2019 Community Health Needs Assessment

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Introduction

McCullough-Hyde Memorial Hospital|TriHealth's (MHMH) long standing commitment to Oxford and its surrounding communities (in Preble and Butler County of Ohio, and Franklin and Union Counties of Indiana) spans over 60 years. MHMH has grown along with our community, and continually assesses the needs of our communities as we develop new programs and services. Over the last year, we have completed a comprehensive Community Health Needs Assessment (CHNA). Our CHNA included input from a wide variety of sources, including, but not limited to: customers, community leaders, physicians, county health departments and a paid external consultant.

Through our CHNA, MHMH has identified the greatest health needs in our MHMH communities, which will allow MHMH to direct our resources appropriately toward education, prevention programs, and wellness opportunities. These significant health needs for MHMH are identified in priority order:

1. Mental Health/Access including psychiatric services
2. Alcohol and Other Drugs, especially opiate use overdoses, smoking/vaping
3. Healthy behaviors, especially physical activity and healthy eating leading to obesity.4. Access to Health Care/Transportation, especially transportation to health care providers, as limited/no public transportation is available.

The following document is a detailed CHNA for MHMH, a community hospital located in Oxford, Ohio, opened its doors in 1957. The facility's main campus has grown over the years, the last major expansion/renovation occurred in 2017. In 2015, MHMH affiliated with TriHealth, Inc., which is an integrated health care system, whose mission and vision was similar to MHMH's and whose leadership and resources would help us serve our communities better.

MHMH's main campus, located at 110 North Poplar Street, Oxford, Butler County, Ohio 45056, offers 45 acute inpatient beds, including intensive care, medical-surgical and obstetrics. MHMH also offers an array of outpatient medical and surgical services, including emergency 24/7, outpatient surgery, oncology/infusion center, physical therapy and diagnostic services which include laboratory and imaging services. MHMH houses numerous specialists to care for a multitude of need and offers services at our regional campuses located in Hamilton, Ross and Camden, Ohio and Brookville, Indiana. Through our affiliation with TriHealth, Inc. the resources of Bethesda North, Bethesda Butler, Good Samaritan and TriHealth Evendale Hospitals are also available to our clients.

MHMH has a strong health and wellness commitment to our communities, which we have demonstrated over the years. MHMH contributes over 4 million dollars annually providing Financial Assistance (charity care) and other community benefits to our communities.

MHMH recognizes that a CHNA is required to meet current government regulations for 501 (c)(3) tax exempt hospitals and this assessment is intended to fulfill this purpose, we also recognize the importance of this assessment in helping to meet the needs of our communities.

This CHNA was completed in 2019 however; all data collection was completed in 2018. The MHMH CHNA is the foundation for our implementation plan as required by the applicable regulations. The question

of how the hospital can best use its limited resources to assist communities is addressed in in our implementation plan. MHMH has taking a leadership role in both the CHNA and in our communities' plans to address the needs identified.

Please contact *Sharon Klein,* at 513-524-5421, or at *sharon_klein@mhmh.trihealth.com* to obtain a hard copy of the CHNA report at no charge. Written comments regarding this CHNA report and related implementation strategy may be submitted to *Katie Estes* at *Kathleen_Estes@trihealth.com*.

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COMMUNITY SERVED

MHMH identifies it "community served" as the residents of 4 counties: In Ohio: Butler and Preble and in Indiana: Franklin and Union. The following zip codes are a breakdown of MHMH Emergency Department visits during 2018 which we have used to determine our MHMH service area, as 78.7% of Emergency Department patients reside in these counties:

Butler County: 47.3%

- 45056 (Oxford): 34.8%
- 45011 and 45013 (Hamilton): 5.4%
- Other Butler County zips in Service Area: 5.4%

Preble County: 7.9%

- 45311 (Camden): 5.4%
- 45320 (Eaton): 1.7%
- Other Preble County zips in Service Area: 0.7%

Franklin County: 10.5%

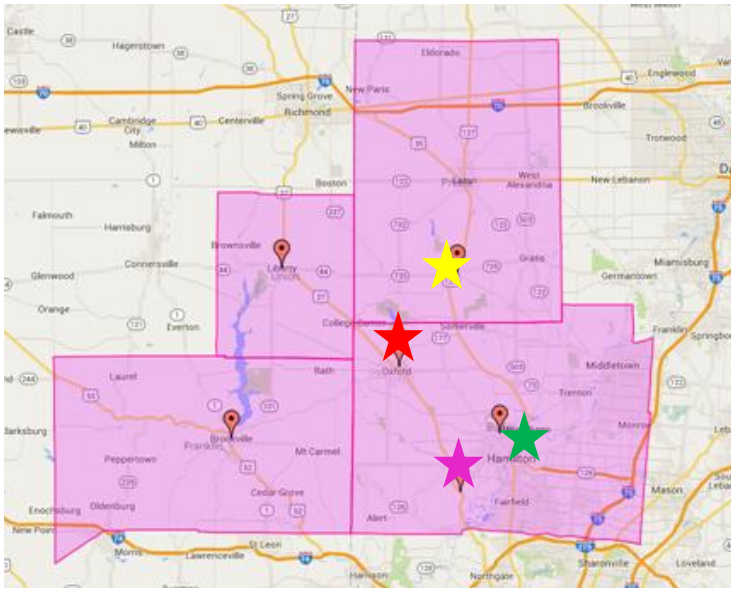
- 47012 (Brookville): 7.3%
- Other Franklin County zips in our service area: 3.1%

Union County: 13 %

- 47353 (Liberty): 6.0%
- 47003/45003 (College Corner/West College Corner): 6.6%
- Other Union County zips in our service area: 0.5%

Miscellaneous– outside service area 21.3% (Many MU students list their home address)

Map of MHMH Service area



PROCESS AND COLLABORATING PARTNERS

For the third time, The Health Collaborative (THC) convened nonprofit hospitals (35) in the greater Cincinnati and Dayton areas to participate in a collaborative regional CHNA. THC retained the elements that worked well three years ago, incorporated feedback for improvement, and reached out to local health departments (28) for more active partnership. Another asset was the active participation of hospital and health department representatives in the design process and at quarterly meetings. These features were contributing factors to the significant increase in participation for primary data collection. The comprehensive regional collaborative CHNA (the "Regional CHNA") included 25 counties and 3 states. The Regional CHNA, which provides the basis for MHMH's CHNA, is available at: http://healthcollab.org/wp-content/uploads/2019/02/2019-CHNA-Report-2-7-19.pdf.

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

Collaborative – The hospitals were active participants in contributing to the design and execution of the Regional CHNA. Their member organizations, THC and the Greater Dayton Area Hospital Association (GDAHA), were key to the collaboration and had representatives at the table. Other organizations joined the effort, especially members of the Southwest Association of Ohio Health Commissioners, the Northern Kentucky Health District, and Interact for Health, a grant making nonprofit which serves 20 counties in the Greater Cincinnati, Northern Kentucky, and Southeast Indiana region. Please refer to Chapter 1 of the Regional CHNA for a complete list of collaborating partners.

Inclusive – THC, hospitals, and health departments cast the net widely to include vulnerable populations and the agencies serving them. Choices of meeting spaces took into consideration access, transportation, welcoming environment, and locations easily accessible to underserved populations.

Participatory – About one hour of each 90-minute community meeting was devoted to hearing from the people who arrived to share their ideas and experiences. In addition to community meetings, surveys contained mostly open-ended questions. Every effort was made to ensure that opinions were captured verbatim.

Reproducible – Facilitators asked the same questions at meetings, interviews, and in surveys. If people could not attend a meeting, they had the opportunity to respond to the same questions via survey. Facilitators asked consistent questions in urban areas, rural areas, large counties, and small counties.

Transparent – The consultants created 'County Snapshots' from secondary data to share at community meetings. Each County Snapshot was one page. Attached to the Snapshot was a Community Need Index (CNI) map for all the ZIP Codes per county, which was one or two pages depending on the number of ZIP Codes. (The City of Cincinnati shared city-level data with participants in the meetings they hosted and facilitated.) Meeting attendees first answered the question about the 'most serious health issues' in their county or city before receiving the

Snapshot and CNI map to avoid influencing their first top-of-mind answer. Attendees had the same information that the meeting facilitators had. At each meeting, facilitators shared when and where the final report would be available to the public – on THC, GDAHA, and hospitals' websites.

Oxford and it surrounding area has unique needs due to the nature of the small community with a large university. In addition to the THC data gatherings, MHMH also conducted 2 local Oxford assessments, one with community members/agencies and one with area physicians. Our local Oxford assessments followed the same structure of the regional assessments, and gave us local data to use in our assessment.

Involvement of Health Departments

Effective January 1, 2020 the Ohio Department of Health (ODH) requires that local health departments and tax-exempt hospitals align to a three-year timeline for assessments and plans. ODH recommends one of two models for partnering on implementation: 1) one joint plan that serves all participating health departments and nonprofit hospitals engaged in its development, or 2) individual assessment plans that are aligned and informed by collaborative assessment and planning efforts of a collaborative group. Both options satisfy the State's requirement to link priorities and implementation plans to its own State Health Improvement Plan. As a result, THC reached out to the Southwest Association of Ohio Health Commissioners (AOHC) which includes Butler, Champaign, Cincinnati, Clark, Clermont, Clinton, Drake, Greene, Hamilton, Highland, Miami, Preble, Dayton, Montgomery, and Warren Health Departments in the spring of 2017. Rather than wait until 2020, it was believed it was important to identify ways to collaborate and to align population health planning in advance of the mandatory timeframe, for the benefit of the communities served as well as to ease the future transition. Representatives from the health departments served on the CHNA committee.

Overview of Methods:

For the collaborative design, the process for gathering primary data, and the process for identifying, collecting, interpreting, and analyzing secondary data, the consultants referenced numerous methods for both qualitative and quantitative data. The consultants sought data that reflected recent as well as emerging issues by people who lived in the hospitals' service areas, with attention to vulnerable populations and social determinants of health. Secondary data provided information about demographics, health conditions, and health-related issues as of 2016. Primary data reflected the opinions and attitudes of individuals and agencies motivated to attend a meeting or complete a survey. While not designed to be statistically representative of all service area residents, there was often remarkable alignment among the top 5-10 priorities from meetings, individual surveys, agency surveys, and health departments. Here is a brief description of the activities and tools utilized most often.

- Analysis of priorities to identify areas of consensus from all data sources
- Communication by email and letter to past and prospective meeting attendees
- Community meetings that included a visual, interactive, and collective multi-voting exercise (3 dots) to identify the top three priorities of residents
- Community Need Index (See Appendix D for more information.)
- Comparison of most frequent topics by geographic area and across data source (i.e., community meeting participant or survey response from individual, agency, or health department)
- Consultation with topic experts (i.e., epidemiology, air quality, public health)

- Discourse analysis to categorize and analyze key concepts and topics in all collected responses
- Geographic Information System (GIS) mapping program to identify compelling data and represent data visually
- Marketing materials for hospitals, health departments, and meeting hosts
- Online databases for researching accurate and reliable data
- Oversampling with vulnerable populations and the general public, including focus groups, use of interpreters and translators, and surveys administered one-to-one in person and via tablet at events
- Shared data at meetings in form of County Snapshots and Community Need Index maps
- Standard set of stakeholder questions (for individual, agency, meeting, health department)

Vulnerable Populations

The IRS requires that hospitals gather input from medically underserved, minority, and low-income populations and encourages a broad range of input from people who live or organizations who serve vulnerable residents of the community.

To ensure broad representation but also inclusion of vulnerable populations, the CHNA Team and its partners did the following:

- Marketing the community meetings through hospitals, health departments, and community-based nonprofit organizations with follow-up email and phone calls to nonprofit agencies that had not been engaged in past CHNA meetings
- McCullough-Hyde specifically reached out to local nonprofit organizations that locally serve the underserved
- Addressed two meetings of grantees for Interact for Health's Thriving Community initiative to publicize the meetings and share the link to the online survey
- Solicited input in smaller focus group settings for people who were African-American; Latino; elderly; identifying as belonging within the LBGTQ+ community
- Medical offices

Healthcare Equity and Disparity

The Community Need Index (CNI) identifies the severity of health disparity based on certain barriers known to limit healthcare access. Catholic Healthcare West and Solucient developed the original CNI maps more than 10 years ago. They conducted validation testing on this standardized approach to create a high-level assessment of relative need. Appendix D of the Regional CHNA contains a more detailed description from Dignity Health.[1]

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

The validation testing affirmed the link between community need, access to care, and preventable hospitalizations. A comparison of CNI scores to hospital utilization showed a strong correlation between high need and high use. Admission rates were more than 60% higher for

[1] Dignity Health. (nd). Improving public health & preventing chronic disease: CHW's Community Need Index. https://www.dignityhealth.org/-/media/Service%20Areas/arizona/PDFs/dignity-health-community-need-indexbrochure3213448. ashx?la=en

communities with the highest need (CNI score = 5) compared to communities with the lowest need (CNI score = 1).[2]

CNI scores were calculated based on specific barriers to access, shown in Table below:

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

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

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

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

CONTRACTED CONSULTANTS

Bricker & Eckler LLP/INCompliance Consulting, Jim Flynn and Christine Kenney – located at 100 South Third Street, Columbus, Ohio 43215. Bricker & Eckler LLP / INCompliance Consulting was contracted to review this CHNA report. Jim Flynn is a partner with the Bricker & Eckler's healthcare group, where he has practiced for 28 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 consultation to healthcare providers, including nonprofit and tax-exempt healthcare providers as well as public hospitals, on community health needs assessments. Christine Kenney is the director of regulatory services with INCompliance Consulting, an affiliate of Bricker & Eckler LLP. Ms. Kenney has more than 39 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 since 2012, providing expert testimony on community needs and offering presentations and educational sessions regarding CHNAs.

