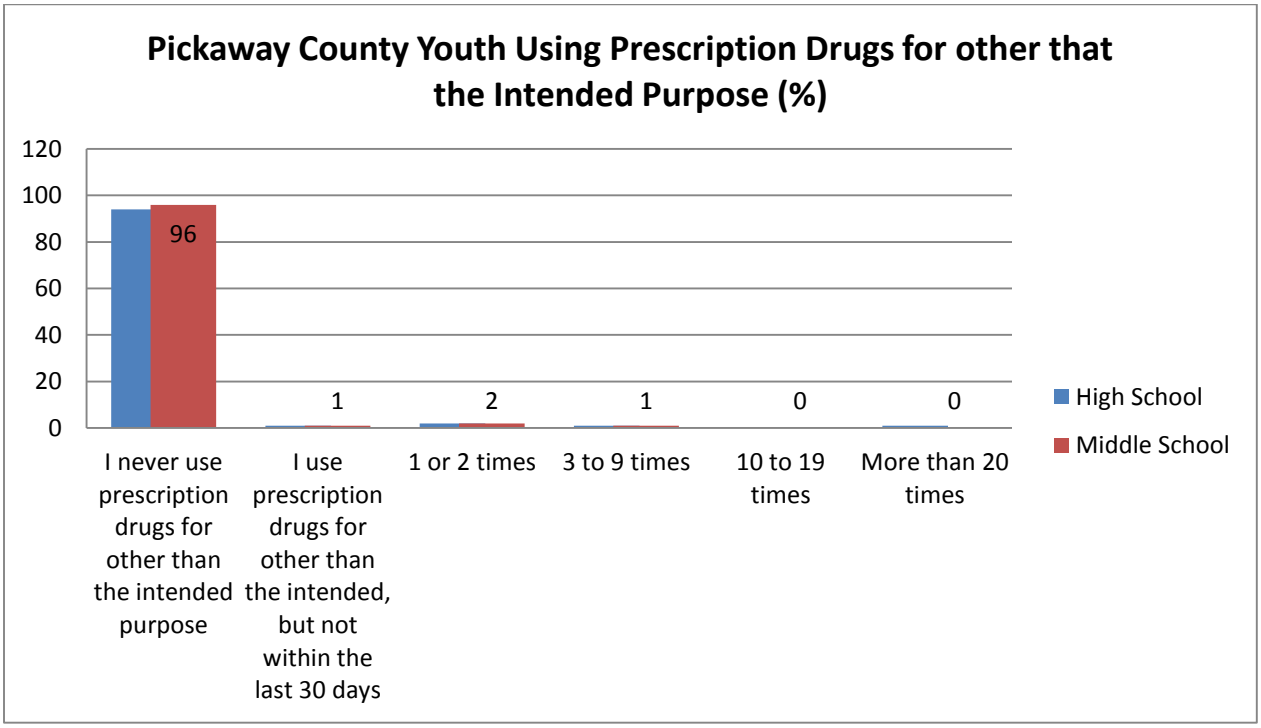
In the United States, the percent of persons 12 years of age and over with any illicit drug use in the past month was at 9.2% in 2012. The Healthy People 2020 target is to reduce the drug induced death rate to 11.3 deaths per 100,000 populations. Pickaway County has a lower rate of drug poisoning deaths compared to the rest of Ohio. However, the county rate is still slightly above the Healthy People target rate.

Drug Poisoning Death rate (per 100,000)	
Pickaway County	12
State of Ohio	13
Healthy People 2020	11.3

Prescription drug misuse and heroin use in Pickaway County is increasing. The misuse of prescription drugs is second only to marijuana as the nation's most common drug problem after alcohol and tobacco. There are 32.4% of Pickaway County residents in treatment for prescription opiates as their primary drug of choice. Additionally, 21.5% of Pickaway County clients in treatment list heroin as their primary drug of choice. The percent of patients with an opiate-related diagnosis in Pickaway County is almost double that of patients with the same diagnosis elsewhere in Ohio.

Percentage of Clients in Treatment with an opiate-related Diagnosis (heroin and prescription opioids combined)	
Pickaway County	**47.8%**
State of Ohio	**25.2%**

Youth in Pickaway County were asked about their use of prescription drugs.

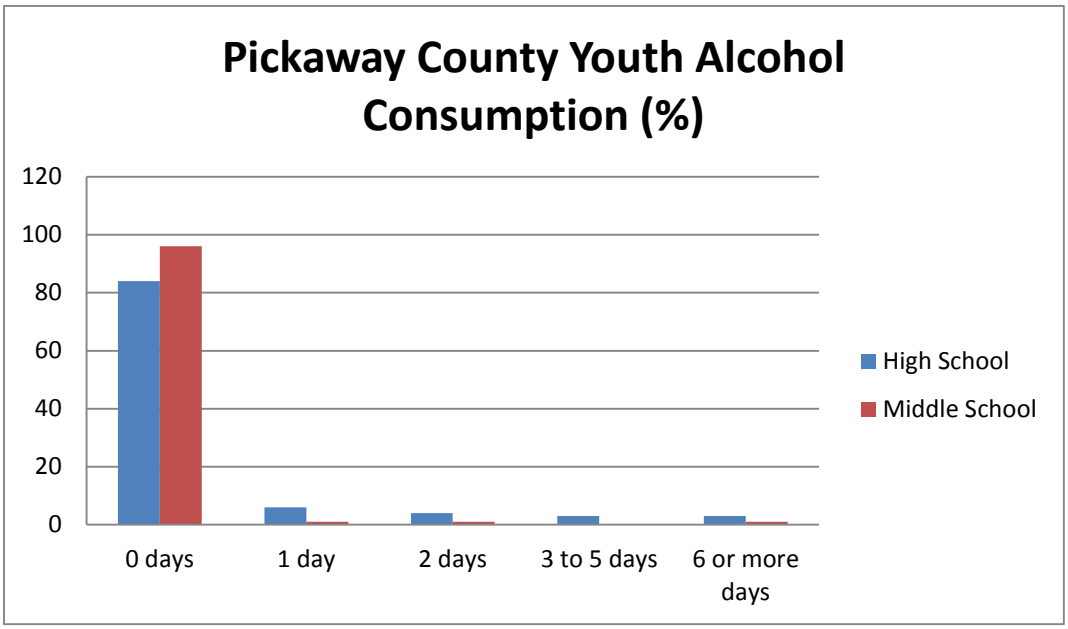


The percentage of Pickaway County students in high school and middle who abuse prescription drugs is also relatively low. In 2013, 12.8% of Ohio high school students had taken prescription painkillers one or more times in their life.

Excessive drinking reflects the percent of adults that report either binge drinking, defined as consuming more than four for women, or five for men, alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one for women, or two for men, alcoholic drinks per day on average. Excessive drinking is a risk factor for many adverse health outcomes including alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted diseases, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes. The Healthy People 2020 target is to reduce the percent of adults (18 and over) who drink excessively to 25.4%. The percent of Pickaway County adults who drink excessively is well below the Healthy People 2020 target and is also below the percent for Ohio.

Alcohol Consumption in Pickaway County and Ohio (Ages 18 years and over)		
Health Behavior	**Pickaway County**	**Ohio**
Excessive Drinking	**14%**	**18%**
Alcohol Impaired Driving Deaths	**33%**	**36%**

Underage drinking is important to assess as it relates to a communities health. In the community survey of high school and middle school students, Students were asked "During the past thirty days on how many days did you have five or more drinks of alcohol in a row or binge drink?"



Overall, a relatively small percentage of Pickaway County students in both high school and middle school binge drink. This compares to 16.1% of Ohio high school students who drank five or more drinks on one or more days in the past 30 days in 2013. To address the issue of alcohol use, the community could institute multi-component interventions with community mobilization focused on reducing alcohol use and excessive drinking among adults. These interventions may include components such as sobriety checkpoints, training in responsible beverage service, education and awareness-raising efforts, and limiting access to alcohol.

There are challenges related to access to substance abuse treatment. Within the City of Circleville, there are three centers. However, this can represent a challenge in terms of transportation to and from these centers for residents who reside outside of Circleville. Transportation is especially an issue among low-income residents who may not own a car or have easy access to public transportation.

The available substance abuse treatment services available in Pickaway County are as follows.

1. Pickaway Area Recovery Services: This center is located in Circleville. It provides outpatient services to both adults and children. Insurances accepted include private, Medicaid, and Medicare.

2. Scioto Paint Valley Mental Health Center/Pickaway County Clinic: This center is also located in Circleville. It also provides outpatient services to both adults and children. Insurances accepted include Private, Medicaid, and Medicare.

3. Pickaway Women's Residential: This center opened in the spring of 2013. It is the only inpatient and sole women's only treatment center in Pickaway County.

4. South Central Ohio Big Brothers/Big Sisters: This center is located in Chillicothe. Additionally, this program focuses on prevention education, alternative activities and mentor services rather than traditional outpatient treatment care. No insurance is accepted.

5. Lighthouse Youth Services: This center is not located within Pickaway County. It services Fayette, Highland, Pickaway, Pike and Ross counties in Ohio. This treatment center also requires a referral from juvenile justice systems only. Insurances accepted include private as well as Medicaid.

It is important to reduce the barriers to access mental health and substance abuse services including transportation to and the stigma related to mental/substance abuse health centers.

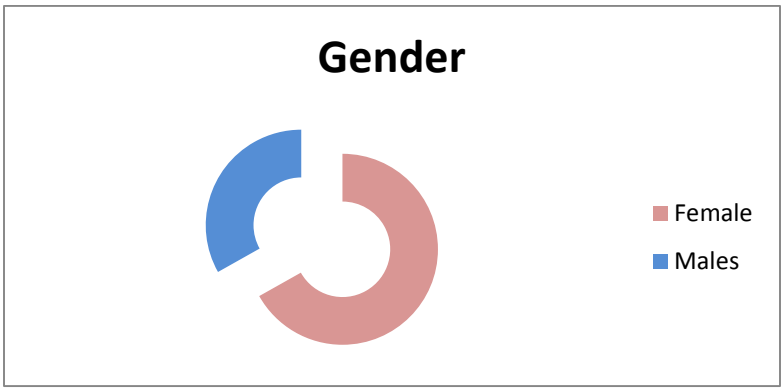
RESULTS of Community Survey.

Convenience Sampling Survey of a total of 181 respondents during October 2104.

Survey Demographics

Gender

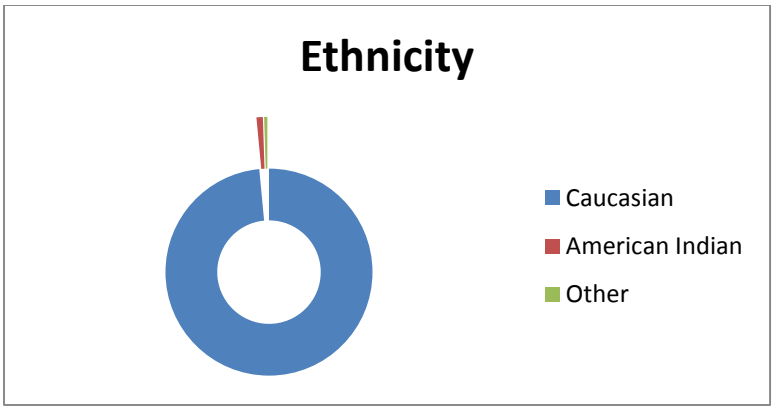
- Females 66.85%
- Males 33.15%



Ethnicity

The majority of respondents were Caucasian, which is reflective of the general population of Pickaway County

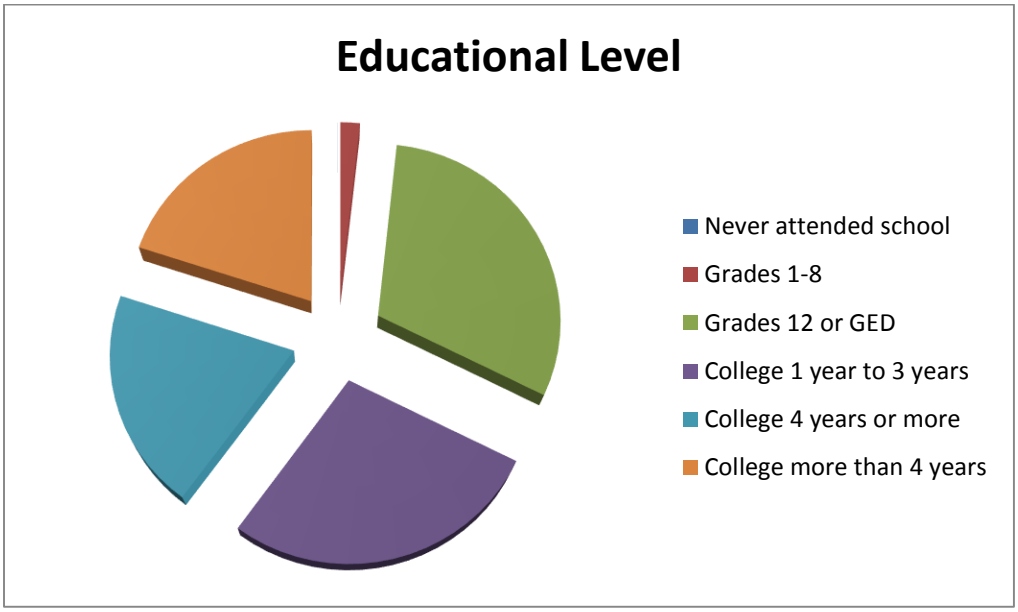
- Caucasian 98.37%
- American Indian 1%
- Other 0.5%



Highest grade or year of school completed

The majority of respondents completed high school or beyond.

