PICKAWAY COUNTY

Community Health Assessment

July 2023

PICKAWAY COUNTY PUBLIC HEALTH
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Pickaway County 2023 Community Health Assessment Overview

Community Health Assessment Overview

Pickaway County Public Health is pleased to provide this comprehensive overview of our community's health status and needs: Pickaway County's 2023 Community Health Assessment.

Pickaway County's 2023 Community Health Assessment (CHA) is the result of a collaborative effort coordinated by Pickaway County Public Health. It is intended to help community stakeholders better understand the health needs and priorities of Pickaway County residents.

Characterizing and understanding the prevalence of acute and chronic health conditions, access to care barriers, health disparities, and other health issues can help direct community resources to where they will have the biggest impact. Participating organizations will begin using the data reported in the *Pickaway County 2023 Community Health Assessment* to inform the development and implementation of strategic plans to meet the community's health needs.

We hope the *Pickaway County 2023 Community Health Assessment* serves as a guide to target and prioritize limited resources, a vehicle for strengthening community relationships, and a source of information that contributes to keeping people healthy.

About the Community Health Assessment Process

The process followed by the *Pickaway County 2023 Community Health Assessment* reflected an adapted version of the Robert Wood Johnson Foundation's County Health Rankings and Roadmaps: Assess Needs and Resources process.[1] This process is designed to help stakeholders "understand current community strengths, resources, needs, and gaps," so that they can better focus their efforts and collaboration.

Pickaway County Public Health contracted with Illuminology, a central Ohio based research firm, to assist with this work. Pickaway County Public Health approved the process to be used in this health assessment. The primary phases of the Assess Needs and Resources process, as adapted for use in Pickaway County, included the following steps.

(1) Prepare to assess / generate questions. On October 25, 2022, community leaders, stakeholders, and employees from participating organizations gathered at the Pickaway County Library to discuss their perspectives on emerging health issues in Pickaway County.

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[1] See https://www.countyhealthrankings.org/take-action-to-improve-health/action-center/assess-needs-resources
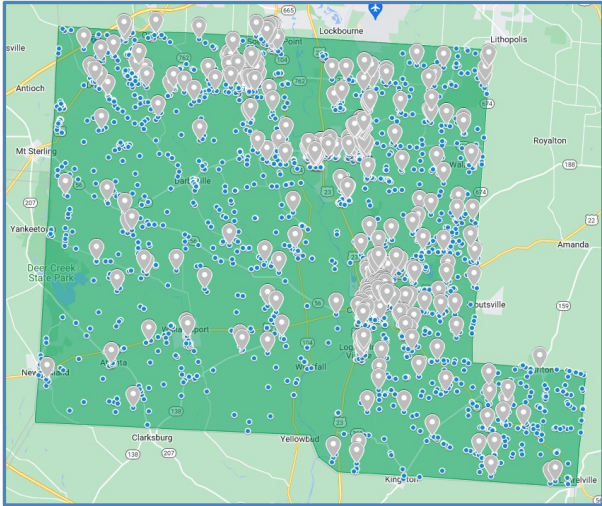
Facilitated by Illuminology, this session provided an opportunity for community members to better understand the upcoming community health assessment process and to suggest indicators to be considered in the community health assessment. Illuminology used the information from this session to identify which indicators could be assessed via secondary sources, which indicators needed to be included as part of the primary data collection efforts. See Appendix A for more information about this session.

(2) Collect secondary data. Secondary data for this health assessment came from national sources (e.g., U.S. Department of Health and Human Services: *Healthy People 2030*; U.S. Census Bureau), state sources (e.g., Ohio Department of Health's Data Warehouse), and local sources (e.g., Ohio Health Berger Hospital and Emergency Department). Data for Pickaway County and Ohio were collected, when available. Rates and/or percentages were calculated when necessary. Pickaway County Public Health and Illuminology located and recorded this information into a secondary data repository. All data sources are identified in the References section at the end of the report. To ensure community stakeholders are able to use this report to make well-informed decisions, only the most recent data available at the time of report preparation are presented. To be considered for inclusion in the *Pickaway County 2023 Community Health Assessment*, secondary data must have been collected or published in 2017 or later.

> *We would like to acknowledge Mackenzie Kaminski for her valuable assistance with collecting secondary data!*

(3) Collect and analyze primary data from <u>adult residents</u>. A representative survey of Pickaway County adult residents was conducted. Fielded in multiple waves from February 7, 2023 through May 24, 2023, respondents completed a self-administered questionnaire, either on paper or online (see Appendix B). For the first round of mailing, a total of 1,800 addresses were randomly selected from the universe of residential addresses in Pickaway County and 1,000 addresses were randomly selected from the universe of residential addresses in which the sample data indicated there was likely a young adult in the household. In early February, 2023, a notification letter was sent to each household, asking the adult in the household who most recently had a birthday to complete the survey online. About four weeks after the initial mailing, a hard copy of the survey was sent to households that had not yet completed the survey online. This mailing also included a cover letter, a Business Reply Mail envelope so respondents could complete the

Pickaway County Health Survey Households
(● = randomly selected; 📍 = completed)

survey and mail it back at no cost to them, and (for some) a $1 bill to encourage the household's participation.

For the second round of mailing, an additional 1,400 addresses were randomly selected from the universe of residential addresses in Pickaway County in which the sample data indicated there was likely a young adult in the household. In late April, 2023, a notification letter was sent to each household, asking the adult in the household who most recently had a birthday to complete the survey online.

In total, 363 Pickaway County adult residents completed the survey, or 9% of the total number of valid addresses (i.e., addresses that were not vacant or otherwise unable to be surveyed) that were invited to participate. With a random sample of this size, the margin of error is ±5.1% at the 95% confidence level.

Before analyzing responses to the survey, survey weights were computed; this step allows researchers to produce more accurate statistical estimates at the overall county level. First, a base weight was created that adjusted for unequal probabilities of selection into the survey (i.e., compensating for the number of adults in the household and whether the household had an indicator that there was likely a young adult in the household). Then, this base weight was adjusted so that respondents' demographic characteristics (i.e., age, gender, educational attainment, presence of children in the household, and whether they are residents of the City of Circleville) aligned with population benchmarks for Pickaway County. These population benchmarks were obtained from the U.S. Census Bureau's American Community Survey. This adjusted base weight was calculated via an iterative proportional fitting procedure within the STATA v17 software package; analyses of weighted data were conducted using complex survey [svy] commands within STATA v17.

(4) Collect and analyze community outreach data. Community input (qualitative) was solicited in the form of interviews with community leaders. Pickaway County Public Health worked with Illuminology to design a community leader interview guide that covered a wide range of topics, including overall health, mental health and substance misuse, health care access, poverty, transportation, health education, and vulnerable populations. Illuminology completed 11 one-on-one interviews. Interviewees included community members who work in health care, leaders of local organizations, and other residents. The interview guide used for these interviews can be found in Appendix C.

(5) Share results with the community. This report presents the analysis and synthesis of all secondary, primary, and community outreach data collected during this effort. It will be posted on the Pickaway County Public Health website (https://pickawaycountypublichealth.org/clinical-health/community-health-assessment/). This report will be used in subsequent community prioritization and planning efforts and will be widely distributed to organizations that serve and represent residents in the county.

How to Read This Report

Key findings and *Healthy People 2030*. As shown on page 7, the *Pickaway County 2023 Community Health Assessment* is organized into multiple, distinct sections. Each section begins with story boxes that highlight and summarize the key research findings from the researchers' perspectives. For some indicators, Pickaway County is compared to the U.S. Department of Health and Human Services *Healthy People 2030* goal, indicated by dark blue boxes containing the Pickaway County outline in light blue. A ✔ icon inside the box indicates that the goal has been met, and an ✖ icon indicates that the goal has not been met.

Community Voices. Comments and findings from the community outreach data are included in several sections. The findings of the community leader interviews are indented slightly and set off with an orange border on the left side.

Comparison to the Pickaway County 2020 Community Health Assessment. Where possible, results were compared to data from the Pickaway County 2020 Community Health Assessment, and denoted by a clock symbol: 🕐. In addition, a table comparing 2020 data to 2023 can be found on page 75. The following differences between 2020 and 2023 data were noted.

Areas of improvement from 2020 to 2023. In 2023 compared to 2020:
- More respondents visited a doctor for a routine visit in the past year
- Fewer respondents had ever been diagnosed with asthma
- Fewer respondents had ever been diagnosed with arthritis
- Fewer respondents had ever been diagnosed with high blood cholesterol

Areas of decline from 2020 to 2023. In 2023 compared to 2020:
- More respondents binge drank in the past month
- More respondents reported their physical health was not good on four or more days in the past month
- More respondents reported their mental health was not good on four or more days in the past month

Health disparities between populations or areas in the community. Analyses explored statistically significant differences in results based on demographic factors such as age, gender, educational attainment, income, and geographic region. When these analyses suggested the presence of significant differences among specific populations, the report tables display a lightbulb symbol: 💡. These disparities are also outlined in Appendix D. Examples of disparities found in Pickaway County include how those with lower household

incomes are more likely to report poor mental health days in the past month and a higher likelihood of being diagnosed with a depressive disorder.

Overall, the lack of availability of health care seems to be worthy of future discussion and action. Many residents travel outside the county for care. Some may not be able to access care due to lack of health care coverage, lack of transportation, or other issues.

Sources for all secondary data included in this document are marked by an endnote and described in the report's References section (see Appendix E). Caution should be used in drawing conclusions in cases where data are sparse (e.g., counts less than ten).
Data from the Pickaway County Health Survey are marked by the following endnote symbol: §. In some tables, the percentages may not sum to 100% due to rounding and/or because multiple responses were accepted. In some cases, outlying values were winsorized (i.e., replaced with the highest or lowest non-outlying value).

Effects of the COVID-19 pandemic. The COVID-19 pandemic reached the United States in January 2020, and the first case was confirmed in Ohio on March 9, 2020. The Ohio State of Emergency was declared on March 9th and a Stay-At-Home Order went into effect on March 23rd. On May 11, 2023, the federal declaration of COVID-19 as a public health emergency ended. Community leaders voiced that COVID-19 is still impacting the health of the community, especially in terms of mental health.
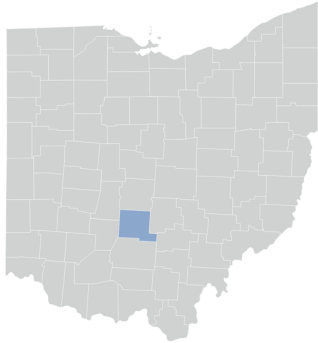
Table of Contents

Community Profile

This section describes the demographic and household characteristics of the population in Pickaway County, which is located in south central Ohio.

Pickaway County was founded about 215 years ago and covers 507 square miles. Circleville is the seat of this county.

Resident Demographics[1]

		Pickaway County	Ohio
Total Population	Total population	59,333	11,780,017
Gender	Male	53.1%	49.3%
	Female	46.9%	50.7%
Age	Under 18 years	21.5%	22.1%
	18-24 years	8.1%	9.0%
	25-44 years	27.8%	25.5%
	45-64 years	26.7%	25.6%
	65 years and over	16.0%	17.8%
Race	White	92.0%	77.3%
	Black/African American	2.7%	11.9%
	American Indian/Alaskan Native	0.0%	0.2%
	Asian	0.2%	2.4%
	Native Hawaiian/Other Pacific Islander	0.0%	0.1%
	Some other race	0.4%	1.6%
Ethnicity	Hispanic/Latino (any race)	1.7%	4.3%
	Not Hispanic/Latino (White alone)	98.3%	95.7%
Marital Status*	Never married	27.5%	33.4%
	Now married (not currently separated)	55.4%	47.2%
	Divorced/separated	12.8%	13.4%
	Widowed	4.2%	6.0%

*Data are from 2021 *Denominator is population 15 years and over*

Resident Households: Pickaway County and Ohio

		Pickaway County	Ohio
Total Households[1]	Number of households	21,740	4,832,922
Household Relationships*	**Married-couple family household**[1]	60.0%	44.7%
	With own children under 18	41.7%	32.1%
	Cohabitating couple household[2]	7.5%	7.3%
	With own children under 18	2.8%	2.5%
	Male householder, no spouse/partner[1]	6.3%	4.8%
	With own children under 18	2.9%	3.9%
	Female householder, no spouse/partner[1]	10.4%	12.3%
	With own children under 18	8.0%	11.9%
Grandparents As Caregivers[2]*	Household with grandparents living with grandchildren	4.1%	3.1%
	Household with grandparent responsible for own grandchildren under 18 years	36.8%**	43.5%**
	Household with grandparent not responsible for own grandchildren under 18 years	63.2%**	56.5%**
Household Size[2]	Average household size	2.6	2.4
	Average family size	3.1	3.0
Ages of People Within Household[2]*	Households with 1 or more people under 18 years old	33.8%	28.8%
	Households with 1 or more people 60 years old or over	39.6%	40.7%
Household Income[3]*	Less than $20,000	9.6%	14.9%
	$20,000 - $39,999	15.4%	17.3%
	$40,000 - $59,999	16.5%	16.1%
	$60,000 - $99,999	21.4%	23.4%
	$100,000 - $149,999	23.2%	15.4%
	$150,000 - $199,999	8.5%	6.4%
	$200,000 or more	5.3%	6.5%
Transportation[2]*	Households without a vehicle	5.9%	7.5%

*Data are from 2017-2021 *Denominator is total households **Denominator is households with grandparents living with grandchildren*

Residents - Disability Information[3]

		Pickaway County	Ohio
Disability Status*	Total with a disability	15.9%	14.0%
	Under 18 years	1.5%	1.2%
	18 to 64 years	7.4%	7.1%
	65 years and over	7.0%	5.7%
Disability By Type**	Hearing difficulty	26.4%	26.4%
	Vision difficulty	17.9%	17.1%
	Cognitive difficulty	43.7%	40.1%
	Ambulatory difficulty	41.8%	47.7%
	Self-care difficulty	6.0%	16.8%
	Independent living difficulty	26.4%	33.5%

*Data are from 2021 *Denominator is civilian noninstitutionalized population **Denominator is civilian noninstitutionalized population with a disability*

Languages Spoken[2]

	Pickaway County*	Ohio*
Speak only English	98.7%	94.7%
Speak a language other than English	1.3%	5.3%
Spanish	0.7%	1.7%
Other languages	0.6%	3.6%

*Data are from 2017-2021 *Denominator is population age 18 and over*

A statistical portrait of the adult respondents who completed the 2023 Pickaway County Health Survey is shown below. These percentages have been weighted to match population benchmarks for age, gender, educational attainment, presence of children in the household, and Circleville City residence.

2023 Health Survey: Respondent Profiles[§]

		Pickaway County
		(n=354)
Gender	Male	53.5%
	Female	46.5%
		(n=352)
	18-34	28.3%
Age	35-44	17.5%
	45-54	18.0%
	55-64	16.5%
	65+	19.6%
		(n=360)
Education	High school diploma / GED or less	54.5%
	Associate degree / some college	27.6%
	Bachelor's degree or more	17.9%
Household Size		(n=363)
	Average household size	2.8
		(n=339)
Household Income	Less than $50,000	22.5%
	$50,000 - $74,999	20.8%
	$75,000 - $99,999	14.3%
	$100,000 or more	42.4%
		(n=363)
Children Under 18 (In Household)	0 children	66.2%
	1-2 children	26.9%
	3 or more children	6.9%
		(n=363)
Residence within Pickaway County	Circleville City resident	24.0%
	Resides somewhere else within the county	76.0%

Making a Healthy Community: Residents' Priorities

This section details the findings of the adult survey of Pickaway residents as well as community leader interviews. Residents were asked to give their perceptions of the most important health issues facing their community, the major effects of COVID-19, the barriers keeping the community from achieving optimal health, as well as suggestions for improving health outcomes.

Key Findings

Most Important Health Issues	Substance use, mental health issues, and obesity are commonly viewed by survey respondents and community leaders as pressing health issues in Pickaway County.
Effects of COVID-19	Survey respondents and community leaders highlighted the negative effects that the COVID-19 pandemic has had on residents' social and mental well-being. Community leaders also noted the impact that COVID-19 has had on increased demand for community services.
Communication and Collaboration to Improve Health Outcomes	Residents reported that not knowing about services and the time/effort needed to access services are common barriers that prevent them from getting help. Community leaders are optimistic that continued organizational collaboration will improve community health.

The following symbols indicate the presence of:

💡: a difference in responses between demographic groups of respondents

🕐: a comparison between responses to the 2020 adult survey and 2023 adult survey

Most Important Health Issues in Pickaway County

A little over a third (37%) of survey respondents feel that issues related to substance abuse are the most important health issues in Pickaway County. Most of these respondents mentioned drug abuse and addiction, while smoking/vaping and alcohol abuse were mentioned to a much lesser extent.

Resident Perception of Most Important Health Issues[§*]

	Pickaway County (n-260)
Substance abuse	36.6%
Health care access	16.6%
Obesity	13.2%
Mental health issues	13.2%
Issues related to COVID-19	7.5%
Pollution	5.7%
Nutrition	5.3%
Other	28.3%

Percentages may sum to higher than 100%; multiple responses were accepted

Differences by age: Those under age 45 are more likely than those age 45 or older to consider obesity an important health issue: 23.7% vs. 1.4%.

Differences by education: Considering obesity an important health issue increases as education increases: 0% for those with a high school degree / GED, 16.7% for those with some college or associate degree, and 40.7% for those with a bachelor's degree or more education.

Community Leaders - Most Important Health Issues

Community leaders most commonly mentioned mental health issues, substance use, and obesity as the most important health issues facing Pickaway County.

"So the mental health issues are pervasive, and that's in general, I think what I saw from students was very much what I encountered with adults and a lot of instances in it came from an inability to appropriately deal with stress and an inability to or not having access to support systems or even knowing what support systems you should be looking for when you are having some type of healthcare or a mental health crisis."

"We have heard so many issues with depression, anxiety. We're also hearing a lot of not just like diagnoseable illnesses, but behavioral, like a lot more violence, a lot more standoffishness within the schools, a lot of teachers are being disrespected. And I know one school district, they said that they had about seven fights in one day. And so like a lot of behavioral issues there. But I think there has been a lot of talk between depression and anxiety among youth."

"We're providing grief groups for adults and children, they're separate programs, and that's through our local mental health agencies...So that whole PTSD would be the big one right there. Post Traumatic Stress Disorder, people lost a lot of people with COVID. And it's not exactly gone yet. So we work with that. I would say probably Post Traumatic Stress Disorder is one of the biggest ones, and then it would probably move over into some of our alcohol or other drugs."

"Fentanyl and heroin. And, I mean, alcohol is always up there. But I would say we have a major fentanyl problem right now… I know, there's some meth and there's some busts and stuff that have gone on like that, but every overdose that they seem to … And maybe it's just the media and how they're portraying it, but it definitely, it's usually fentanyl laced heroin."

"We have people who come in and act all surprised that they're testing positive for fentanyl. But they are consistently testing positive for fentanyl. So I don't think it's an accidental lacing…I would say there is a certain percentage out there where it is accidental. For instance, people who go out and get some marijuana off the streets and it's been laced accidentally or on purpose or whatever, just to get them get them hooked. So yeah, I think there's accidental going on, and maybe that's what starts it, but at some point, it does become conscious they seek it out."

"We are learning that vaping is kind of the number one for all kids. It's an access to tobacco and to other products, it's so easy for kids to get their hands on. The dangers are pretty well known. And we try to educate our students when you don't even know what's in the vape."

"I would say physical has to be obesity, lack of movement and all the associated things. Even with kids - diabetes, cholesterol, just a sedentary lifestyle… Sitting on your phones and playing games and not getting off your butt."

"I would say obesity, and the lack of physical activity for most adults….So much of [Pickaway County] is still rural, that it's hard to, you can't just park and walk. It's spread out enough that I think that most people are in their cars more, we have a lot of fast food restaurants, more so than anything else, and access to fresh foods and stuff at a cost is, I mean, it's just a little overwhelming sometimes. And that all the stores everywhere has

gone up, but access to healthy foods, I would say is somewhat of a barrier. And so along with that, obviously the obesity then you come with an increase of type two diabetes, with your heart disease, stroke risk, high blood pressure, that kind of stuff. "

"If you can only get access to certain kinds of foods and you're hungry, you're going to eat whatever those foods are…The other part is the education piece around what you're putting in your body, and then the physical activity, and the benefits of being physically active. So I think it's access first and foremost, you're hungry, you're going to eat what you can get your hands on. The other part is, is if you have access, and you have options, what do I know about being healthy and the benefit of being active as well?"

Major Issues Caused by COVID-19

When asked about the things in their lives that had been negatively impacted in the past year by the COVID-19 pandemic, the most common answer was relationships with other people (22%). The most common "other" response given was in-person activities such as church services and social events.

Negatively Impacted by COVID-19[§*]

	Pickaway County (n=363)
Relationship(s) with other people	22.2%
Level of anxiety/depression	18.2%
Financial stability	17.7%
Exercise habits	16.6%
Nutrition habits	10.5%
Social media habits	9.2%
Use of preventative health care screenings/visits	7.6%
Other	4.7%
Television or gaming habits	2.1%

Percentages may sum to higher than 100%; multiple responses were accepted.

Differences by gender: Females are more likely than males to report that COVID-19 had a negative impact on their nutrition habits: 15.5% vs. 4.3%.

Differences by income: Those with an annual household income of less than $75,000 are more likely than those with an annual household income of $75,000 or more to report that COVID-19 had a negative impact on their nutrition habits: 19.2% vs. 4.4%.

Differences by age: Those under age 35 are more likely than those age 35 or older to report that COVID-19 had a negative impact on their social media habits: 27.1% vs. 2.6%.

Community Leaders – COVID-19

Community leaders mentioned several impacts of COVID-19 on community service providers as well as residents' physical, mental, and social well-being.

"Our nutrition program [for seniors] has definitely blown up since COVID. And as far as how many people we're servicing…we've seen an increase and need for the demand for meals."

"And I think there's a lot of issues within schools where, especially during COVID, I feel like schools have become this more microcosm of all these human services where they just were education before. And they don't really have the resources or the capacity to take care of it as well."

"Prior to COVID, and after COVID, like two different worlds…The need for services has increased, as what we've seen, which is good, but a lot of, like, our organization was not prepared, I think, for the increase in demand for in 2022. Budget-wise, with the increase in the price of food and gas, and everything increased, and I guess we didn't see that coming and our budget wasn't built to sustain that."

"Some of our patients have gotten long term, what they call the long term COVID. So in turn puts the patient in depression because now they're on oxygen, or now they can't get out and do as much as they used to do because they have long term effects from the COVID. Because we have some 50 years olds that are on oxygen now because of COVID. And they just can't get out and do what they used to do. So now we've got, internally have depression because of that."

"I think right now we're looking at a lot of breathing issues. I mean, the breathing, COPD, lung issues, asthma. And a lot of that did unfortunately, stem from the COVID. Because anybody that got COVID, a lot of them didn't have asthma before that now, have it. So we're seeing a lot more of that."

"Probably depression [among seniors]. Like, especially after coming out of COVID, we've seen a lot more eagerness to get back and be social, like, at [the senior center's] activities and lunches and stuff, people have been very eager to get back into the center and be social because it really kind of took a toll on them. Stressors into loneliness, depression, those kind of things, especially if they're isolated."

Communication and Collaboration to Improve Health Outcomes

The adult survey asked residents whether they would like to receive help or information about the following various issues, with an additional write-in option. These percentages should not be taken as a proxy for overall incidence of these needs but rather as a preliminary insight into what might be the most in-demand information or help needed by Pickaway County residents.

Would Like to Receive Help or Information About...§*

	Pickaway County (n=363)
None	77.9%
Depression, anxiety, or mental health	11.6%
Food assistance	6.3%
Tobacco cessation	6.0%
Elder care assistance	4.0%
Rent/mortgage assistance	3.3%
Childcare assistance	2.7%
Job training or employment help	1.6%
Social media usage	0.9%
End-of-life or hospice care	0.3%
Gambling or betting	0.1%
Drug or alcohol abuse	<0.1%
Other	0.2%

Percentages may sum to higher than 100%; multiple responses were accepted

Community leaders – Sources of Health Information

Community leaders mentioned that social media is likely a popular source of health information for residents.

> "I would like to say their family doctors or another trusted source, but I think social media is probably where they get most of their answers from. When it was COVID everybody was checking their social medias and reposting what somebody said, or if the health department posted something about what was going on in the area, or we're seeing this outbreak or this uptick. And then you had everyone that was like, bashing it and saying it was fake and so it's, yeah, I would say social media is where most people live."

> "We kind of shut down our website, and we've been using Facebook, and we've gotten much better responses, much better attendance, and not just us, all of us. And the thing about Facebook is, if the library has something going on, all of us post it so that even if you're not on the library page, you're gonna see it on one of our pages. So we're really good about that. We have, we offer quite a few community events... It's a lot of that, because that's what people are turning to more and more - social media. So we are seeing more and more hits on our pages, more and more shares. And it's like I said, it's the community agencies that are doing that to get the word out to folks."

When residents were asked about the barriers that prevent them from getting help and information, the most common answers were not knowing about any services in the community (38%), and the time/effort it takes to find/access services (35%). Other responses given included lack of mental health care support and cost.

Barriers to Receiving Help[§][*]

	Pickaway County (n=106)
Don't know of any services	38.1%
Time or effort to find/access services	35.1%
Not eligible for services	24.7%
Other	6.8%
No barriers	25.7%

Percentages may sum to higher than 100%; multiple responses were accepted

Differences by location: Those who live in Circleville are more likely than those who live outside of Circleville to report that not knowing about services is a barrier to receiving help: 62.1% vs. 29.1%.

Community Leaders – Barriers to Healthy Pickaway County

When discussing barriers that keep residents from achieving optimal health, community leaders often mentioned issues with health care access and transportation.

> "So there's nothing internal, like specialty-wise for children inside of Pickaway County, like nothing. No GI doctors, no cardiologists. I mean, no pulmonologist for asthma. I mean, nothing like that. You have to go outside the county always."

> "The mental health aspect, we have quite a few agencies now that provides AOD services. But we really only have two main ones that provide our mental health for our lesser

income families, I guess, I should say. So there are a lot of private places. But most of those are full all the time, and they don't all take Medicaid. So our mental health services could stand to have a boost. And part of that is not for lack of trying, but for lack of staffing. So both of the agencies that we have here in Pickaway county are running low on staff, trying to get people in so the wait list gets a little longer."

"The big thing that we hear a lot about is that we don't have pediatric dentists."

"Any of your specialists right now, it's hard to get people into. I mean, it takes a little longer time to get them into, especially if patients want to stay local. Now, if we want to send them out to other towns and stuff, we can usually get them in a lot quicker. But if they're wanting to stay local, it's sometimes it's a little harder to get them in quicker."

"We don't have an allergist here in Circleville. The neurologist is only here, like once a month. I think it is the dermatologist, I think the same way as only here, like once a month. So it's very, I mean, there's a few that's only here, just very, very little."

"We have people who don't have driver's licenses, and they may still continue to drive without a valid license. So then they get picked up, then they've got another reinstatement fee, and they've got another suspension. So we also have people who do not have vehicles. We have people who live out in the country, and they don't have access to - well, nobody has access really, to buses, and we do have pickup, but it's, unfortunately limited. So those are the biggest, biggest problems. When you're in a rural county like this, in order to get ahead, you do need to have a valid license, and you need to have reliable transportation."

"So our families are not always able to easily be able to leave to go 30 minutes or 45 minutes for an appointment [with a dentist]. And whether it be transportation cost, gas, there are things with the insurance companies, but Medicaid will pay for rides and stuff. But it really limits you…You're at their beck and call basically. So sometimes they'll pick you up two hours before an appointment and drop you there. And if you have a mom with multiple small children, and you've got to take them all with you, you've got to drag all the car seats with you, but buckle them in themselves while you're trying to make sure your kids aren't running off and you basically only have one here. So there's a lot of barriers and a lot of problems with that. So most people just won't even bother."

"We have, we have a handful of families that we work with who have vehicles, but they're not running well, or they can't take them. We go to Children's Hospital for our son's appointments, but we can't get there because we don't have gas money or the transportation is not reliable, that type of situation."

"We have PICCA. And that's the only transportation we have here in town. And trying to make sure that you get like, there's only certain pickups they do, and you have to make so many, you have to call so far in advance, to get them to pick up and drop off. So I know when patients call us needing to get in, if they see something urgent, they can't even get here that day to get to be seen because they they have to call 'em so far in advance."

"Through PICCA through our CAP agency, we do have the appointment bus, and you can schedule ride fares. It's like $2, a ride or something like that. But they only stay within Pickaway County or within Circleville area. So if you have a doctor's appointment outside of that, there are certain days of the week where they go certain places, but you're kind of at their mercy. And it's, it's not a lot, I will tell you that it's not a lot."

Community leaders also mentioned how a housing crisis and poverty create additional barriers to achieving optimal health.

"There needs to be more low income housing in Circleville. I know everybody, people say 'I don't want that in my neighborhood.' But we've got to figure out something someplace to put our low income housing, because those people are out in their car sleeping, because they have no place to live. And our kids are with them. And we've got to do something for our kids or for our future."

"There's not as much housing available. If you're familiar with Pickaway County, you know that our housing at this point is at a crisis level. There's not a lot of affordable housing. whether it's for people with substance abuse issues, HUD, people who are making $15 an hour, there's just nothing available."

"Well, with the housing market right now, it's hard for anyone to be able to afford a home. And there's very limited low income housing. And just being able to rent -- rents have really gone up, and that's a barrier for a lot of folks."

"I think it's been a long term issue, not having the appropriate housing here. For some reason, Pickaway County has this whole 'not my backyard' kind of situation…When [vacant school buildings] went up for bid they were talking about putting low income housing, kind of fixing one of the bigger ones up, and people just had a cow about. It just 'No, no, we don't want that here'. That kind of thing."

"There's a whole section of people in Pickaway County, that we I refer to them more as like the working poor, where maybe mom and dad are both working. And they make too much money for food stamps, and for subsidized housing, and to get Medicaid, but they don't truly make enough to make up for what those services actually would benefit them. And so basically they're not even hardly living paycheck to paycheck. I mean, the rent in this county is absolutely, I mean, astronomical for housing… So I think that a lot of people

> in this area right now are struggling to pay their normal mortgage or rent and utilities and everything else is just going to the wayside because they can't afford they can't even hardly afford that."
>
> "Some of it, I think, is generational [poverty]. In terms of, this is what my parents have done. This is all they've done, not getting a high school degree, not understanding the value of a high school degree. Thinking that yeah, if I'm getting this check once a month, and I can get HUD housing. Life's good. I think the generational mindset is part of it."
>
> "I think a lot of it's, it's not lack of jobs, it's just lack of higher paying jobs, okay? Because we have the jobs that pay minimum wage, but by the time you pay daycare at the time, you pay your rent, and you pay your utilities, there's just not much left."

Mistrust in medical advice from official sources was measured through a question about how much residents trust various public health organizations. A majority of Pickaway County adults reported that they somewhat trusted their local county health department (65%), the Ohio Department of Health (69%), and the CDC (51%).

Trust in Sources to Provide Health Recommendations[§]

	Pickaway County (n=357)		
	Pickaway County Public Health	Ohio Department of Health	Centers for Disease Control and Prevention
A great deal	24.8%	20.7%	23.7%
Somewhat	64.6%	68.6%	51.4%
Not at all	10.6%	10.7%	24.9%

Community Leaders – How to Improve Health Outcomes

When asked about the kinds of changes they'd like to see in order to improve the health of Pickaway County residents, community leaders described changes that would remove barriers, enhance communication and collaboration among providers, and increase a sense of community among residents.

> "Check some of our zoning issues and pass some zoning to get some affordable housing…there is no housing in this county. There's a huge housing deficit. And then if you can, if there is something available, like I stated earlier, it's so expensive. I mean, you pretty much have to be making six plus figures as a family in order to be able to afford it….if they would take down some of the not in my backyard stigma that people have, I think we could get a lot farther."

"Understanding what each partner agency provides, so that you can make sure when people call and you can't help them, make sure you send them on to the next person, or in even the hospitals situations with social workers, making sure they know what the senior center does. So if someone needs meals, or transportation or things like that, they can make sure they contact the [senior center and they] can follow up with that patient upon discharge."

"I know that there are some communities with really good [211] systems, I think that would be very beneficial for this community. If we can get it to that level. Again, our community works so well together, you would think that is something we can do. But it does require getting the word out there and that marketing and so I would just personally love to see that come about again, and really go somewhere this time."

"How we can pull in the hospitals, how we can pull in law enforcement, how we can make the health department kind of work more cohesively throughout partnerships within the community. And I think there's so much we can do. And I think there are a lot of people who want to do the work. And I think that's what's really cool about Pickaway County is it does feel like that community, and I'm excited to see what this new leadership's gonna bring to the table."

"We really need something for children and young adults to be able to go do to help keep people stay out of trouble. If you go down on Main Street, we got four or five bars in a walking area…We have a couple of parks that have gotten up and going now, but…there's no youth center, there's no bowling alley, there's nothing for families or children to really get out and do and enjoy the county."

"We're not reaching all of our community. So Circleville is not the only -- we have several townships in Pickaway County...We do have quite a bit of farming and things like that…So I think that's something that we've been kind of missing the bar on is getting more of those folks involved."

"I think as leaders within the community, we have to have a mindset that we all play a part. And if we want our community to be vibrant, we have to acknowledge that we all play a role…These are all social issues that are very difficult to address individually…We have to invest in the community and in doing so they will invest in us. And then that would be my comment is that I'm appreciative that people are trying to identify where there are gaps and how we can better support people. But at the end of the day, whatever our findings are, if we're not collectively willing to chip in, then it's just going to be another report on a piece of paper that didn't go anywhere."

Social Determinants of Health

This section provides insight into how Pickaway County residents fare when it comes to many social determinants of health, including levels of poverty, access to health care, and education outcomes. Social and structural determinants of health provide insight into what causes higher health risks or poorer health outcomes among specific populations, including community and other factors which contribute to health inequities or disparities.

Key Findings

Economic Stability	Nearly a quarter of Pickaway County residents under the age of 18 live below the federal poverty level. Community leaders described a housing crisis that is contributing to homelessness and community poverty caused by low paying jobs and generational cycles.
Education	The high school graduation rate in Pickaway County is higher than in Ohio overall, but the percentage of residents who continue their schooling and earn advanced degrees is lower in Pickaway than in Ohio.
Neighborhood and Environment	Violent crime and property crime rates in Pickaway County are lower than the rates for the state of Ohio. Residents would like to have more parks and walking paths in their community.
Health Care Access	A majority of survey respondents visited a doctor for a routine exam in the past year. A majority of respondents or their family members traveled outside of Pickaway County to receive healthcare in the same time period. Community leaders noted that Pickaway has access issues due to lack of providers, long wait times, and lack of transportation options.