Gwen Finegan Consulting Services, Gwen Finnegan, Principal – located at 4388 Innes Avenue, based in Cincinnati, Ohio. She is an experienced writer and consultant with expertise in the areas of strategic planning, organizational development, community input, and meeting facilitation for healthcare and other nonprofit organizations. She worked for ten years at Mercy Health and was responsible for Community Health Needs Assessments for their six hospitals in 2013. Since 2015, she has been responsible for designing and executing collaborative Community Health Needs Assessments for hospitals in the Greater Cincinnati and Greater Dayton regions. She also helps develop strategies for improvement and transformation for regional hospitals. She serves as an education consultant and instructor with Mobile CE, where she teaches a virtual course, "Community Health," in their national Community Paramedic Clinician program. She teaches "Health Data Management" at Xavier University in Cincinnati. She attended the University of Pennsylvania and has a degree in Strategic Organizational Leadership from Wilmington College.

PRIMARY DATA

Primary data collection

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

1. There were meetings held throughout the region, including in Ohio- Butler County and Preble County, and in Indiana in Union and Franklin County, and in Oxford. These meetings included MHMH Medical Staff and other MHMH personnel (see Appendix 4 and Appendix 5 for a list of attendees, organizations, and populations represented and dates of meetings). The purpose of the meetings was to solicit public input. The objectives were to:
    - Gather diverse people to share their ideas -- general public and community leaders
    - Receive input from agencies that represent vulnerable populations
    - Hear concerns and questions about existing health/health-related issues
    - Obtain evidence of financial and non-financial barriers
    - Identify resources available locally to address issues
    - Obtain insight into local conditions from local people

- Discover health and health-related priorities of attendees

Meeting Facilitation

In advance of each meeting, the facilitator developed a standard script and followed the same format and agenda, with one exception, in Oxford questions about senior services were added at the request of Age Friendly Oxford. Locations were selected for convenience, access, and trusted reputation in the community. The facilitator first shared general Tristate and state-specific health and health-related data to provide context. The survey questions were used, but the first question – about most serious health issues – was asked separately. This technique was intended to capture first thoughts without an opportunity to be influenced by the more specific county-level data or by other attendees. It also served to generate a wide range of ideas for prioritizing later in the meeting. All responses were captured verbatim or shortened with the approval of the speaker.

After the first question, the facilitator shared the County Snapshot and the CNI Map for the county or counties invited to the meeting. Then the remaining questions were asked and transcribed. The length of the meetings was usually 90 minutes. The brainstorming with focused questions lasted typically 60 minutes, and discussion involved the whole group. At the end, each person was given 3 colored dots. They walked around the room and placed the dots next to issues they prioritized as most important. People regularly voted for other people's ideas. Each meeting concluded by answering any questions, giving information about next steps, thanking them for their time and ideas, and providing survey links to take home or to work for family, friends, and colleagues to participate.

2. Online surveys were available between 6/19/18 and 8/3/18 to individuals and public health departments in the region. The consultants developed three types of surveys: Individual Consumer; Agency; and Health Department. The questions remained the same for each survey. The main differences were 1) the use of 'you' to refer to the consumer vs. 'the people you serve' for the agencies and health departments; and 2) asking for the title and organization for agencies and health departments. The Health Department version also requested the qualifications of the respondents, as required by the IRS. The Individual Consumer survey was also translated into Spanish and adapted for mobile application at community events. The consultants used SurveyMonkey to collect responses, tabulate data, interpret and analyze results, and create categories to track key words and phrases.

3. The CHNA Team asked each health system if any hospital had received comments from the public for the CHNA. McCullough-Hyde has not received any written comments regarding the 2016 CHNA.

Community input was obtained from all required sources, using the processes described below.

Invitations and Marketing

Any individual or agency representative who gave their address during the 2013 or 2016 CHNA process was added to an invite list, and THC mailed them an invitation to the meeting scheduled in their county. The consultants created an invitation tracking document that included previous attendees and added nonprofit organizations in each county that had either a phone number, street address, or email discoverable through a Google search. A total of 696 individuals or nonprofit agencies were invited. They received a colorful 8-1/2" by 11" flyer with the meeting details and information outlining the purpose and goals for the meeting and CHNA process. THC

ensured all invitees were contacted. In total they sent 544 emails and 376 letters by first-class mail. The CHNA Team also added a field for providing an optional email address to the meeting sign-in sheet for future CHNA meetings. (Note: only agencies are required to provide contact information on the sign-in sheet.)

Analysis of Primary Data

The primary data collection and analysis used the narrative method and specifically the technique of discourse analysis. The focus was on collecting data from individuals based on their experience. There were several important steps to ensure a consistent process:

- Verbatim entry of comments – this happens automatically with the online survey process and scribes at the community meetings
- Creating custom tags to summarize each response, e.g., cancer, diabetes, heart disease
- Creating themes that connect some of the tags, e.g., Chronic disease
- Proofreading each other's tags and analysis, with review by at least 3 different people to ensure overall consistency
- Use of SurveyMonkey's 'Gold' level enabled the creation of custom tags and initial sorting. It also provided a consistent way to compare survey results with meeting responses. It worked for face-to-face verbal encounters, such as in meetings, as well as written responses. Comments made in person were entered into SurveyMonkey, tagged, and themes identified. The lead consultant customized the tagging in SurveyMonkey because she found that its automatic grouping of ideas was not precise enough and could not account for context or adapt when responses used different words for similar concepts.
- Reviewing tags at the county-level, urban level, and regional level was done to ensure that the tags and themes made sense and were applicable at all levels. For example, the consultants created tags for 'addiction,' 'heroin,' 'meth' as subsets of the 'Substance abuse' theme, because of their apparent frequency at the beginning of the tagging process. They counted each tag and saved the count, but none of these tags reached high enough numbers (more than 5% of mentions) to warrant its own category in the final analysis
- SurveyMonkey's filter options facilitated the process of sorting and analyzing by county, by groups of counties, by type of survey, and/or by sub-population. This is a useful option to consider context or culture, such as urban respondents or Latino respondents.

Many responses addressed multiple topics; each new idea was tagged. The review process included verifying that each distinct comment, or 'mention,' was tagged once. For example, if smoking was clustered under the 'Healthy behaviors' theme, then it did not appear as its own category. If transportation was mentioned in more than 5% of all mentions, then it might become its own category, especially if this pattern were evident in a majority of counties. Otherwise it was counted under 'Access to care/services.'

The consultants identified top priorities by method of collection (meeting or survey), by type of respondent, and by county. They counted and identified most frequent key words and phrases recurring at both the county level and at the regional level. Common themes emerged across counties and respondents. Whenever possible, the consultants respected the word choices of each respondent, and so there is some variation in terms. For example, access to care could include barriers such as lack of transportation or affordability as well as lack of providers or specialists in

a rural area. When a specific type of access problem or challenge was repeated by many people, then the subordinate idea was also captured. Each County Profile in the Regional CHNA contains a "Consensus on Priorities" described by the different types of stakeholders. In the prioritization and implementation phases, hospitals can consider the Profiles for the counties they serve and/or the priorities identified in Chapter 4's Regional Summary. Appendix 1, 2 and 3 of this report includes the County Profile from the Regional CHNA for the counties in MHMH's community served.

Prioritization of Primary Data

For the community meetings, the top votes (measured by number of dots) determined the priorities at the community, county and regional level. For the survey results, the regional priorities were the issues receiving the most overall mentions. At the county level, the priorities were sorted by county of residence/service. The threshold for including a priority was 5% or more of all mentions, or at least two mentions. For comparison purposes, priorities were rank ordered with the top priority listed first in the column. For the urban section, topics were sorted by the people who identified they lived in a city, or served the population living there. The Urban Health section is new with the 2019 Regional CHNA. Its results were not used to determine priorities but are provided in the report for the benefit of several city health departments in the region and hospitals serving urban areas.

SECONDARY DATA

The lead consultant designed the initial data collection worksheet, and the interns from the 2016 CHNA cycle created a Data Instruction Manual. Initially, the County Health Rankings (CHR) formed the foundation for data collection with its county-level focus on health outcomes, health factors, health behaviors, quality of life, clinical care, physical environment, and socioeconomic factors. Additional sources supplemented the CHR data. Publicly available health statistics and demographic were obtained at the state and county level. The methodology varied slightly by state. The epidemiologists for Public Health - Dayton & Montgomery County (PHDMC) volunteered to collect data for the State of Ohio and all the Ohio counties included in the CHNA. They included data through 2016. Unfortunately, Ohio's 2017 data was not finalized in time for this report. Using the same sources as the epidemiologists as much as possible, the sub-contractors performed the research for Indiana and Kentucky counties. They researched more than 140 data measures, although the total could vary county by county. For example, PreventionFIRST!'s Student Drug Use Survey only surveyed these Ohio counties in 2017: Butler, Clermont, Clinton, Hamilton, Highland, and Warren. In some counties, data was suppressed due to small numbers. Kentucky did not have readily available county-level data for measures found in Ohio, such as the number of overdose deaths per 100,000 due to fentanyl, heroin, or prescription opioids. The sub-contractors worked effectively as a team to verify and proofread data and to ensure consistent formatting. They identified data sources unique to Indiana and Kentucky. They also accessed the interactive CNI tool on the Dignity Health website to create county-level maps and ZIP Code tables.[3] They monitored periodic data updates on the CHR and CNI websites and revised the data worksheets until September 2018.

Data Sources

The standards for researching and including data were:

[3] https://www.dignityhealth.org/cm/content/pages/community-health.asp.

- Comparable (measures that could be compared, in all three states, to benchmarks such as Healthy People 2020 or state/national rates)
- County-level data (ZIP Code level preferred but rare)
- Focus on health outcome data (preferred over subjective survey data when both were available)
- Reproducible (new update available within three years or at 3-year intervals vs. one-time statistic)
- Reputable source
- Trend data available (more than one data point; 3-5 years preferred)

These standards are consistent with and extend the measurement principles of the Institute for Healthcare Improvement's Triple Aim.[4] The CHR was an excellent starting point, but the consultants discovered additional sources with more recent data as well as indicators for measures not collected by CHR. The prevalence of certain cancers, the rapid increase of heroin overdose deaths in the region, and additional mortality data are examples of supplemental data. Many excellent sources of information did not have a breakdown below the state level or did not include the entire region. The consultants contacted state health departments, local health departments, and local experts when there was confusion about wording or collection of data that varied by state.

The CHR measures and the supplemental measures are listed below. The biggest change from the prior cycle is that the Department of Health and Human Services no longer maintains the Health Indicators Warehouse as an online source, and it had provided data for 8 key measures. In one case, 'total preterm live births %,' no alternate source was found for the Kentucky counties, and yet it's an important factor in infant mortality. The Ohio health departments also requested the inclusion of more demographic detail. (The number of data measures increased by 33%, from 106 in 2016 to 142 in 2019.) Appendix L of the Regional CHNA, the List of Data Sources, gives more information about each measure and the years covered.