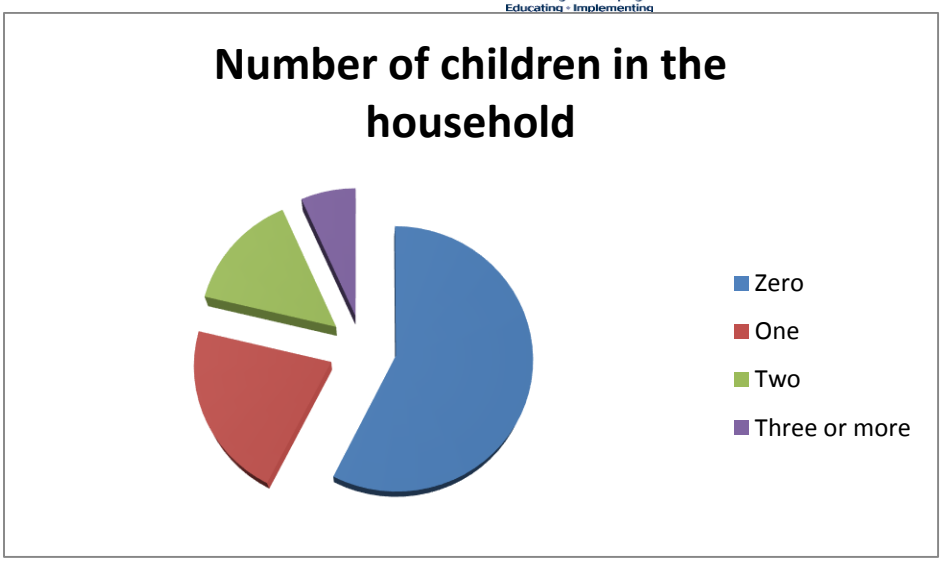
- Never attended school or only attended kindergarten – 0%
- Grades 1-8 (Elementary) – 1.76%
- Grade 12 or GED (High School) – 30.59%
- College 1 year to 3 years (some college or technical school) – 27.65%
- College 4 years or more (College graduate) – 20.0%
- College more than 4 years (post-graduate) – 20.0%



Number of children under the age of 18 in the household

Slightly over half of the survey respondents who had families did not have children. Almost one-fourth of the respondents who had families had one child.

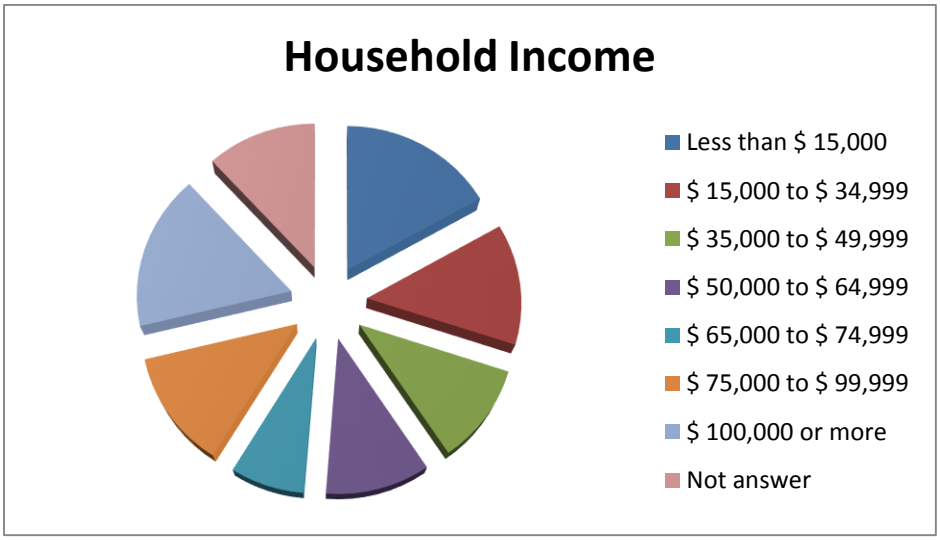
- Zero – 57.32%
- One -- 21.34%
- Two – 14.63%
- 3 or more – 6.71%



Yearly household income

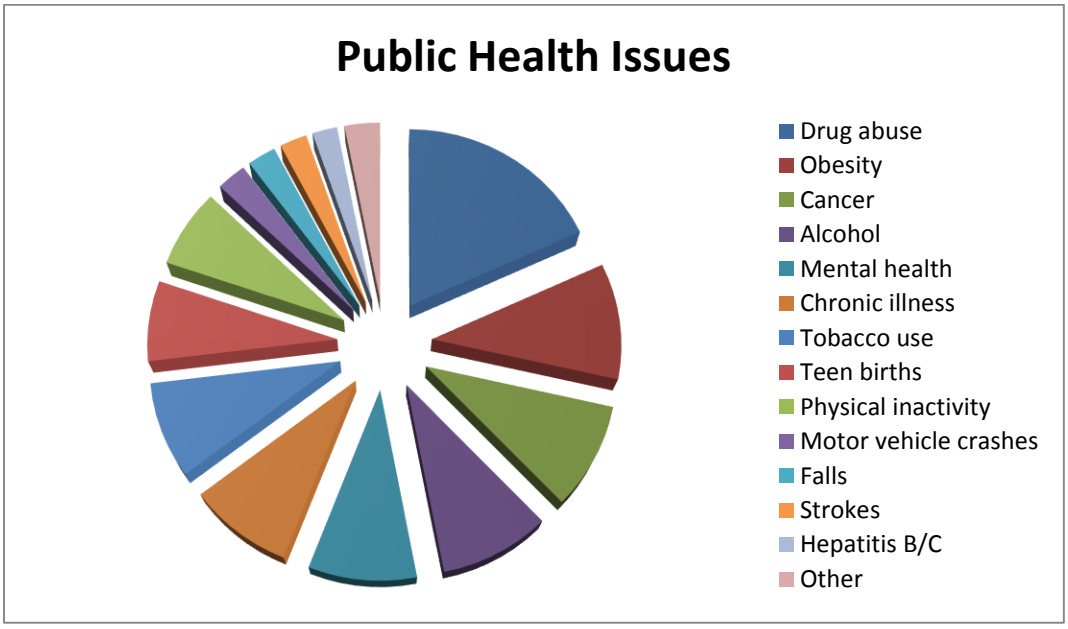
Income wages among respondent of the survey were almost equally distributed among all wages.

- Less than $ 15,000 16.88%
- $ 15,000 to $ 34,999 13.13%
- $ 35,000 to $ 49,999 10.63%
- $ 50,000 to $ 64,999 10.63%
- $ 65,000 to $ 74,999 7.50%
- $ 75,000 to $ 99,999 12.50%
- $ 100,000 or more 16.88%
- Not answer 11.88%



Survey Results of Community Health.

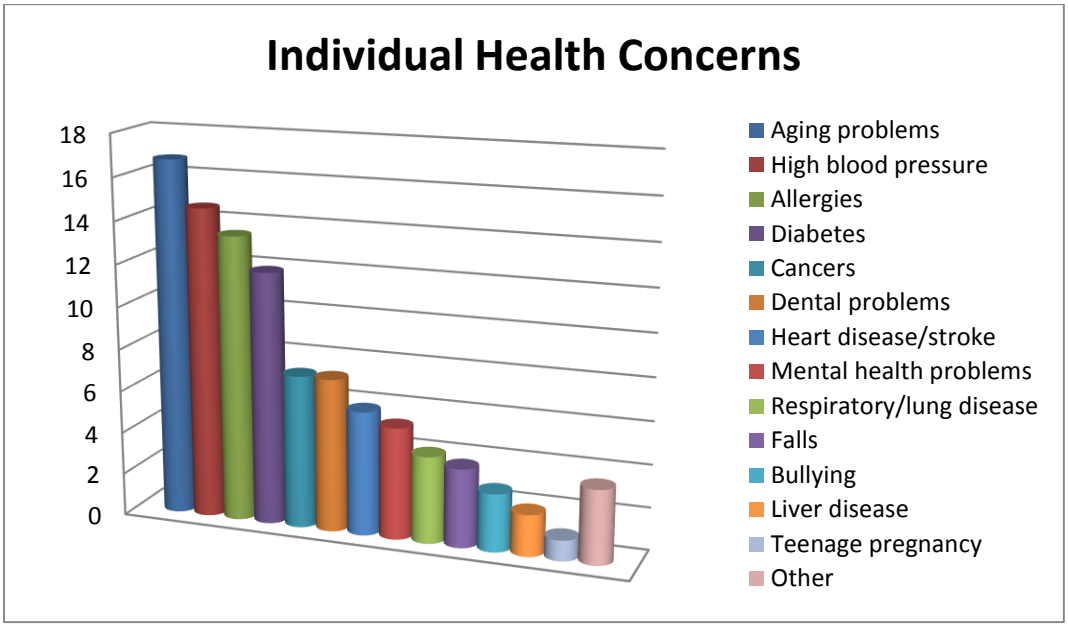
1. Public health issues considered to be a problem in the community
   - Drug abuse 18.23%
   - Obesity 10.26
   - Cancer 9.28
   - Alcohol 9.17
   - Mental health 8.95
   - Chronic illness 8.73
   - Tobacco use 8.41
   - Teen births 7.10
   - Physical inactivity 6.99
   - Motor vehicle crashes 2.62
   - Falls 2.51
   - Strokes 2.40
   - Hepatitis B/C 2.18
   - Other 3.1



The top five public health concerns in the community included drug abuse, obesity, cancer, alcohol and mental health.

2. Health issues that has affected the person or family member in the last year

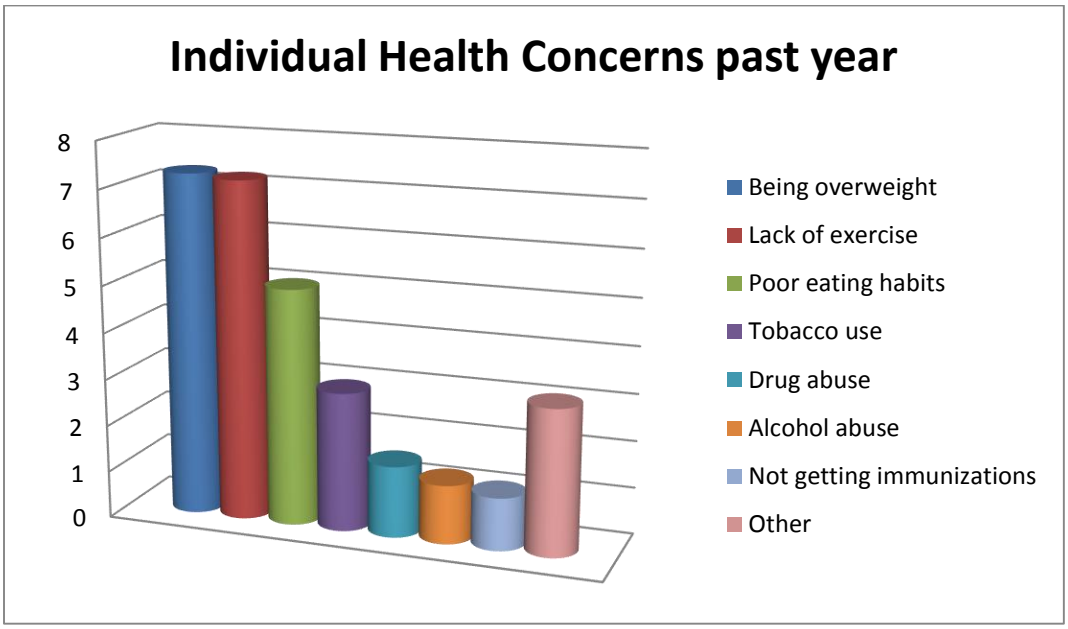
○ Aging problems	16.76%
○ High blood pressure	14.62
○ Allergies	13.45
○ Diabetes	11.89
○ Cancers	7.21
○ Dental problems	7.21
○ Heart disease/stroke	5.85
○ Mental health problems	5.26
○ Respiratory/lung disease	4.09
○ Falls	3.70
○ Bullying	2.73
○ Liver disease	1.95
○ Teenage pregnancy	0.97
○ Other	3.5



The top five Health issues that has affected the person or family member in the last year included aging problems, high blood pressure, allergies, diabetes, and cancer.