> The following symbols indicate the presence of:
> 🔆: a difference in responses between demographic groups of respondents
> 🕐: a comparison between responses to the 2020 adult survey and 2023 adult survey

Economic Stability

Economic stability plays an important role in health, with at least one study on this topic showing that those with greater income had greater life expectancy (Chetty et al., 2016).[1]

In Pickaway County, 22% of children are living below 100% federal poverty level (FPL), which is higher than the state of Ohio percentage (19%).

Income and Poverty

	Pickaway County	Ohio
Median household income[2]*	$76,484	$62,262
Poverty Status[3]**		
Total persons below 100% FPL	13.4%	13.4%
Children under 18 below 100% FPL	21.5%	18.6%

*Data are from 2021 **Data are from 2017-2021*

One way housing affordability is measured by the U.S. Census Bureau is through selected monthly ownership costs as a percent of household income (SMOCAPI). Included in monthly ownership costs are payments involved in purchasing a home as well as expenditures for insurance, real estate taxes, utilities, and fuel. Condominium fees and mobile home costs are also included when applicable. A similar measure for renters exists as gross rent as a percentage of household income (GRAPI). The U.S. Department of Housing and Urban Development has historically considered families whose housing costs exceed 30% of their income to be cost-burdened.[4] The table below provides insight into cost-burdened families in Pickaway County via the percentage of housing units for which a significant amount of income goes toward ownership/rent costs.

Cost-Burdened Households

	Pickaway County	Ohio
Owner-occupied housing units with a mortgage[2]	9,446	1,964,213
More than 30% of income spent on housing costs (SMOCAPI)[3]	22.7%	20.5%
Owner-occupied housing units not mortgaged[2]	5,539	1,180,214
More than 30% of income spent on housing costs (SMOCAPI)[3]	9.8%	11.6%
Renter-occupied housing units with cash rent[2]	5,579	1,496,127
More than 30% of income spent on rent (GRAPI of occupied units paying rent)[3]	44.1%	43.8%

Data are from 2017-2021. Note that counts of housing units above excludes units for which SMOCAPI could not be calculated; these are not reflective of the total housing units mortgaged/not mortgaged in the county and state.

In 2019, the "Point in Time" (PIT) estimate of homeless in Pickaway County was 63 individuals and 36 households.[5]

Economic instability is linked to food insecurity. People who are food insecure do not get adequate food or have disrupted eating patterns due to lack of money and other resources. In Pickaway County, 13% of all residents are food insecure, and nearly 17% of children are estimated to be food insecure. These percentages are similar to the percentages for Ohio as a whole.

Food Access

		Pickaway County	Ohio
Food Insecure Persons[6]*	Total residents	13.0%	11.6%
	Children	16.6%	15.9%
Food Stamp Households[2]**	Total households	10.7%	13.0%
	With children under 18 years***	47.0%	46.8%

*Data are from 2020 **Data are from 2021 ***Denominator is total households receiving food stamps

Some researchers use the food environment index when assessing access to nutritious foods. This index of factors that contribute to a healthy food environment ranges from 0 (worst) to 10 (best). Pickaway County's food environment index score of 8.0 is higher than Ohio's score (6.8).[7]

There are 12 food banks in Ohio. The one that serves Pickaway County is located in Franklin County.[8]

Another economic indicator that may influence the health of the community is the unemployment rate. The unemployment rate in Pickaway County in 2021 (4.2%) was slightly lower than the unemployment rate in Ohio (5.3%), using the Ohio Department of Job and Family Services' unemployment definition as those people, 16 years of age and over, who were "actively seeking work, waiting to be called back to a job from which they were laid off, or waiting to report within 30 days to a new payroll job." Those who have stopped looking for a new job (and who have therefore removed themselves from the civilian labor force) are not included in this statistic.

Employment Status

		Pickaway County	Ohio
Unemployment Rate[3]	Annual average unemployment rate*	4.2%	5.3%
Employment Rate of Labor Force[2]	**In labor force****	58.3%	62.6%
	*Civilian labor force****	100.0%	99.8%
	Employed*	94.3%	94.6%
	Unemployed*	5.7%	5.4%
	*Armed forces****	0.0%	0.2%
	Not in labor force**	41.7%	37.4%

*Unemployment rate data are from 2021. Employment rate data are from 2017-2021. *Denominator is civilian labor force **Denominator is total area population 16 years and over ***Denominator is total labor force*

In terms of industry of employment, Pickaway County is similar to Ohio in that educational services, health care and social assistance is the largest industry, with nearly a quarter of residents employed in that industry.

Residents Employed in Various Industries[2]

		Pickaway County	Ohio
	Civilian employed population 16 years and over	26,699	5,600,209
Industries	Educational services, health care and social assistance	23.5%	24.1%
	Retail trade	10.9%	11.2%
	Professional, scientific, and management, and administrative and waste management services	10.8%	9.9%
	Construction	10.2%	5.9%
	Transportation and warehousing, utilities	9.4%	6.1%
	Manufacturing	9.2%	14.9%
	Public administration	6.2%	3.8%
	Finance and insurance, and real estate and rental and leasing	6.1%	6.9%
	Other services, except public administration	4.4%	4.2%
	Arts, entertainment, and recreation, accommodation and food services	3.5%	8.3%
	Wholesale trade	2.5%	2.4%
	Agriculture, forestry, fishing and hunting, mining	1.7%	1.0%
	Information	1.7%	1.3%

Readers who wish to learn more about the current state of jobs and public assistance (veterans' services, SNAP, etc.) in Pickaway County are encouraged to access the Ohio Department of Job and Family Services' "QuickView" report, at http://jfs.ohio.gov/County/QuickView/Index.stm.

Community Leaders – Homelessness and Poverty

Community leaders described a housing crisis that is contributing to homelessness, and a homeless population that is need of more services.

> "So I feel like in Pickaway County, I just constantly hear housing, housing, housing, housing. And one a big issue is we do have a homeless population within Pickaway. County that I think we're missing, because it's not that they don't have the compensation to find housing, it's just not there."

"So I think, it's probably not having enough low income housing, or affordable housing for some of these folks. We have a fairly decent sized group of homeless, that all work, but they have no place to go back to at night. So that's kind of a big issue also."

"We know that with the homeless population getting to and from work can be difficult. We know that even getting to the hospital can be difficult even…And even just like day to day, if you're walking so much, you're gonna have some further issues…I do think there is a huge concern about transportation, but I think that there is still a lot of things that are kind of like, 'oh, well, we don't have the capacity to do that.' I think that's the biggest issue is there's no capacity."

"I feel like our social services work and communicate very well with each other. But the well is not as deep as it should be. Or as it could be. I feel there's burnout in those social service agencies as well. And specifically, I'm thinking of our homeless population. We don't have like a centralized center where homeless folks can go to receive services."

Community leaders brought up a lack of high-paying jobs, generational poverty, and mental health and/or substance abuse issues as causes of poverty.

"There's working families that are struggling, and trying their best to stay ahead and trying to give their family a good life. And they can't, they're just, they don't qualify for anything… We penalize people who try to get out of poverty and work hard, we take all their stuff away. But then we get mad when they stop working and just go back and live off the system, because it's easier for them."

"I think it's just the higher paying jobs now that we don't have a lot of the larger factories and such here in town."

"Generational being born into it, there's a huge population of that. I've talked with our job and family services a lot of times and one story they told was of the amount of people that walk in and say, well, Johnny's 18, time to get him his own case. Now, you know, there's no goal of ever trying to get out of it, there's no understanding that you don't have to live like this. My grandma and grandpa did this, my mom did this. And this is just how I live type of thing."

"I think, obviously, once you're in the throes of addiction, that definitely causes it."

"We have a fairly big veteran population. And depending on what those issues are, it's hard for them to find work or stable housing."

"I think drug usage is up in in Circleville, specifically, and probably Pickaway County, in general. It's pretty prevalent, and it has thrown families into flux. And into some really unfortunate poverty situations. Mental health, and folks who do not believe or do not

have the ability to function in a full time job on a daily basis. Transportation is a massive issue, which I know folks are really trying to work hard on it. But I don't know how many families that I talked to…we would talk about, hey, there are these jobs up near Columbus, there are these jobs right outside the county, hey, you could drive to Chillicothe. And there are five factories hiring and folks are like, I don't have a car. You know I can't do that."

Education

Educational attainment can affect employment opportunities and economic stability, which in turn impacts many health outcomes.

As shown in the following table, a lower percentage of Pickaway County residents continue their education beyond an associate degree, compared to Ohio overall.

Educational Attainment[1]

	Pickaway County	Ohio
Less than 9th grade	2.2%	2.7%
9th to 12th grade (no diploma)	8.2%	5.5%
High school graduate / GED	40.9%	32.8%
Some college (no degree)	19.7%	19.2%
Associate degree	9.0%	9.0%
Bachelor's degree	13.9%	18.9%
Graduate / professional degree	6.0%	11.8%

Data are from 2021

The next table shows the graduation rates for Pickaway County's public school districts. The average four-year high school graduation rate across these public schools is 90.6%. This is higher than the average for public schools in Ohio overall (87.0%).[2] The *Healthy People 2030* high school graduation rate goal of 90.7% is almost met.

High School Graduation Rates in Pickaway County[3]

	Pickaway County School Districts
Westfall	87.5%
Circleville	89.0%
Teays Valley	91.4%
Logan Elm	92.4%

Data are from 2021

High school graduation rate
✗

Pickaway County: 90.6%[2]

Target: 90.7%[4]

Neighborhood and Physical Environment

Neighborhood and environment refer to what extent individuals feel safe in their community and how the environment influences their quality of life.

Rates of different types of violent crime and property crime are shown in the next table. Overall, the violent crime and property crime rates in Pickaway County are much lower than in the state of Ohio.

Violent and Property Crime[1]

		Pickaway County		Ohio	
		Count	Rate*	Count	Rate*
Violent Crime	**Violent crime total**	79	0.14	33,886	3.26
	Murder	1	<.01	701	0.07
	Forcible rape	29	0.05	4,810	0.46
	Robbery	5	0.01	6,521	0.63
	Aggravated assault	44	0.08	21,854	2.11
Property Crime	**Property crime total**	1,116	1.99	198,442	19.12
	Burglary	143	0.25	28,125	2.71
	Larceny/Theft	909	1.62	140,849	13.57
	Motor vehicle theft	55	0.10	28,409	2.74
	Arson	9	0.02	1,059	0.10

Rates are per 1,000 of the population

The rate of murder in Pickaway County meets the *Healthy People 2030* target of 5.5/100,000[2].

When residents were asked about the types of outdoor spaces they would like more of for physical and/or leisure activities, the most common answers were parks (46%) and walking paths (43%). Swimming pools was the most common "other" answer provided.

Pickaway County Should Have More of These Outdoor Spaces…[§*]

	Pickaway County (n=363)
Parks	46.3%
Walking paths	42.7%
Bike paths	29.0%
Sidewalks	22.2%
None	54.5%
Other	8.1%

Percentages may sum to higher than 100%; multiple responses were accepted

Differences by age: Those less than 45 years of age are more likely than those age 45 or older to report wanting more parks: 65.7% vs. 30.3%.

Differences by education: Those with a bachelor's degree or more education are more likely than those with an associate degree or less education to report wanting more parks: 78.3% vs. 39.8%.

Health Care Access

This section discusses health care access in Pickaway County, via the intersecting issues of health care affordability, health care utilization, and resource availability in terms of the number of local health care providers.
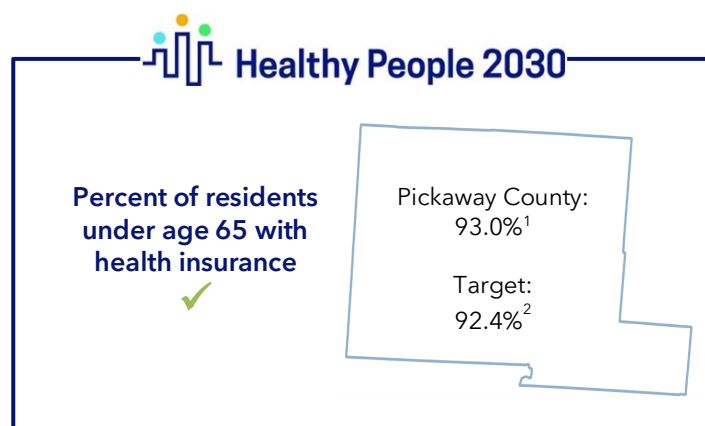
Health Care Affordability

Affordability of health care is a major determinant of an individual's willingness and ability to receive care necessary for the maintenance or improvement of their health. One factor of this affordability is the ability to utilize health insurance. About 6% of Pickaway County residents don't have health insurance; this percentage is similar to the state of Ohio.

Health Insurance Coverage[1]

		Pickaway County	Ohio
Health Insurance Coverage	**Total with health insurance**	94.1%	93.7%
	Age 18 and under	93.9%	95.4%
	Adults age 19-64	92.6%	91.3%
	Adults age 65 and over	99.7%	99.5%
Private Health Insurance (alone or in combination)	**Total with private health insurance coverage**	70.0%	68.9%
	Employer-based	56.3%	59.0%
	Age 18 and under	51.2%	58.5%
	Adults age 19-64	65.0%	66.3%
	Adults age 65 and over	31.0%	33.5%
Public Health Insurance (alone or in combination)	**Total with public health insurance coverage**	36.4%	37.3%
	Medicaid/means tested	19.8%	20.6%
	Age 18 and under	34.4%	36.2%
	Adults age 19-64	17.0%	17.3%
	Adults age 65 and over	8.0%	9.5%

Data are from 2017-2021

Pickaway County meets the *Healthy People 2030* target for percent of residents under age 65 with health insurance.

Healthy People 2030

Percent of residents under age 65 with health insurance
✔

Pickaway County: 93.0%[1]

Target: 92.4%[2]

Health Resource Availability

The availability of health resources within the community is another determinant of health care access.

According to the State Medical Board of Ohio, 50 physicians (MD and DOs) were currently active in Pickaway County as of 2022, and 53,089 were active for the state overall.[3] Exact counts of dentists, mental health providers, and chemical dependency counselors could not be verified with state for Pickaway County and Ohio and are absent here.

The next table shows the ratios of health practitioners to residents in Pickaway County and Ohio. The ratio of Pickaway County physicians (both MDs and DOs) is 1 to every 2,350 residents. There are far fewer physicians per resident in Pickaway County compared to the state of Ohio as a whole. Pickaway County also has fewer licensed dentists and psychologists per resident, compared to Ohio overall.

Ratio of Providers to Population[4]

	Pickaway County Ratio	Ohio Ratio
Licensed primary care physicians: MDs & DOs*	1:2,350	1:1,290
Licensed dentists	1:2,280	1:1,550
Mental Health providers**	1:530	1:330

*Data are from 2020 (primary care physicians), 2021 (licensed dentists), and 2022 (mental health providers) *Primary Care includes General Family Medicine, General Practice, General Internal Medicine and General Pediatrics. Subspecialties within these specialties are excluded. This measure does not include nurse practitioners, physician assistants, or other practitioners available for primary care services. **Mental health providers includes psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other drug abuse, and advanced practice nurses specializing in mental health care.*

In terms of EMS availability, Pickaway County has 7 volunteer EMS providers and 3 full-time paid providers.[5]

Nearly three quarters (72.6%) of respondents or their family members have traveled outside of Pickaway County in order to receive some type of health care in the past 12 months. Among those who mentioned where they traveled for care, Franklin County was most common. Those who have traveled outside of Pickaway County for health care in the past year have most commonly done so for primary care (38%).

Health Care Received Outside of Pickaway County in Past Year[§*]

	Pickaway County (n=237)
Primary care	37.6%
Unspecified/other	29.0%
Dental care	27.0%
Specialty care	21.4%
Surgery or a procedure	9.2%

Of those who provided a response to a type of health care they traveled outside of Pickaway County for. Percentages may sum to higher than 100%; multiple responses were accepted.

Differences by location: Those who live outside of Circleville are more likely than those who live in Circleville to travel outside of Pickaway County for primary care: 41.9% vs. 16.5%.

Differences by education: Traveling outside of Pickaway County for dental care increases as education increases: 15.8% for those with a high school degree / GED, 21.6% for those with some college or associate degree, and 55.4% for those with a bachelor's degree or more education.

Differences by income: Those with an annual household income of $100,000 or more are more likely than those with an annual household income of less than $100,000 to travel outside of Pickaway County for dental care: 42.5% vs. 12.8%.

Health Care Utilization

A majority of respondents (78%) visited a doctor for a routine checkup within the year before taking the survey.

Amount of Time Since Last Visiting Doctor for a Routine Checkup[§]

	Pickaway County (n=362)
Within the past year	77.8%
Within the past 2 years	10.7%
Within the past 5 years	6.2%
5 or more years ago	5.4%

🕐 Percentage of respondents age 19 and older reporting visiting a doctor in the past year for a routine checkup in 2020: 66%; in 2023: 78%.

Twenty-five percent of all respondents delayed getting some sort of necessary physical health care in the past year. The most common reasons for delaying were not being able to afford the co-pay (10%) and not being able to schedule an appointment soon enough (10%). The most common "other" reason provided for delaying was other out-of-pocket costs not covered by insurance such as high deductibles, medical tests, and prescriptions.

Reasons for Delaying Needed Physical Health Care in Past Year[§*]

	Pickaway County (n=363)
Did not delay getting needed health care	74.7%
Could not afford the co-pay	10.4%
Could not schedule appointment soon enough	9.9%
Could not schedule an appointment at all	7.5%
Other reason	4.3%
To avoid exposure to COVID-19	2.2%
Did not have insurance	1.3%
Could not access telehealth care	1.2%
Did not have transportation	1.2%
To avoid spreading COVID-19	0.3%

Percentages may sum to higher than 100%; multiple responses were accepted

About a quarter (23%) of all respondents delayed getting some sort of necessary mental health care in the past year. The most common reasons selected for delaying were cost (7%), stigma (7%), and lack of knowledge about available services (7%).

Reasons for Delaying Needed Mental Health Care in Past Year[§*]

	Pickaway County (n=363)
Did not delay getting needed health care	77.0%
Could not afford the care	7.4%
Feared admitting a mental health issue	7.4%
Unsure what services were available	7.3%
Difficulty finding a provider with availability	5.4%
Other reason	1.7%
To avoid exposure to COVID-19	0.8%
To avoid spreading COVID-19	0.2%

Percentages may sum to higher than 100%; multiple responses were accepted

A majority of respondents (68%) visited a dentist within the year before taking the survey; 14% have not seen a dentist in the past 5 years.

Amount of Time Since Last Visiting Dentist for any Reason[§]

	Pickaway County (n=362)
Within the past year	67.3%
Within the past 2 years	10.2%
Within the past 5 years	8.2%
5 or more years ago	14.4%

Differences by education: Those with a bachelor's degree or more education are more likely than those with an associate degree or less education to report visiting a dentist within the past year: 87.7% vs. 62.6%.

Percentage of respondents age 19 and older reporting visiting a dentist in the past year in 2020: 72%; in 2023: 67%.

Other Health Resource Access Issues

The internet is an important resource for accessing information about health issues and accessing medical care through virtual telehealth visits with providers. However, some

residents of Pickaway County do not have access to this resource: 8% of residents in the county do not have access to a computer, and 13% do not have access to the internet.

Households' Internet Access Availability

		Pickaway County	Ohio
Access to a Computer[6]	**With a computer**	92.0%	93.6%
	*With dial-up internet subscription alone**	0.0%	0.2%
	*With a broadband Internet subscription**	92.2%	94.0%
	*With no internet access**	7.8%	5.8%
	Without a computer	8.0%	6.4%
Access to Internet Subscription[1]	**With an internet subscription**	85.0%	86.5%
	Dial-up only**	0.1%	0.3%
	Cellular data with no other type of internet**	17.0%	12.0%
	Broadband, such as cable, fiber optic, or DSL**	72.6%	83.4%
	Satellite internet service**	10.5%	7.1%
	Internet access without a subscription	2.3%	2.4%
	No internet access	12.8%	11.1%

*Access to computer data are from 2021. Access to internet data are from 2017-2021. *Denominator is total number of households with a computer **Denominator is total number of households with an internet subscription*

There is one public transportation system operating in Pickaway County – Pickaway Area Rural Transit.[7] Community leaders mentioned there are some limitations to the system such as limited hours.

Community Leaders - Health Care Access

Community leaders pointed out that there are health care access issues because of lack of providers in Pickaway County, long wait times, and transportation issues.

> "The geriatric care is very limited. Having resources and staff for those type of things are very limited, when you may be able to leave someone home independently, but they might need someone to go in and check on them. We do have a senior center and there is some Meals on Wheels and stuff but there's just kind of that whole geriatric care, it's either you have to send them and live at home with their loved ones, or you got to go to a nursing home. And there's just not a lot of help and support around that type of community either."

"I know, for my own family, we've searched in the past, it's kind of hard to find providers, pediatricians, we have lost so many, I mean, there's very few pediatricians in the county."

"And when we try to go out of county, we're hitting a lot of roadblocks in that sense. So a lot of our families, being Pickaway county butts right up to Grove City, which is Franklin County, so it's easier for some of our families, including where I live, to go to Grove City for services, but then Grove City will take just Franklin County residents first and then they might take somebody from another county. So that's probably our biggest issue, in my opinion right now."

"So a low number of providers. And I know for community, we have some less financially well off people that have trouble paying bills, and they use the emergency room as their primary care doctor, that's an issue."

"We're starting to build up more. It's still a long wait to get people in [for mental health treatment], it seems like, but it is starting to improve. Before, I mean, you were two or three months trying to get somebody in. And now it's getting a lot [better]. We're down to maybe a month, three to four weeks to get someone in. And some places we can you can get them in a lot quicker. If you really push and shove and and say hey, it's an emergency."

"So I know a big issue is access to mental health and addiction care. And you saw that inpatient you have to go to Nationwide Children's, and that's about a six month waiting period. And so that's a long time to get care. And I know that even we have two youth services for mental health. And those can get packed really quick, it can take a while for them to get in. And that's it. That's scary when you're in crisis. So sometimes if you're in that crisis, you have to go to the ER. So that's one thing we're seeing."

"So I would say that the transportation piece can be huge sometimes. And we really what we do in our positions, we encourage families to use, especially when they have Medicaid, they get so many visits a year that they can use transportation for that. So we've really been encouraging our families to take advantage of that. Sometimes the rules that go along with that just aren't feasible for families. If you've got a mom with six kids, and one of them sick, she's got to take all of them with her. So that type of situation."

"Our community action here locally they provide the public transportation, and they are very limited on their hours. And they don't think outside of the box when it comes to transportation and ways to meet people's needs. And then other barriers are just finances, because if you own your own car, it's expensive to upkeep and put gas in that… And our local community action does have handicap accessible vehicles. But again, they're limited hours."

Community leaders discussed how unmet staffing, space, and funding needs of providers leave residents with unmet needs.

"If we want to start new programs, it's like how are we going to pay for it and grant in different opportunities like we have, I'd love to see the [senior] center grow and be able to service more seniors and be able to reach the furthest corners of the county. And how we're going to get there, I don't know."

"Some counties I think do have dieticians on their team or someone they can access, and we don't really have someone specific. I mean, we'll refer people to WIC, but that would be something that would be wonderful to have."

"We've been told that people don't, especially doctors don't like to come to small communities, because we have nothing to offer in the small communities. They like to be in the bigger cities and not come to the smaller communities… they said that they with the small towns, we don't have like, we don't have your theaters, we don't have your shopping centers, we don't have the big places to go to dinner, that type of stuff. And they said, it's not so much the doctors that it is their spouses."

"The children we are serving has almost doubled since [before Covid], without really a change in funding or staff too much."

"We have a DV shelter for women and children. I can't tell you the last time they weren't bubbling out of the space they had putting cots up where there's not supposed to be cots and things. We have a men's shelter but it's only a part time shelter so 9pm to 9am. Hoping to do different with that in the future. They're looking to get a bigger better space and hire staff but we don't have that yet."

"I think our health care providers are suffering, burnout, big time, whether it's nurses or doctors or social workers or even patient care assistants."

"There are not a lot of students that enter the social work and mental health counseling realm of employment or training, there just aren't enough people in this industry. And because of that, if they are, and I know, this has happened in Circleville, and Pickaway County, in general. When you're that close to Franklin County, and you have a small pool of people who can be your mental health experts, they can make significantly more money crossing from Pickaway into Franklin County."

Behavioral Risk Factors

This section describes behaviors of Pickaway County residents that may impact their health outcomes.

Key Findings

Weight, Nutrition, and Physical Activity	About three quarters of Pickaway County residents qualify as overweight or obese according to BMI estimates. However, a majority of residents do not think accessing fresh fruits and vegetables is difficult, and most residents report doing some kind of physical activity in the past month.

The following symbols indicate the presence of:

🔆: a difference in responses between demographic groups of respondents

🕐: a comparison between responses to the 2020 adult survey and 2023 adult survey

Weight

According to Body Mass Index (BMI) measurements, 28% of Pickaway County adult respondents are overweight and 45% of respondents are obese. The percent of obese residents age 20 and older in Pickaway County (45.9%) does not meet the *Healthy People 2030* target of 36.0%.[1]

Adult Body Mass Index[§]

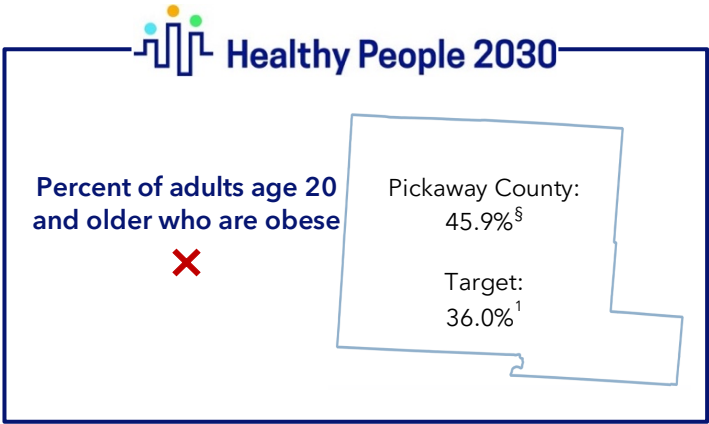|	Pickaway County (n=340)
Underweight (BMI < 18.5)	<0.1%
Normal weight (BMI = 18.5 - 24.9)	26.3%
Overweight (BMI= 25 – 29.9)	28.4%
Obese (BMI > 29.9)	45.3%

☀️ **Differences by gender:** Females are more likely than males to be obese, according to BMI measurements: 53.9% vs. 37.8%.

🕐 Percentage of respondents age 19 and older who are classified as overweight or obese according to BMI in 2020: 72%; in 2023: 74%.

BMI is just one measure of physical health. Age, sex, ethnicity, and muscle mass can influence the way BMI correlates with actual levels of body fat.[2] For example, a trained athlete may have a higher BMI due to increased muscle mass and may be deemed healthy by other measurements. Other ways to measure health are shown next, in the form of nutrition and physical activity.

Nutrition

About three-quarters (76%) of Pickaway County residents reported it was not difficult at all to access fresh fruits and vegetables.

Difficulty of Getting Fresh Fruits and Vegetables[§]

	Pickaway County (n=360)
Not difficult at all	75.7%
Slightly difficult	12.9%
Moderately difficult	8.2%
Very difficult	2.8%
Extremely difficult	0.5%

Differences by income: Those with an annual household income of less than $50,000 are more likely than those with an annual household income of $50,000 or more to report that getting fresh fruits and vegetables is at least slightly difficult: 42.7% vs. 18.9%.

Eating Habits[§]

	Pickaway County
Eats fruit at least once per day	(n=350) 82.1%
Average number of times per day	1.3
Eats vegetables at least once per day	(n=354) 92.3%
Average number of times per day	1.6
Eats fast food at least once per week	(n=350) 83.8%
Average number of times per week	1.8

Differences by age: Those less than 35 years of age are more likely than those age 35 or older to report eating fast food at least once per week: 96.5% vs. 78.5%.

Differences by gender: Males eat more fast food than females: 2.1 vs. 1.4 average number of times per week.

Community Leaders – Access to Health Foods

Community leaders mentioned that the county would benefit from better access to healthy foods.

"Location, cost and their ability to get it. So if you live in the outlying parts of the communities, you may be 30 minutes from a town. So if you're not growing your own foods, and sometimes even it might take you 20 or 30 minutes to get to a small store where they mainly have canned and packaged type items."

"I think it's both but the diet's a big one, because you can go to McDonald's, you can get a hamburger for I mean, now, probably $2. But I know it was $1. Yeah, and I mean, it's not healthy…. They're just getting what they can afford to eat, and they can't afford the fresh fruits and the fresh vegetables. So we need more food banks here in Circleville that have that type of stuff that they can afford to go in and get that kind of food that they need."

Physical Activity

The majority (76%) of Pickaway County adults said they participated in physical activity at least once during the past month. On average, Pickaway County adults participated in physical activity 8.3 times. Over a third (36.5%) reported that they had exercised 10 or more times in the past month.

Physical Activity in Past Month[§]

	Pickaway County (n=334)
Participated in physical activities or exercises outside of their job	75.7%
Average number of times	8.3

Mental Health and Substance Misuse

The 2023 Community Health Assessment also measured mental health and substance use, important components of overall health.

Key Findings

Mental and Social Health	The percentage of respondents with four or more poor mental health days in the past month increased significantly since 2020. Depression and anxiety diagnoses were more commonly reported by younger residents and female residents. However, a majority of adult respondents (62%) feel they always or usually get the social and emotional support they need. Those who had experienced more Adverse Childhood Experiences as a child had more poor mental health days, on average, and were more likely to have been diagnosed with anxiety and/or depression.
Substance Use	Around 12% of adults smoke cigarettes every day, and Pickaway County does not meet the *Healthy People 2030* target for current adult smokers. Community leaders are concerned about the amount of vaping seen among young people. Over a quarter of survey respondents reported binge drinking at least once in the past month, which is a significant increase since 2020. About a quarter of respondents reported knowing someone with a substance abuse problem in the community. Community leaders discussed how an individual's substance use can affect the entire family.

The following symbols indicate the presence of:

💡: a difference in responses between demographic groups of respondents

🕐: a comparison between responses to the 2020 adult survey and 2023 adult survey

Mental and Social Health

According to the survey, 24% of Pickaway County adult respondents have been diagnosed with a depressive disorder and 25% have been diagnosed with an anxiety disorder.

Diagnoses of Mental Health Conditions[§]

		Pickaway County (n=363)
Ever Been Told That You Had...	A depressive disorder	23.9%
	An anxiety disorder	24.6%

Differences by age: Those under age 45 are more likely than those age 45 or older to report a depressive disorder: 38.2% vs. 13.1%.

Reporting of an anxiety disorder decreases as age increases: 41.7% for 18-34 year olds, 23.0% for 35-44 year olds, and 15.2% for individuals 45 or older.

Differences by gender: Females are more likely than males to report a depressive disorder: 33.9% vs. 16.0%.

Females are more likely than males to report an anxiety disorder: 34.3% vs. 14.9%.

Differences by income: Those with an annual household income of less than $75,000 are more likely than those with an annual household income of $75,000 or more to report a depressive disorder: 33.8% vs. 18.8%.

Around half of respondents (51%) indicated that they had at least one poor mental health day in the past month; overall, the average number of poor mental health days reported was 5.8 days.

Poor Mental Health Days in the Past 30 Days[§]

	Pickaway County (n=348)
Percent who had poor mental health day(s)	51.4%
Days of poor mental health (average)	5.8

☀ **Differences by education:** Those with some college or more education were more likely than those with a high school degree / GED or less education to have had at least one poor mental health day in the past month: 65.2% vs. 39.6%.

Those with some college or more education had more poor mental health days than those with a high school degree / GED or less education: 8.4 vs. 3.7 average number of days in the past month.

Differences by income: Those with an annual household income of less than $100,000 had more poor mental health days than those with an annual household income of $100,000 or more: 7.0 vs. 4.7 average number of days in the past month.

🕐 Percentage of respondents age 19 and older who had four or more poor mental health days in the past month in 2020: 28%; in 2023: 37%.

The table below presents suicide deaths from 2018-2020. The suicide rates for Pickaway County and Ohio during that time frame are very similar.

Suicide[1]

	Pickaway County		Ohio	
	Count	Rate*	Count	Rate*
Suicides	27	15.4	5,288	15.1

*Data are from 2018-2020 *Rate per 100,000 population, age-adjusted*

A majority of respondents to the adult survey (69%) feel they always or usually get the social and emotional support they need.

Social and Emotional Support[§]

		Pickaway County (n=351)
How Often Respondents Get the Social and Emotional Support They Need	Always	29.1%
	Usually	39.9%
	Sometimes	12.2%
	Rarely	12.5%
	Never	6.3%

Adverse Childhood Experiences (ACES)

Adverse Childhood Experiences are potentially traumatic experiences that children go through or witness before they turn 18. These events can have negative effects on health, increasing risks of serious health problems including toxic stress, which affects brain development. The CDC estimates "the economic and social cost to families, communities, and society to total hundreds of billions of dollars every year."[2] Each measure in the tables below represents one ACE.

In terms of Adverse Childhood Experiences, adults surveyed most commonly mentioned living with someone who was depressed, mentally ill, or suicidal or having parents who are separated or divorced. A majority of residents (60.5%) had experienced at least one ACE, and 21.1% had experienced at least 3 ACES.

Adverse Childhood Experiences[§*]

	Pickaway County (n=360)
Lived with someone who was depressed, mentally ill, or suicidal	20.4%
Your parents became separated or divorced	20.7%
Lived with someone who was a problem drinker or alcoholic	14.7%
Lived with someone who served time or was sentenced to serve time in a prison, jail, or other correctional facility	3.7%
Lived with someone who used illegal street drugs, or who abused prescription medication	8.8%
None of the above	59.5%

Percentages may sum to higher than 100%; multiple responses were accepted

Adverse Childhood Experiences - continued[§]

	Pickaway County (average n=360)		
	Never	Once	More Than Once
A parent or adult in your home swore at you, insulted you, or put you down	66.2%	4.3%	29.5%
A parent or adult in your home hit, beat, kicked, or physically hurt you in any way (not including spanking)	87.3%	2.6%	10.1%
Your parents or adults in your home slapped, hit, kicked, punched, or beat each other up	85.7%	3.7%	10.7%
Someone at least 5 years older than you or adult ever touched you sexually	91.4%	2.8%	5.8%
Someone at least 5 years older than you or an adult ever tried to make you touch them sexually	93.1%	1.7%	5.2%
Someone at least 5 years older than you or an adult ever forced you to have sex	95.6%	1.5%	2.9%

About 60% (59.7%) of respondents chose "Never" for all six ACES in the table above.