For Ohio counties, PHDMC epidemiologists consulted the following sources for data or data ranges ending with 2016 and one period prior. For Indiana and Kentucky sources, the sub-contractors modeled their data collection on the Ohio process and supplemented with state-specific sources. When possible, they collected four years of data. Here is a list of all data sources:

- AIDSvu - http://map.aidsvu.org/map?state=ky
- American Community Survey (5-year estimate 2012-2016)
- Business Analyst, Delorme map data, ESRI, U.S. Census provided by RWJF 2018 County Health Rankings
- Cancer Incidence: Ohio Department of Health, Ohio Cancer Incidence Surveillance System, 2014-2015
- Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System

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

- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. 500 Cities Project Data 2016
- Centers for Disease Control and Prevention, National Center for Health Statistics. CDC WONDER Online Database, Underlying Causes of Death and Multiple Causes of Death
- Centers for Disease Control and Prevention's Division of HIV/AIDS Prevention
- Centers for Disease Control and Prevention's national HIV surveillance program
- Comprehensive Housing Affordability Strategy (CHAS) data
- County Health Rankings 2018 - American Community Survey, 5-year estimates
- County Health Rankings 2018 - Area Health Resource File/American Medical Association
- County Health Rankings 2018 - Area Health Resource File/National Provider Identification File
- County Health Rankings 2018 - Behavioral Risk Factor Surveillance System
- County Health Rankings 2018 - Bureau of Labor Statistics
- County Health Rankings 2018 - Centers for Disease Control and Prevention Diabetes Interactive Atlas
- County Health Rankings 2018 - National Highway Traffic Safety Administration, Fatality Analysis Reporting System
- County Health Rankings 2018 - National Center for Education Statistics
- County Health Rankings 2018 - National Center for Health Statistics
- County Health Rankings 2018 - National Center for HIV/AIDS, Viral Hepatitis, STD, and TB prevention
- County Health Rankings 2018 - Small Area Income and Poverty Estimates
- County Health Rankings 2018 - U.S. Census Bureau's Small Area Health Insurance
- Dartmouth Atlas of Healthcare. Accessed at http://www.countyhealthrankings.org/explore-healthrankings/rankings-data on 2/6/18
- Data USA (Cincinnati) – Access to Care
- ED Facts provided by RWJF 2018 County Health Rankings
- Environmental Protection Agency. Air Quality System Monitoring Data. State Air Monitoring Data. Annual PM 2.5 Level (Monitor only). Accessed from Environmental Public Health Tracking Network: www.cdc.gov/ephtracking. Accessed on 03/01/2018
- Environmental Public Health Tracking Network
- Federal Bureau of Investigation (FBI), Uniform Crime Reporting (UCR), Crime in the United States. Available at: https://ucr.fbi.gov/crime-in-the-u.s/2016/crime-in-the-u.s.-2016/topic-pages/violentcrime
- Feeding America, Map the Meal Gap, Accessed March 9, 2018
- Greater Cincinnati Community Health Status Survey
- http://www.governing.com/gov-data/health/county-suicide-death-rates-map.html
- Indiana State Health Department
- Kentucky Cancer Registry
- Kentucky State Health Department
- kentuckyhealthfacts.org
- Measure of America
- National Center for Health Statistics - Data.CDC.gov
- National Center for Health Statistics - Mortality Files

- National Center for Health Statistics - Natality files
- National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Northern Kentucky Health District
- Ohio Department of Health, Death Certificates
- Ohio Department of Health, HIV/AIDS Surveillance Program. Data reported through 6/30/17
- Ohio Department of Health, STD Surveillance Program. Data reported through 5/7/2017
- Ohio Department of Health: Center for Public Health Statistics and Informantics. Ohio Public Health Information Warehouse
- Ohio Emergency Medical Services; Naloxone Administration by Ohio EMS Providers, accessed at http://www.ems.ohio.gov/links/emsNaloxoneAdminByCounty2017.pdf on 2/13/18
- Population: Bridged-Race County Population data from National Center for Health Statistics (NCHS), Ohio Department of Health, 2014-2015
- PreventionFIRST! Student Drug Use Survey, through 2017
- Safe Drinking Water Information System]
- U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates]
- U.S. Census Bureau, County Business Patterns
- U.S. Census Population Estimates
- Uniform Crime Reporting - FBI
- USDA Food Environment Atlas

Analysis of Secondary Data

After assembling data worksheets for a total of 140 measures for each county, the CHNA team applied the following criteria to determine the most significant health needs for a one-page summary, titled a County Snapshot. The criteria for inclusion on a County Snapshot and potential use as a 'call-out' were:

- Top causes of death
- Worsening trend
- Lagging national and state rates
- To a lesser extent, Falling behind a Healthy People 2020 target

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

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

The consultants also kept track of measures mentioned in the previous CHNA and priorities identified at the state level. After reviewing the data at the county level, the County Snapshots and CNI maps helped the consultants to identify regional issues that affected multiple counties. THC created 15 maps from the secondary data that reflect significant issues for the region.

Prioritization of Secondary Data

Secondary data was prioritized at the county and regional level. The county-level priorities were the data points that met the criteria of being worse than the state and/or national measures and also trending in the wrong direction. The priorities were sorted for analysis by county of residence/service. At the regional level, the measures that met the criteria, and for which we had complete data, were analyzed for the issues impacting the most counties in the region. For comparison purposes, priorities were rank ordered with the top priority listed first in the Secondary Data column. New for this cycle was compilation of hospital utilization data, which was requested by the health departments in Ohio. This data was not analyzed or included in the prioritization; they reflect residents who received hospital services but do not necessarily represent the whole population.

Data Challenges and Gaps

Gaps occur in three ways: 1) Data measures are not collected and/or published publicly; 2) Data collection is not uniform from state to state; and 3) Data suppression makes it difficult to drill down below the state level. For counties with small populations, mortality and disease statistics are sometimes suppressed. The reasons include: preservation of confidentiality and privacy; numbers too small to be reliable; or the reported data is not actual but based on a state average (which can be misleading for a small rural county).

Below are some examples encountered in researching this CHNA report:

- Emerging interest – in Adverse Childhood Experiences (ACEs), trauma, and the impact on children of losing parents to heroin overdose are not supported by uniformly collected data in every locality. There is no single agreed-upon list of experiences for ACEs. There is state-level data for ACEs, however, and Ohio is one of five states where 1 in 7 children had 3 or more ACEs. The national rate is 1 in 10 children.[5]
- Fentanyl & related drugs overdose deaths, Heroin poisoning overdose deaths, and Prescription Opioid overdose deaths: State of Indiana and Commonwealth of Kentucky – Data were not available for every year.
- Child mortality: State of Ohio – Rates based on fewer than 10 child deaths are unstable and not reported.
- HIV prevalence: State of Ohio – Rates are not calculated for a case count of fewer than 5.
- Infant mortality: State of Ohio – Rates based on fewer than 10 infant deaths are unstable and not reported.
- Motor vehicle crash deaths: State of Ohio – Rates are suppressed and considered unreliable when counts are fewer than 20.
- Cancer mortality: CDC – Rates are suppressed and considered unreliable when counts are fewer than 20.
- Homicide rate: CDC – Rates are suppressed and considered unreliable when counts are fewer than 20.
- Mammography screening: CDC – Estimates should be interpreted with caution when based on fewer than 50 responses.

[5] Sacks, V. and Murphey, D. (2018). The prevalence of adverse childhood experiences, nationally, by state, and by race or ethnicity. February 20. Accessed 10/23/18 at https://www.childtrends.org/publications/prevalence-adverse-childhoodexperiences- nationally-state-race-ethnicity

The challenge persists in how best to capture sub-county data, such as ZIP Code or census tract. In 2015, the County Health Rankings & Roadmaps (CHRR) funded pilot projects in California, Missouri, and New York each with a different methodology. CHRR reported on their progress at the 2016 American Public Health Association annual meeting.[6] One suggestion was tapping into commercial data sources, but those too can vary by location. This could work for a deep-dive into one particular community, but there is not yet any known replicable and comparable data for the 3-state Cincinnati-Dayton region that includes part of Appalachia

REGIONAL ASSESSMENT OF CHILD HEALTH NEEDS

Ohio Trends:

The health of children in Ohio has become an increasing topic of concern, similar to other communities in the country. A recent study conducted by the Health Policy Institute of Ohio states that approximately 80% of children's health issues are ultimately "affected by factors beyond medical care" and include issues more related to their environment, health behaviors, and socioeconomic status. Ohio ranks 'poor' in the categories of obesity, child hospitalizations for asthma, and infant mortality.[7]

Another factor that can have profound impact on the health of a child is an Adverse Childhood Experience (ACE). Examples of ACEs are traumatic experiences that have occurred within a child's environment (e.g., emotional or physical abuse or neglect; divorce; death of a parent; violence in the immediate neighborhood; substance abuse in the home; parent in prison; family member with mental illness). Ohio is one of the five worst states for ACEs. One in seven Ohio children have experienced three or more ACEs.[8]

As the State of Ohio embarks on the next State Health Assessment, its Maternal, Infant and Early Childhood Home Visiting partnership is focused on the following benchmarks:[9]

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[6] Givens, M. (2016). Refining the health snapshot in local communities: Approaches to enhancing data availability and unmasking health gaps. Presentation at APHA Annual Meeting in Denver by County Health Rankings & Roadmaps, with partners from the Missouri Hospital Association, Washington University School of Medicine, and New York State Department of Health. October 31.

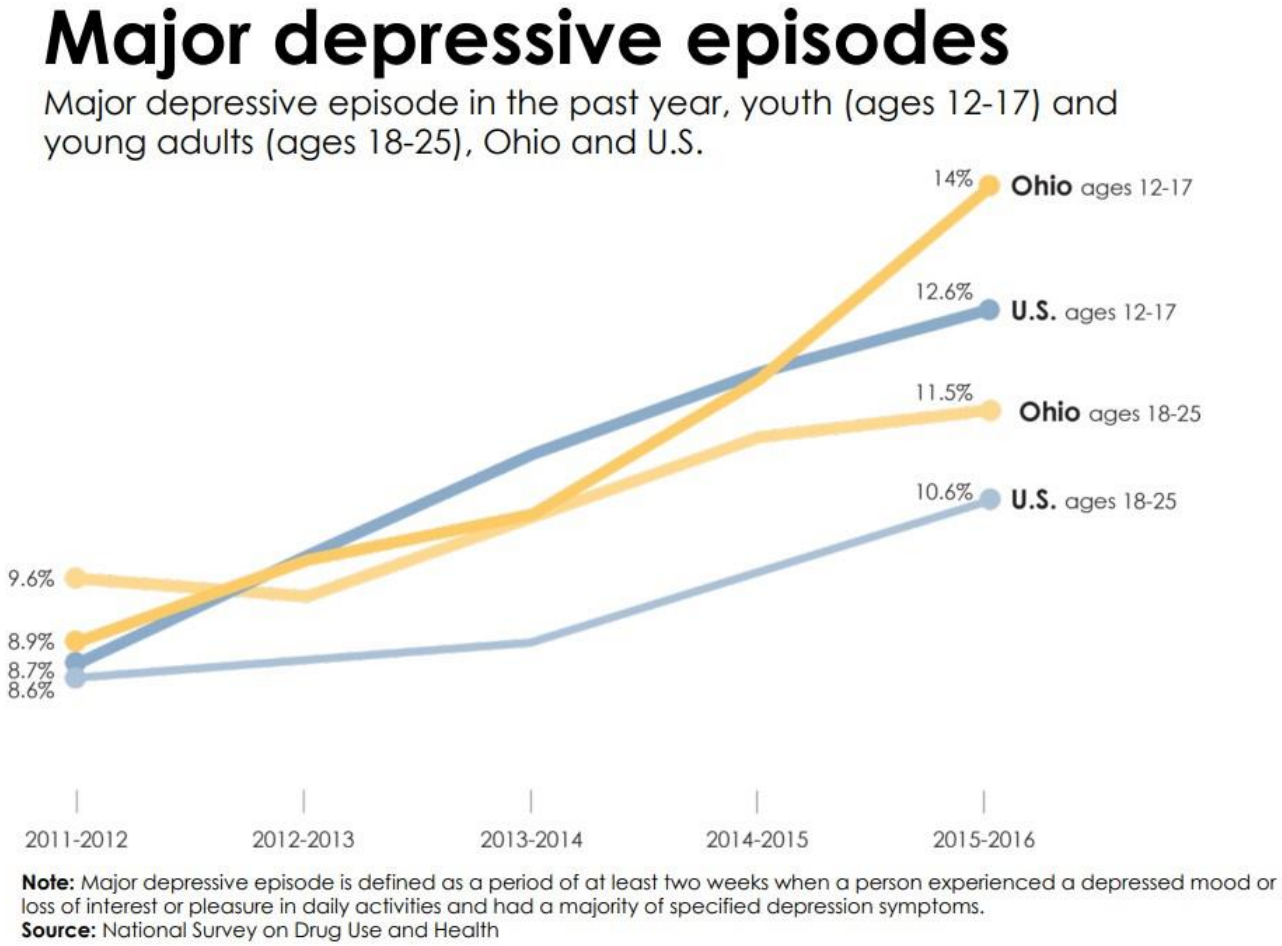
[7] Neese, A.W. (2018). Report: Ohio needs to do more to tackle challenges affecting children's health. *The Columbus Dispatch*, September 27. Accessed 10/10/18: https://www.dispatch.com/news/20180927/report-ohio-needs-to-do-more-to-tackle- challenges-affecting-childrens-health

[19]Sacks, V. and Murphey, D. (2018). The prevalence of adverse childhood experiences, nationally, by state, and by race or ethnicity. *Child Trends*. February 12. Accessed 10/10/18 at https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity

[9] Health Policy Institute of Ohio (2018). SHA Forum: Maternal and Child Health Presentation. October 12. Accessed 11/7/18 at https://www.healthpolicyohio.org/wp content/uploads/2018/10/MCH_Forum_Presentation_combined_SouthwestOhio_FINAL.pdf

- Improvements in maternal and newborn health;
- Improvements in school readiness and achievement;
- Improvements in Family Economic Self-Sufficiency;
- Reduction of Child Injuries, Child Abuse, Neglect, or Maltreatment and Reduction of Emergency Department Visits;
- Reduction of Domestic Violence; and
- Improvement in Coordination and Referrals for other Community Resources and Supports

The State Health Assessment Forum included a chart[10] that connects to the concerns expressed at CHNA meetings and in surveys about child mental health and depression in general. A higher percentage of Ohio youth are experiencing major depressive episodes than national percentages.