3. Health behaviors that has affected the person or family member in the last year

○ Being overweight	7.29%
○ Lack of exercise	7.21
○ Poor eating habits	5.04
○ Tobacco use	2.96
○ Drug abuse	1.52
○ Alcohol abuse	1.28
○ Not getting immunizations	1.12
○ Other	3.10

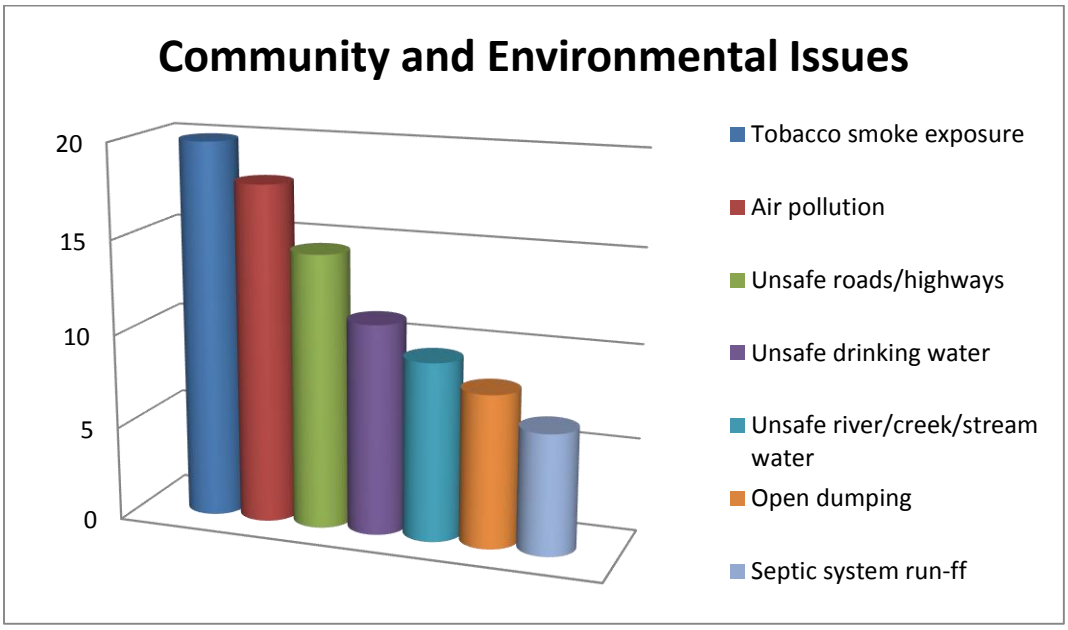


The major Health behaviors that has affected the person or family member in the last year was being overweight and lack of exercise followed by poor eating habits and tobacco use.

4. Community or environmental issues of concern

○ Tobacco smoke exposure	19.93%
○ Air pollution	17.91
○ Unsafe roads/highways	14.53
○ Unsafe drinking water	11.15
○ Unsafe river/creek/stream water	9.46

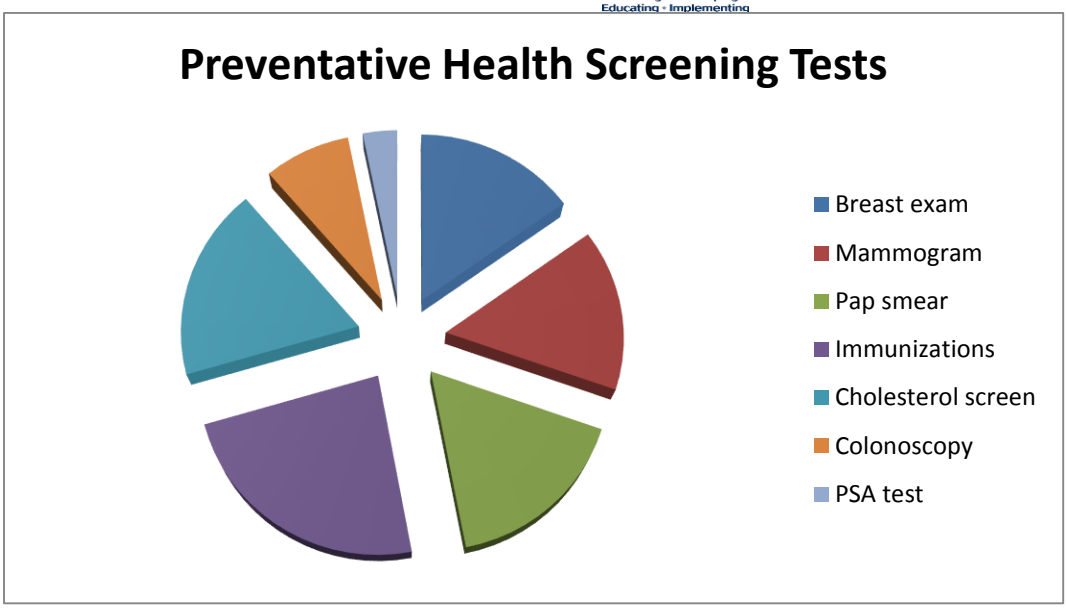
- Open dumping 8.11
- Septic system run-off 6.42



Tobacco smoke exposure and air pollution were the major community and environmental issue followed by unsafe roads/highways, unsafe drinking water, and unsafe water resources.

5. Preventative health screening tests in the past 1-2 years

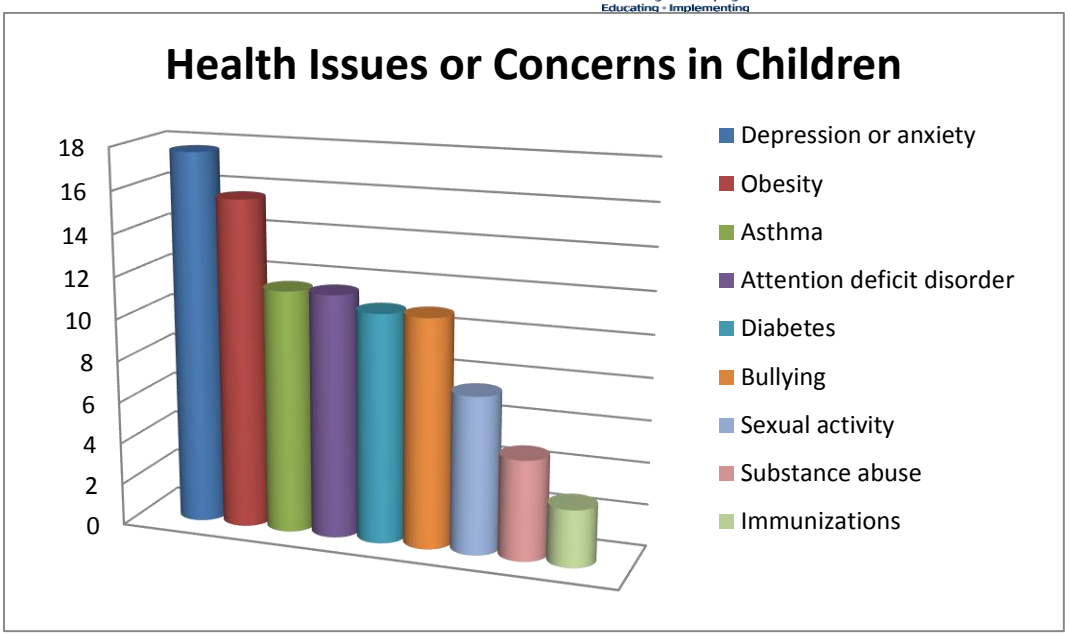
- Breast exam 15.17%
- Mammogram 15.17
- Pap smear 16.67
- Immunizations 23.50
- Cholesterol screen 18.16
- Colonoscopy 8.12
- PSA test 3.21



Less than a quarter of respondents had preventative health screening tests.

6. Health issues or concerns in children

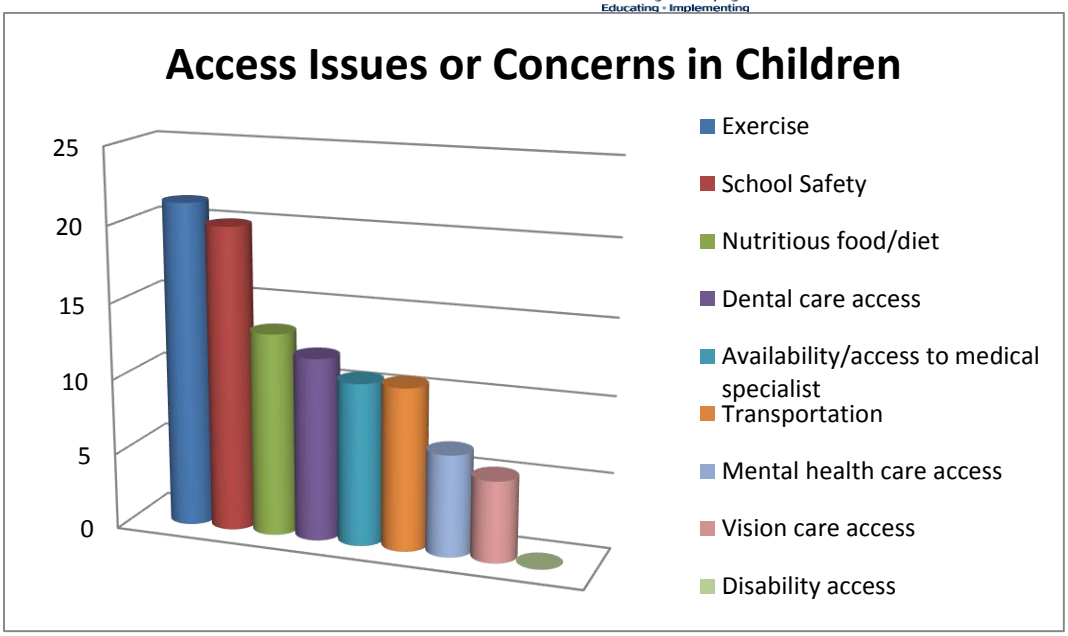
○ Depression or anxiety	17.69%
○ Obesity	15.65
○ Asthma	11.56
○ Attention deficit disorder	11.56
○ Diabetes	10.88
○ Bullying	10.88
○ Sexual activity	7.48
○ Substance abuse	4.76
○ Immunizations	3.40
○ Developmental delay	3.40
○ Prematurity/preterm birth	2.72



The top five health issues or concerns in children included depression or anxiety, obesity, asthma, attention deficit disorder, and diabetes.