Differences by age: Those less than 35 years of age experienced more ACES than those age 35 or older: 2.8 vs. 1.0, on average.

Differences by income: Those with an annual household income of less than $100,000 experienced more ACES than those with an annual household income of $100,000 or more: 2.0 vs. 1.0, on average.

Differences by number of ACES: Those who experienced one or more ACES had more poor mental health days than those who did not experience any ACES: 6.8 vs. 4.1 average number of poor mental health days in the past month.

Those who experienced three or more ACES were more likely than those who experienced two or fewer ACES to report being diagnosed with an anxiety disorder: 40.3% vs. 21.3%.

Those who experienced three or more ACES were more likely than those who experienced two or fewer ACES to report being diagnosed with a depressive disorder: 41.1% vs. 20.2%.

Domestic Violence and Child Abuse

The following table presents domestic violence incidents in 2021. Total incidents include DVI charge, other charge, and no charge.

Domestic Violence

	Pickaway County		Ohio	
Domestic violence incidents[3]	199		64,854	
DVI charge	105		28,691	
Other charge	5		2,413	
No charge	89		33,751	
Total victims[4]	147		52.166	
Victim with injury	81	55.1%*	20,904	40.1%*

*Data are from 2021 *Percentage of all people involved in incidents who were injured*

The following table presents the number of child abuse reports in 2021. Note: this may not be accurate to the total counts of child abuse, which may be underreported.

Child Abuse[5]

		Pickaway Count	Ohio Count
Child Abuse*	**Total child abuse reports**	**169**	**93,844**
	Neglect	34%	25%
	Physical abuse	26%	31%
	Sexual abuse	17%	9%
	Family in need of services/dependency/other	12%	12%
	Multiple allegations of abuse/neglect	7%	21%
	Emotional maltreatment	2%	1%

*Data are from 2021; specific counts were unavailable, percent rounded to nearest whole number by source *Denominator is total child abuse reports*

Community Leaders – Mental and Social Health

Community leaders identified anxiety, depression, and behavioral problems as major health concerns in the county, especially among youth.

"Mental health is definitely one of the top health concerns. We see that from children from the time they enter our program through leaving, very few children have the social emotional regulation that they need, and a lot of that is due to the mental health crisis and things that are going on at home, that trauma they've experienced, those type of things."

"The behaviors that we see in classrooms have tripled since COVID. In the last three years, you might have used to have one or two children per classroom, or in a building that had major severe behaviors, and we're having we have 18 kids in the class, and we have probably five to six kids out of each class that have major, major behaviors. That is requiring extra staffing, extra training for all of our staff, because it's overwhelming… So between autism and ADHD, I would say, yeah, we've got some oppositional defiance disorders, where they are just very, very defiant. But for the most part, ADHD is huge, unfortunately, and autism is definitely on the rise."

"We see a lot more anxiety and depression among kids. And it's hard to tell sometimes whether that's just because students are more aware of what it is, and we just didn't talk about it, previous kids were experiencing it, but people just didn't talk about it. So it manifested in different ways, we are definitely seeing more severe behaviors. That definitely is happening. And I think it has a lot to do with not being able to early identify and get the right supports for students when they're preschool age three, four or five years old, that those early identifiers where you could put supports in place to help a student."

"Students going through mental health crisis, their body is, is not, they don't care about their body. So you have the cutters, students who wish to do harm to themselves so that they can feel something... It's, they let their body go, they do not make, they're not again, back to being physically active. Their body is it, they don't care at that point."

"To me, they to go hand in hand mental health and addiction. If you have an addiction, you possibly have a mental health issue as well. But certainly raising a young family, and then your extended family is affected by that as well as your workplace and your co workers."

Community leaders noted that the stigma around mental health care seems to be lessening for younger people, but it's not completely gone.

"I would say I feel like, stigma's gone down a little bit. I think because of social media. I think because of the media in general, there is a lot more discussion and openness about depression. I again, I feel like it's more towards affect disorders than anything else. I feel like there's still a huge stigma of like, schizophrenia, or any sort of, like, schizoid issues. But I do think that a lot of stress has been talked about, and I think there isn't as much shame."

> "I think there used to be [mental health stigma], but I don't think it's quite as bad. I mean, some people there are, but I don't think it's quite as bad as it used to be. I mean, there's a lot more advertisement for it nowadays, that people I think are starting to come forward with it a little more. Used to be if you had something like that it was like all of you don't say nothing about that. That's all kept quiet. But I think with the advertisement we see on TV, and radios and stuff, I think are helping a lot."

> "So I think for our older population, it's still a stigma. But for our more millennials it's not. You see it all the time, you see it on TV shows, you see commercials, you see folks like Michael Phelps. So for our younger generations, it's not nearly as bad as our older generations."

Substance Misuse

Substance use can have major negative impacts on physical health and mental and social health. This section reports patterns of substance abuse in Pickaway County.

Tobacco and Nicotine Use

In Pickaway County, 47.3% of adults reported smoking at least 100 cigarettes in their lives. Among them, 69.4% are former smokers – they currently do not smoke cigarettes at all.

Tobacco and Nicotine Use[§]

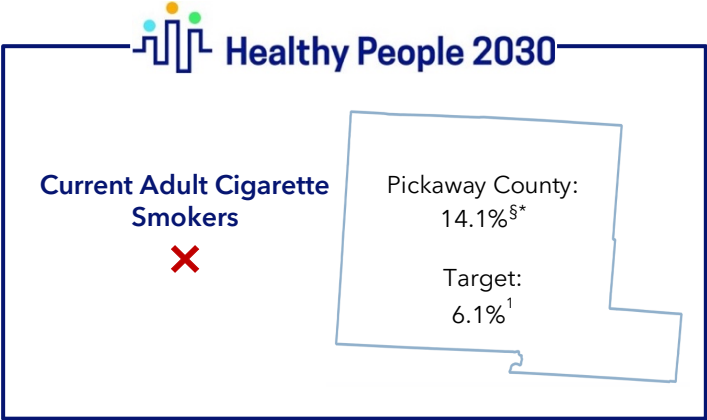|	Pickaway County (average n=350)			
	Cigarettes	E-cigarettes	Chewing tobacco	Other Tobacco/Nicotine
Every day	11.9%	7.4%	3.4%	5.2%
Some days	1.8%	1.6%	<0.1%	2.8%
Not at all	86.3%	91.1%	96.5%	92.0%

Differences by gender: Males are more likely than females to report smoking at least 100 cigarettes in their entire life: 55.8% vs. 36.6%.

Differences by education: Those with a high school degree / GED or less education are more likely than those with some college or more education to smoke cigarettes every day: 19.7% vs. 2.7%.

Those with either some college education or an associate degree are more likely than those with either a high school degree / GED or less, bachelor's degree, or graduate/professional degree to use e-cigarettes every day: 23.5% vs. 1.1%.

Differences by age: Those under age 35 are more likely than those age 35 or older to use e-cigarettes every day or some days: 22.2% vs. 3.9%.

Percentage of respondents age 19 and older who are current smokers in 2020: 11%; in 2023: 14%.

Healthy People 2030

Current Adult Cigarette Smokers

✖

Pickaway County:
14.1%[§*]

Target:
6.1%[1]

"Current Adult Cigarette Smokers" are those who have smoked at least 100 cigarettes in their lives and currently smoke every day or some days. The 14.1% listed above only includes those who answered both questions (100 cigarettes – lifetime and current smoking behavior).

About a quarter (24%) of respondents know someone in their community who has an abuse or addiction problem with alcohol, prescription pain medication, and/or illegal drugs.

Know Anyone With A Drug Abuse Or Addiction Problem[§*]

	Pickaway County (n=363)
Alcohol	17.1%
Prescription pain medication	10.9%
Heroin	9.0%
Methamphetamines	8.0%
At least one of the above	23.8%

Percentages may sum to higher than 100%; multiple responses were accepted
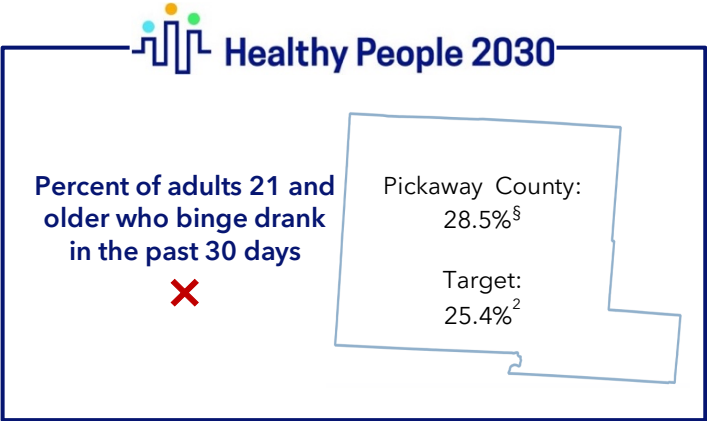
Alcohol Use and Abuse

Over a quarter of Pickaway County adults (28%) reported binge drinking (i.e., five or more drinks on one occasion for men, four or more drinks on one occasion for women) at least once in the past month. Among those who binge drank, the average number of days on which they reported binge drinking was 6.0 days.

Alcohol Use[§]

	Pickaway County (n=350)
Binge drinkers	27.7%

🕐 Percentage of respondents age 19 and older reporting binge drinking in the past month in 2020: 20%; in 2023: 28%.

Healthy People 2030

Percent of adults 21 and older who binge drank in the past 30 days

✗

Pickaway County: 28.5%[§]

Target: 25.4%[2]

Substance Misuse Injury and Death

In 2022, 115 Naloxone administrations (including Narcan) were recorded by EMS in Pickaway County. For Ohio in the same time period, 38,094 administrations were recorded.[3]

Pickaway County has higher rates of deaths from unintentional drug overdose of opiates (including prescription opiates), fentanyl and analogues, and psychostimulants (including methamphetamine) compared to Ohio overall. Note that these statistics do not indicate the overall prevalence of drug use or abuse among adults in Pickaway County; rather, it only measures the extent to which such use results in death.

Deaths From Unintentional Drug Overdose

	Pickaway County		Ohio	
	Count	Rate*	Count	Rate*
Total[4]	31	54.8	5,017	45.6
Opiates (all)[5]	27	47.2	4,308	39.5
Prescription opiates[5]	26	45.1	4,266	39.1
Heroin[5]	4	**	308	2.8
Fentanyl and analogues[5]	26	44.7	4,041	37.2
Benzodiazepines[5]	2	**	420	3.8
Cocaine[5]	7	**	1,231	10.9
Alcohol (all types)[5]	1	**	658	5.9
Methadone[5]	0	0.0	79	0.7
Hallucinogens[5]	2	**	119	1.1
Barbiturates[5]	0	0.0	15	0.1
Psychostimulants including methamphetamine[5]	13	21.8	1,062	9.9

*Data are from 2020 *Rate per 100,000 population, age-adjusted **Rates based on counts of less than ten are considered unreliable*

Community Leaders – Substance Misuse

Community leaders mentioned that opioid use, alcohol use, and vaping were notable problems in Pickaway County.

They discussed how the negative effects of substance use extend to other family members.

> "We just had last week, [students] who brought a crack pipe to school, it was in their backpack, and the teacher saw it, so we had to call Children's Services, and they were actually removed last week from their family. And Mom is supposed to be going to rehab. So we definitely have that. We have had children present at school and their parents overdose. And we've had to keep them before until a family member could come, or the police or Children's Services or whoever it was. So, unfortunately, we definitely see the repercussions of what abuse and what dependency does."

> "It's a lot more positive, less harmful ideation than we'd like. There's an event at one of our bars where they have a theme drink that's kind of correlated to like, a childhood thing like animal cracker or like Lucky Charms. And so they have toddlers playing, they have

> games for toddlers while the parents are drinking at this bar. And so there's a huge positive relationship with alcohol within the community."

> "But we know that there are great grandparents taking care of school aged children. And so a lot of that is due to substance misuse."

> "That seems to be the number one thing when grandparents have custody of the kids, they'll say their child is in jail because or the parents are in jail because of drugs or something to that effect. And that's, I mean, we have had more grandparents bringing grandkids in lately than we've ever had."

Community leaders mentioned that vaping is a problem seen among students.

> "When a student is caught with a vape, we in our policy would take the vape, suspend the student, whatever the disciplinary action is decided. But lots of times, we will get parents that come in and demand the vape back because they're the ones that bought it, they use it too, and the kids are like, it's a family thing. And I would say, obviously older kids can or older young adults can buy it for other kids and those kinds of things. But what we have found is most of the time, it's mom or dad and uncle, grandma, grandpa."

> "Strangely enough with the young kids, it's even vaping. Which can be so harmful to the lungs."

> "And I think because vaping is happening more in schools, there's more adults present that that's why it's coming to the forefront."

> "Especially within youth, we're seeing a lot of vaping. And a lot of just not understanding of what kind of goes into vaping… I think the research has been done. I think it was marketed as a tool of, hey, I want to quit smoking, let me go to vaping. That's a healthier, safer option. And that's not true. And so there's a lot of misconceptions with vaping. As well as smoking a cigarette doesn't taste as good as when it's a flavored vapor that tastes like blue raspberry. So there's also that appeal and it's like, oh, it doesn't smell as bad. So it must be better for me."

The next table shows the counts of motor vehicle crashes, including those involving alcohol and/or drugs. Since the motor vehicle deaths count is too low to compute a reliable rate, it is undetermined whether the *Healthy People 2030* target of 10.1/100,000[6] is being met.

Motor Vehicle Activity

	Pickaway County		Ohio	
	Count		Count	
Total alcohol or drug related crashes[7]	67		11,822	
Total alcohol or drug related injuries[7]	42		7,062	
	Count	Rate	Count	Rate
Motor vehicle deaths[8]	10	**	1,295	N/A
Alcohol and drug related motor vehicle deaths[7]	6	**	731	N/A
Alcohol-related motor vehicle deaths[8]	3	**	425	N/A
Motor vehicle OVI activity calls for service[9]*	1,450		68,131	

*Data are from 2022, except counts of calls for service data from 2021 *Includes calls for service: Reckless/OVI **Rates based on counts of less than ten are considered unreliable*

Maternal, Infant, and Reproductive Health

This section reviews maternal, child, and reproductive health in Pickaway County.

Key Findings

Maternal and Infant Health	The percentage of pre-term births in Pickaway County is about the same as Ohio (10%), and is close to meeting the *Healthy People 2030* target of 9.4%. Community leaders discussed the lack of childcare options in the county, as well as the need for services for infants born to mothers with substance use problems.
Reproductive Health	Community leaders expressed concern over the public's lack of knowledge of how abortion laws impact reproductive health care, and the lack of education about reproductive health in general. The rate of syphilis is much higher in Pickaway County than the state of Ohio as a whole.

The following symbols indicate the presence of:

🔆: a difference in responses between demographic groups of respondents

🕐: a comparison between responses to the 2020 adult survey and 2023 adult survey
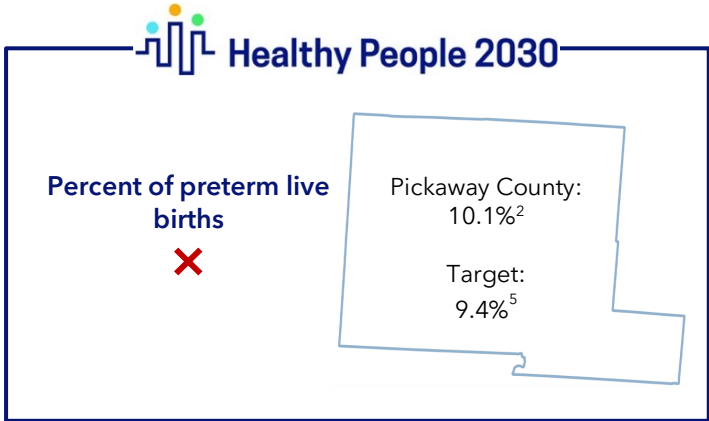
Maternal and Infant Health

The next table presents birth and infant health data. The count of total infant deaths is too low to compute a reliable rate, therefore it is undetermined whether the *Healthy People 2030* target of 5.0/1,000[1] is met.

Infant Health Indicators

		Pickaway County Count		Ohio Count	
Total Births[2]		633		129,313	
		Count	Rate*	Count	Rate*
Infant Mortality Rate[3]	Total	6	**	864	6.7
Infant Mortality Rate by Race/Ethnicity[3]	White	N/A	N/A	493	5.1
	Black	N/A	N/A	326	13.6
	American Indian	N/A	N/A	1	**
	Asian / Other Pacific Islander	N/A	N/A	18	4.1
	Hispanic	N/A	N/A	40	5.2
		Count	Percent	Count	Percent
Low Birth Weight[2]	Low birth weight babies (<2500 grams)	N/A	N/A	9,163	7.1%
	Very low birth weight babies (<1500 grams)	N/A	N/A	1,805	1.4%
Preterm Births[2]	Preterm births (<37 weeks)	64	10.1%	13,328	10.3%
Tobacco Use[2]	Cigarette use during 3rd trimester	81	12.8%	11,948	9.2%
Hospitalizations for Neonatal Abstinence Syndrome (NAS)[4]		14	--	1,526	--

*Data are from 2020, except hospitalizations for neonatal abstinence syndrome data from 2021 *Rate per 1,000 using live birth data. **Rates based on counts of less than 10 are unreliable. N/A = Data blinded to protect confidentiality*

According to the Department of Job and Family Services there are currently 17 licensed childcare centers in Pickaway County. There are 4,100 in the state.[6] Community leaders voiced that the amount of childcare available in Pickaway County is insufficient.

Community Leaders – Maternal and Child Health

Community leaders discussed how the lack of childcare options is a major problem, especially for mothers.

"Childcare is a huge issue in this county, infant care, our Early Head Start, we have eight spots that are in a center, and we're open 7:30 to 5:00, Monday through Friday. But there is no one other than us. And I think there's one other place in Pickaway County that does infant care. And ours are you have to qualify for our program."

"But there is no childcare in this county. There's none there. I think there's one place left. That is a huge crisis in this community. And if especially a mom can't find childcare, she can't go to work. And so we're seeing this struggle of not being able to go to work, because I don't have good childcare. And if I do, it is so expensive, that it's taking most of my paycheck anyhow. So there's that huge cycle of affordable childcare in order to go to work."

"It's the worst I've ever seen. And I've been working here for 23 years, and I've never seen this limited amount of daycare before."

"And if you're working then in Columbus, you're most likely going in that direction for work. I'm sure a lot of families, I do know a lot of ours have daycares in those areas. So I think it's probably more the central, southern part of Pickaway County that struggles

> more. If they're not going to a Columbus job, then you don't have that opportunity around here for childcare."

Community leaders mentioned the need for services to help infants born to mothers with substance use problems.

> "Like SIDS, maternal health, and baby, maternal health, all of that that's going on. And then we've been focusing really a lot, as a community and as an entity for babies born addicted. And these moms who are trying to get, maybe or may not be, trying to get treatment, but that whole epidemic, I think, is really big in Pickaway County, too, and then trying to get those services for the little ones."

> "And it does sound like obviously, if a mom's in treatment, they're more likely to be following through with prenatal care than if they're not. And, and what we're kind of finding is they're going to doctor's offices around here, OB offices, and they don't have the appropriate staff to get these moms linked with the appropriate services. So it's just kind of not happening. They're unsure, they're giving them some information, but it's, there's just not that, that hands on care, trying to get them into the appropriate sources. And of course, human services can't do it until the baby's born. And then then you have all the other traumas, and baby being taken and so much stuff going on. So yeah, really trying to get support early on, I guess, is what we've been talking about. So I would say, I would assume the biggest things are lack of maternal health care, of course, then that affects the baby. And obviously, if she's using, so NAS [neonatal abstinence syndrome] is a very big issue."

Reproductive Health

Since the Hepatitis A count is too low to compute a reliable rate, it is undetermined whether the *Healthy People 2030* target of 0.4/100,000[7] is being met. The counts of acute Hepatitis B and acute Hepatitis C are both zero, which meet the *Healthy People 2030* targets of 0.1/100,00[8], and 0.1/100,000[9] (respectively). The rate of syphilis in Pickaway County is much higher than the state of Ohio as a whole.

Infectious Disease Incidence

Description	Pickaway County		Ohio	
	Count	Rate*	Count	Rate*
AIDS/HIV (persons living with a diagnosis of HIV infection)[10]	34	57.3	25,568	217
Diagnosed with HIV in 2021[10]	2	**	912	7.7
Hepatitis A (Acute)[11]	1	**	276	2.4
Hepatitis B (Acute)[12]	0	0.0	106	0.9
Hepatitis B (Total) [12]	10	17.0	1,924	16.5
Hepatitis C (Acute)[13]	0	0.0	153	1.3
Hepatitis C (Total) [13]	62	105.7	12,323	105.4
Chlamydia[14]	141	240.4	56,606	484.1
Gonorrhea[15]	40	68.2	27,924	238.8
Syphilis[16]	70	119.3	3,956	33.8

*Data are from 2021, except Hepatitis A incidence from 2020 *Rate per 100,000 population. Rates not calculated by ODH. The Census population estimate used to calculate rates may be different from the estimate used for ODH calculated rates. **Rates based on counts of less than 10 are unreliable.*

Abortion Policies in Ohio

According to the Guttmacher Institute, abortion policies currently in effect in Ohio include the following:

- Abortion is banned at 22 weeks and later

- Patients forced to make two trips—one for in-person counseling and another at least 24 hours later for the abortion

- State Medicaid coverage of abortion care is banned except in very limited circumstances

- Parental consent or notice is required for a minor's abortion

- The parent of a minor must consent before an abortion is provided.

- Only physicians can provide abortions and not other qualified health care professionals[17]

A more restrictive bill banning abortions after six weeks was passed in 2019, and went into effect in June 2022 after the U.S. Supreme Court ruled Roe v. Wade unconstitutional. In October 2022 the six week ban was put on hold indefinitely while litigation continues.[18]

The teen birth rate in Pickaway County is 22/1,000, which is similar to Ohio's rate of 21/1000.

Teen Birth Rate[19]*

	Pickaway County	Ohio
Teen birth rate	22	21
Hispanic teen birth rate	47	N/A
White teen birth rate	23	N/A

*Data are from 2014-2020 *Number of births per 1,000 female population ages 15-19*

Maternal, Infant, and Reproductive Health

The following table presents various aspects of pregnancies in Ohio.

Pregnancy in Ohio

	Ohio
All pregnancies among women aged 15-44[20]	**186,820**
*Pregnancies ending in abortion[20]**	*11%****
Pregnancies ending in birth[20]	*73%****
Pregnancies wanted later or unwanted[21]	*40%****
Pregnancies wanted later or unwanted[21]	**75,560**
*Pregnancies wanted later or unwanted ending in abortion[21]**	*26%*****
Pregnancies wanted later or unwanted ending in birth[21]	*60%*****
Wanted-later-or-unwanted pregnancy rate[21]**	34
Wanted-then-or-sooner pregnancy rate[21]**	37
Wasn't-sure pregnancy rate[21]**	13

Data are from 2017 *Induced abortion; does not include spontaneous abortion (i.e., miscarriage) **Number per 1,000 women aged 15–44 ***Denominator is all pregnancies ****Denominator is pregnancies wanted later or unwanted

The American Cancer Society recommends that women should start having annual mammograms at age 45 and may opt to have mammograms every other year starting at age 55.[22] A majority of women (69.7%) 50-74 years of age in Pickaway County have received a mammogram,[23] however, nearly a third of women do not meet the ACS recommendation.

According to the Mayo Clinic, doctors normally recommend Pap tests every three years for women age 21 to 65.[24] Among women 21-65 years of age, a majority (81.4%) have undergone cervical cancer screening.[23]

Community Leaders – Reproductive Health

Community leaders are concerned about a lack of education regarding abortion laws and how these restrictions can impact a pregnant person's life. They also noted that there is a lack of education about sexually transmitted infections and reproductive health in general. There may be a lack of services available for pregnant women in the county.

> "And with the abortion law changes, I feel like not everyone's completely aware of that, either. So women's reproductive options are becoming scarce. I mean, they really are. So I think that education in general, like, if you don't watch the news, or you're not a health care provider, you don't know what's happening. I mean, it didn't seem to be at least I mean, some of these women are shocked. They're just, it's too late. So that's concerning."

"Certainly would be helpful to get out information on current laws and recent updates and women's health in general, like, here's what laws have been put into place that directly affect you. Something that they can read and understand. Something in layman's terms, but something that is clear as to if you have a pregnancy, before this timeframe, you will not be able to seek abortion for all of these reasons. Here's the reasons that you can, which are very few."

"So females tend to carry heavier burdens. They are the ones pregnant, they are the ones that have to navigate that alone, and now they're going to be without having options to do so. So I think that mental health in general is going to be a huge issue within the next few years."

"Obviously, we do not have access to abortion at this time, the way we have in the past. Kids in high school are not going to stop having sex. I'm not even sure that I don't even know to what extent high schools are giving sex education. I think that in addition with sex education they should have the additional education. Okay, now you've got this child, what's it cost to raise this child, etc. So if we're losing one area, I think we need to beef up the other. So if Roe versus Wade is gone, I think we really need to educate, educate, educate."

"Some of them don't really understand that something like chlamydia, you can have chlamydia, have it treated, but it still needs to remain on your record. Because long term, you may have issues with maybe not being able to have a pregnancy…And I don't think they understand it's not just like a pill and you're done with it; it can affect you long term."

"We do just have the one OB office but I think most people tend to go outside of county. We're so close to Columbus. So I think a lot of our families deliver outside of county anyhow."

"I mean, really having mental health support for these pregnant women, I think that's very lacking as well. So having those supports, waitlists are huge for most of those agencies right now."

Maternal and infant health was a prioritized significant health need for the OhioHealth Berger Hospital 2022 Community Health Needs Assessment. See Appendix F for the Community Health Needs Assessment – detailed information about that prioritized need begins on page 63 within that appendix.

Death, Illness, and Injury

This section presents the leading causes of death, illness, and injury for residents of Pickaway County.

Key Findings

General Health	A majority of Pickaway County respondents reported that in general their health is "good," or "very good." Around half of respondents reported having at least one poor physical health day in the past month. The percentage of respondents who had 4 or more poor physical health days in the past month increased significantly from 2020 to 2023.

Illness and Mortality	Heart disease is the leading cause of death in Pickaway County, followed by cancer. Prostate cancer and breast cancer have the highest incidence rates in Pickaway County; lung cancer has the highest cancer mortality rate in the county. The most common chronic health conditions reported by respondents were high blood pressure and high blood cholesterol.

The following symbols indicate the presence of:

☀️: a difference in responses between demographic groups of respondents

🕐: a comparison between responses to the 2020 adult survey and 2023 adult survey

General Health

The majority of Pickaway County adult respondents report that in general their health is good or very good (78%).

Perceptions of Health Status[§]

	Pickaway County (n=360)
Excellent	6.2%
Very good	37.9%
Good	39.8%
Fair	15.1%
Poor	1.0%

Differences by income: Those with an annual household income of $100,000 or more are more likely than those with an annual household income of less than $100,000 to report having very good or excellent health: 66.1% vs. 29.7%.

Percentage of respondents age 19 and older who reported having very good or excellent health in 2020: 50%; in 2023: 45%.

Percentage of respondents age 19 and older who reported having fair or poor health in 2020: 11%; in 2023: 14%.

Over half (55%) of Pickaway County adults reported having at least one poor physical health day in the past 30 days; overall, the average number of days reported was 5.7.

Poor Physical Health Days in the Past 30 Days[§]

	Pickaway County (n=340)
Percent who had poor physical health day(s)	54.5%
Days of poor physical health (average)	5.7

Percentage of respondents age 19 and older who had four or more poor physical health days in the past month in 2020: 20%; in 2023: 33%.

Emergency Department and Hospital Utilization

The following information reflects 2022 data from OhioHealth Berger Hospital.

The list below outlines the top 10 causes of injury for ED visits in Pickaway County.
- Poisoning by drugs, medicines, biological substances (137 cases)
- Effects of foreign body entering orifice (103 cases)
- Intentional self-harm (37 cases)
- Toxic effects of substances, non-medicinal (31 cases)
- Motor vehicle accident/transport accident (22 cases)
- Suicide attempt (9 cases)
- Adult and child abuse, neglect, maltreatment (6 cases)
- Toxic effect of substances, undetermined (5 cases)
- Asphyxiation (4 cases)
- Lightning, drowning, vibration, etc. (4 cases)
- Falls (1 case)

The leading causes for admission to the hospital from the ED in 2022 were as follows:
- Contact with and (suspected) exposure to COVID-19 (1,004 cases)
- COVID-19 (911 cases)
- Urinary tract infection, site not specified (591 cases)
- Acute upper respiratory infection (569 cases)
- Other chest pain (455 cases)
- Chest pain, unspecified (292 cases)
- Nausea with vomiting, unspecified (291 cases)
- Low back pain, unspecified (272 cases)
- Pneumonia, unspecified organism (227 cases)
- Headache, unspecified (220 cases)
- Unspecified abdominal pain (218 cases)
- Essential (primary) hypertension (183 cases)
- Dizziness and giddiness (174 cases)
- Constipation, unspecified (170 cases)
- Chronic obstructive pulmonary disease with (acute) exacerbation (163 cases)
- Non-infective gastroenteritis and colitis, unspecified (152 cases)
- Influenza due to other identified influenza virus with other respiratory manifestations (148 cases)
- Unspecified injury of head, initial encounter (144 cases)
- Epigastric pain (137 cases)
- Syncope and collapse (132 cases)

The top reasons for non-emergency department hospital admissions in the same year were:

- Sepsis, unspecified organism (254 cases)
- COVID-19 (92 cases)
- Acute kidney failure, unspecified (70 cases)
- Hypertensive heart disease with heart failure (66 cases)
- Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease (60 cases)
- Other specified sepsis (53 cases)
- Pneumonia, unspecified organism (52 cases)
- Gestational (pregnancy-induced) hypertension without significant proteinuria, complicating childbirth (35 cases)
- Urinary tract infection, site not specified (32 cases)
- Post-term pregnancy (14 cases)
- Acute cystitis without hematuria (25 cases)
- Chronic obstructive pulmonary disease with (acute) exacerbation (24 cases)
- Maternal care for low-transverse scar from previous cesarian delivery (24 cases)
- Acute respiratory failure with hypoxia (23 cases)
- Acute and chronic respiratory failure with hypoxia (22 cases)
- Pneumonitis due to inhalation of food and vomit (21 cases)
- Non-infective gastroenteritis and colitis, unspecified (20 cases)
- Unspecified atrial fibrillation (20 cases)
- Labor and delivery complicated by cord around neck, without compression, not applicable or unspecified (19 cases)
- Type 2 diabetes mellitus, with other specified complications (18 cases)

OhioHealth Berger Hospital counted 341 visits to the ED for reasons related to mental health in 2022.

Mortality

Heart disease is the leading cause of death in Pickaway County, followed by cancer. The rates of these causes of death for the state of Ohio are included for comparison in the next table, though the actual order of leading causes of death differs slightly for the state overall.

Mortality – Leading Causes[1]

Description	Pickaway County		Ohio	
	Count	Rate*	Count	Rate*
Total Deaths	719	1021.6	143,660	953.6
Diseases of the heart (I00-I09, I11, I113, I20-I51)	151	212.0	30,528	196.7
Malignant neoplasms (C00-C97)	122	167.7	24,858	159.1
COVID-19 (U071)	83	113.6	13,621	87.4
Accidents (unintentional injuries) (V01-X59, Y85-Y86)	51	83.4	9,432	78.2
Chronic lower respiratory diseases (J40-J47)	47	64.8	7,041	44.6
Alzheimer's disease (G30)	27	38.5	5,949	38.0
Cerebrovascular Disease (I60-I69)	18	25.3	7,055	45.4
Diabetes mellitus (E10-E14)	18	25.3	4,381	28.3
Influenza and pneumonia (J09-J18)	14	20.2	2,043	13.3

*Data are from 2020 *Rate per 100,000 population, age-adjusted*

In Pickaway County, cardiovascular disease causes Medicare enrollees to be hospitalized at a rate of 72.4 per 1,000 beneficiaries aged 65 and over (compared to 67.7 for Ohio overall). For the age group 65+, mortality due to cardiovascular disease occurs at a rate of 1,601.1 per 100,000 (compared to 1,599.2 for Ohio overall).[2]

With regard to cancer incidence rates, prostate (male) and breast cancer (female) had the highest incidence rates in Pickaway County. A similar pattern is found among the cancer incidence rates in the state of Ohio.

Cancer Incidence Rates – Top Cancers[1]

	Pickaway County		Ohio	
	Count	Rate*	Count	Rate*
Total cancer incidence	337	453.4	65, 163	429.0
Prostate (male)	37	96.0	8,329	107.5
Breast (female)	57	79.3	9,516	65.4
Lung and bronchus	49	62.6	9,277	57.3
Colon and rectum	32	45.5	5,172	35.0
Kidney and Renal Pelvis	20	26.7	2,407	16.2

*Data are from 2020. *Rate per 100,000 population, average annual numbers, age-adjusted; rates are sex specific for cancer of the breast and prostate*

Pickaway County does not meet the *Healthy People 2030* target for overall cancer death rate.

Lung and bronchus cancers have the highest mortality rate in Pickaway County. The death rate of breast cancer does not meet the *Healthy People 2030* target of 15.3/100,000[4]; nor does the death rate of colorectal cancer meet the target of 8.9/100,000.[5]

Cancer Mortality Rates – Top Cancers in Pickaway County[1]

	Pickaway County		Ohio	
	Count	Rate*	Count	Rate*
Total Cancer Mortality	122	167.8	24,858	158.5
Lung and Bronchus	30	40.2	6,230	38.7
Colon and Rectum	16	21.6	2,122	13.8
Breast (female)	12	16.6	1,671	11.1
Leukemia	10	14.7	992	6.5

*Data are from 2020 *Rate per 100,000 population, average annual numbers, age-adjusted; rates are sex specific for cancer of the breast*

Healthy People 2030

Colorectal cancer death rate

❌

Pickaway County:
21.6/100,000[1]

Target:
8.9/100,000[5]

Chronic Health Conditions

Turning to chronic health conditions, 36% of adult Pickaway County respondents have at some point been told by a health professional that they have high blood pressure, and 30% have been diagnosed with high blood cholesterol.