REGIONAL DATA
Hospital Utilization by Diagnosis

[10] Op. cit.

According to hospital utilization data for the 25-county region, there were 303,799 Emergency visits and 62,676 hospital admissions for ages 0-17. The most common reason for a child to visit a hospital's Emergency Department was acute upper respiratory infection.

Common Diagnoses in Region – 2016 Emergency Visits for Ages 0-17

Diagnosis *(based on ICD Codes)*	**# Visits**
Acute upper respiratory infection, unspecified	22,319
Fever, unspecified	8,828
Acute pharyngitis, unspecified	8,189
Other long term (current) drug therapy	7,235
Streptococcal pharyngitis	7,096
Contact with and exposure to environ tobacco smoke	6,966
Unspecified injury of head, initial encounter	5,948
Viral infection, unspecified	5,764
Hemorrhage from respiratory passages, unspecified	4,307
Nausea with vomiting, unspecified	4,193

Common Diagnoses in Region – 2016 Emergency Visits (Continued)

Diagnosis *(based on ICD Codes)*	**# Visits**
Constipation, unspecified	4,059
Vomiting, unspecified	3,840
Unspecified asthma, uncomplicated	3,636
Acute obstructive laryngitis (croup)	3,607
Presence of alcohol in blood, level not specified	2,508
Diarrhea, unspecified	2,225
Laceration w/o foreign body of other part of head, initial encounter	2,063
Otitis media, unspecified, right ear	1,979
Unspecified asthma with (acute) exacerbation	1,921
Noninfective gastroenteritis and colitis, unspecified	1,839

Common Diagnoses in Region – 2016 Admitted Patients Ages 0-17

Diagnosis	**# Admitted**
Single liveborn infant, delivered vaginally	26,069
Single liveborn infant, delivered by cesarean	12,060
Carrier of infectious disease, unspecified	11,674
Neonatal jaundice, unspecified	2,162
Other heavy for gestational age newborn	1,069
Dehydration	913
Neonatal jaundice associated with preterm delivery	793
Gastro-esophageal reflux disease without esophagitis	695
Twin liveborn infant, delivered by cesarean	695
Unspecified enterovirus as the cause of diseases classified elsewhere	684
Hypoxemia	643
Other viral agents as the cause of diseases classified elsewhere	616
Major depressive disorder, single episode, unspecified	543
Newborn affected by maternal infec/parasitic diseases	531
Acute upper respiratory infection, unspecified	517
Encounter for routine and ritual male circumcision	509
Other neonatal hypoglycemia	479
Constipation, unspecified	472

Contact with and exposure to environ tobacco smoke	462
Feeding problem of newborn, unspecified	440

CHNA Findings from Meetings and Surveys

At the request of Cincinnati Children's, the consultants added the three child health questions below to meetings and surveys. Respondents in all counties answered the questions. Cincinnati Children's analyzed the data for their service area, see below. The consultants analyzed results from community meetings, consumer surveys, local health department surveys, and agency surveys.

- What are the most important child health issues in your community?
- What is the most important thing that can be done to improve child health?
- What is the biggest barrier to child wellness?

Access to care and/or services and Social Determinants of Health were areas of agreement that surfaced in answers to all three questions. They are cited as very important issues, barriers to wellness, and also the best areas of opportunities for improving child health. More detail follows. Answers were included if they received at least two mentions.

GREATER CINCINNATI – CHILD HEALTH

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

Methodology

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

Community Surveys

Cincinnati Children's partnered with Interact for Health and the Institute for Policy Research (IPR) to conduct the Child Well Being Survey throughout Greater Cincinnati and Northern Kentucky region.

The telephone interviews were done by random-digit-dial, with phone numbers purchased through Survey Sampling. The calls were made to both landlines and cellular phones to ensure a diverse sampling. Screening questions then determined if there were children under age 18 living in the household and the caller randomly selected a member of the household over the age of 18 who has the most recent birthday to complete the survey. This process ensures that each child in a household has an equal chance of being selected.

The questions, covering a range of topics, gathered information about the child's health and education, as well as the caregiver's access to healthcare services and healthcare information. The questions were developed from national models and community input.

The 2017 spring/summer telephone interviews, conducted June-July, interviewed 2,757 randomly

selected caregivers. Data was compiled and analyzed to find key themes and priority health needs.

Secondary Data

Cincinnati Children's collected secondary local and national data from external source material to research child health needs and guide question development. Source material was collected from a wide range of sources outside the hospital, including:

- Centers for Disease Control – *Asthma Data, Statistics, and Surveillance; Injury Prevention and Control: Data and Statistics*
- Cincinnati Health Department – *Community Health Assessment, 2017*
- Cincinnati Public Schools – *Greater Cincinnati Community Kindergarten Readiness Report 2017-18*
- Cradle Cincinnati – *Annual Report: Our Hope for the Future, 2017*
- Data Resource Center for Child and Adolescent Health – *The National Survey of Children's Health 2016-17*
- Every Child Succeeds – *2016 Every Child Success Report Card*
- Hamilton County Public Health – *Hamilton County Public Health Annual Report 2016*; *Child Fatality Review Annual Report 2015*
- Interact for Health – *Child Well Being Survey, 2018*
- National Children's Alliance – *Children's Advocacy Center Statistics 2016*
- Ohio Department of Health – *Healthy Ohio*
- Public Children Services Association of Ohio – *Factbook*
- United States Census American Community Survey – *2016 Populations Estimates*

Data were also collected through Cincinnati Children's specialized internal programs addressing child and community health issues, including:

- Asthma Improvement Collaborative – *Asthma Admissions and Primary Care Data 2010- 2017*
- Behavioral Medicine and Clinical Psychology – *Outpatient Clinical Psychology Data 2010- 2017*
- Comprehensive Children's Injury Center – *Injury Admission Rates 2010-2017*
- Division of Psychiatry – *Inpatient and Outpatient Psychiatric Admissions Data*
- General Pediatrics – *Primary Care and Community Health Data*
- James M. Anderson Center for Health Systems Excellence – *2016 Population Estimates*
- Mayerson Center for Safe and Healthy Children – *Local and Regional Child Physical and Sexual Abuse Data*
- Perinatal Institute – *Preterm Birth Rate in Hamilton County and by Neighborhood 2010- 2017*

Child Health Needs in the Greater Cincinnati Region

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

- **Access to Care/Primary Care**

  Cincinnati Children's serves children across our primary service area with five primary care offices and three school based health centers. In the 2017 community survey, 98.2% of caregivers reported that their child had a place to go when sick or in need of

advice about their health. Of caregivers with a usual place to go, 74.4% identified their preferred place as a private doctor's office. In the past 12 months, 85.1% of caregivers reported their child had received preventative care and only 7.5% reported that there was a time where care was delayed or not received.

Key informants also identified a number of barriers to care, including inflexible clinic hours for families with hectic work or life schedules, insufficient funding for public health clinics, lack of medical homes, lack of transportation to healthcare providers, long wait times for appointments, the need for specialists, a shortage of primary care providers accepting patients insured through Medicaid, and poverty. The Greater Cincinnati and Tri-State region rank among the highest in poverty with more than 100,000 children living below the Federal Poverty Level based on 2017 Census Data.

- **Asthma**

  According to the Centers for Disease control, asthma is the leading chronic disease in children and affects 8.3% of children in the United States. Locally, the Cincinnati Health Department reported that one in six students in Cincinnati Public Schools has asthma (https://www.cincinnati-oh.gov/health/assets/File/EDIT%20THIS%20CHA_12_21_17%20FINAL.pdf). In 2016, there were 2,693 visits to the Cincinnati Children's Emergency Department for asthma and 850 hospital admissions. In 2017, the numbers were slightly better with 2,623 visits to the Emergency Department and 772 hospital admissions for asthma. The community survey found that 12.9% of caregivers were told by a doctor or healthcare provider that their child has asthma. Key informants believe that asthma is a high or very high child health need (72.4%) and that asthma is staying the same or getting worse in the community (68.9%).

ASTHMA EMERGENCY DEPARTMENT VISITS AND HOSPITAL ADMISSIONS[11]

	Emergency Department Visits	Hospital Admissions
2014	2,281	1,053
2015	2,471	934
2016	2,693	850
2017	2,623	772

- **Child Mental Health**

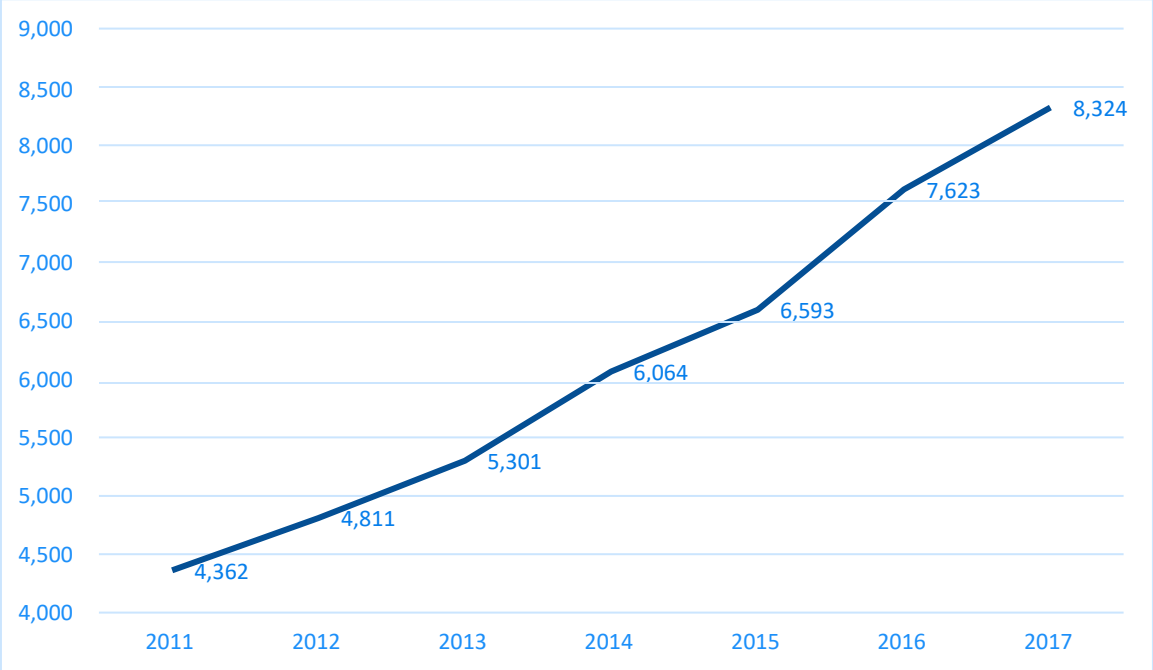
  Child mental health is a continuing and growing concern throughout the Greater Cincinnati area. In 2016- 2018, more than 35,000 patients each year were seen at Cincinnati Children's a year for mental health as a primary or secondary diagnosis and another 14,000 patients each year were seen in outpatient clinics. Cincinnati Children's Emergency Department has seen more than 15,000 children a year in 2016 and 2017

[11] Based on Inpatient and Outpatient admission to Cincinnati Children's

for mental health evaluation. The Cincinnati Children's Psychiatry Department has seen a 91% rise in the number of children coming to the Emergency Department for mental health evaluation (from 4,362 in 2011 to 8,324 in 2017) and a 113% rise in outpatient visits (from 6,064 in 2014 to 8,324 in 2017) and a 41% rise in outpatient visits (from 37,430 in 2014 to 52,605 in 2017). Additionally, Cincinnati Children's has seen a 25% rise in inpatient Psychiatric bed days (from 26,315 in 2014 to 32,868 in 2017).

Caregivers completing the community survey reported that 13% of their children were identified by a doctor or healthcare provider as having ADHD, 5.1% as having depression, and 11.5% as having anxiety. Caregivers reported that in the past 12 months, 12.6% of children had received treatment or counseling from a mental health professional. In addition, 5.4% of Caregivers rate their child's mental or emotional health as fair or poor. In 2016, caregivers completing the community survey said that 11.6% of their children were identified by a doctor or healthcare provider as having a mental health challenge. Among key informants surveyed, 96.7% believe that child mental health is a high or very high need, and 86.6% believe child mental health need is getting worse. Community focus groups identified mental health as a top child health need, with 22% choosing mental health as the top child health need for our region.