7. Issues regarding access to care in families with children

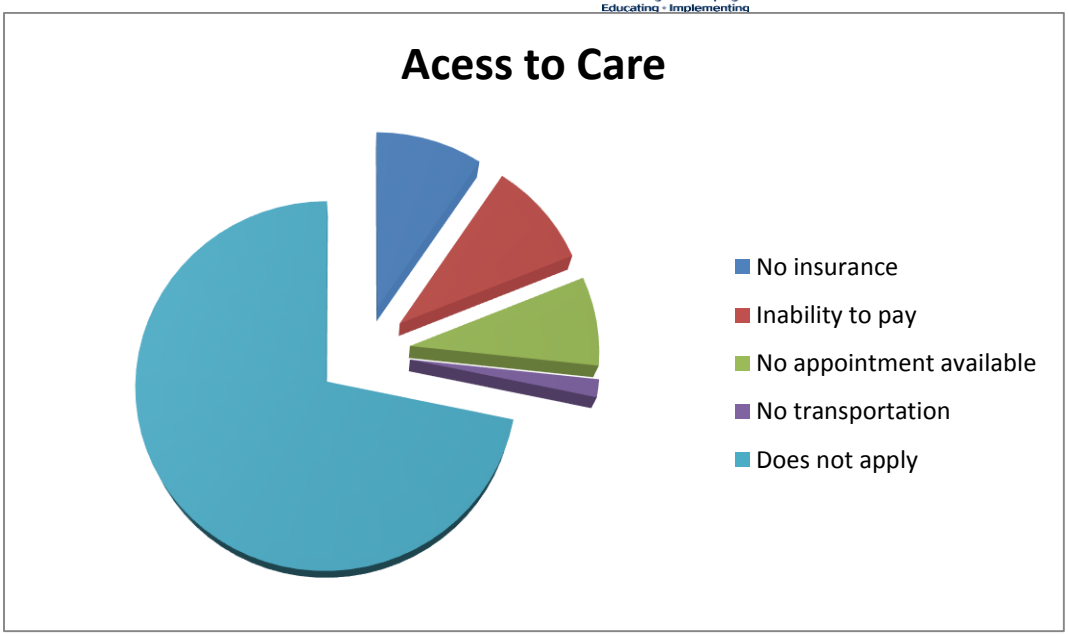
○ Exercise	21.33%
○ School safety	20.00
○ Nutritious food/diet	13.33
○ Dental care access	12.00
○ Availability and access to medical specialist	10.67
○ Transportation	10.67
○ Mental health care access	6.67
○ Vision care access	5.33
○ Disability access	0.00



Several issues regarding access to care in families with children include exercise, school safety, nutritious food or diet, dental care access, availability or access to medical specialist, and transportation.

8. Access issues or concerns in families with children

○ No Insurance	9.38%
○ Inability to pay	9.38
○ No appointment available	7.81
○ No transportation	1.56
○ Does not apply	71.35



Although the majority of respondents felt that access to care did not apply, for those respondents in which access to care was an issue, no insurance or inability to pay for services were the primary concern.

The survey results from primary and secondary data suggests that there are health care needs in Pickaway County. Almost one-fourth of the residents rated their health as poor to fair. In addition, nearly 10% of those surveyed indicated that they do not have health care coverage and an equal percentage of approximately 10% reported that they could not afford to go the doctor. Obesity is a common health behavior concern for family members and children. The most prevalent reported diseases in adults were aging problems, high blood pressure, allergies and diabetes. In children, the most prevalent reported diseases were depression or anxiety, obesity, asthma, and ADD.

Concerning oral health, Pickaway County has been designated by the Ohio Department of Health as a Health Professional Shortage Area for oral health and dentistry. There are several possible solutions to overcome this deficiency. First is to establish a safety net dental clinic and dental cleaning programs to address the needs of low-income residents of Pickaway County. Grants to establish a safety net dental clinic are available at the Ohio Department of Health. Second, is to increase the number of OPTIONS dentists that are available to Pickaway County residents or to provide some incentive to Pickaway County dentists to take additional Medicaid patients. Finally, there are seven school systems in Pickaway County that are eligible for school-based sealant programs through the Ohio Department

of Health's Oral Health program. Schools that choose to start a sealant program are eligible for funding through the Ohio Department of Health.

More information on the State and local level is needed as it relates to vision screening programs and to treatment for vision-related problems. This information will assist health officials in identifying needs and disparities and in increasing accessibility to vision care services.

The Focus Groups.

The Community Themes and Strengths (CTS) Subcommittee understood that the size and diversity of the population in the Pickaway County would necessitate the use of multiple approaches to gather community input. As part of the MAPP project and the Community Themes and Strengths Assessment, a series of focus groups was developed to hear the County residents' perceptions of the top health issues and concerns. While the primary method of data collection was the community health survey, the subcommittee recognized the potential value of focus groups to gain a more in-depth understanding of the issues that were most important to the community. Focus groups were also viewed as an effective tool to acquire meaningful input from community members who may have been less likely to respond or participate in the community health survey, such as those with lower literacy levels.

In order to promote consistency in data collection and reporting, a focus group facilitator PowerPoint presentation and questionnaire was utilized. The questionnaire or summary table provided a consistent template to document the findings. The four generalized questions asked of the focus groups were as follows:

1. Out of the top 5 Public Health concerns noted in the Survey (Drug Abuse, Obesity, Cancer, Alcohol, and Mental Health), what do you see as the direct concern for the community and why? How would you rank these issues?
2. How would you combat these issues?
3. Are we missing any major Public Health concerns for Pickaway County? If so, what are they?
4. As a County, what are we doing well to address Public Health concerns and where could we improve?

In addition, facilitators were asked to guide discussions about health-related issues surrounding quality of life, community strengths, and areas for potential improvement using the same principal questions from the community health survey.

Members of the subcommittee conducted 5 focus groups at various venues, including a local community fair in Logan Elm school district (14 respondents), community-based organization at Senior Citizens facility (17 respondents) and Circleville Sunrise Rotary (14 respondents), High School student health classes at Westfall High School (50 respondents), and Community health fair at GE (9 respondents). Overall the participants represented a number of targeted populations, including various ethnic groups, age groups, and socioeconomic individuals.

The findings from the focus groups proved to be consistent with the overall results of the community health survey. There were unique perspectives from several of the group discussions. The GE group emphasized the cancer issue more so than the other focus groups with recommendation to monitor emissions from industry and agricultural products. The High School Students discussed the need to continue D.A.R.E. type education through middle school. They also discussed the need for a resource at the school that they can seek guidance or talk to and that there is no punishment from the discussion. The Senior Center focused on drug abuse and a lack of resources for the elderly that may become addicted to prescription pain medications, or vulnerable to theft of prescription medications.

Issue	Possible solutions
Drug Abuse	• Harder penalties, tougher laws, curfew • Drug task force • More Education • More rehab clinics, counseling and social services • Community resource team, call center • Peer/Child mentoring or mentor programs • Legalization of marijuana • Prevention, awareness • DARE program • Education of physicians on prescribing • Improving economics, more jobs
Alcohol	• Awareness
Mental Health	• Increase providers and facilities • Call center • Accessibility/community health access • Need friends, education • Public awareness
Obesity	• Education • Diabetic support groups • Physical and health education • Partnerships with other counties • More recreation opportunities, bike trails, low price gym/fitness center
Cancer	• Monitor emissions from industry and agriculture • Skin cancer screenings

The discussions from each focus group provided a greater level of detail about the most significant issues facing the community. However, the fundamental strengths, health related issues, and community improvements identified were in alignment with those assessed in the community health survey.

Additional focus group attention was to determine the assets of the Pickaway County health department and community, missing services of the department and community, and areas for improvement.

Assets/ Areas Doing Well	Services Missing/ Areas needing addressed	Areas for Improvement
• Good medical facilities • Clinical services; reaching low income population with preventative care • Immunizations • WIC program • Sharing information in schools • Programs to decrease barriers • Mental health • Infection control • Environmental Health • Continue to implement public health programs • Smoking cessation • Involvement of local hospital	• Prescription Drugs • Communicable diseases • Posting inspection results • Abandoned homes • Mentoring and education of teens • Bullying, school safety (school resource officer, sheriff meeting with students) • Prevention services • Drug Needle use • Sexual abuse/trafficking • Poverty/economics • Access to food, healthy food choices, food quality • New sewage rules, waste management • Circleville water quality • Teen Pregnancy • Smoking	• Make people aware of the health department and what is does • More community health resources • More public health screenings • Try to get people involved; more community involvement such as churches • Churches helping with addiction • Public outreach with coordination of services • Better support effort in doctor's offices • Increase doctors and optometrists • Better police/sheriff investment or concern • More education in schools ie drugs, sex • Improve education in general • Wellness programs, 5K runs or walkathon,

	community adoption of healthy lifestyle • Addressing obesity • Preventing pregnancy/safe sex programs • Advertising things for teens • Need more money/funding

Overall, the community felt that the Pickaway County health department was providing necessary services but that there were several areas that needed to be addressed or that were missing.

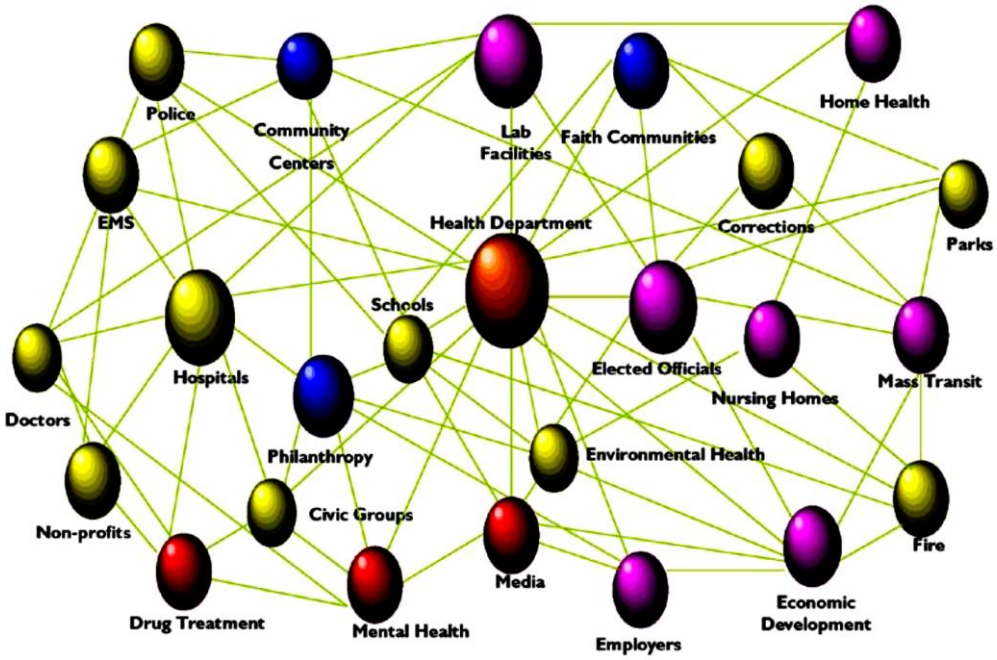
The community survey and focus groups discussion led to consensus of the most prevalent community health concerns. These health concerns include drug abuse, alcohol abuse, obesity, mental illness, and cancer. Interrelated to community health concerns as it relates to obesity includes hypertension, hyperlipidemia, and diabetes. In addition, obesity concerns were not limited to adults. Childhood obesity was also a community concern.

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

What is the Local Public Health System?

The local public health system refers to all of the organizations and entities in a community that contribute to the health of the people who live and work there. To many, “public health” implies only the local health department. While the role of the local health department is critical to the health of the community, it is but one part of the system.

Graphically, this can be depicted as below. This describes a broader system and identifies groups that contribute to all of the 10 Essential Services of Public Health. Both the MAPP (Mobilizing for Action through Planning and Partnership) process and National Public Health Performance Standards Program look at the efficacy of the system, rather than merely the contribution of the Health Department.



Source: NACCHO

The Local Public Health System Assessment (LPHSA) is the first step in a comprehensive strategic planning and community health improvement process, known as MAPP—Mobilizing for Action through Planning and Partnership. Information collected from the LPHSA will be used to identify and prioritize strategies to improve public health practice and performance.

The LPHSA is one of three instruments in the National Public Health Performance Standards Program (NPHPSP). Key stakeholders (e.g. local health department and other governmental agencies, healthcare providers, human service organizations, schools and universities, faith institutions, youth development organizations, economic and philanthropic organizations, environmental agencies, etc.) are invited to participate and complete the assessment. Participants have the opportunity to discuss and determine how their organization/entity is performing in comparison to each of the thirty model standards.

The model standards are based on the 10 Essential Public Health Services (EPHS) framework (Appendix A). The EPHS represent the spectrum of public health activities that should be provided in any jurisdiction. The instrument is divided into ten sections—one for each of the Essential Services and

includes 2-4 model standards that describe the key aspects of an optimally performing public health system. Participants respond to the assessment questions based on five levels of activity:

NO ACTIVITY	0% or absolutely no activity
MINIMAL ACTIVITY	Greater than zero, but no more than 25% of the activity described within the question is met.
MODERATE ACTIVITY	Greater than 25%, but no more than 50% of the activity described within the question is met.
SIGNIFICANT ACTIVITY	Greater than 50%, but no more than 75% of the activity described within the question is met.
OPTIMAL ACTIVITY	Greater than 75% of the activity described within the question is met.

Each model standard is followed by assessment questions that serve as measures of performance. Rankings were compiled to create aggregate percentages of agreement. The Likert ranking with largest percentage of aggregated responses (mode) was utilized as a final answer for each question. In the case of a tie, rankings were weighted by the aggregated number of responses above and below the mode. The responses to these questions indicate how well the model standard—which portrays the highest level of performance or "gold standard"—is being met. The scores were entered into a web-based application supported by NACCHO and CDC. A summary report is generated listing the strengths and weaknesses of the local public health system. Responses to the assessment questions, the LPHSA report, and the comments recorded during group discussion are used to develop improvement strategies for the local public health system.

NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS

National Public Health Performance Standards

Department Name:	Pickaway County General Health District
Date of Assessment:	8/13/2015

Performance Scores		
INSTRUCTIONS: In the shaded yellow box, select your score for the Model Standards under each Essential Service from the drop down menu. Use the following scale: No Activity = 0; Minimal Activity = 25; Moderate Activity = 50; Significant Activity = 75; Optimal Activity = 100.		
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?	25
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?	25
1.2.2	Analyze health data, including geographic information, to see where health problems exist?	50
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.)?	25
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?	100
1.3.2	Use information from population health registries in community health assessments or other analyses?	75
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?	100
2.1.2	Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?	100
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?	75
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?	100
2.2.2	Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	100
2.2.3	Designate a jurisdictional Emergency Response Coordinator?	100

2.2.4	Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	100
2.2.5	Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?	100
2.2.6	Evaluate incidents for effectiveness and opportunities for improvement?	100
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?	100
2.3.2	Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?	100
2.3.3	Use only licensed or credentialed laboratories?	100
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?	100
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?	75
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?	75
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?	75
3.2.3	Identify and train spokespersons on public health issues?	100
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?	100
3.3.2	Make sure resources are available for a rapid emergency communication response?	100
3.3.3	Provide risk communication training for employees and volunteers?	75
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?	100
4.1.2	Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	75
4.1.3	Encourage constituents to participate in activities to improve community health?	75
4.1.4	Create forums for communication of public health issues?	75
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?	75
4.2.2	Establish a broad-based community health improvement committee?	100
4.2.3	Assess how well community partnerships and strategic alliances are working to improve community health?	25
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?	75

5.1.2	See that the local health department is accredited through the national voluntary accreditation program?	75
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?	75
5.2.2	Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?	75
5.2.3	Review existing policies at least every three to five years?	75
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?	25
5.3.2	Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	25
5.3.3	Connect organizational strategic plans with the Community Health Improvement Plan?	25
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?	100

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?	100
5.4.3	Test the plan through regular drills and revise the plan as needed, at least every two years?	100
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?	100
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?	100
6.1.3	Review existing public health laws, regulations, and ordinances at least once every five years?	100
6.1.4	Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	100
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?	100
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?	100

6.2.3	Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	100
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?	100
6.3.2	Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?	100
6.3.3	Assure that all enforcement activities related to public health codes are done within the law?	100
6.3.4	Educate individuals and organizations about relevant laws, regulations, and ordinances?	75
6.3.5	Evaluate how well local organizations comply with public health laws?	100
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?	75
7.1.2	Identify all personal health service needs and unmet needs throughout the community?	75
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?	75
7.2.2	Help people access personal health services, in a way that takes into account the unique needs of different populations?	75
7.2.3	Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?	75
7.2.4	Coordinate the delivery of personal health and social services so that everyone has access to the care they need?	75
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?	50
8.1.2	Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?	50
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?	25

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?	100
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?	100
8.2.3	Base the hiring and performance review of members of the public health workforce in public health competencies?	75
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?	75
8.3.2	Provide ways for workers to develop core skills related to essential public health services?	75
8.3.3	Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	25
8.3.4	Create and support collaborations between organizations within the public health system for training and education?	75
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?	75

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?	75
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?	75
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?	75
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?	75

9.2.2	Compare the quality of personal health services to established guidelines?	100
9.2.3	Measure satisfaction with personal health services?	100
9.2.4	Use technology, like the internet or electronic health records, to improve quality of care?	75
9.2.5	Use evaluation findings to improve services and program delivery?	100
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?	100
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?	25
9.3.3	Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	25
9.3.4	Use results from the evaluation process to improve the LPHS?	25
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?	25
10.1.2	Suggest ideas about what currently needs to be studied in public health to organizations that do research?	25
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?	25
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?	50
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?	75
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?	25
10.3.4	Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?	25

Summary Notes

INSTRUCTIONS: Enter your summary notes related to each aspect of the stated Model Standard in the corresponding cell.			
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)		

Some agencies do their own assessment to identify grant needs.	There isn't one comprehensive one that includes input from all community partners. The data is not stored in a location where it can all be updated continuously.		
1.2	Model Standard: Current Technology to Manage and Communicate Population Health Data		
Berger analyzes their data once a year.	Education to the public and other agencies on what is available in the community.		
1.3	Model Standard: Maintenance of Population Health Registries		
Good collaboration between agencies. We know where/how to get the information.			

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		
Most of these are 5's due to mandates from the state.			
2.2	Model Standard: Investigation and Response to Public Health Threats and Emergencies		
All 5's due to state mandates.			
2.3	Model Standard: Laboratory Support for Investigation of Health Threats		
All 5's due to state mandates.			
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		

	Lack of dissemination to the rural populations. Awareness of policy changes that are being done in the community. Communication with all agencies so that we aren't duplicating services.		
3.2	Model Standard: Health Communication		
	Lack of media relationships. No health article weekly in the media.		
3.3	Model Standard: Risk Communication		
	Increase awareness and communication with special populations. Increase volunteer training in communication.		
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		
Picca	Individuals doing this, but not collaborated with the entire health system. Work together to promote one another's functions a programs.		
4.2	Model Standard: Community Partnerships		
	Disconnect between agencies.		
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		
	Strengthen ties with government.		
5.2	Model Standard: Public Health Policy Development		
	Not as much local policy. Mostly done at the state or national level. More community awareness of policy.		
5.3	Model Standard: Community Health Improvement Process and Strategic Planning		
5.4	Model Standard: Plan for Public Health Emergencies		
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		
6.2	Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances		

6.3	Model Standard: Enforcement of Laws, Regulations, and Ordinances		
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		
	access issues, follow through		
7.2	Model Standard: Assuring the Linkage of People to Personal Health Services		
	coordination between agencies		
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		

	OCU conducted one, but it wasn't shared with the community,		
8.2	Model Standard: Public Health Workforce Standards		
8.3	Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring		
	lack of training for staff.		
8.4	Model Standard: Public Health Leadership Development		
	Awareness issue, resources are there.		
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		

	funding		
9.2	Model Standard: Evaluation of Personal Health Services		
9.3	Model Standard: Evaluation of the Local Public Health System		
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		
10.2	Model Standard: Linkage with Institutions of Higher Learning and/or Research		
10.3	Model Standard: Capacity to Initiate or Participate in Research		

Results
The data you created now establishes the foundation upon which to set priorities for performance improvement and identify specific quality improvement (QI) projects to support your priorities.

Based upon the responses provided during the 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 the 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. 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.

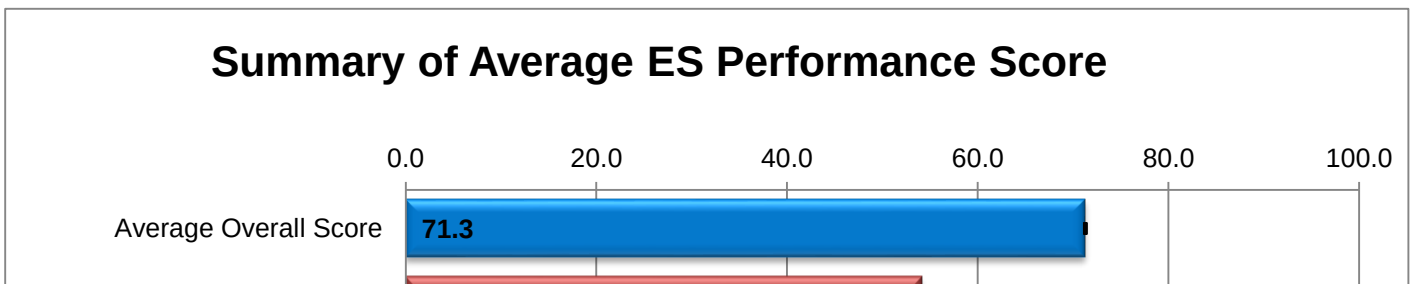


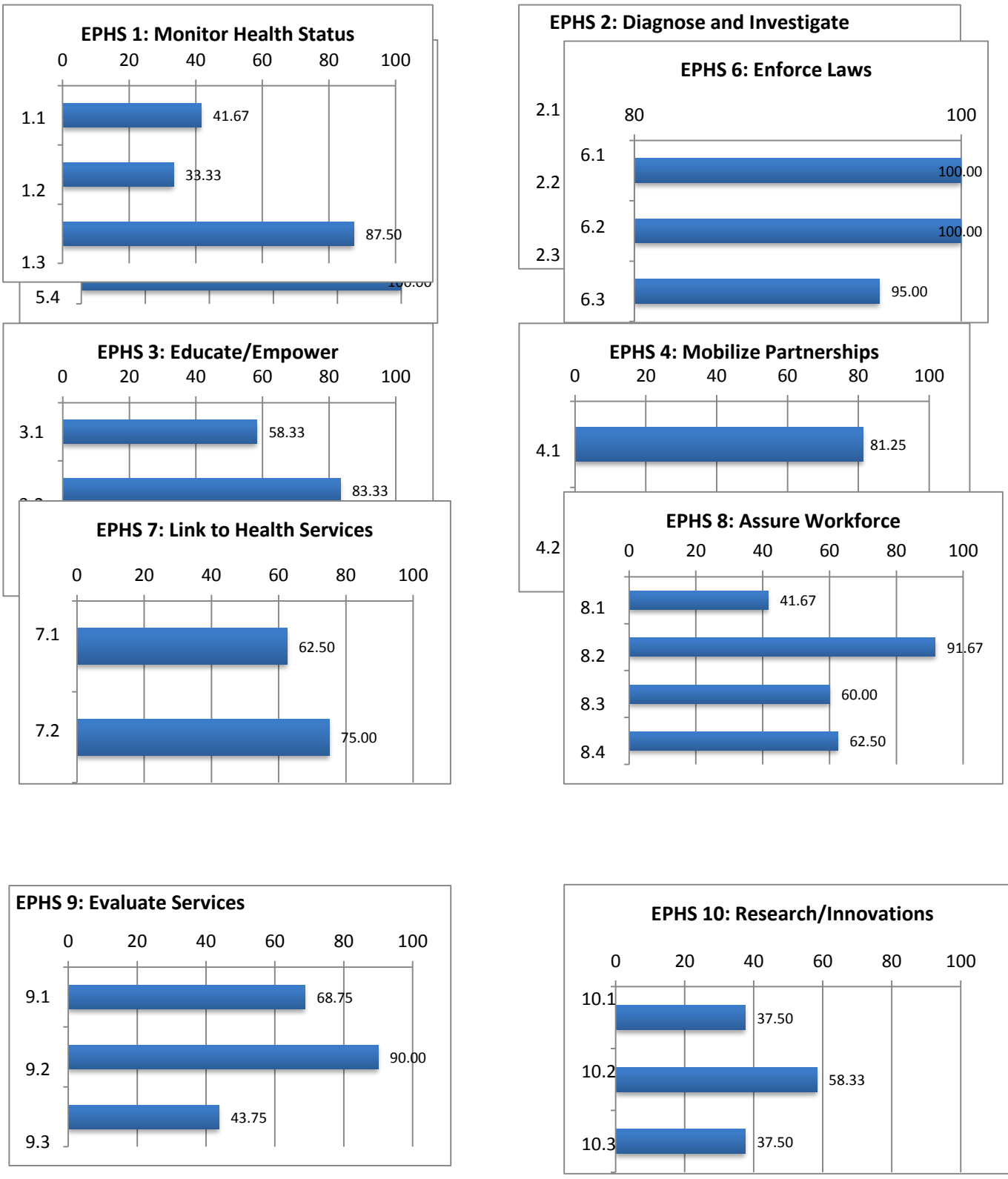
Figure 3 and Table 2 display the average performance score for each of the Model Standards within each Essential service. This enables one to identify specific activities that contributed high or low performance within each Essential Service.