Diagnoses of Chronic Health Conditions[§][*]

	Pickaway County (n=363)
High blood pressure	36.2%
High blood cholesterol	29.8%
Arthritis	18.3%
Diabetes	14.0%
Asthma	6.7%
Coronary heart disease	5.0%
A heart attack	2.5%

Percentages may sum to higher than 100%; multiple responses were accepted

Differences by age: Those age 55 or older are more likely than those less than 55 years of age to have been diagnosed with arthritis: 42.2% vs. 5.6%.

Those age 55 or older are more likely than those less than 55 years of age to have high blood cholesterol: 54.0% vs. 15.5%.

Being diagnosed with diabetes increases as age increases: 8.4% for individuals less than 45 years old, 14.3% for 45-54 year olds, 20.0% for 55-64 year olds, and 28.8% for individuals 65 or older.

Percentage of respondents age 19 and older diagnosed with high blood pressure in 2020: 33%; in 2023: 36%.

Percentage of respondents age 19 and older diagnosed with high blood cholesterol in 2020: 40%; in 2023: 29%.

Percentage of respondents age 19 and older diagnosed with arthritis in 2020: 33%; in 2023: 19%.

Percentage of respondents age 19 and older diagnosed with asthma in 2020: 9%; in 2023: 7%.

Summary

The *Pickaway County 2023 Community Health Assessment* provides a comprehensive overview of the community's health status, illuminating areas of strength as well as areas in which there could be improvement.

Consistent with Public Health Accreditation Board requirements and IRS regulations, Pickaway County Public Health will use this report to inform the development and implementation of strategies to address these findings. It is intended that a wide range of stakeholders will also use this report for their own planning efforts.

Subsequent planning documents and reports will be shared with community stakeholders and with the public. For example, the following pages of this report include a preliminary list of community assets and resources that could possibly be mobilized and leveraged to address the priority health issues identified by this process. This list will be reviewed and (if necessary) revised by Pickaway County Public Health and its partners after the health department's Community Health Improvement Plan is formulated.

Pickaway County Public Health will provide updates to this assessment as new data becomes available. Users of the *Pickaway County 2023 Community Health Assessment* are encouraged to send feedback and comments that can help improve the usefulness of this information when future editions are developed. Questions and comments about the *Pickaway County 2023 Community Health Assessment* may be directed to:

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Community Assets and Resources

Below is a preliminary list of community assets and resources that could be engaged to improve the health of the community.

Autumn Behavioral Health Center
Circleville City Schools
Highlife Recovery
Hope Valley Recovery
Logan Elm Local School District
OhioHealth Berger Hospital
Pickaway Area Recovery Services
Pickaway County Addiction Action Coalition
Pickaway County Board of Developmental Disabilities
Pickaway County Community Action
Pickaway County Community Foundation
Pickaway County Early Head Start
Pickaway County Educational Services Center
Pickaway County EMA
Pickaway County Family and Children First Council
Pickaway County Job and Family Services
Pickaway County Library
Pickaway County OSU Extension Office
Pickaway County Park District
Pickaway County Public Health
Pickaway County YMCA
Pickaway Metropolitan Housing Authority
Pickaway Senior Center
PrimaryOne Health
Scioto Paint Valley Mental Health Center
Teays Valley Local School District
Westfall Local School District

Changes in Health Indicators 2020-2023

This section of this report presents an overview of changes in health indicators over time in Pickaway County. The health indicator cell is **green** if community health improved over time, **orange** if community health declined over time, and white if there was little change.[1]

Health Indicator	2020 (Average number of observations =320)	2023 (Average number of observations =347)
Visited a doctor for routine visit (past year)	66%	78%
Overall health is excellent or very good	50%	45%
Rated health as fair or poor	11%	14%
Classified as overweight or obese by BMI	72%	74%
Ever diagnosed with asthma	9%	7%
Ever diagnosed with arthritis	33%	19%
Ever diagnosed with high blood pressure	33%	36%
Ever diagnosed with high blood cholesterol	40%	29%
Visited a dentist/dental clinic (past year)	72%	67%
Current smokers	11%	14%
Binge drinkers (past month)	20%	28%
Physical health was not good on four or more days (past month)	20%	33%
Mental health was not good on four or more days (past month)	28%	37%

[1] To test whether the difference between the 2020 and 2023 percentages was statistically significant, a 2-sample proportions test was computed for each health indicator. This analytic procedure calculates the difference between the 2020 and 2023 percentages, considers the total number of observations in each sample, and then computes a z statistic. When the z statistic was statistically significant (p<.05), which suggests the difference between the two percentages is not due to chance alone, a green or orange color was used to mark the cell.

The following pages show a debriefing of the Pickaway County CHA Kickoff Session.

**Pickaway County's
2022 Community Health Assessment**

Kickoff Debrief

On October 25, 2022, a group of 16 Pickaway County community members representing a diverse array of public health, health system, social service, and other governmental entities participated in a robust discussion about the upcoming community health assessment (CHA) effort.

After receiving a brief orientation to the plan for this CHA effort, the community members split up into three small groups. The groups discussed four questions across three rounds, and some members switched groups between each round such that the groups were different for each round:

Discussion Questions:

Round 1: What does a healthy Pickaway County look like to you?

Round 2: Given your vision for a healthy Pickaway County, what do you think are the biggest barriers or issues that are keeping the county from getting there?

Round 3: A. Overall, what do you believe are the **three most important** issues that should be considered in our upcoming community health assessment and planning work? B. What data would be useful for us to collect in our process to highlight these issues and inform how these issues are addressed?

After finishing the small group conversations, the community members returned to the main larger group and shared their group's perceptions of the most important issues to be considered in the CHA process. Overall, many groups discussed similar issues, resulting in a consensus that the following issues should be incorporated into this effort (at a broad level).

- Affordable, stable housing
- Transportation
- Communication
  - Services, literature
- Income disparities/socioeconomic status
- Youth health care, activities, and child care
- Mental and social health

The following indicators and constructs are suggested as specific ones to consider including in the upcoming CHA effort. Some were directly suggested by members of the kickoff, while others have been added by researchers as potential indicators based on responses to the questions discussed. Note that this list of indicators and constructs is not a final, comprehensive one; it will continue to evolve as this study proceeds. The indicators are segmented into potential secondary data indicators, potential constructs to measure in the adult survey questionnaire, and potential constructs to cover in the community leader interviews, according to an initial review of the best fit for the indicators and constructs. The categorization of the indicators and constructs may change as the CHA process continues.

Potential secondary data indicators

Health care access / utilization
- Health resource availability (licensed providers of medical care, dental care, vision, psychology and other mental health specialties – for adults vs. children v. infants/toddlers; substance use services available)
- Health insurance access by type & age
- EMS availability
- ED and non-ED visits by major diagnosis
- ER visits for mental health reasons
- Urgent care availability

Mental and social health & addiction
- Counts/rates of child abuse
- Suicide rate
- Narcan administrations
- Substance use during pregnancy – NAS rates

Social determinants
- Homelessness
- Number of houses available
  - Geographical locations
    - Rent & mortgage rates
    - Number of kids brought into those geographical areas
    - Wages of residents
- Transportation (HHs w/o a car)
- Food insecurity
- Access to broadband internet
- Data from social services and other county agencies about service capacity/quantity/utilization
  - Number of food banks
  - Meals on Wheels participant rate
  - Food vouchers used and available
  - WIC/SNAP
  - Shelter availability
- Cost-burdened households
  - Grey area – low-income services ineligible but struggle with livable wage
- Employment rate
- Health education in schools
- Child care availability and affordability
- Adult literacy services available
- Intervention and other services available in schools

Potential constructs to measure in the adult survey questionnaire

Mental and social health & addiction
- Current prevalence of depression, anxiety, suicidal ideation

- Current prevalence of substance use: opiates, methamphetamines, alcohol (heavy/binge drinking), cigarette use, (teen) vaping, marijuana, heroin, prescription drugs
- Stigma; fear of admitting mental health issues
- Public awareness of mental health services
- Mental health's effects on engagement with family, capacity to work, etc.
- Mental/behavioral health provider availability
- Affordability of mental/behavioral health providers
- Pipeline to mental/behavioral health providers
- Current use of mental/behavioral health providers
- Impact of COVID-19 on mental health
- Social media's impact on mental health
- Social health

Chronic health conditions
- Current prevalence of obesity (adults and children)
- Current prevalence of other chronic health conditions: e.g., heart disease, high blood pressure, diabetes, etc.

Health care and services access / utilization
- Last visit to PCP
- Frequency of well child visits
- Public awareness of services
- Walkability to services
- Utilization of health care services outside the county, and reasons for traveling for care
- Extent transportation is a barrier to accessing care
- Health care utilization of preventative screenings
- Effect of COVID-19 on health care utilization
- Access to pharmacies and prescription assistance
- Trust in health care services
- Wait times for services
- Utilization of telehealth visits
- Difficulty connecting to telehealth visits

Health behaviors
- Change in activities/behaviors due to COVID-19
- Accessibility of/barriers to healthy behaviors (nutritious meals, exercise)
- Fast food consumption
- Spiritual health behaviors – holistic mind/body/soul

Health education and literacy
- Trusted sources for health information (media, people)
- Awareness and utilization of local public health information resources

Social determinants / demographics
- Age
- Race/ethnicity
- Household size
- Presence of children in household

- Educational attainment
- Household income (2022)
    - By geography
- Zip code
- Employment availability
- Availability of job training
- Salary comparisons by geography
- Childcare availability and affordability
- Transportation method for work commute
- Public transportation use
- Commute time
- (Easy) access to healthy food
- Availability of social activities for all ages
- Availability of affordable housing
- Services residents are interested in
- Resource availability in the community
- Accessibility of green spaces

Potential constructs to cover in the community leader interviews

Mental and social health & addiction
- Challenges in providing mental health and substance use services
- Staffing: Challenges filling positions (related to health resource availability)
- Staffing: Morale in mental health services, prevalence of burnout
- Mental health stigma

Accessing services
- How community leaders can motivate residents to participate in available services, access available resources
- How services can optimize care coordination to meet the needs of residents
- Existing needs for services
- Transportation barriers to services

Health education and literacy
- Sources of knowledge about health and wellness

Vulnerable populations
- Older adults, children, parents of non-adult children, those with difficult accessing affordable housing, those with disabilities, non-English speaking or ESL individuals

Transportation
- Handicap accessible transportation availability
- Comparison of transportation east of Circleville v. other

The following pages show the Pickaway County CHA Adult Survey Questionnaire.

PICKAWAY COUNTY HEALTH SURVEY

This survey should be completed by the adult aged 18 or older at this address who <u>MOST RECENTLY</u> had a birthday. <u>All responses will remain confidential</u>, so please answer honestly.

ABOUT YOUR COMMUNITY

1. In your opinion, what is the most important health issue affecting the people who live in Pickaway County? [Please write your answer below]

ABOUT YOUR OVERALL HEALTH

These questions ask about your physical and mental health.

2. Would you say that in general your health is… [Circle one answer]

Excellent	Very good	Good	Fair	Poor

3. Thinking about your physical health, which includes physical illness and injury, for how many days <u>during the past 30 days</u> was your **physical health not good**? [Write a number] __ __

4. Thinking about your mental health, which includes stress, depression, and problems with emotions, for about how many days <u>during the past 30 days</u> was your **mental health not good**? [Write a number] __ __

5. How often do you get the social and emotional support you need? [Circle one answer]

Always	Usually	Sometimes	Rarely	Never

6. Has a doctor, nurse, or other health professional EVER told you that you had… [Fill in the circles that apply]
   - ○ Asthma
   - ○ Arthritis
   - ○ Coronary heart disease
   - ○ A heart attack
   - ○ Diabetes
   - ○ High blood pressure
   - ○ High blood cholesterol
   - ○ An anxiety disorder
   - ○ A depressive disorder
   - ○ Cancer
   - ○ None of these

HEALTH CARE ACCESS

These questions ask about your access to health care and services.

7. During the past 12 months, have you <u>delayed</u> getting needed physical health care for any of the following reasons? [Fill in the circles that apply]
   - ○ Did not have insurance
   - ○ Could not afford the co-pay
   - ○ Did not have transportation
   - ○ Were unable to schedule an appointment
   - ○ Could not schedule an appointment soon enough
   - ○ Could not access telehealth care
   - ○ To avoid exposure to COVID-19
   - ○ To avoid spreading COVID-19
   - ○ Did not delay getting needed care
   - ○ Other [Please specify]:

8. During the past 12 months, have you <u>delayed</u> getting needed <u>mental health care or services</u> for any of the following reasons? [Fill in the circles that apply]
   - ○ Unsure what services were available
   - ○ Couldn't afford the care
   - ○ Feared admitting a mental health issue
   - ○ Difficulty finding a provider with availability
   - ○ To avoid exposure to COVID-19
   - ○ To avoid spreading COVID-19
   - ○ Did not delay getting needed care
   - ○ Other [Please specify]

9. About how long has it been since you last visited a doctor for a routine checkup (i.e., "well visit")?

[Circle one answer]

Within the past year (anytime less than 12 months ago)	Within the past 2 years (at least 1 year but less than 2 years ago)	Within the past 5 years (at least 2 years but less than 5 years ago)	5 or more years ago

10. About how long has it been since you last visited a **dentist or dental clinic** for any reason? Include visits to dental specialists, such as orthodontists. [Circle one answer]

Within the past year (anytime less than 12 months ago)	Within the past 2 years (at least 1 year but less than 2 years ago)	Within the past 5 years (at least 2 years but less than 5 years ago)	5 or more years ago

11. In the past 12 months, did you travel outside of Pickaway County in order to receive needed medical care? [Circle one answer]

Yes	No (Go to Question 13)

12. What kind of medical care did you receive outside of Pickaway County? [Write your answer to the right]

CHILDHOOD EXPERIENCES

The next questions ask about events that may have happened during your childhood (i.e., before you were 18 years of age). This information will allow us to better understand problems that may occur early in life and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. Remember: You can skip any question you do not want to answer.

13. Looking back <u>before you were 18 years of age</u>… [For each question, circle one answer]

13a. Did you live with anyone who **was depressed, mentally ill, or suicidal**?	Yes	No	
13b. Did you live with anyone who **was a problem drinker or alcoholic**?	Yes	No	
13c. Did you live with anyone who **used illegal street drugs or who abused prescription medications**?	Yes	No	
13d. Did you live with anyone who **served time or was sentenced to serve time in a prison, jail, or other correctional facility**?	Yes	No	
13e. Were your parents **separated or divorced**?	Yes	No	
13f. How often did your parents or adults in your home ever **slap, hit, kick, punch, or beat each other up**?	Never	Once	More than once
13g. How often did a parent or adult in your home ever **hit, beat, kick, or physically hurt you in any way**? Don't include spanking.	Never	Once	More than once
13h. How often did a parent or adult in your home ever **swear at you, insult you, or put you down**?	Never	Once	More than once
13i. How often did anyone at least 5 years older than you or an adult ever **touch you sexually**?	Never	Once	More than once
13j. How often did anyone at least 5 years older than you or an adult ever **try to make you touch them sexually**?	Never	Once	More than once
13k. How often did anyone at least 5 years older than you or an adult ever **force you to have sex**?	Never	Once	More than once

{PLEASE COMPLETE THE NEXT PAGE}

14. Would you or a family member like to receive help or information for <u>any</u> of the following issues?
[Fill in the circles that apply]

- ⭘ Depression, anxiety, or mental health
- ⭘ Drug or alcohol abuse
- ⭘ Tobacco cessation
- ⭘ Elder care assistance
- ⭘ End-of-life or hospice care
- ⭘ Food assistance
- ⭘ Rent/mortgage assistance
- ⭘ Childcare assistance
- ⭘ Job training or employment help
- ⭘ Social media usage
- ⭘ Gambling or betting
- ⭘ None [Go to Question 16]
- ⭘ Other [Please specify]:

15. What are the barriers to getting the help or information you or a family member would like?
[Fill in the circles that apply]

- ⭘ Don't know of any services in my community
- ⭘ Time or effort to find/access services
- ⭘ Not eligible for services
- ⭘ None
- ⭘ Other [Please specify]:

HEALTH BEHAVIORS AND IMPACTS

These questions ask about a variety of health behaviors and other health impacts.

16. <u>On a typical day</u>, how many times do you eat fruit? Please count fresh, frozen, or canned fruit, but do not include fruit juice. [Write a number] ___ ___

17. <u>On a typical day</u>, how many times do you eat vegetables? [Write a number] ___ ___

18. <u>In a typical week</u>, how many times do you eat fast food? [Write a number] ___ ___

19. During the past month, other than your regular job, how many times did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? [Write a number] ___ ___

20. How difficult is it for you to get fresh fruits and vegetables? [Circle one answer]

Extremely difficult	Very difficult	Moderately difficult	Slightly difficult	Not difficult at all

21. Have you smoked at least 100 cigarettes in your entire life? [Circle one answer]

Yes	No

22. How often do you now…

22a. Smoke cigarettes?	Every day	Some days	Not at all
22b. Use e-cigarettes (e.g., Juul)?	Every day	Some days	Not at all
22c. Use chewing tobacco, snuff, or snus?	Every day	Some days	Not at all
22d. Use other tobacco/nicotine product(s)?	Every day	Some days	Not at all

23. One drink is equal to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. Considering all types of alcoholic beverages, how many times during the past 30 days did you have (*if male, 5 drinks or more* | *if female, 4 drinks or more*) on an occasion? [Write a number] ___ ___

24. Do you personally know anyone in Pickaway County who has a drug abuse or addiction problem with… [Fill in the circles that apply]

- ⭘ Heroin
- ⭘ Methamphetamines
- ⭘ Prescription pain medicine
- ⭘ Alcohol
- ⭘ Don't know anyone

{PLEASE COMPLETE THE NEXT PAGE}

25. In the past 12 months, which of the following has been negatively impacted by the COVID-19 pandemic? [Fill in the circles that apply]
   - ○ Your level of anxiety and/or depression
   - ○ Your television or gaming habits
   - ○ Your social media habits
   - ○ Your exercise habits
   - ○ Your relationship(s) with other people
   - ○ Your financial stability
   - ○ Your use of preventative health care (screenings, well visits)
   - ○ Your nutrition habits
   - ○ No negative impacts
   - ○ Other [please specify]:

26. What types of outdoor spaces would you like to have more of for physical activity and/or leisure activities in the area where you live? [Fill in the circles that apply]
   - ○ More sidewalks
   - ○ More bike paths
   - ○ More walking paths
   - ○ More parks
   - ○ None
   - ○ Other [Please specify]:

27. In terms of recommendations made to improve health in general, how much do you trust the recommendations of each of the following groups?

27a. Pickaway County Public Health	A great deal	Somewhat	Not at all
27b. The Ohio Department of Health	A great deal	Somewhat	Not at all
27c. The CDC	A great deal	Somewhat	Not at all

OTHER QUESTIONS
These questions are for statistical purposes only. All responses will remain confidential.

28. Which of the following best describes your gender? [Circle one answer]

Male	Female	Transgender	Non-binary	I prefer not to classify myself

29. What is your age? [Write a number] __ __

30. How much do you weigh without shoes? [Write a number] __ __ __ pounds

31. How tall are you without shoes? [Write two numbers] __ feet / __ __ inches

32. Including yourself, how many people live in your household? [Write a number] __ __

33. And how many of these people are under age 18? [Write a number] __ __

34. What is the highest level of education you have completed? [Circle one answer]

Less than 12th grade (no diploma)	High school degree/GED	Some college (no degree)	Associate's degree	Bachelor's degree	Graduate or professional degree

35. Which of the following categories includes the total income of everyone living in your home in 2022, before taxes? [Circle one answer]

Less than $25,000	Between $25,000 and $49,999	Between $50,000 and $74,999	Between $75,000 and $99,999	$100,000 or more

If you are concerned about mental health, substance use, or other concerns for yourself or someone close to you, please call 2-1-1 to reach a 24/7 Crisis Hotline & Information Center.

{YOU ARE FINISHED! PLEASE USE THE ENVELOPE PROVIDED TO RETURN THIS SURVEY. **THANK YOU!**}

The next pages show the Pickaway County Community Leader Interview Guide.

Pickaway County Community Health Assessment
Community Interview Guide

This is a conversational roadmap, not a script to be followed word for word. The interviewer will ask questions as applicable, taking into account the amount of time remaining.

When the interviewee's role in the community makes them well-suited to speaking about specific populations of interest (e.g., low-income families, youth, individuals with disabilities, non-English speaking populations), broad questions about health of the community can be shifted to focus on the population of interest when applicable.

MOST IMPORTANT HEALTH ISSUES
1. What do you think are the most important health issues in Pickaway County?
    a. Why?

OVERALL PHYSICAL HEALTH
2. Based on what you've seen or heard, what are the **most serious physical health issues** present in the community?
    a. What chronic physical conditions do you see as problematic in the community?

MENTAL HEALTH AND SUBSTANCE MISUSE
3. Based on what you've seen or heard, what are the **most serious mental health issues** present in the community?
    a. How does mental health stigma affect the community?
    b. What effects do mental health conditions have on people or the community?
4. Based on what you've seen or heard, what are the **most serious substance abuse issues** present in the community?
    a. What effects do substance abuse issues have on people or the community?
    b. ONLY ASK BEHAVIORAL HEALTH INTERVIEWEES: (Probe on issues with staffing skilled people to fill positions for substance abuse treatment, staff burnout)

HEALTH CARE ACCESS AND SERVICES
5. Based on what you've seen or heard, what are the **most serious health care access issues** that affect people in the community?
    a. What are causes for residents delaying or not seeking health care?
    b. Do community members commonly seek health care outside of Pickaway County?
        i. Why?
        ii. What type of care do they seek?
        iii. Where do they go?
6. What can community leaders do to motivate residents to participate in available services?
7. What gaps in services exist?
8. What staffing issues exist for health and social service organizations?
9. How can care coordination be improved in the community?

POVERTY AND LACK OF TRANSPORTATION

10. Based on what you've seen or heard, what are the primary causes of poverty in the community?
11. What barriers to transportation exist in the community? (generally and for health care and social services)
    a. Probe on handicap accessible transportation
    b. Probe on where transportation access is good, and where it could be improved
12. What issues do you see with housing access and quality in the community?

HEALTH EDUCATION

13. Based on what you've seen or heard, where do people get their information about health and wellness in the community? Tell me more about that.
14. Based on what you've seen or heard, what issues with health knowledge are present in the community? Tell me more about that.

VULNERABLE POPULATIONS

15. What issues come to mind when you think about populations in the community who may require specific assistance to meet basic needs due to demographic or social factors? [Use examples to the extent helpful: Older adults, children, parents of non-adult children, those with difficult accessing affordable housing, those with disabilities, non-English speaking or ESL individuals.]
16. Based on what you've seen or heard, what are the most serious issues affecting the health of the community's elderly population?

SUMMARY/IMPROVEMENT/CLOSURE

17. (Briefly summarize key issues discussed.) What ideas do you have for how leaders in Pickaway County can improve the health of the community, or reduce the impact of some of these issues? (Probe until no more ideas)
18. Given everything we've discussed today, what else do you think I should know?

IF TIME ALLOWS:

NUTRITION AND PHYSICAL ACTIVITY AND ENVIRONMENTAL HEALTH

19. Based on what you've seen or heard, what nutritional issues are present in the community?
    a. How much of a problem is access to healthy foods in the community?
    b. From your perspective, what factors keep some people in the community from eating adequate amounts of fruit and vegetables?
    c. What nutritional issues do you see with children, specifically?
20. Based on what you've seen or heard, what issues with physical activity are present in the community?
21. Based on what you've seen or heard, what are the most serious environmental health issues present in the community? (Probe on air, water, trash, plumbing if necessary)

This appendix provides a complete list of subgroup differences identified from the Pickaway County 2023 Adult Health Survey.

Differences by age:

Those under age 45 are more likely than those age 45 or older to consider obesity an important health issue: 23.7% vs. 1.4%.

Those under age 35 are more likely than those age 35 or older to report that COVID-19 had a negative impact on their social media habits: 27.1% vs. 2.6%.

Those less than 45 years of age are more likely than those age 45 or older to report wanting more parks: 65.7% vs. 30.3%.

Those less than 35 years of age are more likely than those age 35 or older to report eating fast food at least once per week: 96.5% vs. 78.5%.

Those under age 45 are more likely than those age 45 or older to report a depressive disorder: 38.2% vs. 13.1%.

Reporting of an anxiety disorder decreases as age increases: 41.7% for 18-34 year olds, 23.0% for 35-44 year olds, and 15.2% for individuals 45 or older.

Those less than 35 years of age experienced more ACES than those age 35 or older: 2.8 vs. 1.0, on average.

Those under age 35 are more likely than those age 35 or older to use e-cigarettes every day or some days: 22.2% vs. 3.9%.

Those age 55 or older are more likely than those less than 55 years of age to have been diagnosed with arthritis: 42.2% vs. 5.6%.

Those age 55 or older are more likely than those less than 55 years of age to have high blood cholesterol: 54.0% vs. 15.5%.

Being diagnosed with diabetes increases as age increases: 8.4% for individuals less than 45 years old, 14.3% for 45-54 year olds, 20.0% for 55-64 year olds, and 28.8% for individuals 65 or older.

Differences by gender:

Females are more likely than males to report that COVID-19 had a negative impact on their nutrition habits: 15.5% vs. 4.3%.

Females are more likely than males to be obese, according to BMI measurements: 53.9% vs. 37.8%.

Males eat more fast food than females: 2.1 vs. 1.4 average number of times per week.

Females are more likely than males to report a depressive disorder: 33.9% vs. 16.0%.

Females are more likely than males to report an anxiety disorder: 34.3% vs. 14.9%.

Males are more likely than females to report smoking at least 100 cigarettes in their entire life: 55.8% vs. 36.6%.

Differences by education:

Considering obesity an important health issue increases as education increases: 0% for those with a high school degree / GED, 16.7% for those with some college or associate degree, and 40.7% for those with a bachelor's degree or more education.

Those with a bachelor's degree or more education are more likely than those with an associate degree or less education to report wanting more parks: 78.3% vs. 39.8%.

Traveling outside of Pickaway County for dental care increases as education increases: 15.8% for those with a high school degree / GED, 21.6% for those with some college or associate degree, and 55.4% for those with a bachelor's degree or more education.

Those with a bachelor's degree or more education are more likely than those with an associate degree or less education to report visiting a dentist within the past year: 87.7% vs. 62.6%.

Those with some college or more education were more likely than those with a high school degree / GED or less education to have had at least one poor mental health day in the past month: 65.2% vs. 39.6%.

Those with some college or more education had more poor mental health days than those with a high school degree / GED or less education: 8.4 vs. 3.7 average number of days in the past month.

Those with a high school degree / GED or less education are more likely than those with some college or more education to smoke cigarettes every day: 19.7% vs. 2.7%.

Those with either some college education or an associate degree are more likely than those with either a high school degree / GED or less, bachelor's degree, or graduate/professional degree to use e-cigarettes every day: 23.5% vs. 1.1%.

Differences by income:

Those with an annual household income of less than $75,000 are more likely than those with an annual household income of $75,000 or more to report that COVID-19 had a negative impact on their nutrition habits: 19.2% vs. 4.4%.

Those with an annual household income of $100,000 or more are more likely than those with an annual household income of less than $100,000 to travel outside of Pickaway County for dental care: 42.5% vs. 12.8%.

Those with an annual household income of less than $50,000 are more likely than those with an annual household income of $50,000 or more to report that getting fresh fruits and vegetables is at least slightly difficult: 42.7% vs. 18.9%.

Those with an annual household income of less than $75,000 are more likely than those with an annual household income of $75,000 or more to report a depressive disorder: 33.8% vs. 18.8%.

Those with an annual household income of less than $100,000 had more poor mental health days than those with an annual household income of $100,000 or more: 7.0 vs. 4.7 average number of days in the past month.

Those with an annual household income of less than $100,000 experienced more ACES than those with an annual household income of $100,000 or more: 2.0 vs. 1.0, on average.

Those with an annual household income of $100,000 or more are more likely than those with an annual household income of less than $100,000 to report having very good or excellent health: 66.1% vs. 29.7%.

Differences by location:

Those who live in Circleville are more likely than those who live outside of Circleville to report that not knowing about services is a barrier to receiving help: 62.1% vs. 29.1%.

Those who live outside of Circleville are more likely than those who live in Circleville to travel outside of Pickaway County for primary care: 41.9% vs. 16.5%.

Differences by number of ACES:

Those who experienced one or more ACES had more poor mental health days than those who did not experience any ACES: 6.8 vs. 4.1 average number of poor mental health days in the past month.

Those who experienced three or more ACES were more likely than those who experienced two or fewer ACES to report being diagnosed with an anxiety disorder: 40.3% vs. 21.3%.

Those who experienced three or more ACES were more likely than those who experienced two or fewer ACES to report being diagnosed with a depressive disorder: 41.1% vs. 20.2%.

Community Profile

[1] U.S. Census Bureau, American Community Survey 1-Year Supplemental Estimates, 2021
[2] U.S. Census Bureau, American Community Survey 5-Year Estimates, 2017-2021
[3] U.S. Census Bureau, American Community Survey 1-Year Estimates, 2021

Social Determinants of Health

Economic Stability

[1] Chetty, R., Stepner, M., Abraham, S., Lin, S., Scuderi, B., Turner, N., Bergeron, A. & Cutler, D. (2016). The association between income and life expectancy in the United States, 2001-2014. Jama, 315(16), 1750-1766.
[2] U.S. Census Bureau, American Community Survey 1 Year Estimates, 2021
[3] U.S. Census Bureau, American Community Survey 5-Year Estimates, 2017-2021
[4] *Rental Burdens: Rethinking Affordability Measures*. PD&R Edge Magazine, U.S. Department of Housing and Urban Development's Office of Policy Development and Research (PD&R). Retrieved June 19, 2023 from https://www.huduser.gov/portal/pdredge/pdr_edge_featd_article_092214.html
[5] Point in Time Count, Ohio Balance of State Continuum of Care. Coalition on Housing and Homelessness in Ohio, 2019
[6] Feeding America, Map the Meal Gap, 2020
[7] University of Wisconsin Population Health Institute, County Health Rankings, 2022
[8] Ohio Association of Foodbanks. Ohio Regional Foodbanks. Retrieved March 30, 2023 from https://ohiofoodbanks.org/foodbanks

Education

[1] U.S. Census Bureau, American Community Survey 1 Year Estimates, 2021
[2] Ohio Department of Education. Report Portal, 4-year longitudinal graduation rate, 2021
[3] Ohio Department of Education. District Graduation Rates, 2021
[4] Healthy People 2030 Objective AH-08, U.S. Department of Health and Human Services

Neighborhood and Physical Environment

[1] Ohio Office of Criminal Justice Services, Crime by County Statistics, 2022
[2] Healthy People 2030 Objective IVP-09, U.S. Department of Health and Human Services

Health Care Access

[1] U.S. Census Bureau, American Community Survey 5-Year Estimates, 2017-2021
[2] Healthy People 2030 Objective AHS-01, U.S. Department of Health and Human Services
[3] State Medical Board of Ohio Annual Report, FY 2022
[4] University of Wisconsin Population Health Institute, County Health Rankings, Retrieved March 2023 from https://www.countyhealthrankings.org/.
[5] Pickaway County Emergency Management Agency
[6] U.S Census Bureau, American Community Survey 1-Year Supplemental Estimates, 2021
[7] Pickaway County Community Action Agency. Transportation Services. Retrieved June 17, 2023 from https://www.picca.info/transportation-1

Behavioral Risk Factors

[1] Healthy People 2030 Objective NWS-03, U.S. Department of Health and Human Services
[2] Centers for Disease Control. Body Mass Index: Considerations for Practitioners, 2011

Mental Health and Substance Misuse

Mental and Social Health

[1] Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 1999-2020 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 1999-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Retrieved January 30, 2023 from http://wonder.cdc.gov/ucd-icd10.html
[2] Centers for Disease Control: Violence Prevention "Preventing Adverse Childhood Experiences"
[3] Ohio Bureau of Criminal Identification and Investigation, Domestic Violence Incidents by County and Agency Report, 2021
[4] Ohio Bureau of Criminal Identification and Investigation, Victims of Domestic Violence by County and Agency Report, 2021
[5] Public Children Services Association of Ohio Factbook, June 2021

Substance Misuse

[1] Healthy People 2030 Objective TU-02, U.S. Department of Health and Human Services
[2] Healthy People 2030 Objective SU-10, U.S. Department of Health and Human Services
[3] Ohio Emergency Medical Services, Naloxone Administration by Ohio EMS Providers by County, Ohio, 2022
[4] Ohio Department of Health, Ohio Drug Overdose Data: General Findings, 2020
[5] Ohio Department of Health, Public Health Information Warehouse, 2020
[6] Healthy People 2030 Objective IVP-06, U.S. Department of Health and Human Services
[7] Ohio Department of Public Safety Crash Statistics System, Alcohol, Drug, & Fatal Statistics Report, 2022
[8] Ohio Department of Public Safety Crash Statistics System, General Crash Statistics, 2022
[9] Ohio State Highway Patrol 2021 Operational Report

Maternal, Infant, and Reproductive Health

[1] Healthy People 2030 Objective MICH-02, U.S. Department of Health and Human Services
[2] Ohio Department of Health Vital Statistics, 2020
[3] Ohio Department of Health, Infant Mortality Report, 2020
[4] Ohio Department of Health, Neonatal Abstinence Syndrome (NAS) Hospital Discharge Data Summary Table, 2021
[5] Healthy People 2030 Objective MICH-07, U.S. Department of Health and Human Services
[6] Ohio Department of Education, Ohio Department of Job and Family Services. Retrieved February 10, 2023 from http://childcaresearch.ohio.gov/
[7] Healthy People 2030 Objective IID-10, U.S. Department of Health and Human Services
[8] Healthy People 2030 Objective IID-11, U.S. Department of Health and Human Services
[9] Healthy People 2030 Objective IID-12, U.S. Department of Health and Human Services

[10] Ohio Department of Health, HIV Surveillance Program. New Diagnoses of HIV Infection Reported in Ohio. Data reported through June 30, 2022.