Cincinnati Children's mental health emergency department visits by year
From Cincinnati Children's Division of Psychiatry



- **Child Safety and Unintentional Injury**

  Nationally, unintentional injury is the leading cause of death for children ages 1 to 19

(https://www.cdc.gov/injury/wisqars/LeadingCauses.html). At Cincinnati Children's, more than 2000 patients are admitted to the hospital each year for injuries (Cincinnati Children's Trauma Registry). In 2017, 2,153 patients were seen inpatient for injuries and an additional 35,982 were seen in the Emergency Room or Urgent Care.

Safety and violence were also mentioned as child health issues in our community. The Mayerson Center for Safe and Healthy Children — a program at Cincinnati Children's for children who are victims of physical and sexual abuse and neglect — served 1,224 children in 2017. Hamilton County had 5,594 new reports of child abuse and neglect in 2017; Clermont County had 1,348 new reports; Butler County had 2,992 new reports; and Warren County had 788 new reports (Public Children Services Association of Ohio, http://www.pcsao.org/resources/safety-reports).

Unintentional Injury Data by year

From Cincinnati Children's In House Trauma Registry Patients

	2015	2016	2017
All CCHMC Admitted Patients	2,540	2,499	2,154
All CCHMC Ohio Patients	1,959	1,924	1,677
Butler	340	299	278
Clermont	252	254	196
Hamilton	1,037	1,054	917
IN Dearborn County	45	55	41
KY Boone County	102	133	86
KY Campbell County	89	82	49
KY Kenton County	159	125	144
Warren	137	106	139

- **Childhood Obesity**

  Childhood obesity is another key priority throughout Cincinnati Children's primary service area. Cincinnati Health Department collected data according to the Ohio Department of Education Guidelines the data showed students from Cincinnati Public Schools for the 2016-17 school year (most recent data available) shows 36.3% of students were obese or overweight. Compared to the 2013-14 where 33% of Cincinnati Public students were obese or overweight. Caregivers responding to the community survey said that 37.9% of children were severely or very severely obese.

  Caregivers reported in the 2017 community survey, that 10.9% of children were severely obese and 27.0% were very severely obese. Caregivers also reported that 27.3% of their child exercised or participated in physical activity for at least 60 minutes every day. Additionally, 7.2% of caregivers responded that is it difficult to purchase healthy food in their neighborhoods with the main reason being food costs too much (34.6%). Key informants rated obesity as a high or very high need (80%)

and reported childhood obesity is getting worst or staying the same (90%).

- **Dental**

  Pediatric dental care is a growing concern in Cincinnati Children's primary service area. In the 2017 community survey, 70.6% of caregivers reported that their child's teeth were in excellent or very good condition. Additionally, 54.5% of caregivers reported that their child had been seen by a dentist for a preventative care visit. However, 30.6% of caregivers that had delayed care for their child reported the care needed was dental. According to the Cincinnati Department of Health, 42.7 % of Cincinnati Public Schools students during the 2017-18 school year required a referral for follow-up, an indication of dental disease.[12] Poverty is a risk factor for dental disease in children.[13] In key informant interviews, dental care was identified as a gap in resources for child health

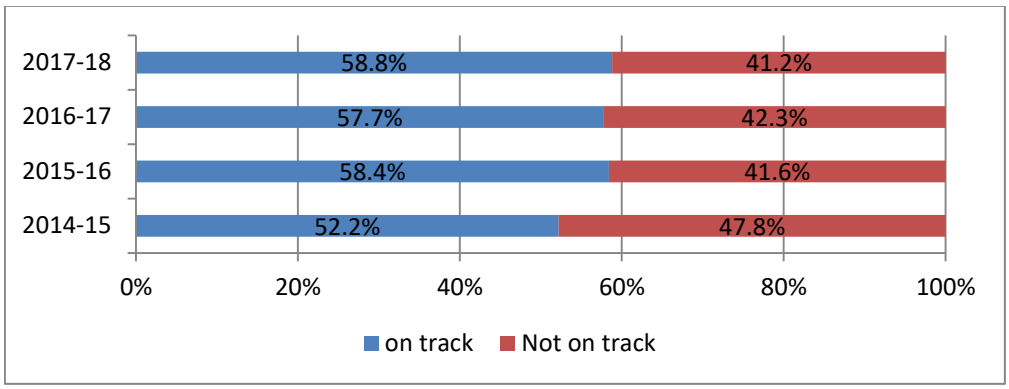
- **Early Literacy/School Readiness**

  Early literacy plays an important part in child health and development. For Cincinnati Public Schools Kindergarteners, the percentage of students ready for kindergarten in the 2014-15 school year was 52.2%, compared to 58.8% in the 2017-18 school year based on the Kindergarten Readiness Assessment. Key informants rate child literacy and reading as a high or very high need (86%), however 44.8% of key informants believe the need is improving.

  Caregivers with children in child care settings completing the community survey reported that 40% of children were in a child care center, public or private preschool or Headstart or Early Headstart. A key indicator of school readiness and literacy is preschool attendance. Of 2017-18 kindergartners at Cincinnati Public who attended preschool were before kindergarten, 67.9% were ready for kindergarten based on the KRA compared to 55.1% of kindergarteners who did not attend preschool.

[12] Office of Community Oral Health Programs, Cincinnati Health Department
[13] Centers for Disease Control

Kindergarten Readiness Assessment Levels For Cincinnati Public Schools[14]



- Hamilton County ranks among the worst 10% for infant mortality in the country. The Cradle Cincinnati Annual Report[15] reports that in 2017, 97 infants died in Hamilton County. In 2008-2012, Hamilton County had an infant mortality rate of 10.24 compared to 2013-2017 where the infant mortality rate decreased to 8.98. The infant mortality rate among African-Americans is 15.73 over the same time period. Infant mortality was rated as a high or very high need by 57% of key informants. Key informants (63.3%) also believed that infant mortality is improving in the community.

Other Identified Child Health Needs

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

Medical:

- Allergies
- Drug and alcohol abuse
- Emotional trauma
- Heart disease
- Lead poisoning
- Sickle cell disease
- Teen pregnancy
- Sexually transmitted disease
- Vaccinations
- Vision care
- Untreated parental mental health
- Toxic stress
- Teen pregnancy and births
- Reproductive health and education services

Social:

- Unemployment of parents
- Housing conditions
- Transportation
- Food Insecurity (highest rated)

Community Strengths and Resources

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

A strength identified was that the Cincinnati community has strong institutions and strong partnerships to support youth initiatives. The community is actively looking for ways to

[14] Kindergarten Readiness Assessment Report
[15] https://www.cradlecincinnati.org/wp-content/uploads/2018/04/CC-2017-Annual-Report-Web.pdf

coordinate programs and care. Key informants and community members supported Cincinnati Children's for community-focused initiatives that are contributing to improved child health, such as work to prevent violence and to improve outcomes for children with asthma.

ANALYSIS OF REGIONAL PRIMARY AND SECONDARY DATA COMBINED

This CHNA report describes the five priorities that emerged at the **regional** level. At the **county** level, the report describes areas of agreement among data sources for each county, or groups of counties (e.g., Northern Kentucky and Dearborn/Ohio/Switzerland counties in Indiana). MHMH also looks at community level priorities. To support the prioritization process for all the hospitals at the regional/county level, the report provides a breakdown of priorities. The table below shows the regional priorities most frequently cited in meetings and surveys as well as top issues from the secondary data. For each county profile, there is a paragraph that summarizes "Consensus on Priorities." Hospitals can use either or both summaries as a basis for a joint or individual hospital prioritization process that can also consider any emerging or pressing issues identified by hospital staff, leaders, and/or community advisors.

Regional Combined Top Priorities of Primary and Secondary Data (In descending order)

Meeting	Consumers	Agencies	Health Departments	Secondary Data
Access to care/ service	Substance Abuse	Substance Abuse	Substance Abuse	Injury deaths
Social determinants of health (especially Discrimination)	Chronic disease	Mental Health	Mental Health	Access to care; Lack of providers (Mental Health; Dental; Primary Care)
Mental Health	Mental Health	Access to care/ services (esp. cost, specialty care, transportation)	Chronic disease	Chronic disease (esp. cancer; diabetes; heart; respiratory; stroke)
Substance Abuse	Obesity	Chronic Disease (esp. diabetes; cancer; heart)	Obesity	Substance Abuse (esp. binge drinking; drug poisoning; heroin poisoning overdose)
Parenting/Families	Access to care/ service	Infant Mortality	Care for children	Healthy behaviors (esp. drinking; smoking; obesity; physical inactivity)
Healthy behaviors	Healthy food/ Nutrition	Obesity	Healthy behaviors	Mental Health (esp. poor mental health days; suicide; depression
Healthy food/ Nutrition	Healthy behaviors	Healthy food/ Nutrition	Maternal and child health and infant mortality	Infant mortality
Health education and promotion		Healthy behaviors (esp. smoking/	Access to care/ services	Food insecurity

		tobacco)		
Care for children		Care for Children		Motor vehicle crash deaths
Chronic disease				Children in poverty

Regional Summary
There are five different types of source materials: Meeting responses; Consumer survey responses; Agency survey responses; Health Department survey responses; and secondary data for more than 140 publicly available measures.

This section summarizes the common themes expressed across 25 counties, and it identifies areas of consensus among 1,416 participant responses: 463 people who came to meetings and 828 who completed surveys online. The meeting responses were transcribed from comments recorded at the 42 community meetings. Online surveys provided responses from consumers, nonprofit agencies, and local health departments. This section will also compare the priorities from primary data sources with 15 issues affecting most of the region as indicated by the secondary data.

While collecting primary and secondary data, the consultants noticed that many of the priorities identified three and six years ago still concerned Tristate residents and organizations. The most striking difference from 2013 to 2016 was the increased attention to, and severity of, the heroin and prescription drug abuse problem in the region. For this 2019 report, public awareness has become even more sophisticated and focused on the myriad and complex array of connected issues. There were more comments about addiction of all types; underlying mental health issues; the impact of trauma; lack of mental health providers; need for more access to treatment; and the toll of addiction on communities and families, especially children whose parents had a fatal overdose. These themes echoed throughout the comments from all primary data sources. Substance abuse and Infant mortality were the two topics most cited as areas where there was meaningful and visible community collaboration. At the same time, respondents explained that while the progress was good, much more needed to be done.

- **Overview of Significant needs**
  Two questions focus attention on what's missing and where there is room for improvement. They include the questions about barriers: financial and non-financial. The question about which issues are not being addressed enough identifies where there are unmet needs. Social Determinants of Health (SDHs) are addressed as one of the top 7 unmet needs. The answers to these questions are consistent with the findings shown in Table 27 of the Regional CHNA, which shows top priorities by source. The secondary data and primary data agreed on five issues: Substance abuse; Mental health; Access to care/services; Chronic disease; and Healthy behaviors.

- **Primary Data- Unmet needs**
  One of the CHNA questions, "What important health issues are not being addressed enough," revealed perceived gaps related to important health and health-related issues. Four issues emerged as prioritized needs for all respondents: Access to care/services; Mental health; Social determinants of health; and Substance abuse. Within the category of 'Access to care/services,' lack of providers was mentioned the most often, for 16% of all access issues.

The issues included providers who didn't take Medicaid or other insurance; providers located outside the geographic area; and too few specialists. Transportation was named by consumers in meetings and on surveys, for a total of 7% of all mentions within the Access category.