TABLE 2. OVERALL PERFORMANCE BY ESSENTIAL PUBLIC HEALTH SERVICE

Model Standards by Essential Services	Performance Scores
ES 1: Monitor Health Status	**54.2**
1.1 Community Health Assessment	41.7
1.2 Current Technology	33.3
1.3 Registries	87.5
ES 2: Diagnose and Investigate	**97.2**

2.1 Identification/Surveillance	91.7
2.2 Emergency Response	100.0
2.3 Laboratories	100.0
ES 3: Educate/Empower	**77.8**
3.1 Health Education/Promotion	58.3
3.2 Health Communication	83.3
3.3 Risk Communication	91.7
ES 4: Mobilize Partnerships	**74.0**
4.1 Constituency Development	81.3
4.2 Community Partnerships	66.7
ES 5: Develop Policies/Plans	**66.7**
5.1 Governmental Presence	66.7
5.2 Policy Development	75.0
5.3 CHIP/Strategic Planning	25.0
5.4 Emergency Plan	100.0
ES 6: Enforce Laws	**98.3**
6.1 Review Laws	100.0
6.2 Improve Laws	100.0
6.3 Enforce Laws	95.0
ES 7: Link to Health Services	**68.8**
7.1 Personal Health Service Needs	62.5
7.2 Assure Linkage	75.0
ES 8: Assure Workforce	**64.0**
8.1 Workforce Assessment	41.7
8.2 Workforce Standards	91.7
8.3 Continuing Education	60.0
8.4 Leadership Development	62.5
ES 9: Evaluate Services	**67.5**
9.1 Evaluation of Population Health	68.8
9.2 Evaluation of Personal Health	90.0
9.3 Evaluation of LPHS	43.8
ES 10: Research/Innovations	**44.4**
10.1 Foster Innovation	37.5
10.2 Academic Linkages	58.3
10.3 Research Capacity	37.5
Average Overall Score	**71.3**
Median Score	**68.1**

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



Figures 4 and 5 display the proportion of performance measures that met specified threshold of achievement for performance standards. The five threshold levels of achievement used in scoring these measures are in shown in the legend. 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.

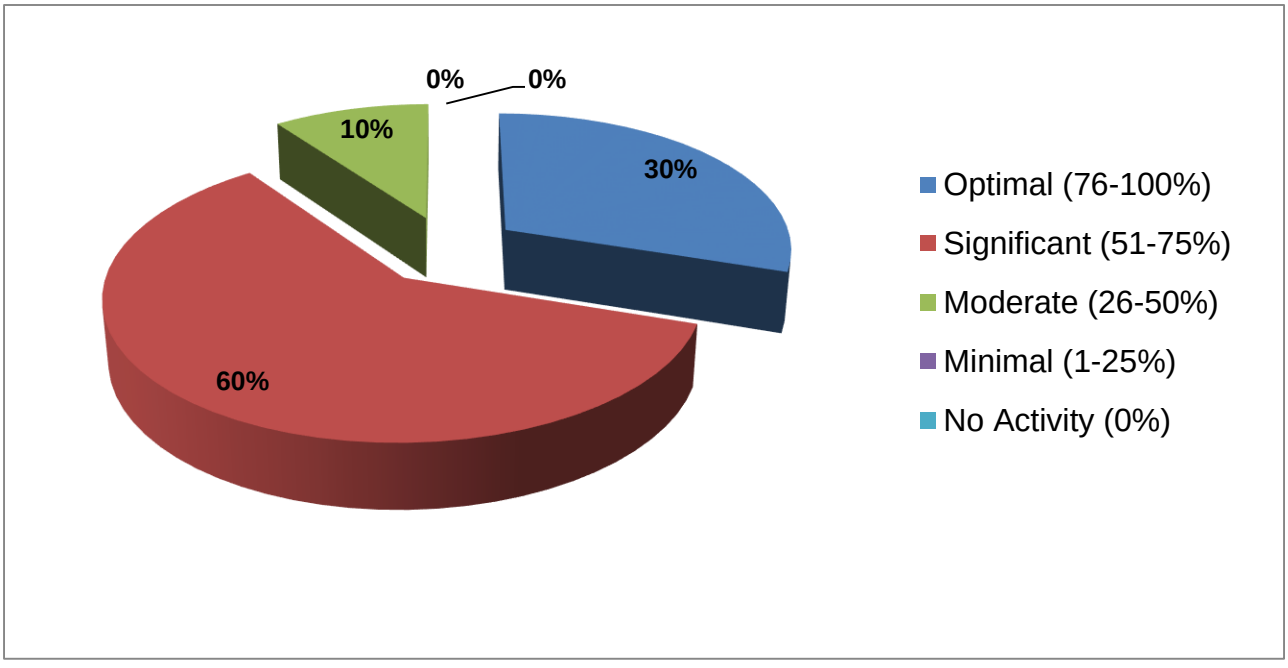
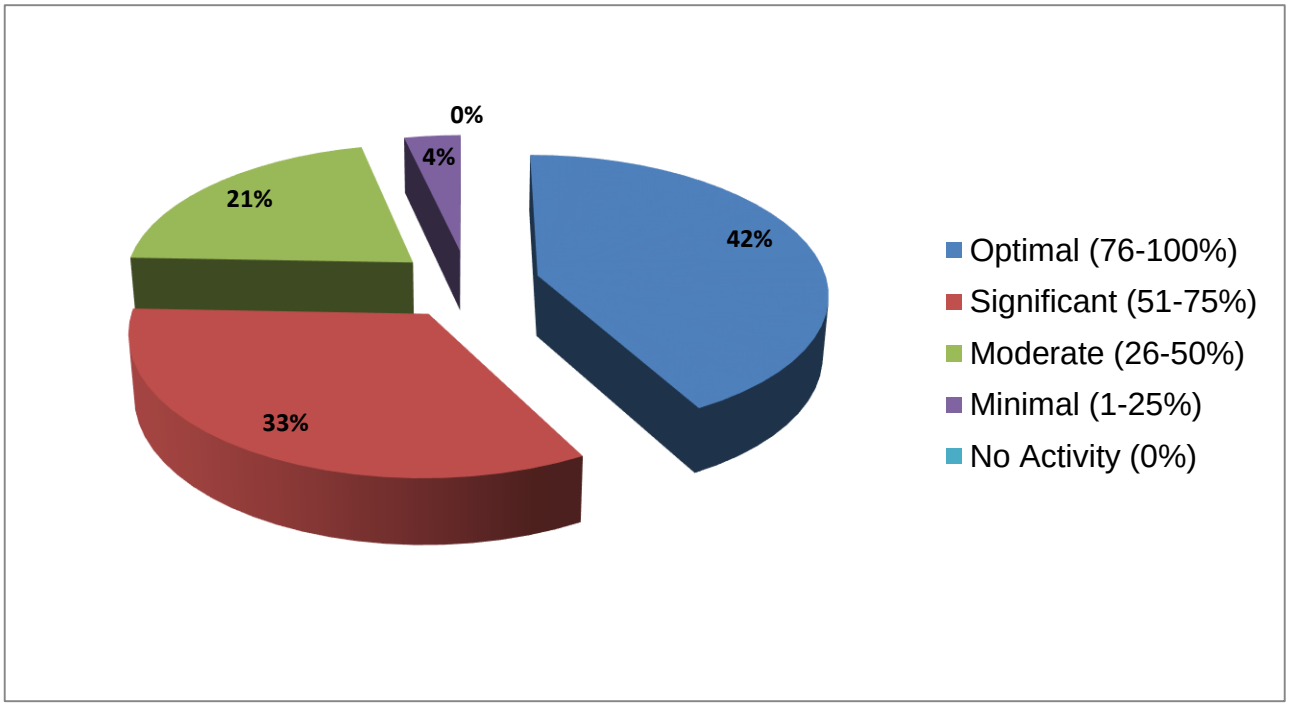


Figure 5. Percentage of the system's Model standard scores that fall within the five activity categories. This chart provides a high level snapshot of the information found in Figure 3, summarizing the composite measures for all 30 Model Standards.



Using the results in this report, an interactive discussion was undertaken by the stakeholders of the Pickaway County Local Health System. As a result, a consensus led to priorities for improvement, as well as possible improvement projects which is outlined in the Forces of Change section.

FORCES OF CHANGE ASSESSMENT for PICKAWAY COUNTY

The Forces of Change (FOC) Assessment is one of four assessments conducted as part of the overarching Mobilizing for Action through Planning and Partnership (MAPP) community health strategic planning initiative. This assessment focuses on identifying the trends, external factors, and events that are likely to influence community health and quality of life, or impact the work of the local public health system. The information gathered through the FOC Assessment is an important component of the MAPP comprehensive community assessment process. These findings will be used in conjunction with the results of the other three MAPP assessments to identify key strategic issues and priorities for action in our community.

In this assessment, seven categories of forces – economic, environmental, ethical, legal/political, medical, political, scientific/educational/technological, and social—were examined in order to comprehensively answer the following questions:

1. What is occurring or might occur that affects the health of our community or the local public health system?

2. What specific threats and/or opportunities are generated by the occurrences?

The Pickaway County MAPP Committee, a diverse group of community and public health leaders, were invited on November 2, 2015 to help build the Forces of Change Assessment. Prior to the meeting, each were sent a two-page "Forces of Change Brainstorming Worksheet" to help prepare for this meeting. A brainstorm session and discussion was held to review important forces as well as the threats and opportunities associated with each force. Responses were collected and included in this section. The forces identified here and the results of the other three assessments will serve as the foundation for identifying Strategic Issues, which is outlined in the next section.

Identified as the top five issues that will be further address at the Strategic Issues meeting included the following:

1. Socioeconomic issues which have an impact on the community services, chronic disease such as obesity, diabetes, and cancer, and dental concerns

2. Mental health issues with have coincident issues with drug use and crime.

3. Community health outcomes with includes concerns of smoking, diabetes, obesity, cancer and dental care

4. Funding issues surrounding County public health services

5. Implications of the Affordable Care Act, and State legislative issues such as Issue 3 legalization of marijuana.

Table 3. Threats and Opportunities of Pickaway County's Forces of Change

	FORCES	THREATS	OPPORTUNITES
ECONOMIC			
	Lack of Funding	*No levy for several years *Less money available for direct services and prevention programs *Decreases support system for high-risk or high-needs populations *need more time seeking grant funding *Job loss that affects the infrastructure of social systems and public health programs	*Awareness for levy *Health department roles; need for increased incentive to collaborate between offices and programs. *shift responsibility of some programs to private sector or nonprofit agencies or streamline services. *Create new systems to reach more clients efficiently.
	Weak economy	*Increase in number of unemployed and underemployed	*motivation for business development
		*Increase in Medicaid and in uninsured or underinsured	*Role of ACA *Increase partnerships and collaborations
		*Increase in foreclosures and housing issues	*Increase social support
	Global threat	*Threat of economic downturn and uncertainty	*Increase partnerships and social support
ENVIRONMENTAL			
	Sewage Laws	*Lack of awareness *Contaminates water supply	*Compliance and informing of new laws statewide *Clean and redesign public spaces and parks
	Water run-off	*Contaminates water supply *Lack of awareness	*enforcement and education

			*Increase community value by improving environment
	Foodborne outbreaks	*impact on community	*Increase environmental services *improve awareness
	Emergency Preparedness	*impact on community	*mandated
SOCIAL			
	Aging Population	*Aging workforce *Increase need for handicap *Increase in need for caretakers and hospice accommodations *Increase in cost associated with end of life care	*Improve collaboration of services (senior center, new senior housing, Safe Banking Program, medications, sheriff and judicial cooperation for issues of abuse) *Coordinate Medicare, social services; improve palliative and end of life care; coordination with nursing facilities
	Socioeconomic disparity	*Children and families with unmet needs, food assistance *Association with poor health and economic outcomes *Lost industry *Association with mental health issues *Association with poor dental care *Homelessness	*Coordinate and improve services, especially hard to reach groups * form partnerships to offer opportunites to underserved *Economic development plan to increase employment opportunities (P3, OCU Business Innovation Center) *Identify skills (OCU, Job and Family Services)
	Mental issues	*limitation of resources *strain on mental health services and social systems *potential for increase in community violence and homicides	*Goal for integrated services *Partnerships for DAWN program *increase funding for ADAMH *funding for children and adolescent mental health care
	Dental issues	*limited coverage and availability *disproportionately affects low income and lower educated groups *effect on health *affects children	*increase availability *find funding for school sealant program
	Immigration	*strain on existing insurance system *increase number of unemployed and underemployed *Social disparity	*collaboration with services *need for interpretative services *vaccination
LEGAL/POLITICAL			
	Legislative Health Care Reform (ACA)	*Difficulty implementing new requirements	*Collaborate to comply with requirements for EMR

		*Unaware or confusion about system *Cost of implementation	*Increase in access to care for more people *Potential to improve quality of care
	Elections 2015/2016	*Legalization of marijuana *Depending on election outcome –changes in health care, social policies, foreign relations	*shift in law enforcement *may shift Employee Handbook policies *depends of election outcomes
MEDICAL			
	Availability of Medical Care	*Shortage of trained health professionals *Increase in cost and demand for health care *Poor health outcomes	*Partnerships with nearby health systems *Inform/expand Neighborhood clinic *increase wellness programs, cancer screenings *improve health education services
	Mental issues	*limitation of resources *strain on mental health services and social systems *potential for increase in community violence and homicides	*Goal for integrated services *Partnerships for DAWN program *increase funding for ADAMH *funding for children and adolescent mental health care
TECHNOLOGY, SCIENTIFIC, EDUCATION			
	Advances in Medical care	*Unnecessary use of technology with more tests	*improve health care services and treatment
	Information Technology	*Transition to EMR *Increase chance of misinformation *Ignoring important health communication messages	*Improve ability to communicate with use of multiple communication tools *Improve communication between health professionals, health systems, and public
ETHICAL			
	Equity of care	*Insurance companies limit coverage *Rationing of care which affects low income and lower educated groups *Issues of immigration	*Improve standard of care through evidence based practices *Improve access to services and engagement *need for interpretative services

IDENTIFICATION OF STRATEGIC ISSUES.