[11] Centers for Disease Control and Prevention, National Notifiable Diseases Surveillance System. Number of reported cases of hepatitis A virus infection and estimated infections – United States, 2020

[12] Ohio Department of Health, Viral Hepatitis Surveillance Program, Hepatitis B: Five year Status Report, 2021. Data reported through January 6, 2023.

[13] Ohio Department of Health, Viral Hepatitis Surveillance Program, Hepatitis C: Five year Status Report, 2021. Data reported through January 6, 2023.

[14] Ohio Department of Health, STD Surveillance Program, Chlamydia Five-Year Report, 2021. Data reported through November 16, 2022

[15] Ohio Department of Health, STD Surveillance Program, Gonorrhea Five-Year Report, 2021. Data reported through November 16, 2022

[16] Ohio Department of Health, STD Surveillance Program, Total Syphilis Five-Year Report, 2021. Data reported through November 16, 2022

[17] Guttmacher Institute. Interactive Map: US Abortion Policies and Access After Roe. Retrieved on June 28, 2023 from https://states.guttmacher.org/policies/ohio/abortion-policies

[18] Rose, Andy. (Retrieved June 29, 2023). Judge puts Ohio's six-week abortion ban on hold indefinitely. CNN. https://www.cnn.com/2022/10/07/politics/ohio-six-week-abortion-ban-preliminary-injunction/index.html

[19] University of Wisconsin Population Health Institute, County Health Rankings, Retrieved June 2023 from https://www.countyhealthrankings.org/.

[20] Maddow-Zimet, I., & Kost, K. Pregnancies, Births and Abortions in the United States, 1973–2017: National and State Trends by Age, New York: Guttmacher Institute, 2021

[21] Kost, K., Maddow-Zimet, I., & Little, A.C. Pregnancies and Pregnancy Desires at the State Level: Estimates for 2017 and Trends Since 2012, New York: Guttmacher Institute, 2021

[22] Oeffinger KC, Fontham ET, Etzioni R, et al. Breast cancer screening for women at average risk: 2015 guideline update From the American Cancer Society. *JAMA*. 2015;314(15):1599-1614.

[23] Centers for Disease Control and Prevention, PLACES Local Data for Better Health, County Data, 2020

[24] Mayo Clinic Staff (2019) "Pap smear: Overview"

Death, Illness, and Injury

[1] Ohio Department of Health, Public Health Information Warehouse, 2020

[2] Centers for Disease Control and Prevention. Interactive Atlas of Heart Disease and Stroke. Retrieved on February 12, 2023 from http://nccd.cdc.gov/DHDSPAtlas

[3] Healthy People 2030 Objective C-01, U.S. Department of Health and Human Services

[4] Healthy People 2030 Objective C-04, U.S. Department of Health and Human Services

[5] Healthy People 2030 Objective C-06, U.S. Department of Health and Human Services

The next pages display the OhioHealth Berger Hospital 2022 CHNA.

OhioHealth Berger Hospital

Community Health Needs Assessment

June 2022

OhioHealth
BELIEVE IN *WE*™

OhioHealth Berger Hospital

Continuing quality care for you and your family.
Since 1930, we have provided excellent healthcare to residents of Pickaway County and the surrounding communities. We have a deep commitment to meeting the needs of the patients we serve.

Tim A. Colburn, *President*
600 North Pickaway Street
Circleville, Ohio 43113

Board approval of CHNA Report: 6/14/2022
Initial Web posting of CHNA Report: 6/15/2022
Tax identification number: 38-4105653

Table of Contents

Introduction

OhioHealth is a nationally recognized, not-for-profit, system of faith-based hospitals and healthcare organizations serving 47 Ohio counties. All OhioHealth entities are connected by (a) a mission to "improve the health of those we serve," (b) core values of compassion, excellence, stewardship, integrity and inclusion, and a (c) commitment to deliver high quality, convenient and timely healthcare regardless of ability to pay. OhioHealth has been recognized by Fortune as one of the "100 Best Companies to Work For" from 2007-2019. (Fortune Media IP Limited, 2020). OhioHealth was in the top 20 list of companies in the PEOPLE Companies that Care® 2020, which highlights the top United States companies that succeeded in business while demonstrating outstanding respect, care and concern for their employees, communities and environment during the COVID-19 pandemic. In 2020, four OhioHealth hospitals, namely, Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital and Dublin Methodist Hospital were named a 2020 LGBTQ Healthcare Equality Top Performer based on the 2020 Healthcare Equality Index (HEI) administered by the Human Rights Campaign (HRC). In 2020, OhioHealth was recognized as Great Place to Work – Certified™ based from the Great Place to Work® Trust Index™ survey.

In February 2021, the OhioHealth Inclusion Pledge was adopted throughout the health system. Each OhioHealth employee becomes a part of a culture that cares; one that supports one another; and honors the dignity and worth of each person. OhioHealth is committed to ensuring that the organization reflects the rich diversity of the communities we serve. We respect, embrace and derive strength from the ways that we are similar and the ways that we are different.

Located in Pickaway County, Ohio, OhioHealth Berger Hospital has served the Pickaway County community since 1930. OhioHealth Berger Hospital and its compassionate team of healthcare providers and support staff, provides top quality care to patients and families within their own local community. OhioHealth Berger Hospital, located at 600 N. Pickaway Street, Circleville, Ohio 43113, is an 83-bed hospital facility that offers adult medical and surgical care, an intensive care unit and labor and delivery services. OhioHealth Berger Hospital has 263 physicians on medical staff, and offers various surgical procedures, treatment options, therapies and primary care services. Outpatient services include laboratory services, computed tomography (CT) scanning, mammography, magnetic resonance imaging (MRI), x-ray, oncology and infusion services, and a cardiac and pulmonary rehabilitation programs. In 2018, OhioHealth Berger Hospital had 1,653 inpatient admissions, 24,807 emergency department visits, 3,396 outpatient visits and 2,836 surgeries.

OhioHealth is dedicated to serving communities through its community benefit. In Fiscal Year 2020, OhioHealth provided a total $479.1 million in Community Benefit, including $122.2 million in charity care, $284.5 million in net cost of Medicaid programs, $63.9 million in net cost of medical education, $2.2 million in subsidized health services, $4.6 million toward community health services, $1.5 million in cash and in-kind contributions, and $0.2 million for research.

OhioHealth Berger Hospital has received various awards, recognitions related to excellent patient care, and the use of advance technology:

- **Commission on Cancer Accreditation 2016 –** The Commission on Cancer (CoC), a program of the American College of Surgeons, recognizes cancer care programs for their commitment to providing comprehensive, high quality, and multidisciplinary patient centered care. Through the CoC, OhioHealth Berger Hospital has access to reporting tools to aid in benchmarking and improving outcomes.

- **The Joint Commission Accreditation –** Joint Commission standards are the basis of an objective evaluation process that can help health care organizations measure, assess and improve performance. The standards focus on patient care and organization functions that are essential to providing safe, high-quality care. Earning their seal of accreditation is one of the highest honors a hospital can achieve.

- **Wound Center Innovative Program –** The OhioHealth Berger Hospital Wound Center continues to offer the latest in technology for diabetic foot ulcers and other hard to heal wounds. Medicare selected OhioHealth Berger Hospital to participate in a clinical program that introduces Aurix®, an innovative therapy for use on a variety of chronic, non-healing wounds.

- **Safe Sleep Certification –** OhioHealth has been recognized as a National Certified Silver Safe Sleep Leader from Cribs and Kids®. Cribs and Kids® and the Helping Every Baby Sleep Safer© program awards health care facilities for their pledge to reduce infant sleep-related deaths by establishing a hospital infant safe sleep policy.

- **Ultrasound Accreditation –** OhioHealth Berger Hospital Ultrasound department has earned the American College of Radiology (ACR) accreditation. The ACR accreditation means that high practice standards are achieved, equipment and facilities meet proper standards, quality assurance programs are in place, image quality and procedure evaluations are conducted by board-certified radiologist and medical physicists who are experts in the field.

- **Hospital Safety Score "A" –** The Leapfrog Group, an independent organization assesses a hospital's overall capacity to keep patients safe from preventable harm. OhioHealth Berger Hospital earned the top grade of an "A".

- **Healthiest Employer of Central Ohio –** OhioHealth Berger Hospital placed #1 in Central Ohio large employer category in 2018 and placed in the top 3 in 2017.

- **Health Resources and Services Administration (HRSA)** – Recognition is awarded at platinum, gold, silver and bronze levels. In 2017, OhioHealth Berger Hospital was awarded the Health Resources and Services Administration (HRSA) Platinum Award for promoting the importance of organ, eye and tissue donation.

- **Healthcare Revolution Innovation Award** – At the Healthcare Revolution Conference in 2018, Berger Hospital received an Innovation Award, which recognizes the most innovative industry leaders that are "Transforming the Business of Health".

- **Sleep Lab Accreditation through American Academy of Sleep Medicine (AASM)** – AASM standards for accreditation have been the gold standard by which the medical community and public evaluate sleep medicine facilities. Achieving AASM demonstrates a sleep medicine provider's commitment to high quality, patient-centered care through adherence to these standards.

The Patient Protection and Affordable Care Act of 2010 requires not-for-profit hospitals to conduct a community health needs assessment (CHNA) once every three years (Internal Revenue Service, 2018). OhioHealth acquired Berger Hospital on April 1, 2019 and conducted the first CHNA for fiscal year ending June 30, 2021.   The second OhioHealth Berger Hospital CHNA is being conducted for fiscal year ending June 30, 2022 in order to align with the three-year interval established by the State of Ohio. OhioHealth Berger Hospital collaborated with the Pickaway County Public Health and various community stakeholders to identify significant community health needs in Pickaway County and to determine the priority health needs that will be addressed in the OhioHealth Berger Hospital Implementation Strategy. This CHNA report for fiscal year ending June 30, 2022 identifies the process, participants, and significant health needs of the community. The following significant health needs in Pickaway County were identified:

1. **Community conditions** — include (a) lack of community health events for families; (b) lack of healthcare coverage; (c) lack of events that foster healthy social building among youth and young adults; (d) high poverty rates; and (e) domestic violence, child abuse and neglect, and adverse childhood experiences.

2. **Mental health and addiction** — include (a) mental health, (b) drug use, (c) tobacco use, and (d) alcohol consumption

3. **Chronic disease** — includes (a) adult obesity, and (b) chronic disease, and (c) cancer

4. **Maternal and infant health** — include (a) preventative health screenings and exams and focus areas of the Child Fatality Review (prematurity, unsafe sleep environments, car seat safety, and racial disparities)

For information about the OhioHealth Berger Hospital CHNA process and for a copy of the reports, please visit https://www.ohiohealth.com/locations/hospitals/berger-hospital/about-us/. You may contact Tim Colburn at (740) 420-8231 to obtain hard copies of the CHNA reports at no charge. Written comments regarding this CHNA report and related implementation strategy may be submitted to Tim Colburn at Tim.Colburn@ohiohealth.com.

A. Definition of the Community Served by the Hospital Facility and How the Community Served Was Determined

A1. Hospital Location and ZIP Codes of Communities Served

OhioHealth Berger Hospital is located at 600 N Pickaway St, Circleville, Ohio 43113. The community served by Berger Hospital is Pickaway County, Ohio as determined by the percentage of patients residing in Pickaway County. The communities reside in ZIP codes 43103 (Ashville), 43113 (Circleville), 43116 (Commercial Point), 43117 (Derby), 43145 (New Holland), 43146 (Orient), 43156 (Tarlton), and 43164 (Williamsport).

A2. Percentage of Patients Served from Pickaway County, Ohio

Review of OhioHealth data showed that for fiscal year 2019 and 2020, 46.6 percent of all patients who were admitted to OhioHealth Berger Hospital resided in Pickaway County at the time of admission. In fiscal years 2019 and 2020, 62 percent and 65 percent, respectively, of all patients served in ambulatory centers and physician offices resided in Pickaway County.

Similarly, in fiscal years 2019 and 2020, 67.2 percent and 65.1 percent, respectively, of all patients in "observation units" resided in Pickaway County at the time of service. Patients who were placed in observation units needed close monitoring for less than 24 hours but their condition did not warrant hospital admission.

B. Demographics of the Community

B1. Total population

The population of Pickaway County was 58,457 in 2019 and 58,010 in 2020 (Ohio Development Services Agency, n.d.).

B2. Race and Ethnicity

In 2020, among Pickaway County residents, 93.4 percent were White, 3.5 percent were African American, 0.2 percent were Native American, 0.5 percent were Asian, 0.4 percent were other races, and 2 percent identified as two or more races. Hispanics of any race comprised 1.4% of the population. Overall, minorities represented 7.2 percent of the total population (Ohio Development Services Agency, n.d.).

B3. Age

In 2020, among Pickaway County residents, 5.2 percent of the population were under age 5, 16.6 percent were ages 5–17, 8.8 percent were ages 18–24, 26.7 percent were ages 25–44, 27.5% percent were ages 45–64 and 15.1 percent were 65 years or older. The median age was 39.4 (Ohio Development Services Agency, n.d.).

B4. Income

The median household income in Pickaway County for 2020 was $62,214 and per capita income was $41,131. Approximately 8.9 percent of families and 11.8 percent of individuals had income below the poverty level (Ohio Development Services Agency, n.d.).

C. Existing Healthcare Facilities and Resources within the Community Available to Respond to the Community's Health Needs

C1.   Examples of Healthcare Facilities and Community Resources Addressing Community Conditions (Including lack of community health events for families, lack of healthcare coverage, lack of events that foster healthy social building among youth and young adults, high poverty rates, and domestic violence, child abuse and neglect, and adverse childhood experiences)

C1.1.   OhioHealth Berger Hospital — collaborates with Pickaway County Community Action to offer transportation services for community members to access their medical appointments.

C1.2.   Skilled Nursing, Assisted Living and Independent Living Facilities — examples include Genesis Health Care, Brown Memorial Home, Logan Elm Health Care and The Wyngate at Circleville (Pickaway County Community Action Organization, n.d.). These senior living facilities provide transportation to their residents.

C1.3.   Ashville Food Pantry at First English Lutheran Church — partners with area churches to provide food and produce, and assistance with utility bills, rent and prescription medications. The Ashville Food Pantry is located at 94 Long Street, Ashville, Ohio 43113 and serves residents of the Teays Valley School District (Pickaway County Community Action Agency, n.d.). Food is distributed by appointment on the 2nd and 4th Thursday of each month from 11:30 to 4 PM (Pickaway County Community Action Agency, n.d.).

C1.4.   Presbyterian Church Community Kitchen — provides free meals on Monday, Wednesday and Friday at 5 PM to anyone during scheduled Community Kitchen hours (Pickaway County Community Action Agency, n.d.).

C1.5.   Community United Methodist Church Community Life/The Filling Station — located at 120 North Pickaway Street, Circleville, Ohio 43113. Community Life offers free hot meals, socialization, worships, music and development of life skills. Community Life is offered to people on Sundays at 6 PM (Pickaway County Community Action Agency, n.d.).

C1.6.   Goodwill Industries of South Central Ohio, Inc. — located at 10 South Paint Street, Chillicothe, Ohio 45601. Goodwill Industries offers skills on work adjustment, coaching, janitor training, vocational counseling, and community job placement for people with disabilities or those who are disadvantaged or challenged (Pickaway County Community Action Agency, n.d.).

C1.7.   Pickaway County Ohio Means Jobs — located at 1005 S. Pickaway Street, Circleville, Ohio 43113. This program offers employment services for job seekers and services to employers. It assists people finding jobs, looking for better jobs, or provide training and education (Pickaway County Community Action Agency, n.d.).

C1.8.   Pickaway County Metropolitan Housing Authority (HUD) — located at 176 Rustic Drive, Circleville, Ohio 43113. It handles the Housing Choice Voucher and coordinates the public housing programs. Housing complexes that are being managed by the Housing Authority include Williamsport Terrace, Eden Place, Pickaway Terrace and Louise Terrace.

C1.9.   One Community Ministries — located at 120 North Pickaway Street, Circleville, Ohio 43113. It offers post-jail development of life skills, money management, resume creation, interview skills, and literacy skills (Pickaway County Community Action Agency, n.d.).

C1.10. Pickaway County Community Action Organization, Inc. (PICCA) — located at 469 East Ohio Street, Circleville, Ohio 43113. In partnership with various organizations, PICCA offers various services such as (but not limited to) (a) emergency food and shelter, (b) free tax clinic, (c) Goodwill Voucher Program, (d) Homeless Crisis Response Program, (e) Home Energy Assistance Program, (f) Ohio Benefit Bank, (g) Percent of Income Payment Plan Plus, (h) Prevention, Retention, Contingency Program, (i) Pickaway United Pantries Program, (j) United Way Homeless Prevention Programs, (k) dental care, (l) Veterans Transitional Housing program, (m) early childhood services programs, (n) On-The-Job Training and Empowerment, (o) housing programs, (p) transportation services, (q) weatherization and home repair programs (Pickaway County Community Action Organization, Inc., n.d.).

C1.11. Pickaway County Library — located at 1160 North Court Street, Circleville, Ohio 43113. The Pickaway County Library offers various services (but not limited to): (a) "Ask a Librarian", (b) curbside pick-up of books and other materials, (c) "1,000 Books Before Kindergarten" program, (d) Dolly Parton's Imagination Library, (e) meeting rooms, (f) educator cards, and (g) story time (Pickaway County Library, 2020).

C1.12. Pickaway County Job and Family Services — located at 1005 S. Pickaway St., Circleville, Ohio 43113. The Pickaway County Job and Family Services serves children, families, adults, and community (Pickaway County Job and Family Services, n.d.)

C1.12.1. Children services — ensures that children reside in stable and safe homes and free from neglect and abuse. **Child Protective Services** provides diagnostic assessment for chemical dependence, counseling, access to transportation, daycare, parenting classes, anger management classes, homemaking, parenting skills. **Family Foster Care** recruit foster families in the neighborhood so the children who were removed from their families will be able to continue going to school. **Kinship Care** seeks children's relatives to prevent placing the child in foster care. **Adoption** enables children to have access to loving and caring homes. Adoption assessors prepare, support and counsel children to be adopted. **Parenting classes** such as "Loving Solutions" and "Parent Project" focuses on helping parents manage strong-willed children and suppress or prevent destructive behaviors among adolescents. **Safe Haven for Newborns** enables women who have newborn babies up to three days old and unharmed to be able to leave them in a hospital, law enforcement agency, or firehouse without being prosecuted for abandonment.

C1.12.2. Child support — establishes (a) paternity, (b) child support and medical support orders, (c) enforcement, (d) locate the non-residential parent, and (e) collect child support.

C1.12.3. Adult and Family Services — provides access to food, shelter, health insurance, assistance with vehicle repair, and childcare. Specific programs include (a) Adult Protective Services, (b) Benefit Recovery, (c) food assistance, (d) Learning, Earning and Parenting (LEAP), (e) Medicaid health insurance, (f) Ohio Works First (OWF), and (g) Prevention, Retention and Contingency (PRC)

C1.12.4. Community partnerships — efforts include (a) summarization of community resources, (b) coordination of the Pickaway County Poverty Task Force, (c) community involvement, (d) Pickaway County Family and Children First Council.

C2. Examples of Healthcare Facilities and Community Resources Addressing Mental Health and Addiction (Including Drug Use, Tobacco Use, and Alcohol Consumption)

C2.1. OhioHealth

C2.1.1. Behavioral and mental health care — OhioHealth facilities offer patients with mental and behavioral challenges an array of therapeutic services that accommodate many patients. This includes sleep disorder treatment, electroconvulsive therapy (ECT), medication management, group therapy, and many other services. OhioHealth Berger Hospital also offers inpatients with consultation and liaison services with the aid of psychiatrists, advance practice nurses and LISWs (Licensed Independent Social Workers). When it comes to outpatient services, OhioHealth facilities offer Transcranial Magnetic Stimulation therapy (TMS), Intensive Outpatient Program (IOP), and Partial Hospitalization Program (PHP) among other services (OhioHealth, 2015-2020). OhioHealth offers the 24-hour Sexual Assault Helpline and the OhioHealth Sexual Assault Response Network of Central Ohio (OhioHealth, 2015-2020a). At OhioHealth Berger Hospital when patients present with mental health conditions, they are assessed by a provider. Based on condition appropriate referrals are made to area mental health service providers not limited to Scioto Paint Valley Mental Health Center, Pickaway Area Recovery Services, Mental Health America of Ohio, Perinatal Outreach and Encouragement for Moms, local counseling providers and other area hospitals as necessary.

C2.1.2. Emergency and trauma care — OhioHealth offers patients that come through the emergency department psychiatric evaluation services that will help in assessing and dealing with any mental condition that can result from a traumatic event that the inpatient experienced (OhioHealth, 2015-2020a).

C2.2. Adena Health System — Adena Health System offers an array of behavioral health related services. Most notable of which are medication management programs, psychological services, and various counseling services that optimized for addiction and mental health. The facility offers said services to inpatients and outpatients (Adena Health System, 2009-2019).

C2.3. PrimaryOne Health Circleville and South High St. — located in 600 N. Pickaway St., Circleville, Ohio 43113 and 3781 South High St., Columbus, Ohio 43207, respectively. This facility offers patients with behavioral and mental care that is complementary to medical treatment for patients. This includes programs that help individuals with stress, addiction, depression, anxiety, smoking, overeating and any other emotional and social concerns (PrimaryOne Health, 2020a).

C2.4. Nationwide Children's Hospital Big Lots Behavioral Health Services — located in 655 East Livingston Avenue, Columbus, Ohio 43205. Programs and services include (a) psychiatry, (b) developmental and behavioral pediatrics, (c) Child Development Center and Center for Autism Spectrum Disorders, (d) pediatric psychology and neuropsychology, (e) crisis services, (f) inpatient services, (g) community-based services, (h) outpatient services, (i) prevention services (Nationwide Children's Hospital, 2020).

C2.5. Pickaway Area Recovery Services, Inc. (PARS) — located in 110 Highland Avenue, Circleville, Ohio 43113. PARS offers outpatient, intensive outpatient, and residential treatment services. PARS serves people with alcohol and drug issues using the cognitive-behavioral therapy, motivational interviewing, and matrix curriculum. Outpatient services include assessments, gambling addiction services, intensive outpatient services, education, medically assisted treatment with Vivitrol, driver intervention, prevention services, and legal advice and services (Pickaway Area Recovery Services, 2020). The Pickaway Women's Residential provides services for persons with alcohol and drug addiction and those with dual diagnosis.

C2.6. Scioto Paint Valley Mental Health Center Pickaway County Office — located in 319 Logan Street, Circleville, Ohio 43113. The Scioto Paint Valley Mental Health Center provides outpatient services to take care of people suffering from alcohol and drug abuse. The Scioto Paint Valley Mental Health offers onsite pharmacy, counseling, primary care, day treatment and a crisis hotline (Scioto Paint Valley Mental Health Center, n.d.).

C2.7. Haven House of Pickaway County Inc. — The center's focus is domestic violence and offers programs that help individuals deal with domestic violence. This includes crisis intervention, counseling, support groups, and more. The center also offers specific programs catered to teenager relationship violence and holds events to raise awareness about the issue and help people in need (Haven House of Pickaway County, Inc. n.d.).

C2.8. **Chillicothe Veterans Affairs Medical Center Substance Abuse Treatment Program** — located in 17273 State Route 104, Chillicothe, Ohio 45601. The Veterans Affairs Medical Center offers detoxification, substance use treatment and treatment for mental illness and substance use disorders in inpatient, outpatient and residential settings (Substance Abuse and Mental Health Services Administration, n.d.).

C2.9. **Pickaway County Court Appointed Special Advocates (CASA)** — This office offers abused and neglected children the chance to be connected with a court-appointed volunteer advocate. CASA can help children who have stayed at foster homes for extended periods of time. Their main mission is to help the children by acting as "a voice in court" (Pickaway County, 2017).

C2.10. **New Source Counseling Center at Circleville, Ohio** — located at 214 South Court Street, Circleville, Ohio 43113. The New Source Counseling Center holds parenting workshops and counseling services that include individual, marriage and family counseling. It also provides management and life coaching services (New Source Counseling Centers, n.d.). Services include (but not limited to): (a) adult children of alcoholics, co-dependency, alcohol/chemical dependency, other addictions, (b) anxiety, stress management, excessive fear, obsessions and compulsions, (c) chronic illness, terminal illness, (d) depression, (e) eating disorders, (f) grief, life transitions, (g) low self-esteem, (h) marital, pre-marital divorce recovery and other relationship concerns.

C2.11. **Pickaway County Board of Developmental Disabilities** — located at 200 E. High Street, Circleville, Ohio 43113. The Pickaway County Board of Developmental Disabilities provides residential services, health and respite, employment services, access to resources to people with developmental disabilities who lives in Pickaway County (Pickaway County Board of Developmental Disabilities, n.d.).

C2.12. **Pickaway County Job and Family Services** — provides children services, child support, adult and family services, employment services, and community engagement (Pickaway County Job and Family Services, n.d.).

C2.13. **Pickaway Addiction Action Coalition** — located at 469 E. Ohio St., Circleville, Ohio 43113. The Pickaway Addiction Action Coalition consist of a multidisciplinary group of parents, law enforcement, and other community stakeholders who are passionate in prevention, treatment and recovery awareness among Pickaway County residents (Pickaway Addiction Action Coalition, n.d.).

C3. Examples of Healthcare Facilities and Community Resources Addressing Chronic Diseases (Including Adult Obesity and Cancer), Preventative Health Screenings and Exams, and Sexual Behavior

C3.1. **OhioHealth Berger Hospital** — OhioHealth offers various clinical and health and wellness services to take care of various chronic diseases: (i) brain and spine care; (b) diabetes, (c) emergency and trauma; (d) heart and vascular services; (e) orthopedics; (f) pain management; (g) primary care; (h) rehabilitation and therapy; (i) senior health, (j) sports medicine; (k) mental health; (l) neuroscience; and (m) weight management (OhioHealth, 2015-2020b).

C3.2. **OhioHealth Cancer Programs and Services —** OhioHealth's affiliation with MD Anderson Cancer Network® allows physicians to review patient's diagnosis and treatment with their peers at the MD Anderson Cancer Center. Patients benefit from the latest research and expertise from leading physicians in cancer care. OhioHealth cancer physicians certified by MD Anderson follow best practices for (a) patient outcomes, (b) quality care assurances and protocols, (c) new technologies, treatments and clinical research, (d) integrated patient care and prevention, (e) access to peer-to-peer consultations and clinical trials, (f) specialized treatment for your type of cancer. In addition, OhioHealth Cancer Services offers its cancer patients the following: (a) access to patient navigators, (b) integrative medicine, (c) cancer treatment facilities close to home or workplace, (d) OhioHealth CancerCall (614 566-4321 or 1-800-752 9119), (e) cancer survivorship (OhioHealth, 2015-2021).

The OhioHealth Cancer Survivorship Clinic offers the following: (a) assessment and referral, (b) nutrition services, (c) scheduled screenings, (d) oncology rehabilitation, (e) Lymphedema clinic, (f) genetic counseling, (g) social work, (h) support groups, (i) integrative medicine, (j) gynecology, (k) oncology cardiology, (l) neurology, (m) fertility, and (n) psychology (OhioHealth, 2015-2021).

C3.2.1. **OhioHealth Bradley Cancer Center** — located inside the OhioHealth Berger Hospital, 600 N. Pickaway St., Circleville, Ohio 43113. The healthcare team is comprised of medical oncologist, patient navigator,

chemotherapy certified nurses, certified medical assistants, laboratory technicians, administrative staff with precertification and insurance (OhioHealth, 2015-2021).

C3.3. **Adena Health System** — offers services in heart health, women's health, children's health and orthopedics and primary care (Adena Health System 2009-2021). The Adena Cancer Center offers patient-centered cancer care. Patients receive individualized plan of care, access to nurse navigators. The Adena Cancer Center is part of the Columbus Community Clinical Oncology Research Program, which provides access to leading-edge cancer treatments (Adena Health System, 2009-2021).

C3.4. **PrimaryOne Health Circleville and South High St.** — offers primary care services for immunizations, well-baby and child check-up, physical examination, sick visits, blood pressure checks, glucose screenings, sports physicals, flu shots. Adult medicine includes diabetes, high blood pressure, preventative care, and comprehensive management of chronic diseases. PrimaryOne also provides healthcare for the homeless services that includes primary care and other services (PrimaryOne Health, 2020b).

C3.5. **Pickaway County Community Action Organization** — This organization provides Pickaway County individuals with many services; the organization is involved in community service, early childhood services, and housing services among others. The organization offers an Emergency Dental Care Program, a Homeless Crisis Response Program, The Ohio Benefit Bank (OBB), and other programs that improve the quality of life of Pickaway residents (Pickaway County Community Action Organization, n.d.).

C3.6. **United Way of Pickaway County** — implements programs that address health, safety net, education and income. Pertinent to health-related programs, the United Way of Pickaway County aims to provide services that will promote the health of youth and adults. The United Way of Pickaway County characterizes a "healthy youth" with the following: (a) practicing non-violence, (b) not getting involved with tobacco, alcohol or drugs, (c) sexual abstinence, (d) adopts healthy lifestyles, (e) law-abiding (United Way of Pickaway County, n.d.). The United Way of Pickaway County characterizes a "healthy adult" with the following: (a) healthy lifestyle, (b) managing blood pressure, (c) healthy body mass index, (d) practicing non-violence, (e) abstain tobacco, alcohol and drug use, (f) law-abiding, and (g) practicing safe sex (United Way of Pickaway County, n.d.).

C3.7. **The Wyngate at Circleville** — Wyngate provides a residential alternative to a nursing home with independent and assisted living services, such as Alzheimer's and dementia care, in addition to assistance with transportation, nursing care, and monitoring health care needs with an onsite physician. The Wyngate at Circleville contracts with OhioHealth Berger Hospital for medical services (The Wyngate at Circleville, 2016).

C3.8. **Pickaway County Family YMCA** — located at 440 Nicholas Drive, Circleville, Ohio 43113. Examples of what the Family YMCA offers to the community include (but not limited to) (a) access to a gym, pool, whirlpool, sauna, (b) fully equipped fitness center, (c) training equipment, (d) walking or running track, (e) family activity center, (f) before and after school care (Pickaway County Family YMCA, 2020).
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C3.9. **The Ohio State University (OSU) Extension Pickaway County** — 110 Island Road, Circleville, Ohio 43113. Examples of the OSU Extension Office include (but not limited to): (a) 4-H Youth Development, (b) Agriculture and Natural Resources, (c) Community Development and promotion of science, technology, engineering, and mathematics (STEM) careers for youth, (d) Family and Consumer Sciences, (e) Master Gardener program, and (f) Supplemental Nutrition Assistance Education Program (SNAP-Ed) (The Ohio State University, 2020).

C4. Examples of Healthcare Facilities and Community Resources Addressing Maternal and Infant Health (Including (a) preventative health screenings and exams and focus areas of the Child Fatality Review (prematurity, unsafe sleep environments, car seat safety, and racial disparities)

C4.1. **Pickaway County Family and Children First Council —** located in 2050 Stoneridge Drive, Circleville, Ohio 43113. The Pickaway County Family and Children First Council offers services such as (but not limited to): (a) early intervention, (b) TEAM for Youth, (c) Parent education classes and support groups, (d) Early Childhood Collaborative Committee, (e) Teen Task Force, and (f) Pickaway Human Trafficking Coalition (Pickaway County Family and Children First, n.d.).

C4.2. **Mental Health America of Ohio —** located at 2323 West Fifth Avenue, Columbus, Ohio 43204. The Mental Health America of Ohio offers the Perinatal Outreach and Encouragement for Moms (POEM). POEM's services include (a) mom-to-mom support groups over the phone, online or in groups, (b) referrals to specialized health care providers and community resources and (evidence-based information and support. Specific programs include (a) POEM Online Support Meetings, (b) RISE: for Black and African American Moms Online Support Meeting, and (c) NICU Moms Online Support Meeting (Mental Health America of Ohio, 2020).

C4.3. **Pickaway County Board of Developmental Disabilities —** located at 200 E. High St., Circleville, Ohio 43113. Services include (but not limited to): (a) residential services, (b) health and respite, (c) employment services, (d) initiatives such as "Connect", "Special Olympics", "Community Connections" and "End the R Word" (Pickaway County Board of Developmental Disabilities, 2020).

D. How Data was Obtained

D1. The definition of the community served by OhioHealth Berger Hospital was based on the percentage of patients who resided in Pickaway County during fiscal year 2019 and 2020, based on electronic medical records. See **Section A.**

D2. The demographic data of Pickaway County's population was obtained from the Ohio Development Services Agency (Ohio Development Services Agency, n.d.). See **Section B**.

D3. Pertinent health data from Ohio's 2019 Community Health Assessment was summarized (Ohio Department of Health, 2019). See **Appendix A.**

D4. Pertinent health data from the Ohio Cancer Incidence Surveillance System (OCISS) (Ohio Department of Health, 2020).

D5. Pertinent health data of Pickaway County's population compared to Ohio and the U.S. (County Health Rankings, 2020). See **Appendix B.**

OhioHealth and OhioHealth Berger Hospital gathered secondary health data from various sources such as: (a) 2019 State Health Assessment (Ohio Department of Health, n.d.), (b) Health Policy Institute of Ohio and Ohio Department of Health, 2019, (c) County Health Rankings (2020), (d) Ohio Department of Health and The Ohio State University, 2019, (e) Ohio Public Health Information Warehouse (n.d.) and (f) National Cancer Institute, 2020.

No information gaps that would limit the ability to assess the community's health needs were identified.

E. Significant Health Needs of the Community

During the virtual meeting hosted by Pickaway County Public Health and the Hospital Council of Northwest Ohio on July 23, 2020, the community stakeholders identified and prioritized four significant health needs:

1.   **Community conditions** — include (a) lack of community health events for families; (b) lack of healthcare coverage; (c) lack of events that foster healthy social building among youth and young adults; (d) high poverty rates; and (e) domestic violence, child abuse and neglect, and adverse childhood experiences.

2.   **Mental health and addiction** — include (a) mental health, (b) drug use, (c) tobacco use, and (d) alcohol consumption

3.   **Chronic disease** — includes (a) adult obesity, and (b) chronic disease, and (c) cancer

4.   **Maternal and infant health** — include (a) preventative health screenings and exams and focus areas of the Child Fatality Review (prematurity, unsafe sleep environments, car seat safety, and racial disparities)

F. Primary, Chronic Disease and Other Health Needs of Uninsured, Low-Income and Minority Populations

The primary and chronic disease needs and other health issues of uninsured, low-income and minority populations and the latest data for each need are summarized in Appendices A and B. Key findings are summarized below.