Most Frequent Answers to "Not Being Addresses Enough" question
(In descending order of number of mentions)

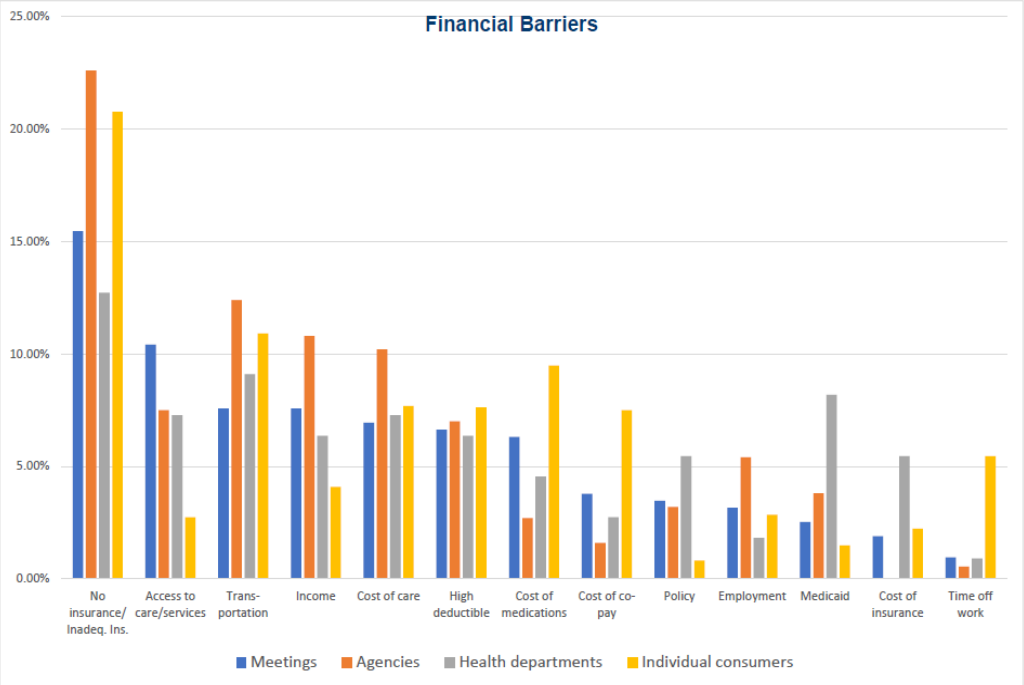
Meetings	Consumers	Agencies	Health Departments
Access to care/ services	Substance Abuse	Access to care/ services	Access to care/ services
Social determinants of health	Access to care/ services	Substance abuse	Mental Health
Mental Health	Social determinants of health	Mental Health	Substance Abuse
Substance Abuse	Mental Health	Social determinants of health	Social determinants of health

All sources agreed on three additional areas of unmet needs, but these issues did not receive as many mentions: Chronic disease, Health education/Promotion, and Healthy behaviors. Two more areas of unmet needs received mentions by some sources but not all: Healthy food/Nutrition (not mentioned by health departments) and Obesity (not mentioned at the community meetings).

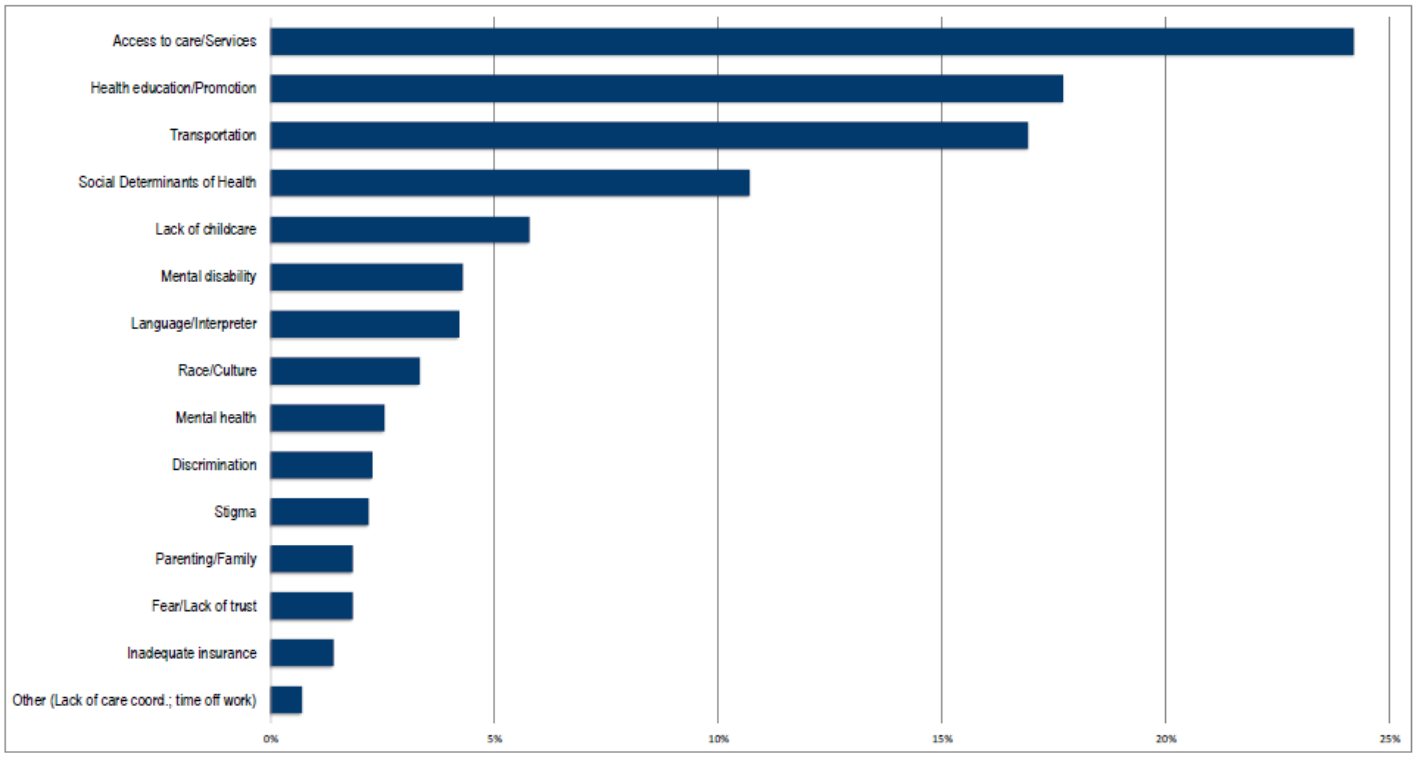
- **Barriers**
  Both financial and non-financial barriers to health care were identified by the various groups who provided feedback. Some respondents provided non-financial answers for the 'Financial Barrier' question. In some cases, the barrier was the absence of an assigned Medicaid provider near where they lived. In rural counties, the assigned primary care provider might be located out of the county, and there were few specialists. Even with Medicaid, this scenario felt like no coverage. People with commercial insurance also reported the challenge of finding a local provider in their network. The people in these situations felt that they would still have to pay out-of-pocket for care from a provider of their choice, when insurance didn't cover the services. The lack of providers and/or inadequate insurance coverage became a financial barrier. This is also why 'cost of care' is considered a significant barrier, even for those with coverage. During the 2016 CHNA, participants began bringing up the barrier of co-pays and high-deductible plans. These comments were more frequent and widespread during the 2019 CHNA. Not being able to afford, lost wages and (unpaid) time off work seemed less of a barrier this time than the 'income' barrier of having a low-paying job and/or needing to work two minimum-wage jobs in order to survive. The cost of prescription medicine remains an ongoing concern.

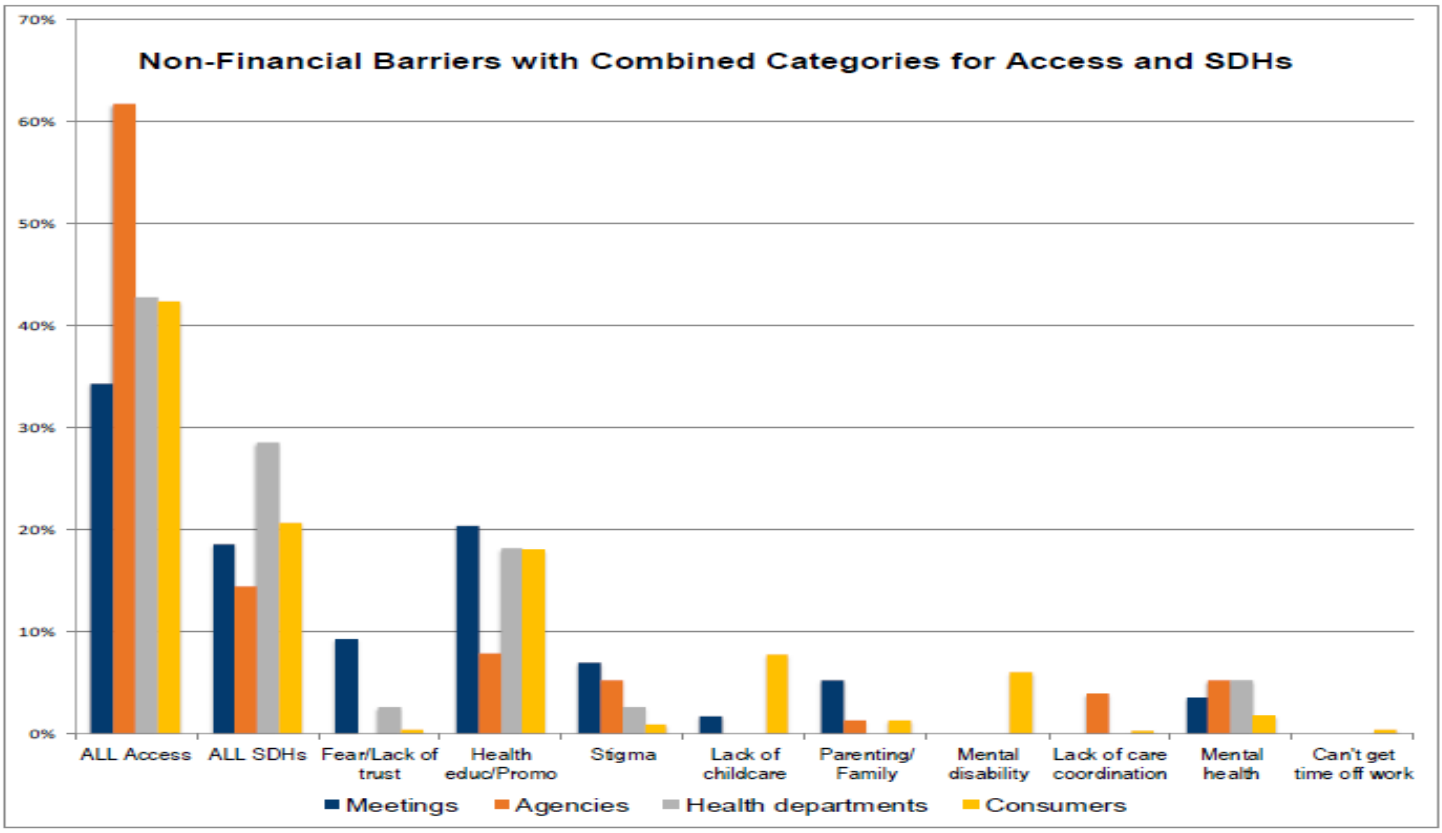
  Transportation was mentioned more often this cycle, both as a financial and non-financial barrier. As a financial barrier, it included the rising cost of bus fare and transfers; cost of gas; and not being able to afford the purchase of a car. Many parts of the region have no public transportation, which is reflected in the non-financial barriers. More prominent this cycle was Social Determinants of Health ("SDH"), with subcategories of race, culture, language, and discrimination receiving many mentions. The graph below show Access and SDHs were the

two largest categories for non-financial barriers, when their sub-categories were combined. Access for people with mental disability is a new concern voiced by consumers.



Non-Financial Barriers Identified
(Through meetings and surveys)





- **Issues Handled Well**
  There is more variation among groups of respondents for this question, "Which important health issues are being handled well in your community?" Only two issues had consensus in the top five: Substance abuse and Wellness/Prevention. This is the same result as three years ago.

  As noted earlier, for Substance abuse, respondents noted that progress was good but more needed to be done. Other issues where groups agreed were: Access to care (in top 4 for Meetings, Consumers, and Agencies); Community collaboration (in 2nd place for Meetings, Agencies, and Health Departments); and Chronic disease (in top 5 for Meetings, Consumers, and Health Departments). Mental health and Healthy food/Nutrition were mentioned by 3 groups but not all 4, and these issues were in 5th to 8th place.