The Community Health Assessment Strategic committee approved the following vision statement for the community.

"To promote health equity, access, safety, and empowerment for all persons of Pickaway County"

Following the forces of change meeting and based on the vision statement for the community, the Steering Committee identified 5 priority health topics for the Community Health Improvement Plan (CHIP).

1. Socioeconomic issues which have an impact on the community services, chronic disease such as obesity, diabetes, and cancer, and dental concerns

2. Mental health issues with have coincident issues with drug use and crime.

3. Community health outcomes with includes concerns of smoking, diabetes, obesity, cancer and dental care

4. Funding issues surrounding County public health services

5. Implications of the Affordable Care Act, and State legislative issues such as Issue 3 legalization of marijuana.

For each of the identified priority health issue, the Steering Committee identified strategies that met the PEARL "feasibility" test. The PEARL test asks:

- Propriety—Is a program for the health program suitable?
- Economics—Does it make economic sense to address the problem? Are there economic consequences if a problem is not addressed?
- Acceptability—Will the community accept the program? Is it wanted?
- Resources—Is funding available or potentially available for a program?
- Legality—Do current laws allow program activities to be implemented?

The identified health issues were organized as strategic issues. The Steering Committee members reviewed the Community Health Assessment, reflected on the themes, and brainstormed the challenges and solutions areas.

Strategic Priority 1. Socioeconomic issues which have an impact on the community services, dental concerns, and chronic diseases such as obesity, diabetes, and cancer.

Force/Trend. Socioeconomic disparity.

Threats/Opportunities: Children or families with unmet needs/ Coordination of services and economic development.

Background: The State of Ohio has a vested interest in preventing and reducing chronic disease risk factors associated with tobacco use, poor nutrition and lack of physical activity. According to HealthyPeople 2020, Nutrition and Weight Status (NWS-14) increases the contribution of fruits to the diets of the population aged 2 years and older and NWS-15 increases the variety and contribution of vegetables to the diets of the population aged 2 years and older. The National Prevention Strategy (NPS) recommendations include increase access to healthy and affordable foods in communities and to help people recognize and make healthy food and beverage choices.

Goal 1: Provide access to food and education

Strategy 1: Food pantry service and community meals

Currently the county has food pantries through local churches, PICCA, and at locations such as Williamsport, Commercial Point, and Ashville. Community meals are provided by Presbyterian Church and Community United Methodist Church.

Lead/Partner: Hunger United Group/churches, PICCA

Time-line: 2 years

Strategy 2: Coordination with local farmers for farmers' markets and community gardens

There has been programs at Circleville High school with grow gardens, Master Gardner programs via Ohio Extension, and SNAP-Ed programs at Laurelville, South Bloomfield, and Circleville. Could also plan for coordination of farmers with exercise programs.

Lead/Partner: Mike Ested with Ag Education via Ohio Extension/Farm Bureau, Westfall High School for Master Gardner

Time-line: 2 years

Strategy 3: School presentations and meals

There has been programs within the county such as Wedemeyer farms which does presentations, GrowKits for Teachers, local produce growers going to the schools, "Farm to School" program, "Veggie U" for kits. SNAP-Ed programs, which has added garden, are at Laurelville, South Bloomfield, and Circleville. There is the Master Gardner program through Ohio Extension.

Lead/Partner: Westfall Schools (School board) for pilot program/ Hunger United group, Ohio Extension (Ag Educations and USDA program), SNAP-Ed program, Diabetes education via Ohio Extension

Time-line: 2 years; ongoing

Goal 2: Provide access to chronic disease screening.

Background: The Ohio Department of Health is committed to assuring Ohioans have access to quality health care. According to HealthyPeople 2020, AHS-5 (Access to Health Services) increases the proportion of persons who have a specific source of ongoing care. AHS-6 reduces the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines. Reduce disparities in access to quality health care is a National Prevention Strategy (NPS) recommendation. The helps ensure that prevention strategies are culturally, linguistically, and age appropriate, and that they match people's health literacy skills.

Strategy 1: Advertise community clinic. Utilize network of clinics/PCPs to provide comprehensive referrals, treatment, and services

Strategy 2: Coordination of health fairs for screening, education

Would plan for Community Health Fair Day to tie into Berger Hospital annual health day in the Spring and then extend to additional health fair in the fall.

Sub-Strategy 2a: Support patient navigators for patients with or at risk for cancer. Can be placed as part of community health fair.

Sub-Strategy 2b: Focus or prevention, early intervention, awareness screening for at risk population

Lead/Partner: Berger Hospital/ PCHD, Ohio Christian University, Ohio Insurance, BWC

Time-line: 2 years; 1 year planning and 1 year implementation

Strategy 3: provide community exercise and playground resources, encourage community participation in fitness. Plans in development for Roundtown Trails and Pickaway County Trails. Continue 5K activities and walks. Develop E-mail Wellness challenge via Ohio Extension

Lead/Partner: Pickaway Co. Parks Director (Tom Davis) and City of Circleville/ YMCA, Ohio Extension

Time-line: 2 years

Goal 3: Anticipate potential for increase immigration

Strategy 1: need to support interpreter and translator services (e.g., "access to interpreter" via phone, webcam, person)

Strategy 2: Funding and need to integrate health care needs (TB, Ebola Risk) with immigration policy

Strategy 3: development of immunization policy for immigrants

Lead/Partner: Job and Family Services (Joy Ewing)/ PICCA, HUD, PCHD (for Ebola grant)

Time-line: 1 year

Strategic Priority 2. Mental health issues which have coincident issues with drug use and crime

Force/Trend: mental health issues

Threat/Opportunities: limitation of resources with potential for increase in crime/integrated services and funding

Background: Mental Health is addressed as a priority by the Ohio Department of Health, the Ohio Department of Job and Family Services, and the Ohio Department of Mental Health. According to the HealthyPeople 2020 objectives, Mental Health and Mental Disorders (MHMD-4) reduces the proportion of persons who experience major depressive episodes (MDEs). MHMD-6 increases the proportion of children with mental health problems who receive treatment. MHMD-9 increases the proportion of adults with mental health disorders who receive treatment. The National Prevention Strategy recommend training key community members (e.g., adults who work with the older adults, youth and armed services personnel) to identify the signs of depression and suicide and refer people to resources and ensuing students have access to comprehensive health services, including mental health and counseling services in schools.

Goal 1: Provide increase access

Strategy 1: integrated service with community clinic, ADAMH, other counties, and other interventions including telepsychiatry services to ED patients and assess capacity of county to implement telemental health services. Continuing need for integrated service such as in-home counseling for Medicaid clients.

Lead/Partner: SPVMHC/ CASA (Court Appointed Childrens Advocate),

Time-line: 1.5 years

Strategy 2: utilize or network of clinics and clinicians to promote comprehensive referrals, treatments, and services.

Sub-Strategy 2a: increase funding for ADAMH, levy SPVMHC

Lead/Partner: SPVMHC

Time-line: 1 year

Strategy 3: partnerships for children/adolescents with other counties and assess feasibility to implement telemental health services. This includes issues with bullying.

Lead/Partner: SPVMHC

Time-line: 1 year

Goal 2: Provide drug and alcohol rehabilitation services

Strategy 1: increase police activity and judicial sentencing

Strategy 2: Partnerships and funding for DAWN program. Gabe Carpenter of the County sheriff department to develop DAWN program.

Strategy 3: development of integrated services. This would include PARRS for Women, development of similar plan for men, and coordination of services with Ohio State such as Mary Haven, Talbot Hall, Portsmouth, and Fayette County partnership.

Lead/Partner: SPVMHC/ Sheriff's department (Gabe Carpenter), Ty Adkins, Wayne Campbell (Tyler's Light), JFS, PICCA, ADAMH, county jail, Judge Dumm and Judge Kneece.

Time-line: 1 year

Strategic Priority 3. Community health outcomes, which include concerns of smoking, diabetes, obesity, cancer, and dental care

Force/Trend: Dental issue with disportionate effect on lower income and uninsured or underinsured

Threats/Opportunities: Affects lower income and/or lower education/ need for fundings and partnerships

Goal 1: Provide dental access

Strategy 1: funding for school sealant program

Lead/Partner: PCHD

Time-line: 1 year

Strategy 2: increase availability of dentist; recruitment of dentists. This is often insurance driven and often requires assistance with case management. Integrate oral health services into community health clinic

Lead/Partner: local dentists, Dr. Tootle and Dr. Palmer/American Dental Association, Nationwide Children's hospital.

Time-line: 1 year

Strategy 3: develop health education activities to increase awareness on how oral health is related to other health outcomes. This can be tied into the local health fairs.

Lead/Partner: local dentists, Dr. Tootle and Dr. Palmer/ Teays Valley schools and Scioto Elementary

Time-line: 1 year

Force/Trend: high percentage of tobacco use leading to increase cardiovascular risk and cancer risk

Threats/Opportunities: Increase comorbidities/Need for cessation, education

Background: The Healthy Ohio Tobacco Use Prevention and Cessation program aims to: prevent youth tobacco-use initiation, promote cessation of tobacco use, eliminate secondhand smoke exposure for all Ohioans, and eliminate disparities among populations affected by tobacco use. According to HealthyPeople 2020, TU-3 aims to reduce the initiation of tobacco use among children, adolescents, and young adults. TU-1.1 looks to reduce cigarette smoking by adults and TU4/TU5 aims to increase smoking cessation attempts by adult smokers and increase recent smoking cessation success by adults smokers. The National Prevention Strategy targets to teach children about the health risks of smoking and implement evidence-based recommendations for tobacco use treatments and provide information to patients on the health effects of tobacco use and secondhand smoke exposure.

Goal 2: Increase at-risk lung assessments, provide tobacco education, and provide smoking cessation programs.

Strategy 1: increase smoking cessation programs (hospital websites, doctors' offices, newspaper and online information). Community to seek resources to provide cohort-specific, evidence-based cessation programs. The local hospital currently has a program 3 times per year (Winter, Spring, Fall).

Lead/Partner: Berger Hospital/ Chamber of Commerce

Time-line: 1 year

Strategy 2: Promote smoking cessation program that educates pregnant women about the effects of smoking while pregnant and provide smoking cessation support for expectant mothers. Guide women in the WIC program who want to quit smoking to online resources.

Lead/Partner: WIC

Time-line: 1 year/ongoing

Strategy 3: enforce current smoking laws.

Lead/Partner: PCHD (currently does investigate if notified)

Time-line: 1 year/ongoing

Strategy 4: Promote online smoking cessation programs to teens and adults.

- Smokefree Teen: Provides information on dealing with social changes related to quitting smoking, how smoking affects your health and provides support options (http://teen.smokefree.gov)
- Freedom From Smoking Online: adult-targeted smoking cessation program that gives information about preparing to quit, then guide participants through their Quit Day and the first few weeks of being smoke free (http://www.ffsonline.org)
- Quit line (1-800- QUIT-NOW)

Lead/Partner: Berger Hospital (currently has 6 week smoking cessation program for their employees and for the public)

Time-line: 1 year/ongoing

Strategy 5: Education/health fairs. Peer-driven interventions in school, the American Lung Association Education programs, and use of school nurses or local nursing programs to assist with the education. There are currently the "Just Say No" programs for 3rd grade, and the DARE programs for the 6th grade

Lead/Partner: county schools

Time-line: 1 year

Force/Trend: Aging Population

Threat/Opportunity: Aging population with increase need for handicap and palliative services/ education and services for palliative care and other services

Goal 3: Improve and increase services to persons over the age of 65 years

Strategy 1: city planning for walkways, parks and housing

PICCA is developing Evertts renovation for senior housing, arts, and food; Wyngate Community through the Chancellor group is for assisted Living and Skilled nursing care; Eden Place and Loise Terrace.