F1. Summary of key findings from the Ohio 2019 State Health Assessment.

F1.1. Ohioans' overall wellbeing declined. Life expectancy was 76.5 years in 2017 compared to 77.6 years in 2010. Unintentional injuries (drug overdose), cancer and heart disease were the leading causes of premature death in 2017. Increasing drug use by Ohioans has led to increases in hepatitis C and children in foster care.

F1.2. Ohioans' full health potential is compromised among Black or African Americans, those with lower incomes, are disabled, or live in Appalachia. Chronic racism and injustice has led to higher rates of infant deaths, high prevalence of hypertension, and late-stage cancer diagnoses, and shorter lifespan.

F1.3. Drivers of Ohioan's health such as physical activity, smoking, dental and mental health care, income and employment disparities, adverse childhood experiences (ACEs), access to transportation, risk for lead poisoning and racism must be addressed.

F1.4. The priority health areas in Ohio include mental health and addiction, chronic disease and maternal and infant health.

F1.5. It is important to foster multi-sector collaborative projects to impact the overall health of Ohioans by (a) improving the quality of prenatal care and access to care, (b) reducing tobacco use and encouraging healthy eating and (c) improving housing, transportation, education and employment opportunities for all.

F1.6. Health outcomes among Ohioans that are getting worse include the following: (a) percent of adults with fair or poor health, (b) years of potential life lost before age 75, (c) percent of persons ages 12-17 who are depressed, (d) number of deaths due to unintentional drug overdose, (e) percent of adults with coronary heart disease and (f) percent of adults ever diagnosed with heart attack.

F1.7. Health outcomes among Ohioans that shows little or detectable change include the following: (a) percent of persons ages 18 and above who experienced a major depressive disorder within the past year, (b) percent of persons ages 12 and above with past-year illicit drug dependence or abuse, (c) number of suicide deaths per 100,000 population, (d) percent of adults ever diagnosed with hypertension, (e) percent of adults who have been diagnosed with diabetes, (f) percent of live births that are preterm (less than 37 weeks of gestation), (g) percent of live births that are very preterm (Less than 32 weeks of gestation), (h) percent of live births weighing less than 2,500 grams, (i) rate of infant deaths per 1,000 live births, (j) rate of neonatal infant deaths per 1,000 live births, (k) rate of post-neonatal infant deaths per 1,000 live births.

F1.8. Health outcomes among Ohioans that improved include the following: (a) percent of adults who have been told by a health professional that they have prediabetes, and (b) emergency department visits for pediatric asthma, per 10,000 children, ages 0-17.

F2. Summary of key findings from the 2020 County Health Rankings

F2.1. Based on health outcomes (length of life, and quality of life), Pickaway County ranked 39th out of 88 Ohio counties.

F2.2. Based on length of life (how long people live), Pickaway County ranked 35th out of 88 Ohio counties.

F2.3. Based on quality of life (how healthy people feel while alive), Pickaway County ranked 40th out of 88 Ohio counties.

F2.4. Based on health factors (health behaviors, clinical care, social, economic and physical environment factors), Pickaway County ranked 39th out of 88 Ohio counties.

F2.5. Based on health behaviors, Pickaway County ranked 62nd out of 88 Ohio counties. Areas to explore include adult smoking and adult obesity. Twenty percent of adult Pickaway County residents are smokers and 34 percent are obese. Thirty-two percent of Pickaway County residents are sedentary.

F2.6. Based on clinical care, Pickaway County ranked 29th out of 88 Ohio counties.

F2.7. Based on social, economic and physical environment, Pickaway County ranked 39th out of 88 Ohio counties.

F3. Summary of top 15 leading causes of death in Pickaway County versus Ohio and United States

F3.1. The top 15 leading causes of death in Pickaway County include (a) heart disease, (b) cancer, (c) chronic lower respiratory diseases, (d) unintentional injuries, (e) stroke, (f) Alzheimer's Disease, (g) diabetes, (h) influenza and pneumonia, (i) suicide, (j) kidney and kidney-related disorders, (k) Parkinson's Disease, (l) chronic liver disease and cirrhosis, (m) septicemia, (n) essential (primary hypertension and hypertensive renal disease, and (o) pneumonitis due to solids and liquids

F3.2. From 2014-2017, death rates due to heart disease in Pickaway County had been consistently greater than Ohio and United States.

F3.3. From 2016-2017, death rates due to cancer in Pickaway County has increased compared to 2014-2015. During 2016-2017, cancer death rates in Pickaway County was greater than Ohio and United States.

F3.4. From 2015-2017, death rates due to chronic lower respiratory diseases in Pickaway County was greater than Ohio and United States.

F3.5. From 2014-2017, death rates due to unintentional injuries (including drug overdose) in Pickaway County was lower than Ohio but greater than United States. A marked increase in death rates due to unintentional injuries occurred in 2017.

F3.6. Death rates due to stroke in Pickaway County markedly increased in 2017 compared to 2014-2016. In 2017, death rates due to stroke in Pickaway County was greater than Ohio.

F3.7. Death rates due to Alzheimer's disease in Pickaway County during 2016-2017 were higher in Pickaway County compared to Ohio and the United States.

F3.8. Death rates due to diabetes mellitus in Pickaway County during 2016-17 was higher than Ohio and United States.

F3.9. Death rates due to influenza and pneumonia in Pickaway County during 2014, 2016 and 2017 was higher than Ohio and United States.

F3.10. Death rates due to suicide in Pickaway County during 2015-2017 was higher than Ohio and United States.

F3.11. Death rates due to kidney disease and other kidney-related disorders during 2015-2017 was higher than Ohio and United States.

F3.12. Death rates due to Parkinson's disease during 2014-2017 in Pickaway County was higher than Ohio.

F3.13. Death rates due to chronic liver disease and cirrhosis during 2015-2017 was higher than Ohio and United States.

F3.14. Death rates due to septicemia during 2015 and 2016 was higher in Pickaway County than Ohio.

F4. Summary of healthcare utilization in Pickaway County versus Ohio and United States

F4.1. From 2012-2016, the all-cause readmission rate for Medicare patients in Pickaway County ranged from 18 to 21%. These readmission rates were similar between Pickaway County and Ohio or United States.

F4.2. From 2012-2016, the heart failure readmission rate for Medicare patients in Pickaway County ranged from 20-22%. These readmission rates were similar between Pickaway County and Ohio or United States.

F4.3. From 2012-2016, the covered inpatient days per 1,000 Medicare beneficiaries were consistently lower in Pickaway County compared to Ohio or United States.

F5. Summary of cancer incidence and mortality rates in Pickaway County versus Ohio and United States

F5.1. **Incidence rates from all cancer sites/types (2011-2015; 2013-2017)** – Pickaway County had higher incidence rates from all cancer sites/types compared to Ohio and United States. The incidence rates from all cancer sites/types in Pickaway County showed an increasing trend.

F5.2. **Mortality rates from all cancer sites/types (2011-2015; 2013-2017)** – Pickaway County showed higher mortality rates from all cancer sites compared to Ohio or the United States. The mortality rates from all cancer sites/types in Pickaway County showed an increasing trend.

F5.3. **Incidence rates from urinary bladder cancer (2011-2015; 2013-2017)** – Pickaway County had lower incidence rates from urinary bladder cancer compared to Ohio or the United States. The incidence rates from urinary bladder cancer in Pickaway County showed an increasing trend.

F5.4. **Mortality rates from urinary bladder cancer (2011-2015; 2013-2017)** – Pickaway County had higher mortality rates from urinary bladder cancer compared to Ohio and United States. However, the mortality rate from urinary bladder cancer in Pickaway County showed an increasing trend.

F5.5. **Incidence rates from brain and other central nervous system cancer (2011-2015; 2013-2017)** – Pickaway County had higher incidence rates of brain and central nervous system cancer compared to Ohio and United States. The incidence rate due to brain and central nervous system cancer showed an increasing trend.

F5.6. **Mortality rates from brain and other central nervous system cancer (2011-2015; 2013-2017)** – Pickaway County had lower mortality rates from brain and central nervous system cancer compared to Ohio and United States. However, the mortality rate due to brain and central nervous system cancer showed an increasing trend.

F5.7. **Incidence rates from female breast cancer (2011-2015; 2013-2017)** – In 2011-2015, Pickaway County had higher incidence rates from female breast cancer compared to Ohio and United States.

F5.8. **Mortality rates from female breast cancer (2011-2015; 2013-2017)** – Pickaway County had lower mortality rates from female breast cancer compared to Ohio and United States.

F5.9. **Incidence rates from colon and rectum cancer (2011-2015; 2013-2017)** – In 2013-2017, Pickaway County had higher incidence rates from colon and rectum cancer compared to Ohio and United States. The incidence rate of colon and rectum cancer in Pickaway County showed an increasing trend.

F5.10. **Mortality rates from colon and rectum cancer (2011-2015; 2013-2017)** – Pickaway County had higher mortality rates from colon and rectum cancer compared to United States. Pickaway County had lower mortality rates from colon and rectum cancer compared to Ohio.

F5.11. **Incidence rates from esophageal cancer (2011-2015; 2013-2017)** – Pickaway County has higher incidence rates of esophageal cancer compared to United States. Pickaway County had lower incidence rates of esophageal cancer compared to Ohio.

F5.12. **Mortality rates from esophageal cancer (2011-2015; 2013-2017)** – Pickaway County has higher mortality rates from esophageal cancer compared to Ohio and United States.

F5.13. **Incidence rates from kidney and renal pelvis cancer (2011-2015; 2013-2017)** – Pickaway County had higher incidence rates from kidney and renal pelvis cancer compared to Ohio and United States.

F5.14. **Mortality rates from kidney and renal pelvis cancer (2011-2015; 2013-2017)** – Pickaway County had higher mortality rates from kidney and renal pelvis cancer compared to Ohio and United States.

F5.15. **Incidence rates from laryngeal cancer (2011-2015; 2013-2017)** – Pickaway County had higher incidence rates from laryngeal cancer compared to Ohio and United States. The incidence rates of laryngeal cancer in Pickaway County showed an increasing trend.

F5.16. **Incidence rates from leukemia (2011-2015; 2013-2017)** – Pickaway County had higher incidence rates from leukemia compared to Ohio and United States.

F5.17. **Incidence rates from liver and intrahepatic bile duct cancer (2011-2015; 2013-2017)** – Pickaway County had higher incidence rates from liver and intrahepatic bile duct cancer compared to Ohio and United States. The incidence rates from liver and intrahepatic bile duct cancer in Pickaway County showed an increasing trend.

F5.18. **Mortality rates from liver and intrahepatic bile duct cancer (2011-2015; 2013-2017)** – Mortality rates from liver and intrahepatic bile duct cancer in Pickaway County showed an increasing trend.

F5.19. **Incidence rates from lung and bronchus cancer (2011-2015; 2013-2017)** – Pickaway County had higher incidence rates from lung and bronchus cancer compared to Ohio and United States. Incidence rates of lung and bronchus cancer in Pickaway County showed an increasing trend.

F5.19. **Mortality rates from lung and bronchus cancer (2011-2015; 2013-2017)** – Pickaway County had higher mortality rates from lung and bronchus cancer compared to Ohio and United States. Mortality rates of lung and bronchus cancer showed an increasing trend in Pickaway County.

F5.20. **Incidence rates from melanoma of the skin (2011-2015; 2013-2017)** – Pickaway County had higher incidence rates from melanoma of the skin compared to Ohio and United States.

F5.21. **Mortality rates from melanoma of the skin (2011-2015)** – Pickaway County had higher mortality rates from melanoma of the skin compared to Ohio and United States.

F5.22. **Incidence rates from multiple myeloma (2011-2015; 2013-2017)** – Incidence rates from multiple myeloma showed an increasing trend in Pickaway County.

F5.23. **Incidence rates from non-Hodgkin lymphoma (2011-2015; 2013-2017)** – Pickaway County had higher incidence rates from non-Hodgkin lymphoma compared to Ohio and United States.

F5.24. **Mortality rates from non-Hodgkin lymphoma (2011-2015; 2013-2017)** – Pickaway County had higher mortality rates from non-Hodgkin lymphoma compared to Ohio and United States. Mortality rates from non-Hodgkin lymphoma showed an increasing trend in Pickaway County.

F5.25. **Incidence rates from oral and pharyngeal cancer (2011-2015; 2013-2017)** – Pickaway County had higher incidence rates from oral and pharyngeal cancer compared to Ohio and United States.

F5.26. **Incidence rates from ovarian cancer (2011-2015; 2013-2017)** – Incidence rates from ovarian cancer showed an increasing trend in Pickaway County.

F5.27. **Incidence rates from pancreatic cancer (2011-2015; 2013-2017)** – During 2013-2017, Pickaway County had higher Incidence rates from pancreatic cancer compared to Ohio and United States. Incidence rates from pancreatic cancer showed an increasing trend in Pickaway County.

F5.28. **Mortality rates from pancreatic cancer (2011-2015; 2013-2017)** – Pickaway County had higher mortality rates from pancreatic cancer compared to Ohio and United States. Mortality rates from pancreatic cancer showed an increasing trend in Pickaway County.

F5.29. **Incidence rates from stomach cancer (2011-2015; 2013-2017)** – Pickaway County had higher incidence rates from stomach cancer compared to Ohio and United States. Incidence rates from stomach cancer showed an increasing trend in Pickaway County.

F5.30. **Mortality rates from stomach cancer (2011-2015; 2013-2017)** – Pickaway County had higher mortality rates from stomach cancer compared to Ohio and United States.

F5.31. **Incidence rates from uterine cancer (2011-2015; 2013-2017)** – Incidence rates from uterine cancer showed an increasing trend in Pickaway County.

F5.32. **Incidence rates from cervical cancer (2011-2015; 2013-2017)** – Pickaway County had higher incidence rates from cervical cancer compared to Ohio and United States.

F5.33. **Incidence rates from Hodgkin's lymphoma (2011-2015; 2013-2017)** – Pickaway County had higher incidence rates from Hodgkin's lymphoma compared to Ohio and United States. Incidence rates from Hodgkin's lymphoma showed an increasing trend in Pickaway County.

F5.34. **Incidence rates from testicular cancer (2011-2015; 2013-2017)** – Incidence rates from testicular cancer showed an increasing trend in Pickaway County.

F5.35. **Incidence rates from thyroid cancer (2011-2015; 2013-2017)** – Pickaway County had higher incidence rates from thyroid cancer compared to Ohio and United States.

F5.36. **Prevalence of mammography in the past two years among women ages 50-74 (2014-2016)** – 71.7% for Pickaway County; 76.4% for Ohio; 77.5% for United States. Mammography rates in Pickaway County was lower than Ohio and United States. In 2014, 59.9% of female Medicare enrollees from Pickaway County, ages 67-69 had mammograms.

F5.37. **Percent of female breast cancer cases diagnosed at late stage (2011-2015)** – 31.4% for Pickaway County; 28.2% for Ohio; 27.3% for United States.

F6. Summary of mental health and addiction data from The State of Mental Health in America 2020
(Mental Health America, Inc., 2020)

F6.1. **Mental health among youth is getting worse**

    F6.1.1. Ohio – 48.6% of youth did not receive mental health services (ranked 7th nationally); 14.4% had at least one major depressive episode (ranked 44th nationally)

    F6.1.2. United States – From 2012 to 2017, the prevalence of past-year major depressive episode among youth ages 12-17 increased from 8.7 percent to 13 percent. More than two million youth have major depressive episode with severe impairment.

F6.2. **Adult prevalence of mental health**

    F6.2.1. Ohio – 20.4% of adults reported a mental illness; 6.9% of those with mental illness are uninsured; 54% of adults with any mental illness did not receive treatment.

F6.3.   Suicide

   F6.3.1. United States – Suicidal ideation among adults increased from 3.8 percent in 2012 to 4.2 percent in 2017. That's over 10.3 million adults in the United States with serious thoughts of suicide.

   F6.3.2. Ohio – Suicide rates in Ohio was 15 per 100,000 compared to 14/100,000 nationally. Total of 4.6%

   F6.3.3. United States – Pregnancy and postpartum depression is the top complication of childbirth, affecting nearly 1 million women in the United States each year; 15-20% of new mothers experience prenatal or postpartum depression or anxiety. African-American women reported 13 percent higher postpartum depression than white women.

F7. Summary of arthritis data in Pickaway County versus Ohio

F7.1.   27.4% of Pickaway County residents have arthritis compared to 21.6 to 23% in Ohio. Total of 21.6 to 23% of Ohio men have arthritis compared to 25.7 to 33.6% among women (Centers for Disease Control and Prevention, 2018).

F7.2.   Adults with arthritis have one or more chronic conditions. One-third of adults with arthritis experience anxiety and depression. Forty-two percent of adults with diabetes also have arthritis. Forty-five percent of adults with heart disease have arthritis. Thirty-five percent of obese adults have arthritis.

F8. Summary of chronic sinusitis data in the United States

F8.1.   Total of 11.6% of adults were diagnosed with sinusitis. There are 28.9 million adults in the United States with sinusitis. People with sinusitis recorded 4.1 million visits to physician offices and 242,000 emergency department visits (Centers for Disease Control and Prevention, 2020).

F9. Summary of data on homelessness in Pickaway County

F9.1.   In January 2020, there were 11 homeless people who were identified in Circleville, Ohio (Collins, 2020).

G. Process for Identifying and Prioritizing Significant Health Needs of the Community

The Pickaway County Public Health consulted with the Hospital Council of Northwest Ohio (HCNO) in conducting the Pickaway County Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). Both Pickaway County Public Health and Hospital Council of Northwest Ohio jointly held the meetings, conducted surveys, and sought public inputs from December 2019 to September 2020. Representatives from OhioHealth and OhioHealth Berger Hospital participated actively in these activities.

The community stakeholders identified the significant health needs on July 23, 2021.

See **Section H** for details of activities led by the Pickaway County Public Health and the Hospital Council of Northwest Ohio.

G – 1.   Voting

Thirteen community health needs were identified by the community stakeholders. The votes for each need are described below.

Community Health Need	Votes	Community Health Need	Votes
Mental health	6	Sexual behavior	1
Drug use	5	Tobacco use	1
Adult obesity	4	Alcohol consumption	1
Health care coverage/access	4	Health status	1
Chronic disease/conditions	4	Cancer	1
Social determinants of health	3	Maternal and infant health	1
Preventive health screenings and exams	2		

G – 2. Identification of prioritized Significant Health Needs in Pickaway County and Alignment with the State Health Improvement Plan (SHIP)

Significant Health Need	Focus Areas	Total Votes	Alignment with the State Health Improvement Plan (SHIP)
1. Community condition	(a) Lack of community health events for families (b) Lack of healthcare coverage (c) Lack of events that foster healthy social building among youth and young adults (d) High poverty rates (e) Domestic violence, child abuse and neglect, and adverse childhood experiences.	Unanimous	Yes (as a priority health factor)
2. Mental health and addiction	(a) Mental health (b) Drug use (c) Tobacco use (d) Alcohol consumption	13 votes	Yes (as a priority health outcome)
3. Chronic disease	(a) Adult obesity (b) Chronic disease (c) Cancer	9 votes	Yes (as a priority health outcome)
4. Maternal and infant health	(a) Preventative health screenings and exams (b) Maternal and infant health needs	3 votes	Yes (as a priority health outcome)

H. Process for Consulting with Persons Representing the Community's Interests and Input Provided

H – 1.   Pickaway County's Community Health Assessment (CHA)

The Pickaway County Public Health consulted with the Hospital Council of Northwest Ohio in conducting its 2022 Community Health Assessment (CHA). One in-person meeting and one virtual meeting via Zoom were held. OhioHealth Berger Hospital and other community representatives attended the two meetings.

Date	Activities	Manner of Meeting
December 3, 2019 (Meeting 1)	Identification of community survey questions	In-Person at the Pickaway Public Health
June 18, 2020 (Meeting 2)	Presentation of the draft of the Community Health Assessment	Virtual Meeting via Zoom

Appendix C summarizes the details of organizations who participated in the Community Health Assessment (CHA) meetings.

The Pickaway County Public Health consulted with the Hospital Council of Northwest Ohio in conducting its Community Health Improvement Plan (CHIP). Four virtual meetings were held. OhioHealth Berger Hospital and other community representatives attended the four meetings via Zoom. The details of the four meetings are stated below.

Date	Activities	Manner of Meeting
July 23,2020 (Meeting 1)	**1.** Reviewed the process of developing the Community Health Improvement Plan (CHIP) **2.** Finalized the committee members **3**. Created and reviewed vision **4.** Choose significant health needs by using quantitative and qualitative data to prioritize target impact areas. Considered types of health conditions of the population served. **5.** Ranked significant health needs based on magnitude, seriousness of consequences, and feasibility of correcting	Virtual meeting via Zoom
August 6, 2020 (Meeting 2)	1. **Community Themes and Strengths Assessment using open-ended questions** — "What is important to our community?" **2. Forces of Change Assessment using open-ended questions** — "What is happening or will happen that affects the health of our community and local public health system?" **3. Local Public Health Assessment** — "What are the activities of our local public health system and how are the ten essential public health services being provided?"	Virtual meeting via Zoom
September 3, 2020 (Meeting 3)	**1. Gap Analysis** — (a) determined discrepancies between community needs and viable community resources to address local priorities; (b) identified strengths, weaknesses, and evaluation strategies; (c) identify potential strategies. **2.Quality of Life Survey** — (a) "Are you satisfied with the quality of life in our community in terms of safety, wellbeing, participation in community life and associations?"; (b) "Are you satisfied with the health care system in the community in terms of access, cost, availability, quality, options in healthcare?; (c) reviewed the results of the Quality of Life Survey with the committee	Virtual meeting via Zoom
September 21, 2020 (Meeting 4)	**1. Identification of strategic actions** — (a) identified evidence-based strategies to address health priorities. **2. Reviewed best practices** — (a) reviewed best practices, proven strategies, evidence continuum, and feasibility continuum **3. Resource assessment** — (a) determined existing programs, services and activities in the community that address specific strategies **4. Drafted plan** — (a) reviewed all steps taken; (b) recommendations of action step based on enhancing existing efforts, implementing new programs and services, building infrastructure, implementing evidence-based practices, and feasibility of implementation.	Virtual meeting via Zoom

Appendix C summarizes the details of organizations who were represented in Pickaway County's Community Health Improvement Plan (CHIP).

Input from all required sources was obtained.

No written comments on OhioHealth's prior CHNA or Implementation Strategy were received.

I. Impact of Actions Taken to Address the Significant Health Needs Identified in the Hospital Facility's Most Recent Community Health Needs Assessment (CHNA)

In order to meet the timeline for the 2022 Community Health Needs Assessment, all outcomes that are presented in this report represent the period July 1, 2021 to September 30, 2021. The programs were continued until June 30, 2022. See **Appendix D.**

J. Organizations Contracted to Assist with Conducting the Community Health Needs Assessment (CHNA)

J1. Bricker & Eckler LLP/INCompliance Consulting (Chris Kenney, Jim Flynn)

Located at 100 South Third Street, Columbus, Ohio 43215, Bricker & Eckler LLP was contracted to review this community health needs assessment report. Jim Flynn is a partner with the Bricker & Eckler healthcare group, where he has practiced for over 30 years. His general healthcare practice focuses on health planning matters, certificates of need, nonprofit and tax-exempt healthcare providers and federal and state regulatory issues. Mr. Flynn has provided consultations to healthcare providers including nonprofit and tax-exempt healthcare providers as well as public hospitals on community health needs assessments. Chris Kenney, the director of regulatory services with INCompliance Consulting, an affiliate of Bricker & Eckler LLP, has over 40 years of experience in healthcare planning and policy development, federal and state regulations, certificate of need regulations, and Medicare and Medicaid certification. She has been conducting CHNAs in compliance with federal rules since 2012, providing expert testimony on community needs and offering presentations and educational sessions regarding CHNAs.

J2. Hospital Council of Northwest Ohio

The Pickaway County Public Health contracted with the Hospital Council of Northwest Ohio in conducting its 2020 Community Health Needs Assessment (CHA) and 2020-2022 Community Health Improvement Plan (CHIP).

References

Adena Health System. (2009-2021). Adena community health. Retrieved March 8, 2021, from
https://www.adena.org/inside/page.dT/WWAD-Info

Adena Health System. (2009-2021). Cancer. Retrieved October 29, 2021, from
https://www.adena.org/services/detail.dT/cancer-center

Circleville City Schools. (2021). School nurse. Retrieved October 25, 2021, from
https://www.circlevillecityschools.org/Schoolnurse.aspx

Circleville Post Acute. (2021). Our services. Retrieved March 9, 2021, from https://circlevillepa.com/our-services/

Columbia University. Department of Psychiatry. (2021). A simple set of 6 questions to screen for suicide. Retrieved
October 26, 2021, from https://www.columbiapsychiatry.org/news/simple-set-6-questions-screen-suicide

County Health Rankings. (2021). Ohio. 2021. Pickaway (PI). Retrieved October 27, 2021, from
https://www.countyhealthrankings.org/app/ohio/2021/rankings/pickaway/county/outcomes/overall/snapshot

Haven House of Pickaway County, Inc. (n.d.). Home. Retrieved March 9, 2021, from
https://www.havenhouse1180.com/

Logan Elm Local School District. (n.d.). About us. Retrieved October 25, 2021, from
https://www.loganelm.org/AboutUs.aspx

Ohio Christian University. About Ohio Christian. Retrieved October 26, 2021, from
https://www.pickawayross.com/GeneralInformation.aspx

Ohio Development Services Agency. (2020). Ohio County profiles. Retrieved March 6, 2021, from
https://development.ohio.gov/files/research/C1066.pdf

OhioHealth. (2015-2021). Cancer care at OhioHealth. Retrieved October 29, 2021, from
https://www.ohiohealth.com/services/cancer

OhioHealth Bradley Cancer Center. (2015-2021). OhioHealth Bradley Cancer Center. Retrieved October 29, 2021,
from https://www.ohiohealth.com/locations/cancer-care-locations/bradley-cancer-center

Pickaway County Board of Developmental Disabilities. (2020). Service and support. Retrieved March 11, 2021, from
https://pickawaydd.org/

Pickaway County Community Action Agency. (n.d.). Head Start. Retrieved March 9, 2021, from
https://www.picca.info/head-start

Pickaway County Community Action Agency. (n.d.). Services. Retrieved March 11, 2021, from https://www.picca.info/

Pickaway County Emergency Management and Homeland Security. (2021). Welcome to Pickaway County
Emergency Management and Homeland Security. Retrieved March 11, 2021, from https://pickawayema.org/

Pickaway County Job and Family Services. (n.d.). About us. Retrieved October 29, 2021, from
http://www.pickawayjfs.org/about/index.html

Pickaway County Library. (2021). Services. Retrieved March 11, 2021, from
https://www.pickawaylib.org/content/mission-
statement#:~:text=The%20Pickaway%20County%20Library%20will,entertain%20and%20enrich%20our%20communi
ty.

Pickaway County Park District. (n.d.). Programs and activities. Retrieved October 26, 2021, from
https://www.pickawaycountyparks.org/

Pickaway County Public Health. (n.d.). Home. Retrieved October 25, 2021, from
https://pickawaycountypublichealth.org/

Pickaway-Ross Career and Technology Center. (2021). General information. Retrieved October 26, 2021, from
https://www.pickawayross.com/GeneralInformation.aspx

Schieber Family Pharmacy. (2021). About. Retrieved March 11, 2021, from
https://www.schieberpharmacy.com/about

Teays Valley Local Schools. (2021). District nursing team. Retrieved October 26, 2021, from
https://www.tvsd.us/Health.aspx

The Columbus Foundation. (2020). Well-being Foundation of Pickaway County. Retrieved October 26, 2021, from
https://columbusfoundation.org/the-giving-store/nonprofit-directory-listing/Well-
beingFoundationofPickawayCounty/12349

The Hospital Council of Northwest Ohio. (2021). Community services. Retrieved March 11, 2021, from
http://www.hcno.org/

Westfall Local School District. (2021). Our schools. Retrieved October 25, 2021, from https://www.westfall.k12.oh.us/

YMCA of Central Ohio. (2021). Programs. Retrieved October 25, 2021, from
https://ymcacolumbus.org/locations/pickaway

Appendix A. Summary of Data and Information from the State Health Assessment, Ohio 2019 (Health Policy Institute of Ohio and Ohio Department of Health, 2019)

Appendix A – 1. Key findings —

Appendix A – 1.1. Ohioans' overall wellbeing declined. Premature death, life expectancy and overall health worsened. The leading causes of premature death in 2017 were unintentional injuries (including drug overdose), cancer and heart disease. Ohio's life expectancy dropped from 77.6 years in 2010 to 76.5 years in 2017. Increase in infant deaths, blood pressure, late-stage cancer diagnosis was observed. Black or African Americans life expectancy in 2017 was 72.8 years compared to 77 among Whites.

Appendix A –1.2. Ohioans' lack opportunities to reach full health potential. Ohioans who are black or African American, with low income, with disabilities or live in Appalachian counties have worse health outcomes compared to overall Ohio population.

Appendix A – 1.3. Health promotion activities need to be addressed. Interventions need to focus on the following: (i) physical activity, (ii) tobacco use, (iii) access to dental care, (iv) access to mental health, (v) income disparities, (vi) unemployment, (vii) adverse childhood experiences (ACEs), (viii) access to transportation, (ix) lead poisoning and (x) racism.

Appendix A – 1.4. Ohio's significant health challenges continue to be mental health and addiction, chronic disease, and maternal and infant health. Ohio's performance worsened or did not improve. Cross-cutting factors include poverty, lack of access to transportation, lack of physical activity, unhealthy eating, and lack of access to care.

Appendix A – 1.5. Ohio's addiction crisis increased prevalence of hepatitis and number of children in foster care.

Appendix A – 1.6. Multi-sector collaboration is important to improve health. Approximately 80 percent of modifiable factors that can improve health are related to health behaviors (healthy eating and tobacco cessation) and social determinants of health (housing, transportation, education, employment). Poverty, racism, discrimination, trauma, violence, and toxic stress lead to health disparities.