Most Frequent Answers to 'Important Issues Handled Well' Question
(In descending order of number of mentions)

Meeting	Consumer	Agency	Health Department
Wellness prevention	Substance abuse	Substance abuse	Substance abuse
Community collaboration	Chronic disease	Community collaboration	Community collaboration
Access to care	Access to care	Wellness/prevention	Chronic disease
Substance abuse	Wellness/prevention	Access to care	Wellness/prevention

Most Frequent Answers to 'Important Issues Handled Well' Question
(Continued)

Meeting	Consumer	Agency	Health Department
Chronic disease	Health education/ promotion	Mental health	Health education/ promotion
Healthy food/nutrition	Healthy behaviors	Infant Mortality	Access to care
Infant Mortality	Healthy food/nutrition	Healthy food/nutrition	Infant Mortality
Mental health	Environmental health	Chronic disease	Mental health

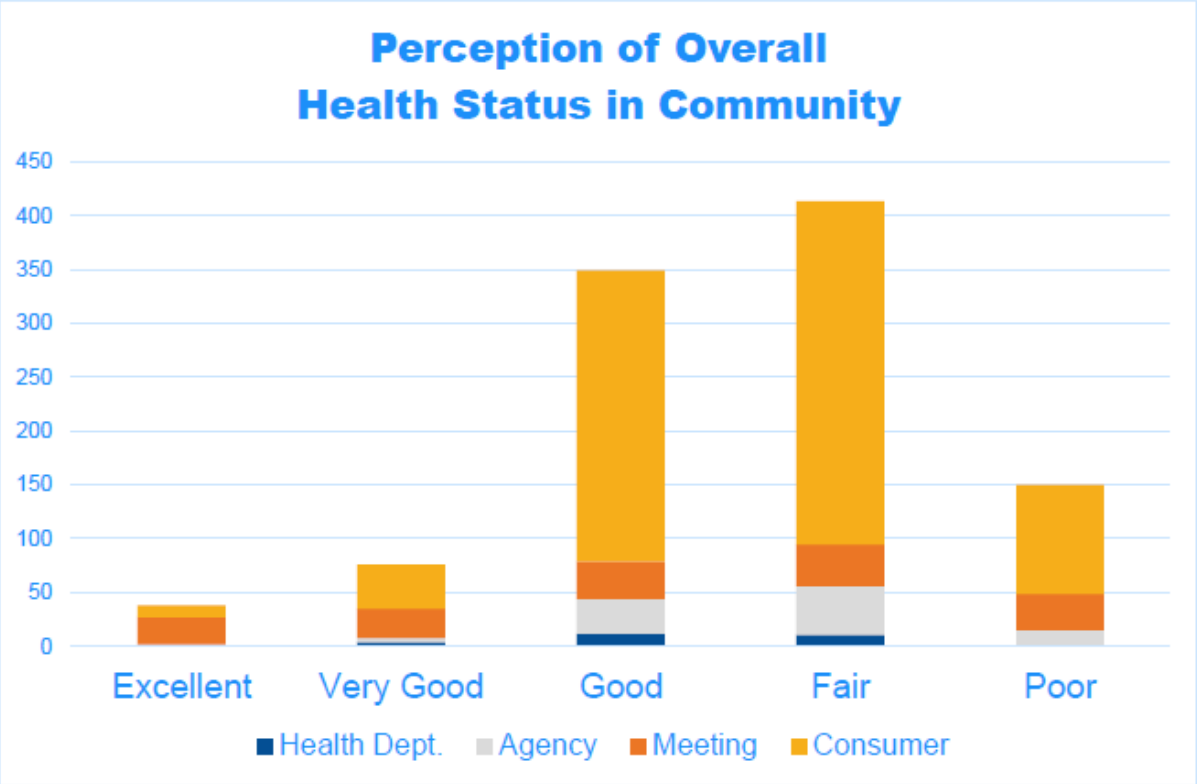
- **Ways to Improve Health**
  During the 2016 CHNA process, 'eat healthier' and 'exercise more' comprised 70% of responses. During this cycle, they are still frequent replies but now there are even more answers to the questions, "What can you do to improve your health?" and "What can people, whom your organization serves, do to improve their health?" In the last cycle, 'Get more information' received merely 0.9% of mentions. In the top 5 responses for all groups, there was consensus on (in descending order of total mentions):
  - Eat healthier foods (172)
  - Access health education (157)
  - Exercise more (126)
  - Receive preventive care (84)

  All 4 groups agreed on Get enough sleep but in 9th or 10th place. Other specific ways to improve health that were mentioned by 3 groups, although not all in the top 5, were: Get involved in the community; Drink more water; and Manage stress.

Most Frequent Answers to 'Ways to Improve Personal Health' Question
(In descending order of number of mentions)

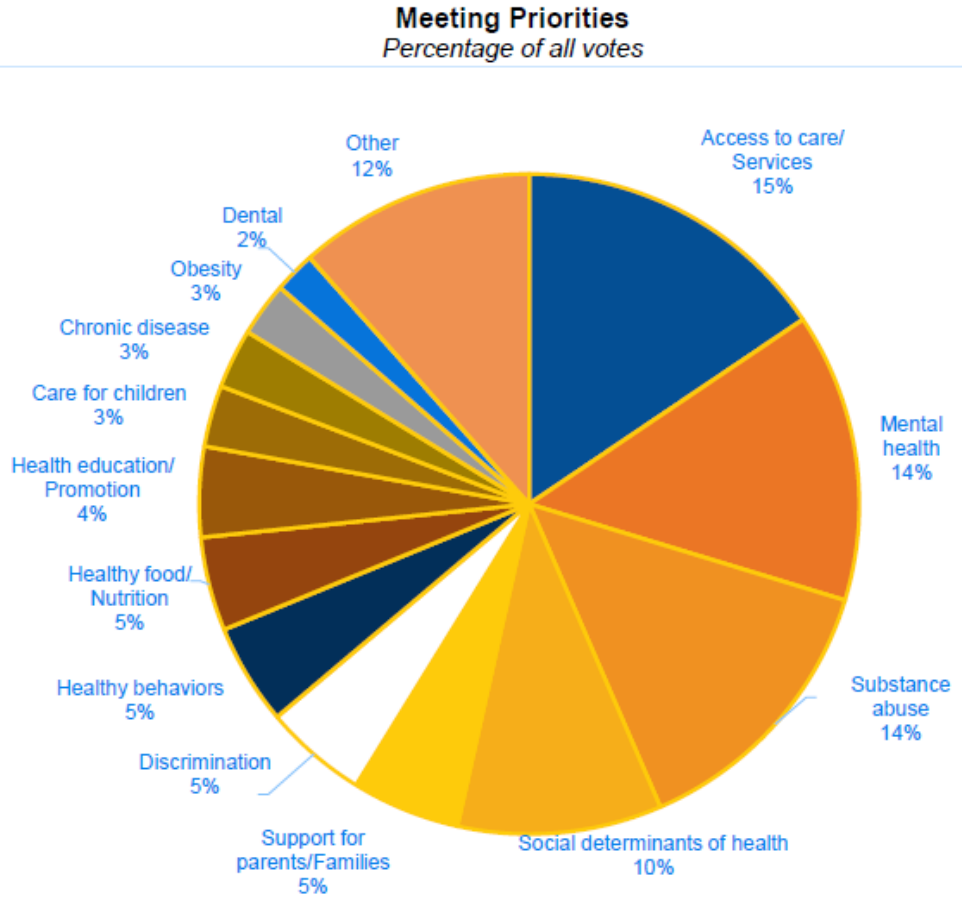
Meeting	Consumer	Agency	Health Department
Exercise more	Make better lifestyle choices	Exercise more	Access health education
Access health education	Access health education	Access health education	Exercise more
Eat healthier foods	Receive preventative care	Eat healthier foods	Receive preventative care
Receive preventative care	Exercise more	Receive preventative care	Eat healthier
Make better lifestyle choices	Eat healthier	Make better lifestyle choices	Manage stress

Another new question this cycle was, "What is your perception of the overall health status of your community?"



- **Priorities from Community Meetings**
  At the meetings, each attendee received three colored dots to apply next to the issues they deemed most serious or important, based on their knowledge and experience and the interactive discussion during the meeting. All the comments, from all questions, were posted on the walls. The consultants observed some attendees conversing with each other and often voting for another's idea, instead of their own.

  Percentages represent how many dots an issue received divided by the number of total votes. There were 1,131 total votes. The following figure shows all topics receiving more than 20 votes, or at least 2%.



Discrimination was called out as its own category because of the number of votes it received from Butler (1), Greene (3), Hamilton (14), and Montgomery (39) Counties combined. Social Determinants of Health would have been an even larger slice of the pie, if discrimination had not been counted there. The top votes in the above graft reflect concerns shared across the region. Concern about parents and families is an emerging topic. It encompasses kinship care due to the opioid crisis and the needs of children born to parents who don't understand the importance of kindergarten readiness, school attendance, immunizations, or developmental milestones. The priorities reported by the most counties are shown in the below. Many counties share other concerns as well, but meeting attendees did not assign them the highest priority.

Categories of 'Serious Issues' Receiving Most Votes as "Top Priorities"

	Access to care/ Services	SDH + Discrimi-nation	Mental health	Sub- stance abuse	Parents/ Families	Healthy behavior	Healthy food/ Nutrition	Health education /Promo.	Care for children	Chronic disease	Obesity	Dental
Boone			4	1				1	4	2		
Campbell	2		1			2		3				
Kenton		1	3	4	2	1		1				
Dearborn/Ohio/ Switzerland	14	5	17	19	12	22	1	3		3	2	3
Franklin	3		2	3								
Union				3				4				
Adams	6	10	11	16	2	1	2				4	
Brown	7	3		3					1	1		
Butler	5	1	7	11	1	2				1	2	
Champaign	10	8	3	11	2			1		2		2
Clark	34	22	25	14	8	10	8		8	8	3	8
Clermont	7	3	5	10	1	3	6	1			2	1
Clinton	2							1				
Darke	17		4	6	4			5	5	3	2	
Fayette	1	2			4	5						
Greene	7	3	1	2		1		3			4	
Hamilton	25	62	26	8	3	4	16	12	7	2	3	
Highland	4		2	2					2			
Miami					7		2					
Montgomery	19	47	33	27	11	5	12	8	8	8	6	4
Preble	5	1	6	1					3	3		2
Shelby	8		6	7	1		2	7			1	3
Warren		2	4	8	2		3				1	
Total Votes	**176**	**170**	**160**	**156**	**60**	**56**	**52**	**50**	**38**	**33**	**30**	**23**

Priorities from Consumer Surveys

New sub-categories emerged from the 1,131 comments of 715 consumer survey respondents. Within the category of Substance abuse, there were more mentions, compared to three years ago, about addiction in general, and not only in relation to opioids. Within the area of Mental Health, Adverse Childhood Experiences (ACEs), suicide, and trauma were mentioned specifically. Under Access to care/services, transportation was listed as a priority in both urban and rural parts of the region. The table below shows the top priorities from the consumer surveys.

Most Frequent Answers to 'Priorities' Question on Consumer Surveys
(In descending order of number of mentions)

Priority	# Mentions	% Mentions
Substance abuse *(addiction=61; opioids=38; heroin=7; alcohol=7)*	238	23.3%
Chronic disease *(diabetes=43; cancer=36; heart=30; hypertension=15; respiratory=9)*	135	13.2%
Mental health *(trauma=4; child mental health=3; ACEs=3, suicide=2)*	100	9.8%
Obesity	100	9.8%
Access to care/services *(affordability=23; more drug treatment=11; insurance=11; transportation=7; dental=4)*	77	7.5%
Healthy food/Nutrition *(healthy food=42; nutrition=12; food insecurity=7)*	75	7.4%
Healthy behaviors *(quit smoking=27; exercise=18; lose weight=11; eat healthier=9; make healthier*	70	6.9%

- **Priorities from Agency Surveys**

  A total of 96 organizations completed the survey online and contributed 204 priorities. The nonprofits served one or more counties. A few organizations had more than one person from the agency respond. Fifty-eight agency respondents provided their contact information. They represent a good cross-section of sectors and geographic areas. Although the category, Care for children, received just under 5% of mentions. The report includes 'Care for children' here because it was also a new emerging category at meetings and with health departments. Most mentions concerned the general well-being

and value of children in the community, but the category also included care for the children of addicts, childhood mental health, child hunger, school readiness, childcare, after-school programs, and safe places to play.

Most Frequent Answers to 'Priorities' Question on Agency Surveys
(in descending order of number of mentions)

Priority	#	%
Substance abuse	44	21.57%
Mental health	24	11.76%
Access to care/services (e.g, cost, specialty care/services, transportation)	15	7.35%
Chronic disease (diabetes=5, cancer=4, heart=3)	13	6.37%
Infant mortality	13	6.37%
Obesity	13	6.37%
Healthy food/Nutrition (nutrition=8)	11	5.39%
Healthy behaviors (smoking/tobacco=6)	11	5.39%
Care for children	10	4.90%

- **Priorities of Health Departments**

  Each of the county-level health departments responded, as well as the Cities of Cincinnati, Norwood and Springdale within Hamilton County and the Cities of Hamilton and Middletown in Butler County. They provided 87 responses to answer the question, "What are your top priorities?" Substance abuse was the top priority for 19 health departments in 16 counties. Mental health was a priority for health departments in 14 counties, and chronic disease was a priority for 10 health departments in 8 counties. Table 14 below shows all priorities receiving more than 5% of mentions.