Strategy 2: services for medical care, coordination of palliative care (hospice, local cancer care)

Strategy 3: Activities to improve senior health and socialization (e.g., SilverSneakers, SNAP-Ed program, Senior Center programs)

Lead/Partner: Senior Center/ PICCA, county planning

Time-line: 1-2 years.

Strategic Priority 4. Funding issues surrounding Pickaway County public health services

Force/Trend: Lack of funding/ need for political action and levy

Threats/Opportunities: There has been no levy for several years which leads to less services, limited perceptions of programs available/ Awareness for levy, funding

Goal 1: preparation for need for additional funding through placement of levy

Strategy 1: Development of feasibility of levy on ballot

Strategy 2: Obtain grant funding or Shift some program to non-profit agencies, private sector, or streamline services. PCHD is currently going through accreditation which is first step needed in order to obtain grants.

Strategy 3: Create new system to reach more clients and create cooperative agreements with surrounding communities. This can increase availability of services and provide services related to social determinants of health (job training, housing, etc)

Lead/Partner: Pickaway Co. Health department

Time-line: ongoing.

Strategic Priority 5. Implications of the Affordable Care Act (ACA) and state legislative issues such as legalization of marijuana.

Force/Trend: Legislative actions that affect delivery of healthcare

Threats/Opportunities: Uncertainty of ACA/ Need for collaboration

Goal 1: Help clients navigate the healthcare/ social services system

Strategy 1: assure awareness of system and improve access

Strategy 2: collaboration to control costs, improve quality of care

Lead/Partner: Pickaway Co. Health Dept./ other partners Unknown depending on legislative efforts.

Time-line: ongoing

Threat/Opportunities: Elections of 2015/2016, potential for legalization of marijuana/This issue is dependent of election outcomes but preparation is important

Goal 2: preparation for possible legislative changes

Strategy 1: strategic planning for potential changes in healthcare, social policies

Strategy 2: law enforcement planning for marijuana legalization and impact on community, employee handbook and school policies.

Lead/Partner: pending/unknown since dependent on outcome

Time-line: ongoing/unknown

Sustainability: Monitoring and Public Involvement

Sustaining implementation efforts of the Community Health Assessment as well as ongoing participation in the community health improvement process is addressed below.

1. Sustainability is woven into the plan primarily by aligning strategic partners to a community health improvement agenda. Involving partners with substantial resources such as higher education partners and the hospital infuses student interns, research and evidence based practice knowledge, and foundation support among other supports. Hospital support is reinforced via their own required Community Health Needs Assessment and Implementation strategy.

2. During the creation of the plan, significant efforts were made to keep the strategies and actions doable and manageable with today's resources. Generally, the strategies are not dependent upon applying for and being awarded grants, or other uncertain resources.

3. Pickaway County Health District is committed to convening strategic partners at least annually during the planning cycle so that annual progress reports can be reported in multi-agency type meetings. The health department is also committed to repeating this process every five years.

APPENDIX

1. STAKEHOLDERS for MAPP Forces of Change and CHA

Vern Bolender, MD	Pickaway County Health Commission
Jay Whippel	Pickaway County Commissioner
Harold Henson	Pickaway County Commissioner
Brian Stewart	Pickaway County Commissioner
Jeff Phillips	YMCA
Joy Ewing	JFS
Vince Yaniga/ Randy Dockery	SPVMH
Michelle Treber	OSU Extension
Andrew Binegar	PICCA
Dave Conrad	EMA
Sherriff Radcliff	Sheriff department
Shawn Baer	Police Chief
Chief Zingarelli	Fire Chief
Ty Ankrom	District Supervisor of Schools
Mike Pelcic	Developmental Disabilities
Berrry Bennett	PARS
Mayor McIlroy	Mayor, Circleville
Susan Strawser	Berger Hospital
Nancy Downing	Westfall nurse
Penny Brown	Head Start nurse
Warden Jeff Lisath	Orient Correction
Jayne Barr MD	Community physician, MPH student
Elaine Miller	Director of Clinical Services, Pickaway Co. HD
Darcie Scott	Accreditation Coordinator
Michelle Lanman	United Way
Martha Buller	Circle of Caring
Cynthia Love	Senior Center
Debbie Hoffman	EHS (Early Head Start)
Jan Long	Judge
Reece Sorley	Ohio Christian University
Kim Hartinger	HUD
Mary McCord	ARC (American Red Cross)
Ryan Scribner	Pickaway Progress Partnership
Judy Wolford	Prosecutor
	Ministrial Association -- Circleville
Gary Gillen MD	Clinic
Kelly Dennis	Environmental
Engineers	PPG and Dupont

2. CHA survey

This survey is to help the Pickaway County General Health District determine the health care needs of the people living in Pickaway County. Thank you for participating in the survey.

PUBLIC HEALTH CONCERNS

1. In the following list, which public health issues do you consider to be a problem in your community (check all that apply)?

- ☐ Falls
- ☐ Foodborne illness
- ☐ Alcohol
- ☐ Chronic illness (diabetes, high blood pressure, heart disease, COPD)
- ☐ Drug abuse
- ☐ Hepatitis B/C
- ☐ Low birthweight babies
- ☐ Cancer -- Lung cancer, breast cancer, prostate cancer, colon cancer, other cancer
- ☐ Mental health
- ☐ Motor vehicle crashes
- ☐ Obesity
- ☐ Physical inactivity
- ☐ Poisonings
- ☐ Stroke
- ☐ Teen births
- ☐ Tobacco use
- ☐ _____
- ☐ _____
- ☐ _____

2. From the public health issues you identified above, please rank the top three issues with 1 being the most important issue, 2 being the second most important issue, and so on.

1)_____
2)_____
3)_____

3. What are three things you think the Health District could do to assist your community in addressing the public health issues you ranked above?

1)_____
_____
2)_____
_____
3)_____
_____

INDIVIDUAL HEALTH CONCERNS

4. In the following list, what health issues have you or a family member had in the last year (check all that apply)?

- ☐ Aging problems (arthritis, hearing/vision loss,etc.)
- ☐ Allergies
- ☐ Bullying
- ☐ Cancers
- ☐ Child abuse/neglect
- ☐ Dental problems
- ☐ Diabetes
- ☐ Domestic violence
- ☐ Falls
- ☐ Firearm-related injuries
- ☐ Heart disease, stroke
- ☐ High blood pressure
- ☐ HIV/AIDS
- ☐ Homicide
- ☐ Infant death
- ☐ Infectious disease (e.g.hepatitis, TB, etc.)
- ☐ Liver disease
- ☐ Mental health problems
- ☐ Motor vehicle crash injuries
- ☐ Rape/sexual assault
- ☐ Respiratory/lung disease
- ☐ Sexually Transmitted Disease (STD)
- ☐ Suicide
- ☐ Teenage pregnancy

☐ Other, _____

5. In the following list, what behaviors have you or a family member experienced in the last year (check all that apply)?

- ☐ Alcohol abuse
- ☐ Being overweight
- ☐ Dropping out of high school
- ☐ Drug abuse
- ☐ Lack of exercise (less than two times each week)
- ☐ Not getting "shots" to prevent disease
- ☐ Not using birth control
- ☐ Not using seat belts/child safety seats
- ☐ Poor eating habits
- ☐ Tobacco use
- ☐ Unsafe sex
- ☐ Other, _____ _____

COMMUNITY & ENVIRONMENTAL ISSUES

6. I believe the following issues exist in my community (check all that apply):

- ☐ Air pollution
- ☐ Exposure to tobacco smoke
- ☐ Lack of safe recreational areas
- ☐ Open dumping
- ☐ Septic System run-off
- ☐ Unsafe drinking water
- ☐ Unsafe river/creek/stream water
- ☐ Unsafe roads, highways
- ☐ Other, _____

7. What are the three environmental health issues you think are the biggest concern in your community?

1) _____
2) _____
3) _____

PREVENTATIVE HEALTH ISSUES

8. In the past 1-2 years, have you had any other the following preventative health screening tests (check all that apply)?

- ☐ Breast exam
- ☐ Mammogram
- ☐ Pap smear
- ☐ PSA test
- ☐ Colonoscopy
- ☐ Cholesterol screen
- ☐ Immunizations – flu, pneumonia, tetanus, whooping cough

9. If you have children, do you have any of the following health issues or concerns (check all that apply)?

- ☐ Asthma
- ☐ Bullying
- ☐ Diabetes
- ☐ Developmental delay
- ☐ Depression or anxiety
- ☐ Attention deficit disorder
- ☐ Immunizations
- ☐ Prematurity/preterm birth
- ☐ Obesity
- ☐ Sexual activity
- ☐ Substance abuse
- ☐ Other, _____

☐ Other,
_____

ACCESS TO CARE

10. If there was a time in the past year that you or anyone in your family needed medical care but could not get it, what were the reasons you did not get care (check all that apply)?

- ☐ Does not apply
- ☐ Inability to pay
- ☐ No appointment was available
- ☐ No access for people with disabilities
- ☐ No insurance
- ☐ No transportation
- ☐ No child care
- ☐ Provider did not speak my language
- ☐ Other _____

11. If you have children, do you have any of the following access issues or concerns (check all that apply)?

- ☐ Availability and access to medical specialist
- ☐ access to vision care
- ☐ Disability access
- ☐ Dental care access
- ☐ Exercise
- ☐ Nutritious Food/diet
- ☐ Mental health care access
- ☐ School safety
- ☐ Transportation
- ☐ Other, _____
- ☐ Other, _____

12. Would you be interested in participating in a more in depth focus group? The Health District will work with focus groups to review identified and emerging health issues in Pickaway County communities. The Health District will provide assistance to council members as they implement solutions in their communities.

- ☐ Yes
- ☐ No

If so, please provide a name and contact number and a Health District staff member will contact you.
Name_____ Phone_____

Please complete the following demographic information (all information will remain confidential):

1. Age: _____

2. What is your gender:
   - ☐ Male
   - ☐ Female

3. Are you Hispanic or Latino?
   - ☐ Yes
   - ☐ No

4. Which one or more of the following would you say is your race?
   - ☐ White
   - ☐ Black or African American
   - ☐ Asian
   - ☐ American Indian
   - ☐ Native Hawaiian or other Pacific Islander
   - ☐ Alaskan Native
   - ☐ Other, _____

5. Neighborhood (Village, Township or City) where you live:_____

6. Neighborhood (Village, Township or City) where you work:_____

7. What is the highest grade or year of school you completed?

- ☐ Never attended school or only attended kindergarten
- ☐ Grades 1-8 (Elementary)
- ☐ Grade 12 or GED (High School graduate)
- ☐ College 1 year to 3 years (Some college or technical school)
- ☐ College 4 years or more (College graduate)
- ☐ College more than 4 years (Post-graduate)

8. How many children (under 18 years of age) do you care for in your household?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3 or more

9. Yearly household income?

- ☐ Less than $15,000
- ☐ $15,000 to 34,999
- ☐ $35,000 to 49,999
- ☐ $50,000 to 64,999
- ☐ $65,000 to 74,999
- ☐ $75,000 to 99,999
- ☐ $100,000 or more
- ☐ Not answer

Additional Comments:

_____
_____
_____
_____
_____
_____

Thank you for taking the time in participating in this survey. The information you provided will be useful as we strive to provide the service that the people in this community need.

3. Focus groups

FOCUS GROUPS.

The Pickaway County General Health District is in the process of conducting focus groups as part of our community health assessment. The community health assessment is the first step in the accreditation process for the Health Department. We are trying to make sure that we represent the entire County and have set up focus groups at different locations all over.

1. Out of the top 5 Public Health concerns noted in the Survey (Drug Abuse, Obesity, Cancer, Alcohol, and Mental Health), what do you see as the direct concern for the community and why? How would you rank these issues?
2. How would you combat these issues?
3. Are we missing any major Public Health concerns for Pickaway County? If so, what are they?
4. As a County, what are we doing well to address Public Health concerns and where could we improve?

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The MAPP Assessment


A Healthier Community
MAPP - YOUR COMMUNITY ROADMAP TO HEALTH!
Action Cycle
Evaluate
Implement
Plan
Formulate Goals and Strategies
Identify Strategic Issues
Community Themes & Strengths Assessment
Forces of Change Assessment
4 MAPP Assessments
Community Health Status Assessment
Local Public Health System Assessment
Our Vision
Organize for Success / Partnership Development