Appendix A – 2. State of Ohio's Progress on 2017-2019 State Health Improvement Plan Outcomes related to Overall Health

Desired Outcome	Indicator	Baseline (2015)	Current Year (2017)
Improve overall health status	% of adults with fair or poor health	16.5%	18.9%
Improve overall health status	Worst outcome – Low-income adults (less than $15,000 annual household income	38.6%	45.1%
Reduce premature death	Years of potential life lost before age 75, per 100,000 population (age-adjusted)	7,876.1	8,774.5
Reduce premature death	Worst outcome – Black (non-Hispanic)	10,850.5	12,599

Appendix A – 3. State of Ohio's Progress on 2017-2019 State Health Improvement Plan Outcomes related to Mental Health and Addiction

Desired Outcome	Indicator	Baseline (2013-2014)	2015-2016
Reduce depression (%)	% of persons 12-17 years with a major depressive episode in the past year	10.33%	13.98%
	% persons ages 18+ with a major depressive episode in the past year	7.33%	7.85%

Desired Outcome	Indicator	Baseline (2013-2014)	2015-2016
Reduce drug dependence or abuse (%)	% persons age 12+ who has illicit drug dependence or abuse in the past year	2.76%	2.61%

Desired Outcome	Indicator	Baseline (2015)	2015-2016
Reduce suicide deaths (Number of deaths per 100,000 population)	Number of suicide deaths per 100,000 population	13.9	14.8
	Males ages 10-24	*15.9*	*18.5*
	Males ages 25-44	*28.5*	*33.6*
	White (non-Hispanic) males ages 45-64	*34*	*32.1*
	White (non-Hispanic) males ages 65+	*32.2*	*33*

Desired Outcome	Indicator	Baseline (2015)	2015-2016
Reduce unintentional drug overdose death (Number of deaths per 100,000 population)	Number of deaths due to unintentional drug overdoses per 100,000 population	27.7	44.1
	White (non-Hispanic) males ages 25-44	*87.1*	*136.7*
	White (non-Hispanic) males ages 45-64	*43.5*	*72.4*
	White (non-Hispanic) females ages 25-54	*39.7*	*59.9*
	Black (non-Hispanic) males ages 25-54	*50.9*	*99*
	Black (non-Hispanic) males 55-64	*74.7*	*137.8*

Appendix A – 4. State of Ohio's Progress on 2017-2019 State Health Improvement Plan Outcomes related to Chronic Disease

Desired Outcome	Indicator	Baseline (2015)	2017
Reduce heart disease (%)	% of adults ever diagnosed with coronary heart disease	4.2%	4.7%
	% of adults ever diagnosed with heart attack	4.9%	5.5%

Desired Outcome	Indicator	Baseline (2015)	2017
Reduce hypertension (%)	% of adults ever diagnosed with hypertension	34.3%	34.7%
	Black or African American (non-Hispanic)	*40.3%*	*40%*
	People with a disability	*53.1%*	*No data*
	People with less than high school diploma	*40.7%*	*48.9%*
	People with less than $15,000 annual household income	*35.7%*	*46.6%*
	People older than 65 years	*62.2%*	*60%*
	People who live in Appalachian counties	*39.7%*	*No data*

Desired Outcome	Indicator	Baseline (2015)	2017
Reduce diabetes (%)	% of adults who have been told by a health professional that they have diabetes	11%	11.3%
	Black or African American (non-Hispanic)	*14.1%*	*14.2%*
	People with a disability	*21.8%*	*No data*
	People with less than high school diploma	*13.6%*	*15.8%*
	People with less than $15,000 annual household income	*13.7%*	*19.4%*
	People older than 65 years	*23.4%*	*22.8%*
	People who live in Appalachian counties	*12.3%*	*No data*

Desired Outcome	Indicator	Baseline (2015)	2017
Monitor prediabetes (%)	% of adults who have been told by a health professional that they have prediabetes	7.5%	8.8%

Desired Outcome	Indicator	Baseline (2012)	2016
Reduce child asthma morbidity (Emergency department visits per 10,000 children)	Emergency department visits for pediatric asthma, per 10,000 children, ages 0-17 (does not include patients with cystic fibrosis or respiratory system abnormalities or transfers)	86.9	72.3
	Black or African American	*245.6*	*175.9*
	Appalachian counties	*78.2*	*No data*

Appendix A – 5. State of Ohio's Progress on 2017-2019 State Health Improvement Plan Outcomes related to Maternal and Infant Health

Desired Outcome	Indicator	Baseline (2015)	Current Year (2017)
Reduce preterm births (%)	% of live births that are preterm, less than 37 weeks gestation	10.3%	10.4%
	Black, non-Hispanic	*14.1%*	*14.3%*
	People with less than high school diploma	*11.5%*	*11.7%*
	Less than 18 years old	*10.7%*	*10.7%*

Desired Outcome	Indicator	Baseline (2015)	Current Year (2017)
Reduce very preterm births (%)	% of births which the newborn weighed less than 32 weeks	1.7%	1.8%
Reduce low birth-weight births (%)	% of births in which the newborn weighed less than 2.500 grams	8.5%	8.7%
	Black, non-Hispanic	*13.9%*	*14.3%*
	People with less than high school diploma	*10.8%*	*11.3%*
	Less than 18 years old	*10.2%*	*10.8%*

Desired Outcome	Indicator	Baseline (2015)	Current Year (2017)
Reduce infant mortality	Rate of infant deaths per 1,000 live births	7.2	7.2
	Black, Non-Hispanic	*15.2*	*15.8*
Reduce neonatal infant deaths	Rate of neonatal infant deaths per 1,000 live births	4.8	5
Reduce post-neonatal infant deaths	Rate of post-neonatal infant deaths per 1,000 live births	2.4	2.2

Appendix B. Summary of Health and Health-Related Data for Pickaway County

Appendix B –1. Summary of Health Outcomes Data for Pickaway County compared to Ohio and U.S. (County Health Rankings, 2020)

Data	Data Years	Pickaway County	Ohio	U.S.
Premature death (Years of potential life lost before age 75 per 100,000 population, age adjusted	2016-2018	8,200	8,600	—

Data	Data Years	Pickaway County	Ohio	U.S.
Number of deaths under age 75 per 100,000 population (age-adjusted)	2016-2018	450	410	—
Black		*1,150*	—	—
White		*450*	—	—

Data	Data Years	Pickaway County	Ohio	U.S.
Life expectancy	2016-2018	76.1	76.9	
Black		*69.3*	—	—
White		*76.1*	—	—

Data	Data Years	Pickaway County	Ohio	U.S.
% adults reporting fair or poor health (age-adjusted)	2017	17%	18%	—

Data	Data Years	Pickaway County	Ohio	U.S.
Infant mortality (Number of all infant deaths before age 1, per 1,000 live births	2012-2018	8	7	—

Data	Data Years	Pickaway County	Ohio	U.S.
Number of deaths among children under 18 per 100,000 population	2015-2018	60	60	—

Data	Data Years	Pickaway County	Ohio	U.S.
Average number of physically unhealthy days in past 30 days (age-adjusted)	2017	4	3.9	—

Data	Data Years	Pickaway County	Ohio	U.S.
Average number of mentally unhealthy days in past 30 days (age-adjusted)	2017	4.2	4.6	—

Data	Data Years	Pickaway County	Ohio	U.S.
Low birthweight	2012-2018	8%	9%	—
Black		*15%*	—	—
White		*8%*	—	—
% adults reporting 14 or more days of poor physical health per month	2017	12%	12%	—
% adults reporting 14 or more days of poor mental health per month	2017	13%	15%	—
% adults aged 20 and above with diagnosed diabetes	2016	14%	12%	—
Number of people aged 13+ years with HIV per 100,000 population	2016	325	218	—

Appendix B – 2. Summary of Health Behaviors Data for Pickaway County compared to Ohio and U.S. (County Health Rankings, 2020)

Data	Data Years	Pickaway County	Ohio	U.S.
Adult smoking (% adults who are current smokers)	2017	20%	21%	
Adult obesity (% adults age 20+ with body mass index of 30+)	2016	34%	32%	29%
Food environment index (index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best)	2015, 2017	8.2	6.7	—
Physical inactivity (% adults age20+ reporting no leisure-time physical activity)	2016	32%	26%	23%
Access to exercise opportunities (% population with adequate access to locations for physical activity)	2010, 2019	84%	84%	—
Excessive drinking (% adults reporting binge or heavy drinking)	2017	20%	20%	—
% Alcohol-impaired driving deaths	2014-2018	39%	33%	27%
Sexually Transmitted Infections (Number of newly diagnosed chlamydia cases per 100,000 population)	2017	342	527	525
Teen births (Number of births per 1,000 female population ages 15-19)	2012-2018	26	24	—
Food insecurity (% population who lack adequate access to food)	2017	12%	15%	—
Limited access to healthy foods (% of population who are low-income and do not live close to a grocery store)	2015	2%	7%	—
Drug overdose deaths (Number of drug poisoning deaths per 100,000 population)	2016-2018	25	38	—
Motor vehicle crash deaths (Number of motor vehicle crash deaths per 100,000 population)	2012-2018	15	10	—
Insufficient sleep (% adults with fewer than 7 hours of sleep on average)	2016	38%	38%	—

Appendix B – 3. Summary of Clinical Care Data for Pickaway County compared to Ohio and U.S. (County Health Rankings, 2020)

Data	Data Years	Pickaway County	Ohio	U.S.
Uninsured (% of population under age 65 without health insurance)	2017	7%	7%	10%
Uninsured adults (% of adults under age 65 without health insurance)	2017	7%	8%	12%
Uninsured children (% of children under age 19 without health insurance)	2017	6%	5%	5%
Ratio of population to primary care physicians	2017	2,410:1	1,310:1	1,325:1
Ratio of population to primary care providers (nurse practitioners, physician assistants) other than physicians)	2019	1,874:1	1,009:1	—
Ratio of population to dentists	2018	2,640:1	1,610:1	1,447:1
Ratio of population to mental health providers	2019	750:1	410:1	—
Preventable hospital stays (Rate of hospital stays for ambulatory care sensitive conditions per 100,000 Medicare enrollees)	2017	3,920	5,168	4,710
Mammography screening (% of female Medicare enrollees ages 65-74 that received an annual mammography screening)	2017	42%	43%	41%
Flu vaccinations (% of fee-for-service Medicare enrollees that had an annual flu vaccination)	2017	49%	49%	43%

Appendix B – 4. Summary of Social and Economic Factors for Pickaway County compared to Ohio and U.S. (County Health Rankings, 2020)

Data	Data Years	Pickaway County	Ohio	U.S.
High school graduation (% of 9th grade cohort that graduates in four years)	2017-2018	93%	85%	—
Some college (% of adults ages 25-44 with some postsecondary education)	2014-2018	53%	65%	—
Unemployment (% population ages 16+ who are unemployed but seeking work	2018	4.3%	4.6%	4%
Children in poverty (% of people under age 18 in poverty)	2018	16%	19%	18%
Black		8%		
Hispanic		3%		
White		17%		
Income inequality (Ratio of household income at the 80th percentile to income at the 20th percentile)	2014-2018	4.1	4.7	—
Children in single-parent households (% of children that live in a household headed by single parent)	2014-2018	27%	36%	—
Social associations (Number of membership associations per 100,000 population)	2017	8.3	11.2	—
Violent crime (Number of violent crime offenses per 100,000 population)	2014, 2016	127	293	399
Injury deaths (Number of deaths due to injury per 100,000 population)	2014-2018	79	87	—
Disconnected youth (% of teens and young adults ages 16-19 who are neither working	2014-2018	9%	6%	—
Reading scores (Average grade level performance for 3rd graders on English Language Arts standardized tests)	2016	3.2	3.2	—
Math scores (Average grade level performance for 3rd graders on math standardized tests)	2016	3.2	3.1	—
Median household income (where half of households in a county earn more and half of households earn less)	2018	$58,700	56,200	—
American Indian and Alaska Native		$217,900		
Hispanic		$86,600		
White		$62,200		
Children eligible for free or reduced price lunch (% of children enrolled in public schools that are eligible for free or reduced price lunch)	2017-2018	35%	37%	—
Residential segregation- Black/White	2014-2018	57	69	—
Homicides (Number of deaths due to homicide per 100,000 population)	2012-2018	3	6	—
Suicides (Number of deaths due to suicide per 100,000 population)	2014-2018	15	14	—
Firearm fatalities (Number of deaths due to firearms per 100,000 population)	2014-2018	11	13	—
Juvenile arrests (rate of delinquency cases per 1,000 juveniles)	2017	31	42	—
Severe housing problems (% of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities)	2012-2016	10%	14%	—

Appendix B – 5. Summary of Top 15 Leading Causes of Death, Pickaway County versus Ohio (2019 Online State Health Assessment) (Ohio Department of Health, n.d.)

Leading Causes of Death	Data Years	Pickaway County	Ohio	U.S.
Heart Disease (age-adjusted mortality rate due to heart disease, per 100,000 population)	2014	210.7	185.9	—
	2015	214.2	191.4	168.5
	2016	217.4	184.6	165.5
	2017	233.3	186.1	—
Cancer (age-adjusted mortality rate due to cancer, per 100,000 population)	2014	175.2	177.6	—
	2015	176.7	175	158.5
	2016	217.5	173.1	155.8
	2017	206.7	171.3	—
Chronic Lower Respiratory Diseases (age-adjusted mortality rate due to chronic lower respiratory diseases, per 100,000 population)	2014	45.9	47.1	—
	2015	57.6	49.5	41.6
	2016	63.5	47.4	40.6
	2017	69.8	48.4	—
Unintentional Injuries (age-adjusted mortality rate due to unintentional injuries, per 100,000 population)	2014	59.3	50.6	—
	2015	55.8	55.8	43.2
	2016	45.1	66.5	47.4
	2017	65.8	75.1	—
Stroke (age-adjusted mortality rate due to stroke, per 100,000 population)	2014	18.2	39.9	—
	2015	41.6	40.6	37.6
	2016	32.2	40.5	37.3
	2017	56.7	42.9	—
Alzheimer's Disease (age-adjusted mortality rate due to Alzheimer's Disease, per 100,000 population)	2014	22.1	27.6	—
	2015	30.9	31.1	29.4
	2016	45	33.3	30.3
	2017	34.5	33.6	—
Diabetes Mellitus (age-adjusted mortality rate due to Diabetes Mellitus, per 100,000 population)	2014	24.9	25.6	—
	2015	24.2	25.2	21.3
	2016	25.2	24.5	21
	2017	29.7	25.2	—
Influenza and Pneumonia (age-adjusted mortality rate due to Influenza and Pneumonia, per 100,000 population)	2014	25.5	16.8	—
	2015	21.1	16.6	15.2
	2016	13	15	13.5
	2017	23.5	14.9	—
Suicide (age-adjusted mortality rate due to suicide, per 100,000 population)	2014	12.1	12.5	—
	2015	14.1	13.9	13.3
	2016	14.7	14.1	13.5
	2017	21.5	14.8	—
Kidney Disease and other Kidney-Related Disorders (age-adjusted mortality rate due to nephritis, nephrotic syndrome, and nephrosis, per 100,000 population)	2014	12.1	14	—
	2015	25	14.5	13.4
	2016	22.8	15.3	13.1
	2017	18.8	15	—

Appendix B – 6. Continuation of Summary of Top 15 Leading Causes of Death, Pickaway County versus Ohio (2019 Online State Health Assessment) (Ohio Department of Health, n.d.)

Leading Causes of Death	Data Years	Pickaway County	Ohio	U.S.
Parkinson's Disease (age-adjusted mortality rate due to Parkinson's Disease, per 100,000 population)	2014	15.2	7.8	—
	2015	8.9	8	—
	2016	7.6	8.6	—
	2017	16.5	8.7	—
Chronic liver disease and cirrhosis (age-adjusted mortality rate due to chronic liver disease and cirrhosis, per 100,000 population)	2014	—	10.4	—
	2015	13.9	10.7	—
	2016	11.4	10.9	—
	2017	15.2	11.2	—
Septicemia (age-adjusted mortality rate due to septicemia, per 100,000 population)	2014	10.9	12.1	—
	2015	16.6	13.6	—
	2016	18.3	13.7	—
	2017	10.3	14	—
Essential Hypertension (Primary) and Hypertensive Renal Disease	2014	13.5	9.3	—
	2015	10.8	9.5	—
	2016	—	9.2	—
	2017	8.2	9.1	—

Appendix B – 7. Summary of Healthcare Utilization, Pickaway County versus Ohio (2019 Online State Health Assessment) (Ohio Department of Health, n.d.)

	Data Years	Pickaway County	Ohio	U.S.
All Cause Readmission Rate for Medicare patients (Percent of Medicare patients experiencing an unplanned admission to an acute care hospital within 30 days of discharge)	2012	21.2%	19.7%	18.6%
	2013	17.7%	18.9%	18%
	2014	18.5%	18.7%	18%
	2015	19.3%	18.1%	17.9%
	2016	17.9%	18%	17.9%
Heart Failure Readmission Rate for Medicare (Percent of Medicare patients discharged from the hospital with a principal diagnosis of heart failure who were readmitted for any cause within 30 days after the index admission date)	2012	22%	21%	—
	2013	20%	20%	—
	2014	20%	20%	—
	2015	22%	21%	—
	2016	22%	21%	—
Covered Hospital Inpatient Days per 1,000 Medicare Beneficiaries	2012	1,593	1,769	1,632
	2013	1,510	1,693	1,574
	2014	1,485	1,628	1,526
	2015	1,527	1,528	1,504
	2016	1,355	1,467	1,455
Total Cost, Risk Adjusted Cost Per Medicare Beneficiary with 0 chronic condition	2016	$3,729	$3,946	$3,961
Total Cost, Risk Adjusted Cost Per Medicare Beneficiary with 1 chronic condition	2016	$5,567	$5,539	$5,556
Total Cost, Risk Adjusted Cost Per Medicare Beneficiary with 2 chronic conditions	2016	$6,172	6,554	$6,565
Total Cost, Risk Adjusted Cost Per Medicare Beneficiary with 3 or more chronic conditions	2016	$14,133	14,086	13,627

Appendix B – 8. Summary of Cancer Data, Pickaway County versus Ohio and United States (Ohio Department of Health and The Ohio State University, 2019; Ohio Public Health Information Warehouse, n.d.; National Cancer Institute, 2020)

	Data Years	Pickaway County	Ohio	U.S.
All Cancer Sites/Types Combined Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population	2011-2015	468.4	461.6	439.2
All Cancer Sites/Types Combined Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population	2013-2017	490.5	465.3	442.4
All Cancer Sites/Types Combined Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population	2011-2015	183.2	178.9	163.5
All Cancer Sites/Types Combined Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population	2013-2017	193.7	174.7	158.3
Urinary Bladder Cancer Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population	2011-2015	18.7	21.9	19.5
Urinary Bladder Cancer Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population	2013-2017	19.2	21.9	20
Urinary Bladder Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population	2011-2015	5.1	5	4.4
Urinary Bladder Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population	2013-2017	5.4	5	4.4
Brain and Other Central Nervous System Cancer Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2011-2015	7.6	6.9	6.4
Brain and Other Central Nervous System Cancer Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2013-2017	7.9	7.1	6.4
Brain and Other Central Nervous System Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2011-2015	2.5	4.5	4.4
Brain and Other Central Nervous System Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2013-2017	4	4.7	4.4

	Data Years	Pickaway County	Ohio	U.S.
Female Breast Cancer Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2011-2015	132.2	126.2	126
Female Breast Cancer Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2013-2017	127.9	128.9	128.5
Female Breast Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2011-2015	17.2	22.8	20.9
Female Breast Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2013-2017	20	22.2	20.3
Colon and Rectum Cancer (Average annual age-adjusted incidence rates per 100,000 population)	2011-2015	39.5	41.7	39.4
Colon and Rectum Cancer (Average annual age-adjusted incidence rates per 100,000 population)	2013-2017	46.9	41.4	38.2
Colon and Rectum Cancer (Average annual age-adjusted mortality rates per 100,000 population)	2011-2015	14.7	15.9	14.5
Colon and Rectum Cancer (Average annual age-adjusted mortality rates per 100,000 population)	2013-2017	14.9	15.4	13.9
Esophageal Cancer (Average annual age-adjusted incidence rates per 100,000 population)	2011-2015	5.4	5.1	4.2
Esophageal Cancer (Average annual age-adjusted incidence rates per 100,000 population)	2013-2017	5.2	5.3	4.3
Esophageal Cancer (Average annual age-adjusted mortality rates per 100,000 population)	2011-2015	5.6	5	4
Esophageal Cancer (Average annual age-adjusted mortality rates per 100,000 population)	2013-2017	4.9	5	3.9

	Data Years	Pickaway County	Ohio	U.S.
Kidney and Renal Pelvis Cancer (Average annual age-adjusted incidence rates per 100,000 population)	2011-2015	22.6	16.8	15.9
Kidney and Renal Pelvis Cancer (Average annual age-adjusted incidence rates per 100,000 population)	2013-2017	21.6	17.5	16.3
Kidney and Renal Pelvis Cancer (Average annual age-adjusted mortality rates per 100,000 population)	2011-2015	8.1	4	3.8
Kidney and Renal Pelvis Cancer (Average annual age-adjusted mortality rates per 100,000 population)	2013-2017	7.3	3.9	3.7
Laryngeal Cancer (Average annual age-adjusted incidence rates per 100,000 population)	2011-2015	4.2	4.1	3
Laryngeal Cancer (Average annual age-adjusted incidence rates per 100,000 population)	2013-2017	5.2	4.1	2.9
Laryngeal Cancer (Average annual age-adjusted mortality rates per 100,000 population)	2006-2015	—	1.3	1.1
Laryngeal Cancer (Average annual age-adjusted mortality rates per 100,000 population)	2013-2017	—	1.2	1
Leukemia (Average annual age-adjusted incidence rates per 100,000 population)	2011-2015	17.5	12.2	13.8
Leukemia (Average annual age-adjusted incidence rates per 100,000 population)	2013-2017	16.2	12.3	14.1
Leukemia (Average annual age-adjusted mortality rates per 100,000 population)	2011-2015	9.3	7	6.7
Leukemia (Average annual age-adjusted mortality rates per 100,000 population)	2013-2017	6.7	6.9	6.4
Liver and Intrahepatic Bile Duct Cancer (Average annual age-adjusted incidence rates per 100,000 population)	2011-2015	7.7	6.7	8.8
Liver and Intrahepatic Bile Duct Cancer (Average annual age-adjusted incidence rates per 100,000 population)	2013-2017	9.7	7.2	9

Continuation of Appendix B – 8.   Summary of Cancer Data, Pickaway County versus Ohio and United States (Ohio Department of Health and The Ohio State University, 2019; Ohio Public Health Information Warehouse, n.d.; National Cancer Institute, 2020)

	Data Years	Pickaway County	Ohio	U.S.
Liver and Intrahepatic Bile Duct Cancer (Average annual age-adjusted mortality rates per 100,000 population)	2011-2015	5.2	5.7	6.4
Liver and Intrahepatic Bile Duct Cancer (Average annual age-adjusted mortality rates per 100,000 population)	2013-2017	6.6	6	6.6
Lung and Bronchus Cancer (Average annual age-adjusted incidence rates per 100,000 population)	2011-2015	75.6	69.3	54.6
Lung and Bronchus Cancer (Average annual age-adjusted incidence rates per 100,000 population)	2013-2017	84.5	67.9	54.2
Lung and Bronchus Cancer (Average annual age-adjusted mortality rates per 100,000 population)	2011-2015	57.5	51.6	43.4
Lung and Bronchus Cancer (Average annual age-adjusted mortality rates per 100,000 population)	2013-2017	65	48.4	40.2
Melanoma of the Skin (Average annual age-adjusted incidence rates per 100,000 population)	2011-2015	25	21.7	22.8
Melanoma of the Skin (Average annual age-adjusted incidence rates per 100,000 population)	2013-2017	23.5	23.8	22.7
Melanoma of the Skin (Average annual age-adjusted mortality rates per 100,000 population)	2011-2015	2.9	2.8	2.6
Melanoma of the Skin (Average annual age-adjusted mortality rates per 100,000 population)	2013-2017	–	2.7	2.4
Multiple Myeloma (Average annual age-adjusted incidence rates per 100,000 population)	2011-2015	3.5	5.9	6.5
Multiple Myeloma (Average annual age-adjusted incidence rates per 100,000 population)	2013-2017	4.1	6.1	7
Multiple Myeloma (Average annual age-adjusted mortality rates per 100,000 population)	2011-2015	3.2	3.6	3.3
Multiple Myeloma (Average annual age-adjusted mortality rates per 100,000 population)	2013-2017	2.9	3.6	3.3

Continuation of Appendix B – 8. Summary of Cancer Data, Pickaway County versus Ohio and United States (Ohio Department of Health and The Ohio State University, 2019; Ohio Public Health Information Warehouse, n.d.; National Cancer Institute, 2020)

	Data Years	Pickaway County	Ohio	U.S.
Non-Hodgkin Lymphoma (Average annual age-adjusted incidence rates per 100,000 population)	2011-2015	22.5	19	19.4
Non-Hodgkin Lymphoma (Average annual age-adjusted incidence rates per 100,000 population)	2013-2017	22.5	19.2	19.6
Non-Hodgkin Lymphoma (Average annual age-adjusted mortality rates per 100,000 population)	2011-2015	8	6.4	5.7
Non-Hodgkin Lymphoma (Average annual age-adjusted mortality rates per 100,000 population)	2013-2017	9	6	5.5
Oral Cavity and Pharyngeal Cancer (Average annual age-adjusted incidence rates per 100,000 population)	2011-2015	12.8	11.7	11.3
Oral Cavity and Pharyngeal Cancer (Average annual age-adjusted incidence rates per 100,000 population)	2013-2017	12.3	12.1	11.4
Oral Cavity and Pharyngeal Cancer (Average annual age-adjusted mortality rates per 100,000 population)	2011-2015	2.4	2.6	2.5
Oral Cavity and Pharyngeal Cancer (Average annual age-adjusted mortality rates per 100,000 population)	2013-2017	–	2.7	2.5
Ovarian Cancer (Average annual age-adjusted incidence rates per 100,000 population)	2011-2015	10.9	11.4	11.6
Ovarian Cancer (Average annual age-adjusted incidence rates per 100,000 population)	2013-2017	11.3	10.6	11.2
Ovarian Cancer (Average annual age-adjusted mortality rates per 100,000 population)	2011-2015	4.3	7.3	7.2
Ovarian Cancer (Average annual age-adjusted mortality rates per 100,000 population)	2013-2017	–	7.1	6.9

Continuation of Appendix B – 8. Summary of Cancer Data, Pickaway County versus Ohio and United States (Ohio Department of Health and The Ohio State University, 2019; Ohio Public Health Information Warehouse, n.d.; National Cancer Institute, 2020)

	Data Years	Pickaway County	Ohio	U.S.
Pancreatic Cancer (Average annual age-adjusted incidence rates per 100,000 population)	2011-2015	11.1	12.7	12.6
Pancreatic Cancer (Average annual age-adjusted incidence rates per 100,000 population)	2013-2017	15.9	13.0	13.1
Pancreatic Cancer (Average annual age-adjusted mortality rates per 100,000 population)	2011-2015	12.2	11.6	10.9
Pancreatic Cancer (Average annual age-adjusted mortality rates per 100,000 population)	2013-2017	13.8	11.7	11
Prostate Cancer (Average annual age-adjusted mortality rates per 100,000 population)	2013-2017	8.7	19.1	19.1
Stomach Cancer (Average annual age-adjusted incidence rates per 100,000 population)	2011-2015	8	6.4	7.2
Stomach Cancer (Average annual age-adjusted incidence rates per 100,000 population)	2013-2017	9.9	6.3	7.3
Stomach Cancer (Average annual age-adjusted mortality rates per 100,000 population)	2011-2015	4.8	2.7	3.3
Stomach Cancer (Average annual age-adjusted mortality rates per 100,000 population)	2013-2017	4.1	2.6	3.1
Uterine Cancer (Average annual age-adjusted incidence rates per 100,000 population)	2011-2015	28.7	29.2	26
Uterine Cancer (Average annual age-adjusted incidence rates per 100,000 population)	2013-2017	30.8	30.7	?
Uterine Cancer (Average annual age-adjusted mortality rates per 100,000 population)	2011-2015	5	5	4.5
Uterine Cancer (Average annual age-adjusted mortality rates per 100,000 population)	2013-2017	–	5.2	?

Continuation of Appendix B – 8.   Summary of Cancer Data, Pickaway County versus Ohio and United States (Ohio Department of Health and The Ohio State University, 2019; Ohio Public Health Information Warehouse, n.d.; National Cancer Institute, 2020)

	Data Years	Pickaway County	Ohio	U.S.
Cervical Cancer (Average annual age-adjusted incidence rates per 100,000 population)	2011-2015	10.1	7.6	7.4
Cervical Cancer (Average annual age-adjusted incidence rates per 100,000 population)	2013-2017	8.4	7.9	7.4
Hodgkin Lymphoma (Average annual age-adjusted incidence rates per 100,000 population)	2011-2015	3.8	2.8	2.5
Hodgkin Lymphoma (Average annual age-adjusted incidence rates per 100,000 population)	2013-2017	4	2.8	2.6
Hodgkin Lymphoma (Average annual age-adjusted mortality rates per 100,000 population)	2013-2017	–	0.3	0.3
Testicular Cancer (Average annual age-adjusted incidence rates per 100,000 population)	2011-2015	4.2	5.6	5.7
Testicular Cancer (Average annual age-adjusted incidence rates per 100,000 population)	2013-2017	5.1	5.7	5.9
Testicular Cancer (Average annual age-adjusted mortality rates per 100,000 population)	2013-2017	–	0.3	0.3
Thyroid Cancer (Average annual age-adjusted incidence rates per 100,000 population)	2011-2015	16.1	14.8	19.5
Thyroid Cancer (Average annual age-adjusted incidence rates per 100,000 population)	2013-2017	15.5	15.2	15.7
Thyroid Cancer (Average annual age-adjusted mortality rates per 100,000 population)	2013-2017	–	0.5	0.5

Continuation of Appendix B – 8. Summary of Cancer Data, Pickaway County versus Ohio and United States (Ohio Department of Health and The Ohio State University, 2019; Ohio Public Health Information Warehouse, n.d.; National Cancer Institute, 2020)

	Data Years	Pickaway County	Ohio	U.S.
Prevalence of Mammography in the Past Two Years among Women Ages 50-74	2014-2016	71.7%	76.4%	77.5%
Prevalence of Mammography in the Past Two Years among Female Medicare Enrollees Ages 67-69	2014	59.9%	—	—
Female Breast Cancer (% cases diagnosed at late (regional or distant) stage)	2011-2015	31.4%	28.2%	27.3%
Prevalence of Pap Testing in the Past Three Years among Women Ages 21-65	2014-2016	—	75.6%	79.7%
Cervical Cancer (% cases diagnosed at late (regional or distant) stage)	2011-2015	64.3%	51.9%	51.9%
Prevalence of Meeting Colorectal Cancer Screening Guidelines among Adults Ages 50-75	2014-2016	63.9%	66.4%	67.1%
Colon and Rectum Cancer (% cases diagnosed at late (regional or distant) stage	2011-2015	54.3%	52.7%	53.1%
Prevalence of Current Smoking among Adults Ages 18 and Older	2016	20.6%	22.5%	17.1%

Appendix C. Summary of Participants in the Pickaway County Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)

1. Adena Health Systems

- **Knowledge and skills in public health?** Yes
- **Description of the medically underserved, low-income or minority populations represented by organization:** Serves all persons
- **Inputs:** Participated in the Pickaway County Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)
- **Time frame of input:** 2019-2020
- **Website:** https://www.adena.org/
- **Mission of organization:** "Called to serve our communities"
- **Examples of programs and services** (Adena Health System, 2009-2021)**:**
    + **Online 2-1-1 Resource Directory** — in partnership with Scioto Paint Valley Mental Health Center, the directory provides information about community resources, services for older adults, childcare, access to food and shelters, local support groups, and other community resources
    + **Breast Cancer Emergency Assistance** — assure breast cancer patients with emergency financial assistance to receiving treatment
    + **Family Fit Program** — in partnership with the YMCA of Ross County, the program offers tools and resources to families as means of preventing childhood obesity
    + **Move More** — encourages caregivers and community residents to exercise at least 30 minutes if moderate physical activity daily or most days of the week
    + **Sexual Assault Survivor Advocate Program** — through a volunteer pool, the program provides advocacy to women, men and children who have experienced sexual or domestic violence, child and/or elder abuse or hate crimes
    + **Walk with a Doc** — encourages residents to be physically active and participate in discussion of various topics.

2. Circleville Fire and EMS

- **Knowledge and skills in public health?** Yes
- **Description of the medically underserved, low-income or minority populations represented by organization:** Provides fire protection and emergency response services to the Circleville community
- **Inputs:** Participated in the Pickaway County Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)
- **Time frame of input:** 2019-2020
- **Website/Physical address:** https://www.ci.circleville.oh.us/160/Fire-EMS
- **Mission of organization:** "To prevent the loss of life and property"
- **Examples of programs and services** (Circleville City Hall, n.d.)**:**
    + Training and education
    + Response to medical emergencies, motor vehicle accidents, rescue calls, and incidents involving hazardous materials
    + Prevention awareness and education
    + Training

3. Circleville Post Acute

- **Knowledge and skills in public health?**   Yes
- **Description of the medically underserved, low-income or minority populations represented by organization:**   Serves all persons needing short- and long-term rehabilitation, skilled nursing services, wound care, palliative care and hospice services
- **Inputs:** Participated in the Pickaway County Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)
- **Time frame of input:** 2019-2020
- **Website:** https://circlevillepa.com/
- **Mission of organization:** "At Circleville Post Acute, we strive to provide the best resident care while creating a warm and comfortable atmosphere. We offer short and long-term stays and skilled rehabilitation services. Circleville Post Acute is a 95-bed facility that provides a wide array of services to support our patients. You can feel comfortable with our specialized nursing staff, physicians, therapists, dietitians, and social workers. We are here to assist you and create a comfortable and compassionate home for your loved one."
- **Examples of programs and services** (Circleville Post Acute, 2021):
    + Activities such as social gatherings, music performance, arts and crafts
    + Outpatient therapy
    + Palliative care
    + Post-acute rehabilitation
    + Skilled nursing
    + Social services
    + Wound care program

4. Haven House of Pickaway County, Inc.

- **Knowledge and skills in public health?**   Yes
- **Description of the medically underserved, low-income or minority populations represented by organization:**   Serves survivors of domestic violence
- **Inputs:** Participated in the Pickaway County Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)
- **Time frame of input:** 2019-2020
- **Website:**   https://www.havenhouse1180.com/
- **Mission of organization:** "We strive to empower survivors of domestic violence by providing advocacy, shelter, support and safety planning."
- **Examples of programs and services** (Haven House of Pickaway County, Inc., n.d.):
    + Crisis intervention
    + Case management
    + Legal advocacy
    + Referrals
    + Support groups
    + Individual counseling

5. **Head Start**

- **Knowledge and skills in public health?**   Yes
- **Description of the medically underserved, low-income or minority populations represented by organization:**   Serves Pickaway County children ages 3-5 years to promote school readiness and promote children's development.
- **Inputs:** Participated in the Pickaway County Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)
- **Time frame of input:** 2019-2020
- **Website:**   https://www.picca.info/head-start
- **Mission of organization: "**To provide comprehensive services to children ages 3-5 years to promote school readiness and enhances children's development"
- **Examples of programs and services** (Pickaway County Community Action Agency, n.d.):
  + Early learning
  + Health
  + Family engagement
  + Head Start services at (a) **Ashville Neighborhood Center**, 97 Miller Avenue, Ashville, Ohio 43103; (b) **Corwin Center Head Start**, 145 East Corwin Street, Circleville, Ohio 43113; (c) **Ohio Center**, 722 Clinton Street, Circleville, Ohio 43113; (d) **Westfall Elementary School**, 9391 State Route 56, Williamsport, Ohio 43164; (e) **Circleville Elementary School**, 100 Tiger Drive, Circleville, Ohio 43113

6. **Hospital Council of Northwest Ohio** (expertise in public health)

- **Representative:** Gabrielle McKinnon
- **Description of the medically underserved, low-income or minority populations represented by organization:**   Serves all persons needing health care services
- **Inputs:** Participated in the Pickaway County Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)
- **Time frame of input:** 2019-2020
- **Website:**   http://www.hcno.org/
- **Mission of organization:** The Hospital Council of Northwest Ohio is a member-driven organization that represents and advocates on behalf of its member hospitals and health systems and provides collaborative opportunities to enhance the health status of the citizens of northwest Ohio. The Hospital Council of Northwest Ohio is dedicated to bringing together northwest Ohio's health care leaders, providing collaborative opportunities to address healthcare providers' shared concerns, developing creative health related initiatives to improve the region's health status, and providing educational programs for the healthcare sector.
- **Examples of programs and services** (Hospital Council of Northwest Ohio, 2021):
  + Community health needs assessment and Planning and evaluation services
  + Clergy badges
  + Regional programs such as (a) Northwest Ohio Pathways Hub; Northwest Ohio Disaster Preparedness; Northwest Ohio Trauma Registry; Healthcare Heroes

7. OhioHealth and OhioHealth Berger Hospital

- **Representatives:**   Mary Ann G. Abiado, PhD, MSN, RN, data management and evaluation specialist, and community health nurse, Tracy VanHorn, volunteer coordinator, OhioHealth Berger Hospital
- **Knowledge and skills in public health?**   Yes
- **Description of the medically underserved, low-income or minority populations represented by organization:**   Serves all people regardless of ability to pay
- **Inputs:** (a) Coordinated the Pickaway County Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)
- **Time frame of input:** 2019-2020
- **Website:**   www.ohiohealth.com
- **Mission of organization:** "To improve the health of those we serve."
- **Examples of programs and services** (OhioHealth, 2015-2021)**:**
    + Inpatient healthcare services
    + Outpatient healthcare services
    + Imaging and other ambulatory services
    + Community relations and partnerships
    + Government relations
    + Research
    + Medical, nursing, and allied health profession training
    + Workplace and community programs

8. Pickaway Addiction Action Coalition (expertise in public health)

- **Knowledge and skills in public health?**   Yes
- **Description of the medically underserved, low-income or minority populations represented by organization:**   Serves residents of Pickaway County, Ohio
- **Inputs:** Participated in the Pickaway County Community Health Assessment and Community Health Improvement Plan
- **Time frame of input:** 2019-2020
- **Website:**   http://www.drugfreepickaway.com/
- **Mission of organization:** "To develop, implement, evaluate and sustain multi-strategy Pickaway County-wide efforts to prevent drug abuse, addiction, overdose, and death for our citizens"
- **Examples of programs and services** (Pickaway Addiction Action Coalition, n.d.):
    + Community awareness and education on substance use and overdose prevention
    + Community partnerships
    + Community engagement

9. Pickaway County Board of Developmental Disabilities (expertise in public health)

- **Knowledge and skills in public health?**   Yes
- **Description of the medically underserved, low-income or minority populations represented by organization:**   Serves people with disabilities residing in Pickaway County
- **Inputs:** Participated in the Pickaway County Community Health Assessment and Community Health Improvement Plan
- **Time frame of input:** 2019-2020
- **Website:**   https://www.pickawaydd.org/
- **Mission of organization:** "Empower people with developmental disabilities to live, learn, work and be involved in their community"
- **Examples of programs and services** (Pickaway County Board of Developmental Disabilities, 2020):
    + Residential services
    + Health and respite
    + Employment services
    + Early intervention including play groups, health, and respite

10. **Pickaway County Community Action Agency (PICCA)** (expertise in public health)

- **Representative:** Becky Hammond, executive director
- **Knowledge and skills in public health?** Yes
- **Description of the medically underserved, low-income or minority populations represented by organization:** Serves all residents of Pickaway County
- **Inputs:** Attended the June 29, 2020 community health needs prioritization meeting that was hosted by OhioHealth Berger Hospital by WebEx
- **Timeframe of input:** 2019-2020
- **Website:** https://www.picca.info/aboutus
- **Mission of organization:** "The Pickaway County Community Action Organization's mission is to be an active agent and partner for change in Pickaway County by providing opportunities which empower people in poverty to become self-sufficient and improve their quality of life."
- **Examples of programs and services** (Pickaway County Community Action Agency, n.d.):
  + Early childhood services
  + Empowerment services
  + Energy outreach services
  + Homeless services
  + Housing and transportation services

11. **Pickaway County Educational Services Center**

- **Knowledge and skills in public health?** Yes
- **Description of the medically underserved, low-income or minority populations represented by organization:** Serves all four Pickaway County school districts, including Logan Elm Local Schools, Teays Valley Local Schools, Westfall Local Schools, and Circleville City Schools
- **Inputs:** Participated in Pickaway County Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)
- **Time frame of input:** 2019-2020
- **Website/Physical address:** https://www.pickawayesc.org/pickawayesc_home.aspx
- **Mission of organization:** "To be the educational leader in providing high quality services to schools and families in Pickaway County, and to facilitate the collaboration of quality services among the community agencies that serve children.
- **Examples of programs and services** (Pickaway County Educational Service Center, n.d.):
  + Local professional development
  + Bus driver certification and pre-service training
  + Pickaway County Student Leadership Conference
  + Scholarships
  + Teacher applicant records
  + Substitute teacher applications
  + Home school applications and records
  + Pickaway County Pathways for Success
  + Classes for college credits

12. Pickaway County Emergency Management and Homeland Security (expertise in public health)

- **Knowledge and skills in public health?**   Yes
- **Description of the medically underserved, low-income or minority populations represented by organization:**   Serves all persons
- **Inputs:** Participated in Pickaway County Community Health Assessment and Community Health Improvement Plan
- **Time frame of input:** 2019-2020
- **Website:**   https://pickawayema.org/;
- **Mission of organization:** "Responsible for ensuring that Pickaway County is able to prepare for, respond to, recover from, and mitigate the effects of any natural or manmade disaster that may impact the County.
- **Examples of programs and services** (Pickaway County Emergency Management and Homeland Security, 2021):
    + Hosting of the Local Emergency Planning Committee as a means to prepare for chemical and hazardous substance emergencies and initiate a response
    + Public awareness of emergencies and creation of emergency supply list
    + COVID-19 response
    + Hazard mitigation

13. Pickaway County Job and Family Services (expertise in public health)

- **Knowledge and skills in public health?**   Yes
- **Description of the medically underserved, low-income or minority populations represented by organization:**   Serves all Pickaway County residents
- **Inputs:** Participated in Pickaway County Community Health Assessment and Community Health Improvement Plan
- **Time frame of input:** Participated in Pickaway County Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)
- **Website/Physical address:**   http://www.pickawayjfs.org/
- **Mission of organization:** "Through leadership and partnering with our community, we assist and encourage the people of Pickaway County to become safe, stable, healthy, and self-sufficient individuals and families, with opportunities for growth. We do this by exploring their strengths and needs and providing quality services"
- **Examples of programs and services** (Pickaway County Job and Family Services, n.d.):
    + Children services
    + Child support
    + Adult and family services
    + Community partners
    + Employment services

14. Pickaway County Library

- **Knowledge and skills in public health?** Yes
- **Description of the medically underserved, low-income or minority populations represented by organization:** Serves all State of Ohio residents
- **Inputs:** Participated in Pickaway County Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)
- **Time frame of input:** 2019-2020
- **Website:** https://www.pickawaylib.org/
- **Mission of organization:** "The Pickaway County Library will provide information and services to engage, educate, entertain and enrich our community."
- **Examples of programs and services** (Pickaway County Library, 2021)
    + Online catalog of books, movies, and other learning materials
    + 1,000 books before kindergarten
    + Dolly Parton's Imagination Library
    + Meeting rooms and notary

15. Pickaway County Public Health (expertise in public health)

- **Representatives:** Adam Negley (Health Commissioner); Sasha Payadnya (Quality and Accreditation Coordinator; resigned)
- **Description of the medically underserved, low-income or minority populations represented by organization:** Serves all residents of Pickaway County
- **Inputs:** Participated in the Pickaway County Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)
- **Time frame of input:** 2019-2020
- **Website:** https://pickawaycountypublichealth.org/
- **Mission of organization:** "Protect and improve the health of Pickaway County residents through the provision of quality public health services"
- **Examples of programs and services** (Pickaway County Public Health, n.d.):
    + Implementation of the Pickaway County Community Health Assessment and Community Health Improvement Plan
    + Provide clinical health services to promote healthy lifestyles
    + Provide environmental health services such as licensing, inspecting local food services, retail food, campgrounds, public pools and spas, and local food vendors
    + Issue vital statistics records such as (but not limited to) birth and death certificates

16. Shieber Family Pharmacy

- **Knowledge and skills in public health?**   Yes
- **Description of the medically underserved, low-income or minority populations represented by organization:**   Serves all persons
- **Inputs:** Participated in the Pickaway County Community Health Assessment and Community Health Improvement Plan
- **Time frame of input:** 2019-2020
- **Website:**   https://www.schieberpharmacy.com/about
- **Mission of organization:** "Quality care means more than just prompt prescriptions. To us, quality care means that you get the prescriptions and medications you need, along with the personal care and attention you deserve."
- **Examples of programs and services** (Schieber Family Pharmacy, 2021)**:**
    + **Adherence packaging** — organize patients medicines using multi-dose packaging to encourage adherence to medications
    + **Access to Gvoke Hypopen®**— autoinjector for very low blood sugar
    + Immunizations
    + **Education about Medicare Open enrollment** — to help make informed decisions about prescription drug coverage
    + **Medication synchronization** — allows patients to pick up all their medications in one trip
    + **Medication therapy management** — pharmacists complete a comprehensive medication review and discuss with patients' medication schedule, concerns, therapy duplications, assist with creation of a personalized action plan, and answer questions

17. The Ohio State University Extension Pickaway County

- **Representative**   Michelle Treber, MA, Extension Educator
- **Knowledge and skills in public health?**   Yes
- **Description of the medically underserved, low-income or minority populations represented by organization:**   Serves all persons residing in Pickaway County
- **Inputs:** Participated in the Pickaway County Community Health Assessment and Community Health Improvement Plan
- **Time frame of input:** 2019-2020
- **Website:**   https://pickaway.osu.edu/home
- **Mission of organization:** "Ohio State University Extension brings the knowledge of the university directly to you. We fulfill the land-grant mission of The Ohio State University by interpreting knowledge and research developed by Extension and other faculty and staff at the Ohio Agricultural Research and Development Center, Ohio State main campus, and other land-grant universities – so Ohioans can use the scientifically based information to better their lives, businesses and communities."
- **Examples of programs and services** (The Ohio State University, 2021):
    + 4-H youth development
    + Agriculture and natural resources
    + Community development and STEM-focused (Science, Technology, Engineering, and Math)

Appendix D. Summary of Outcomes from the Fiscal Year 2022 OhioHealth Berger Hospital Implementation Strategy

Need #1:   Mental Health and Addiction (MHA)

MHA – 1.   Employ a suicide screening tool for all patients in the emergency department and admitted to the hospital.

Outcomes from July 1, 2021 to September 30, 2021

	Number of Patients Screened for Suicide (July 1 to September 30, 2021)	Diagnosed with Suicide Attempt	Diagnosed with Suicide Ideation
OhioHealth Berger Hospital Emergency Department	5,899 patients	5 patients	50 patients
OhioHealth Berger Hospital Inpatient Admissions (including Labor and Delivery Unit)	489 patients	3 patients	0 patients

The identification and management of patients at risk for harm to self (suicide) on inpatient units were based from guidelines in the OhioHealth Policy OH.POL.P-100.050 that was approved from the OhioHealth Quality Management Council on March 2019. Patients placed on "Suicide Precaution".

Precautions for the patient at risk for suicide are implemented to ensure the patient's safety by providing continuous observation. Practitioners and other members of the Hospital staff are responsible for identifying patients at risk and for maintaining the safety of patients by ensuring proper assessment, adequate observation, and providing a safe environment. Precautions are maintained until the risk is determined to be eliminated by a physician or appropriately credentialed advance practice professions or the patient is transferred to an inpatient psychiatric unit. Education of the patient and family regarding suicide risk, assessment, and actions to provide a safe environment were completed.

MHA – 2.   OhioHealth Berger Hospital's Pain Management Clinic will work collaboratively with OhioHealth Physician Group provider(s) to monitor the use of pain medication by pain clinic patients.

Outcomes from July to September 2021

Name of OhioHealth Physician Group Clinic in Pickaway County	Address	Count of Patients Served and Pain Medications Monitored
OhioHealth Heart and Vascular Physicians	600 N Pickaway St Suite 102, Circleville, Ohio 43113	1,997 patients
OhioHealth Physician Group, Neuroscience	600 N Pickaway St Suite 200,Circleville, Ohio 43113	83 patients
OhioHealth Physician Group, Neuroscience	600 N Pickaway #107, Circleville, Ohio 43113	185 patients
OhioHealth Obstetrics and Gynecology Physicians	600 N Pickaway St 2nd Floor, Circleville, Ohio 43113	1,408 patients
OhioHealth Obstetrics and Gynecology Physicians	210 Sharon Rd Ste C, Circleville, Ohio 43113	129 patients
OhioHealth Physician Group Endocrinology	1180 N Court St, Circleville, Ohio 43113	932 patients
OhioHealth Physician Group Endocrinology	9085 Southern St Ste B-200, Orient, Ohio 43146	963 patients
OhioHealth Physician Group Primary Care	1180 N Court St, Circleville, Ohio 43113	3,015 patients
OhioHealth Physician Group Primary Care	210 Sharon Rd Ste C, Circleville, Ohio 43113	4,669 patients
OhioHealth Physician Group Primary Care	27 Walnut St, Ashville, Ohio 43103	806 patients
OhioHealth Physician Group Primary Care	299 Main St. W, Ashville, Ohio 43103	979 patients
OhioHealth Physician Group Primary Care	9085 Southern St., Ste 150, Orient, Ohio 43146	1,093 patients
OhioHealth Physician Group Pulmonary Physicians	600 N Pickaway St 2nd Floor, Circleville, Ohio 43113	279 patients
OhioHealth Physician Group Urology	600 N Pickaway St Ste 402, Circleville, Ohio 43113	1,960 patients
OhioHealth Physicians Group Medical Oncology and Hematology	600 N Pickaway St Ste 1810, Circleville, Ohio 43113	202 patients
OhioHealth Physicians Group Orthopedic and Sports Medicine	130 Morris Rd, Circleville, Ohio 43113	3,265 patients
OhioHealth Surgical Specialists	600 N Pickaway St Ste 203, Circleville, Ohio 43113	716 patients

MHA – 3.   Collaborate with area high schools in offering initial and random drug screening in association with Drug Free Clubs of America.

Outcomes from July to September 2021

School	Date of Drug Screens	Students Screened by OhioHealth Berger Hospital	Role of Drug–Free Clubs of America
Circleville High School	September 2, 2021	112 students	(a) Collects positive drug test results (b) Provided follow-up and education to students who tested positive
Circleville High School	September 3, 2021	57 students	(a) Collects positive drug test results (b) Provided follow-up and education to students who tested positive
Circleville High School	September 14, 2021	14 students	(a) Collects positive drug test results (b) Provided follow-up and education to students who tested positive
Westfall High School	September 22, 2021	108 students	(a) Collects positive drug test results (b) Provided follow-up and education to students who tested positive

Need #2:   Chronic Disease (CD)

CD – 1.   Offer diabetes clinical services and health and wellness education.

Outcomes from July to September 2021

Diabetes clinical services and health and wellness education is offered through the OhioHealth Dietician located in the hospital. Patients are referred to dietitian services from their primary care providers. Each physician and advanced practice provider also provides succinct education and counseling about diabetes self-care and management.

Name of OhioHealth Physician Group Clinic in Pickaway County; Name of Hospital (Inpatient)	Address	Count of Patients Served	Count of Patients with Diabetes and Educated about Diabetes Care and/or Management as part of Standard of Care
OhioHealth Physician Group Endocrinology (outpatient)	1180 N Court St, Circleville, Ohio 43113	932 patients	557 patients
OhioHealth Physician Group Endocrinology (outpatient)	9085 Southern St. Ste B-200, Orient, Ohio 43146	963 patients	447 patients
OhioHealth Physician Group Primary Care (outpatient)	1180 N Court St, Circleville, Ohio 43113	3,015 patients	389 patients
OhioHealth Physician Group Primary Care (outpatient)	210 Sharon Rd Ste C, Circleville, Ohio 43113	4,669 patients	684 patients
OhioHealth Physician Group Primary Care (outpatient)	27 Walnut St, Ashville, Ohio 43103	806 patients	166 patients
OhioHealth Physician Group Primary Care (outpatient)	299 Main St. W, Ashville, Ohio 43103	979 patients	130 patients
OhioHealth Physician Group Primary Care (outpatient)	9085 Southern St., Ste 150, Orient, Ohio 43146	1,093 patients	148 patients
OhioHealth Berger Hospital (inpatient)	600 N. Pickaway St., Circleville, Ohio 43113	10,675 patients	1,313 patients

CD – 2.   Offer heart and vascular clinical services and health and wellness education.

Name of OhioHealth Physician Group Clinic in Pickaway County; Name of Hospital (Inpatient)	Address	Count of Patients Served	Count of Patients with Heart Disease
OhioHealth Heart and Vascular Physicians	600 N Pickaway St Suite 102, Circleville, Ohio 43113	1,997 patients	1,997 patients
OhioHealth Physician Group Endocrinology (outpatient)	1180 N Court St, Circleville, Ohio 43113	932 patients	10 patients
OhioHealth Physician Group Endocrinology (outpatient)	9085 Southern St. Ste B-200, Orient, Ohio 43146	963 patients	3 patients
OhioHealth Physician Group Primary Care (outpatient)	1180 N Court St, Circleville, Ohio 43113	3,015 patients	447 patients
OhioHealth Physician Group Primary Care (outpatient)	210 Sharon Rd Ste C, Circleville, Ohio 43113	4,669 patients	750 patients
OhioHealth Physician Group Primary Care (outpatient)	27 Walnut St, Ashville, Ohio 43103	806 patients	133 patients
OhioHealth Physician Group Primary Care (outpatient)	299 Main St. W, Ashville, Ohio 43103	979 patients	123 patients
OhioHealth Physician Group Primary Care (outpatient)	9085 Southern St., Ste 150, Orient, Ohio 43146	1,093 patients	108 patients
OhioHealth Berger Hospital (inpatient)	600 N. Pickaway St., Circleville, Ohio 43113	10,675 patients	2,477 patients

CD – 3.   Offer weight management clinical services and health and wellness education

Patients who were obese were given education on weight management as part of standard of care provided by the primary care providers and/or dietitian. Education reviewed by the dietitian includes but is not limited to information on macronutrients (carbohydrates, fat, and protein, MyPlate food guidelines (www.myplate.gov), and healthy snacking. Other education varies depending on patient goals may include but is not limited to physical activity, water/beverage intake, meal planning, food journaling, supplements, and tips for cooking and mindful eating.

Name of OhioHealth Physician Group Clinics (Outpatient Clinics) & Berger Hospital (Inpatient)	Address	Count of Patients Served	Count of Patients Who were Obese and Educated on Weight Management as part of Standard of Care
OhioHealth Heart and Vascular Physicians	600 N Pickaway St Suite 102, Circleville, Ohio 43113	1,997 patients	47 patients
OhioHealth Obstetrics and Gynecology Physicians	600 N Pickaway St 2nd Floor, Circleville, Ohio 43113	1,408 patients	5 patients
OhioHealth Obstetrics and Gynecology Physicians	210 Sharon Rd Ste C, Circleville, Ohio 43113	129 patients	8 patients
OhioHealth Physician Group Endocrinology	1180 N Court St, Circleville, Ohio 43113	932 patients	17 patients
OhioHealth Physician Group Endocrinology	9085 Southern St Ste B-200, Orient, Ohio 43146	963 patients	8 patients
OhioHealth Physician Group Primary Care	1180 N Court St, Circleville, Ohio 43113	3,015 patients	85 patients
OhioHealth Physician Group Primary Care	210 Sharon Rd Ste C, Circleville, Ohio 43113	4,669 patients	229 patients
OhioHealth Physician Group Primary Care	27 Walnut St, Ashville, Ohio 43103	806 patients	31 patients
OhioHealth Physician Group Primary Care	299 Main St. W, Ashville, Ohio 43103	979 patients	58 patients
OhioHealth Physician Group Primary Care	9085 Southern St., Ste 150, Orient, Ohio 43146	1,093 patients	17 patients
OhioHealth Physician Group Pulmonary Physicians	600 N Pickaway St 2nd Floor, Circleville, Ohio 43113	279 patients	2 patients
OhioHealth Berger Hospital	600 N. Pickaway St., Circleville, Ohio 43113	10,675 patients	517 patients

CD – 4. **Strengthen partnerships that promote health behaviors and/or community conditions to reduce the prevalence of heart disease, diabetes and obesity in Pickaway County (This strategy aligns with the 2020-2022 Ohio State Health Improvement Plan)**

Outcomes from July 1 to September 30, 2021

    CD – 4.1. **OhioHealth Berger Hospital Community Partnerships** — continues to develop relationships within the community, with other health care service providers, and community stakeholders who share in the wellness education and encouragement of a healthy lifestyle.

Community Partners	Examples of Health and Wellness Programs that Address Heart Disease, Diabetes, and Obesity
Pickaway County Public Health (Pickaway County Public Health, n.d.)	(a) Immunizations (b) Communicable disease investigation (c) Tuberculosis Unit; (d) Lead poisoning investigation; (e) Sudden Infant Death Syndrome follow-ups (f) Public Emergency Preparedness (g) Nuisance Abatement Program; (h) Rabies Program (i) School Environmental Health and Safety Program (j) Solid Waste Program
Pickaway County Family YMCA (YMCA of Central Ohio, 2021)	(a) Health and fitness; (b) Swimming; (c) Programs for kids and family; (d) Programs for early childhood; (e) Programs for school age and youth; (f) social services programs
Pickaway County Park District (Pickaway County Park District, n.d.)	(a) Pickleball in Pickaway County; (b) "Fabulous 50 Group Walks – Winter Series; (c) various education programs; (d) Jr. Conservationist Program
School Districts (Circleville City Schools, Logan Elm Schools, Westfall Schools, Teays Valley Schools, Pickaway Ross Vocational School) (Circleville City Schools, 2021; Logan Elm Schools, 2021; Westfall Schools, 2021; Teays Valley Schools, 2021; Pickaway Ross Vocational District, 2021)	(a) COVID-19 guidelines implementation; (b) health care services of school nurse
Ohio Christian University (Ohio Christian University, n.d.)	(a) Office of Emergency Management coordinates and leads overall emergency prepared ness and disaster resilience
Pickaway County Library (Pickaway County Library, 2021)	(a) 1,000 Books Before Kindergarten (b) Dolly Parton's Imagination Library; (c) Bookmobile (d) A Matter of Balance
Well-being Foundation of Pickaway County (The Columbus Foundation, 2020)	(a) Promotes wellness programs and services

CD –4.2.   Alignment with the State Health Improvement Plan (County Health Rankings, 2021)

Measure	Date	Pickaway County	Ohio
Diabetes prevalence (Percentage of adults aged 20 and above with diagnosed diabetes)	2017	16%	12%
Adult smoking (Percentage of adults who are current smokers (age-adjusted).	2018	24%	21%
Adult obesity (Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m^2)	2017	35%	34%
Physical inactivity (Percentage of adults age 20 and over reporting no leisure-time physical activity.)	2017	29%	26%

Need #3:   Maternal and Infant Health (MIH)

MIH – 1.   Employ a suicide-screening tool for all patients in the emergency department and admitted to the hospital.

Outcomes from July 1 to September 30, 2021

All patients who come to the OhioHealth Berger Hospital Emergency Department are screened for suicide using the six-item Columbia Suicide Severity Rating Scale (C-SSRS) (Columbia University, 2021).

Name of Care Site	Count of pregnant women served and assessed for suicide risk	Top 10 Diagnoses of Pregnant Patients	Count of Pregnant Patients with Diagnosis
OhioHealth Berger Hospital	68	Other long-term (current) drug therapy	50
		Encounter for supervision of normal pregnancy, unspecified trimester	36
		Contact with and suspected exposure to COVID-19	26
		Nicotine dependence, cigarettes, uncomplicated	24
		Unspecified abdominal pain	22
		Less than 8 weeks gestation of pregnancy	20
		Pelvic and perineal pain	17
		Weeks of gestation of pregnancy not specified	17
		Other specified diseases and conditions complicating pregnancy	15
		Encounter for other specified antenatal screening	14

MIH – 2.   Refer patients to Help Me Grow by providing paperwork for intake and collaborate with Help Me Grow for gathering outcomes data.

Outcomes from July 1 to September 30, 2021

Name of Care Site	Count of Mothers Provided Information for Help Me Grow	Reasons for Referral	Hospital Social Worker Actions	Number of Mothers and Infants Referred
OhioHealth Berger Hospital Postpartum Unit	62	(a) Low birth weight (b) Little or no prenatal care (c) Young mother (d) First-Time Mother (e) Drug use history for mother	(a) Provided Help Me Grow Information (b) Provided contact number and application card	7

MIH – 3. **Provide patients information regarding Early Head Start program for their newborn and other young children.**

Outcomes from July 1 to September 30, 2021

Name of Care Site	Count of Mothers Provided with Head Start Program Information	Hospital Team Member Actions	Services Provided by Early Head Start Program
OhioHealth Berger Hospital Postpartum Unit	62	(a) Provided Head Start Information (b) Provided contact number and application card	(a) At-home learning services (b) Family engagement (c) Home visits (d) Support network

MIH – 4. **Provide education about postpartum care, signs and symptoms of postpartum depression and provision of education booklet.**

Outcomes from July 1 to September 30, 2021

Name of Care Site	Count of Mothers Provided with Postpartum Depression Information	Hospital Team Member Actions	Educational Content of Book
OhioHealth Berger Hospital Postpartum Unit	62	Provided the OhioHealth booklet "A Guide to Caring Yourself and Your Baby"	(a) Definition of postpartum depression and prevalence rate (b) Postpartum care for mothers and babies (c) Signs and symptoms of postpartum depression (d) Possible treatment of postpartum depression through counseling, medication, and support

MIH – 5. **Provide education regarding Shaken Baby Syndrome and obtaining parent signatures and commitment for baby safety.**

Outcomes from July 1 to September 30, 2021

MIH – 5.1. **Education.**

Name of Care Site	Count of Mothers Provided with Shaken Baby Syndrome Information	Hospital Team Member Actions	Educational Content of Book
OhioHealth Berger Hospital Postpartum Unit	62	Provided the OhioHealth booklet "A Guide to Caring Yourself and Your Baby"	(a) Dangers of shaking a baby (b) Instructions to give to caregivers to prevent Shaken Baby Syndrome (c) Signs and symptoms of "Shaken Baby Syndrome"

MIH – 5.2.   Written agreement to keep baby safe.

Name of Care Site	Count of Mothers Who Signed Agreement to Keep Their Baby Safe	Hospital Team Member Actions	Details of Signed Agreement
OhioHealth Berger Hospital Postpartum Unit	62	Obtained parent's signed commitment to keep baby safe.	(a) Crying is normal. Babies cry 2-3 hours a day. Crying can last an hour at a time. Babies cry more often in the afternoon and evening. (b) Mother's agree not to shake their baby which can seriously injure or kill their baby. (c) Mother's write down steps they will follow to soothe their baby instead of shaking them. (d) Mothers then write in a friend to call for help if they become stressed. (e) Mother's agree to provide caregivers with specific instructions not to shake their baby and tell them to call her if they are stressed by the babies crying. (f) Mother's agree to not leave their baby with anyone who will become agree over the babies' cries.

MIH – 6.   Offer lactation consultation at OhioHealth Berger Hospital post-delivery.

Outcomes from July 1 to September 30, 2021

MIH – 6.1.   Education from the OhioHealth book "A Guide to Caring for Yourself and Your Baby"

Name of Care Site	Count of Mothers Who Signed Agreement to Keep Their Baby Safe	Hospital Team Member Actions	Details of Signed Agreement
OhioHealth Berger Hospital Postpartum Unit	62	Postpartum mothers were provided the OhioHealth booklet "A Guide to Caring Yourself and Your Baby"	(a) Education on breastfeeding education such as milk production, positioning, attachment, lactation consults, supplemental feedings, troubleshooting, breast milk collection and storage.

MIH – 6.2.   Access to Lactation Consultation Services

Name of Care Site	Count of Mothers Who Were Offered OhioHealth's Lactation Consultation Services	Hospital Team Member Actions	Details of Lactation Consult Services
OhioHealth Berger Hospital Postpartum Unit	62	Pregnant mothers were offered access to lactation consultation services that are provided by lactation specialists Shared OhioHealth online resources on breastfeeding	(a) Breastfeeding preparations (b) Prenatal breast assessment and breast care instruction (c) Attachment and positioning techniques (d) Milk quantity assessment (e) Nipple soreness (f) Breastfeeding observation and coaching (g) Access to the OhioHealth Breastfeeding HelpLine and Breastfeeding Support Group

MIH – 7.   Offer up to 12 educational offerings on childbirth education, including (a) "The Journey of Pregnancy and Delivery", (b) "Postpartum Support 4th Trimester of Care", and (c) "Breastfeeding Express"

Outcomes from July 1 to September 30, 2021

Online Class/Education Pamphlet	Mode of Teaching	Content of Class/Pamphlet	Persons Served
"Safe Formula Preparation"	Pamphlet	(a) Formula preparation (b) Storage of formula (c) Cleaning and care of bottles	62
"Breastfeeding"	Pamphlet	(a) Milk production (b) Positioning (c) Attachment (d) Lactation consultation (e) Supplemental feedings (f) Troubleshooting, collection (g) Storage	62
"The Journey of Pregnancy and Delivery"	Online	(a) Review of phases of labor (b) Review of pain management (c) Review of relaxation (d) Review of breathing techniques (e) Review of when to come to the hospital and what to expect. (f) Virtual tour of the hospital's Labor and Delivery Unit	0
"Postpartum Support: Fourth Trimester of Care"	Online	(a) Recognize and understand signs and symptoms of postpartum depression and importance of self-care. (b) Review safe sleep practices and newborn care.	0
"Breastfeeding Express"	Online	(a) Natural process of breastfeeding (b) Lactation and physiology of the breast (c) Positioning of the breast (d) Identification of infant feeding cues (e) Nutritional content of breast milk (f) Storage of breast milk	0

MIH – 8.   Refer patients to "POEM" (Perinatal Outreach and Encouragement for Moms), a program by Mental Health America of Ohio.

Outcomes from July 1 to September 30, 2021

Name of Care Site	Count of Mothers Who Were Given POEM Flyer	Hospital Team Member Actions	Offerings of the POEM Program
OhioHealth Berger Hospital Postpartum Unit	**62**	The team member provided flyer about the POEM program of Mental Health America of Ohio. The POEM program provides peer support to expectant or postpartum mom experiencing postpartum depression or mood and/or anxiety disorders. The POEM staff and volunteers may make referrals to appropriate community resources.	(a) **Mom-to-Mom Support Line (614-315-8989)** — offers access to Certified Peer staff who listens, provides specialized counseling, and referrals to support services for pregnancy and infant loss (b) **Mentoring Program** — offers services of other mothers who have experienced the challenges of motherhood. The volunteer mothers provide guidance, support and information about community resources and means of coping (c) **Support Groups** — offer support from mothers who had similar experiences (d) **Rise Support for Black and African American Moms —** African American mothers offer POEM services. participants will also have access to Providers of Color Network

MIH — 9. **Work to strengthen partnerships that promote healthy behaviors and/or community conditions to improve maternal health or reduce infant mortality.** *(This strategy aligns with the 2020-2022 Ohio State Health Improvement Plan.)*

Outcomes from July 1 to September 30, 2021

MIH — 9.1. **Community partnerships**

Hospital Activity	Outcomes
Collaborative work between the OhioHealth Berger Hospital and the Pickaway County Library	Ongoing planning meetings to conduct a Community Baby Shower and Resource event starting in Fiscal Year 2022.
Referral of parents who do not have safe sleep environment for their baby to Pickaway County Public Health	No referrals were required for July, August and September 2021 as all had established safe sleeping arrangements for their newborn.
Team members from OhioHealth Berger Hospital attended Mental Health First Aid for Adults and Youths program that was coordinated by Mental Health America of Ohio. The Pickaway County Board of Developmental Disabilities sponsored the event on March 24, 2021 (Adult) and April 14, 2021 (Youth).	1 team member from the OhioHealth Berger Hospital attended the Mental Health First Aid for adults and youth classes. The concepts learned were shared to other hospital team members so they would be empowered to attend future Mental Health First Aid class offerings.
OhioHealth Berger Hospital's collaboration, support and engagement with Pickaway County Public Health	Meetings on 9/9/2021 dates discussed the following topics: Qualitative data collection findings and dates to the Community Health Assessment. Research Review of the impact of COVID-19 on Mental Health. Review and discussion of the Community Health Improvement Plan-progress report. Discussion of Sept 22-March 22 Community Health Improvement Work Plan.

MIH — 9.2. **Alignment with the State Health Improvement Plan** (County Health Rankings, 2021)

Measure	Date	Pickaway County	Ohio
Low birth weight Percent of live births with low birthweight	2013-2019	8%	9%
Infant mortality Number of all infant deaths (within 1 year), per 1,000 live births	2013-2019	8 per 1,000	7 per 1,000

Need #4.   Access to Care (AC)

AC – 1.   Collaborate with Pickaway County Community Action Agency (PICCA) to provide transportation access to critical medical care locations including Pickaway County physician offices and the OhioHealth Berger Hospital.

Outcomes from July 1 to September 30, 2021

Action	Process	Outcomes
Contract and collaboration with the Pickaway County Community Action Agency (PICCA) in providing access to transportation for OhioHealth Berger Hospital patients	(a) Contract enables patients to call PICCA at 740-474-8835. (b) Patients can avail of rides to and from medical appointments to OhioHealth Berger Hospital and OhioHealth Physician Group Clinics (c) PICCA vehicles are handicap–accessible.	231 rides to and from the OhioHealth Berger Hospital campus.
Contract and collaboration with the Pickaway County Community Action Agency (PICCA) in providing access to transportation for patients of the OhioHealth Physician Group clinics	(a) Contract enables patients to call PICCA at 740-474-8835. (b) Patients can avail of rides to and from medical appointments to OhioHealth Berger Hospital and OhioHealth Physician Group Clinics (c) PICCA vehicles are handicap–accessible.	203 rides to and from the OhioHealth Physician Group clinics

AC – 2.   OhioHealth Employer Services will offer clinic appointments to local business employees.

Outcomes from July 1 to September 30, 2021

Action	Process	Outcomes
Collaboration between OhioHealth Employer Services and local employers in Pickaway County to provide healthcare services from 7 AM to 6 PM. Examples of local employers include: (a) Circleville City Schools (b) City of Circleville (c) Columbus Industries (d) DuPont (e) Logan Elm Schools (f) New Hope Christian Academy (g) Ohio Christian University (h) Pickaway County (i) Pickaway County Educational Services Center (j) Pickaway County Family YMCA (k) PPG (l) South Bloomfield (m) Teays Valley Schools (n) The Savings Bank (o) Westfall Schools (p) Wyngate-residents and employees (q) Sofidel (r) Forjack	(a) Patients from local employers are provided with access to healthcare services during non-traditional office hours (7 AM- 8 AM and 4 PM – 6 PM). (b) OhioHealth Employer Services provides solution to scheduling conflicts with work or school, or lack of available schedules with their primary care providers. (c) Examples of illnesses or complaints include ear infection, strep throat, skin rashes, cold or flu, and allergies.	391 total patients served 54 of the 391 patients were provided care during non-traditional clinic hours of 7:00 to 8:00 AM and 4:00 to 6:00 PM.

AC – 4.3. **OhioHealth Berger Hospital's Athletic Trainers will support local school districts with assigned sports medicine needs.**

Outcomes from July 1 to September 30, 2021

Action	Process	Outcomes
OhioHealth Sports Medicine collaboration with local schools and university: (a) Circleville City Schools (b) Logan Elm Local Schools (c) Westfall Local Schools (d) New Hope Christian Academy (e) Ohio Christian University	(a) Athletic trainers are assigned to local schools to provide expedited care for sports related injuries. (b) Athletic trainers monitor injuries, sprains, strains, concussions, and recovery. (c) Athletic trainers attend sporting events and offer immediate assessment of injuries on the field. (d) This collaboration ensures student athletes receive appropriate medical treatment, therapy and rehabilitation for sports injuries in a time sensitive nature. (e) Athletic Trainers can refer students directly to Dr. Edward Qiao, OhioHealth Sports Medicine physician based in Circleville, Ohio. (f) Athletic trainers refer to the OhioHealth Physician Group Orthopedic and Sports Medicine offices located in Circleville for surgical consults.	**1,517 student athletes served** (a) **Circleville City Schools** • 433 High School Athletes • 134 Middle School Athletes (b) **Logan Elm Local Schools** • 216 High School Athletes • 104 Middle Schools Athletes (c) **Westfall Local Schools** • 212 High School Athletes • 103 Middle School Athletes (d) **New Hope Christian Academy** ▪ 70 High School Athletes (e) **Ohio Christian University** • 245 College Athletes