Most Frequent Answers to 'Priorities' Question from Health Departments
(in descending order of number of mentions)

Priority	# Mentions	% Mentions
Substance abuse	19	21.8%
Mental health	14	16.1%
Chronic disease	10	11.5%
Obesity	7	8.0%
Care for children	6	6.9%
Healthy behaviors	6	6.9%
Maternal & child health / Infant mortality	6	6.9%

REGIONAL DEMOGRAPHICS

- **SECONDARY DATA**

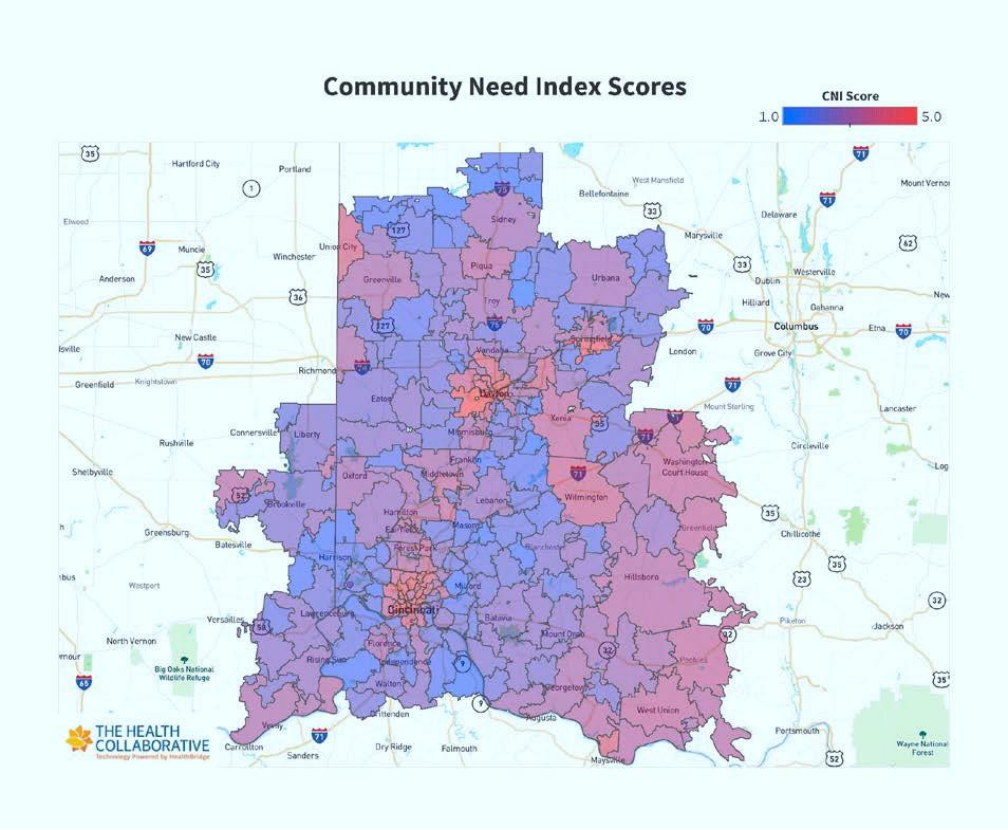
  This section focuses on measures that transcend county boundaries. The Community Need Index provides an opportunity to look at ZIP Codes where health disparities may exist. Fourteen measures indicate negative outcomes, poor access, and/or risk factors that affect multiple counties. The CHNA team created maps to illustrate where there are areas of concern.

- **Health Disparities**

  A regional map, based on CNI scores for each ZIP Code, is shown below. As discussed on pages 34- 35 of the Regional CHNA, the CNI is a validated high-level assessment of the risk of health disparities. CNI – Sixty-eight ZIP Codes, or 26% of the region's 262 ZIP Codes, had high scores (3.4 to 5.0) indicating a likelihood of disparities in their experience, or lack, of health care. Hamilton County contained 27 of these ZIP Codes, and Montgomery County had 12 of them. Four of the 6 ZIP Codes in Adams County reflect high likelihood of health disparities. About one-third of counties in the region do not show high CNI scores.

  That does not mean that no disparity exists. There can be pockets of need in every county.

Regional CNI Map



Shared Health Concerns

There are 14 measures where 2016 data is available for all counties, and where outcomes are worse than U.S. rates or percentages. At the end of this section are maps for each measure. Each of these maps represents either poor health outcomes or indicators of serious health factors which contribute to disease.

Health Issues from Secondary Data – Affecting 64% to 100% of Counties

Health or Health-related Measure	# of counties	% of counties
Injury deaths (per 100,000)	25	100%
Mental health providers (ratio of 1 provider per)	24	96%
Lung cancer mortality (rate per 100,000)	23	92%
Drug poisoning deaths (per 100,000)	23	92%
Adult smoking (%)	22	88%
Overall cancer mortality (rate per 100,000)	22	88%
Dentists (ratio of 1 dentist per)	20	80%
Health or Health-related Measure	**# of counties**	**% of counties**
Physical inactivity (%)	19	76%
Average # of poor mental health days (in past 30 days)	18	72%
Binge/excessive drinking (%)	18	72%
Diabetes (%)	18	72%
Primary care physicians (ratio of 1 PCP per)	18	72%
Adult obesity (%)	17	68%
Alcohol-impaired driving deaths (%)	16	64%

Butler, Clinton, and Dearborn Counties had high numbers for most measures. Preble County has the highest numbers for Poor mental health days, Adult smoking, and Binge drinking, but it was on the low end for Adult obesity and Diabetes.

Here is a description of the significance of each metric.

- Injury deaths (per 100,000) – Injury deaths include intentional (e.g. suicide by firearm, suicide by suffocation, homicide by firearm) and unintentional (e.g., poisoning, motor vehicle traffic, fall) injury deaths. All 25 counties in the region had high rates of injury deaths. The national rate was 45.3. The state averages were all high: Indiana at 70; Kentucky at 88; and Ohio at 61.2. The Healthy People 2020 goal is 53.7.
- Mental health providers (ratio of 1 provider per): – 24 counties in the region had low numbers of mental health providers for their residents. The rate of people served by one provider ranged from 415 in Hamilton County to 7,250 in Union County, IN. The national rate was 1 provider per 470 residents. The state ratios were all high: Indiana at 1 per 701 people; Kentucky at 1 per 525 people; and Ohio.at 1 per 636 people. The average of all three states is 1 mental health provider per 613 people. There is no Healthy People 2020 goal.
- Lung cancer mortality (rate per 100,000): – 23 counties in the region had high rates of lung cancer deaths. The national rate was 39.4. The state rates were all high: Indiana at

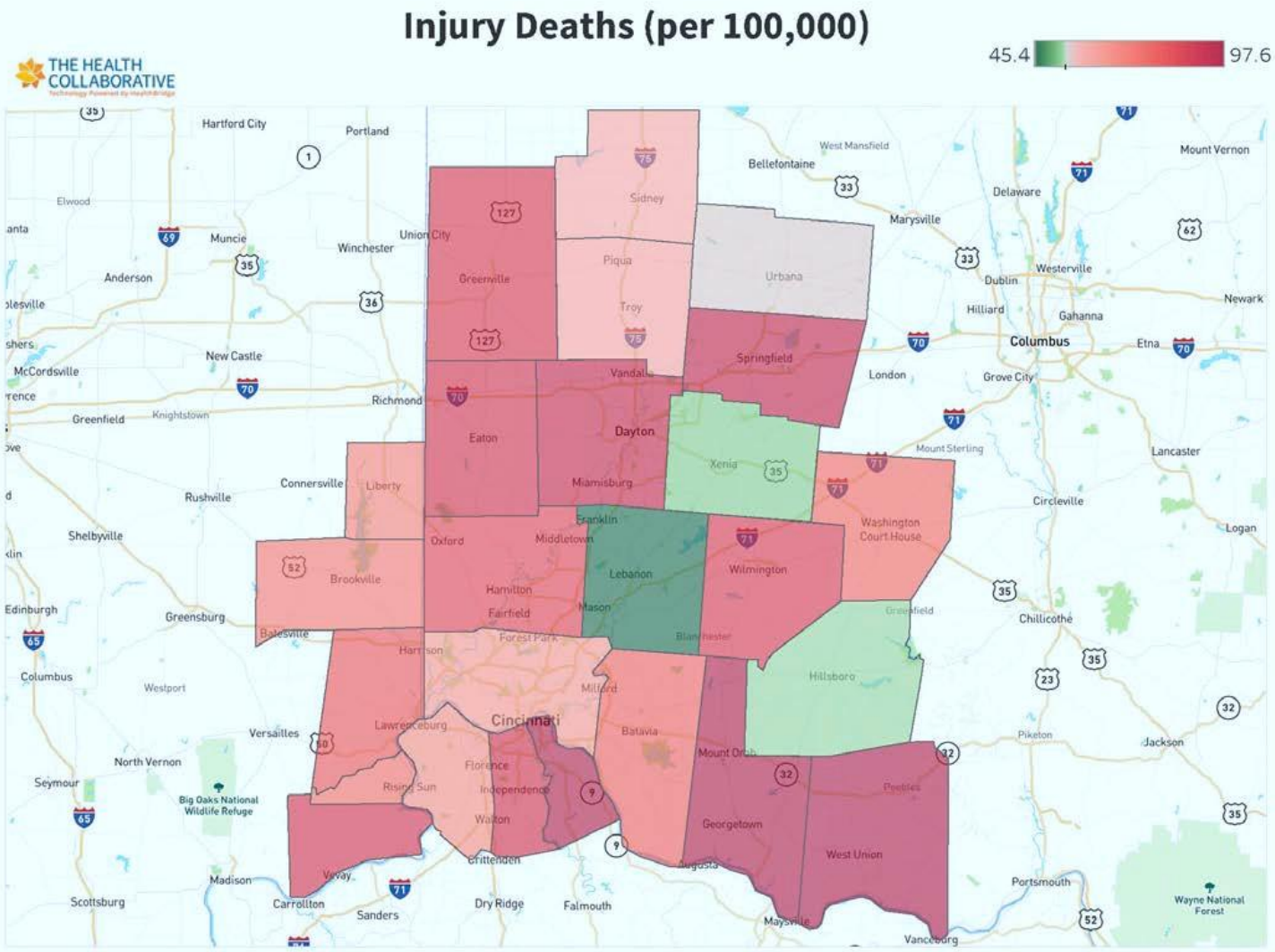
55.1; Kentucky at 67.3; and Ohio.at 48.2. The Healthy People 2020 goal is 45.5.

- Drug poisoning deaths (per 100,000): – 23 counties had high rates of drug poisoning deaths. A fact sheet published in August 2017 provides a sobering context. [16] Poisoning is the leading cause of injury death, and drugs (legal or illegal) are responsible for most of the poisoning deaths. From 1999 to 2015, the age-adjusted rate tripled nationally from 6.1 to 16.3 drug poisoning deaths per 100,000. There were increases in deaths caused by heroin, synthetic opioids (excluding methadone), cocaine, and psychostimulants, such as methamphetamine and Ritalin. In 2015 Ohio, Kentucky, and Indiana all had statistically higher rates than the national rate. Kentucky and Ohio were among the 4 states with the highest age-adjusted drug poisoning deaths in the U.S. Ohio and Kentucky were both at 29.9. The Healthy People 2020 goal is 11.3.
- Adult smoking (%): – 22 counties have high percentages of adults who smoke. The range is 10% in Warren County and 43% in Preble County. The state percentages are all higher than the national percentage of 16.5%: 21% in Indiana; 24% in Kentucky; and 22% in Ohio. The Healthy People 2020 goal is 12.
- Overall cancer mortality (rate per 100,000): – 22 counties had high rates of overall cancer deaths. The death rate ranged from 153.8 in Warren County to 232.1 in Ohio County, IN. The state percentages are all higher than the national rate of 157.1: 182.2 in Indiana; 197.8 in Kentucky; and 174.3 in Ohio. The Healthy People 2020 goal is 161.4.
- Dentists (ratio of 1 dentist per): – 20 counties in the region had low numbers of dentists for their residents. The average of all three states was 1 dentist per 1,691 people. The state ratios were all high: Indiana at 1 per 1,852 people; Kentucky at 1 per 1,561 people; and Ohio.at 1 per 1,660 people. There is no Healthy People 2020 goal.
- Physical inactivity (%): – 19 counties had high percentages of residents who are physically inactive. The national percentage is 25.2%, and all three states had slightly higher rates. The Healthy People 2020 goal is 20.1%.
- Average # of poor mental health days (in past 30 days):– 18 counties had residents with high number of 'poor mental health days' in the previous 30 days. They all exceed the national average of 3.7 days. The highest number was an average of 7.3 days for Preble County residents. Eight counties exceed the region's average of 4.124 days. There is no Healthy People 2020 target.
- Binge, or excessive, drinking (%) – Binge drinking is defined as men having 5 or more drinks in one sitting, or women having 4 or more at a time. 18 counties had percentages at 16% or higher. All counties were under the Healthy People 2020 target of 24.4%, but the region's average of 17% exceeds the national average of 16.6%.
- Diabetes (%): – 18 counties had a higher percentage of residents with diabetes than the national percentage of 10.7%. It's 13% in Kentucky and 11% in Ohio and Indiana. The Healthy People 2020 goal is 16%.
- Primary care physicians (ratio of 1 PCP per): – 18 counties in the region had low numbers of primary care physicians for their residents. The rate of people served by one provider ranged from 920 in Hamilton County to 10,424 in Switzerland County, IN. The average of all three states was 1 primary care physician per 1,441 people. The state ratios ranged from 1 PCP for 1,310 people in Ohio to 1 PCP for approximately

[16] National Center for Health Statistics (2017). NCHS data on drug-poisoning deaths. CDC. August.

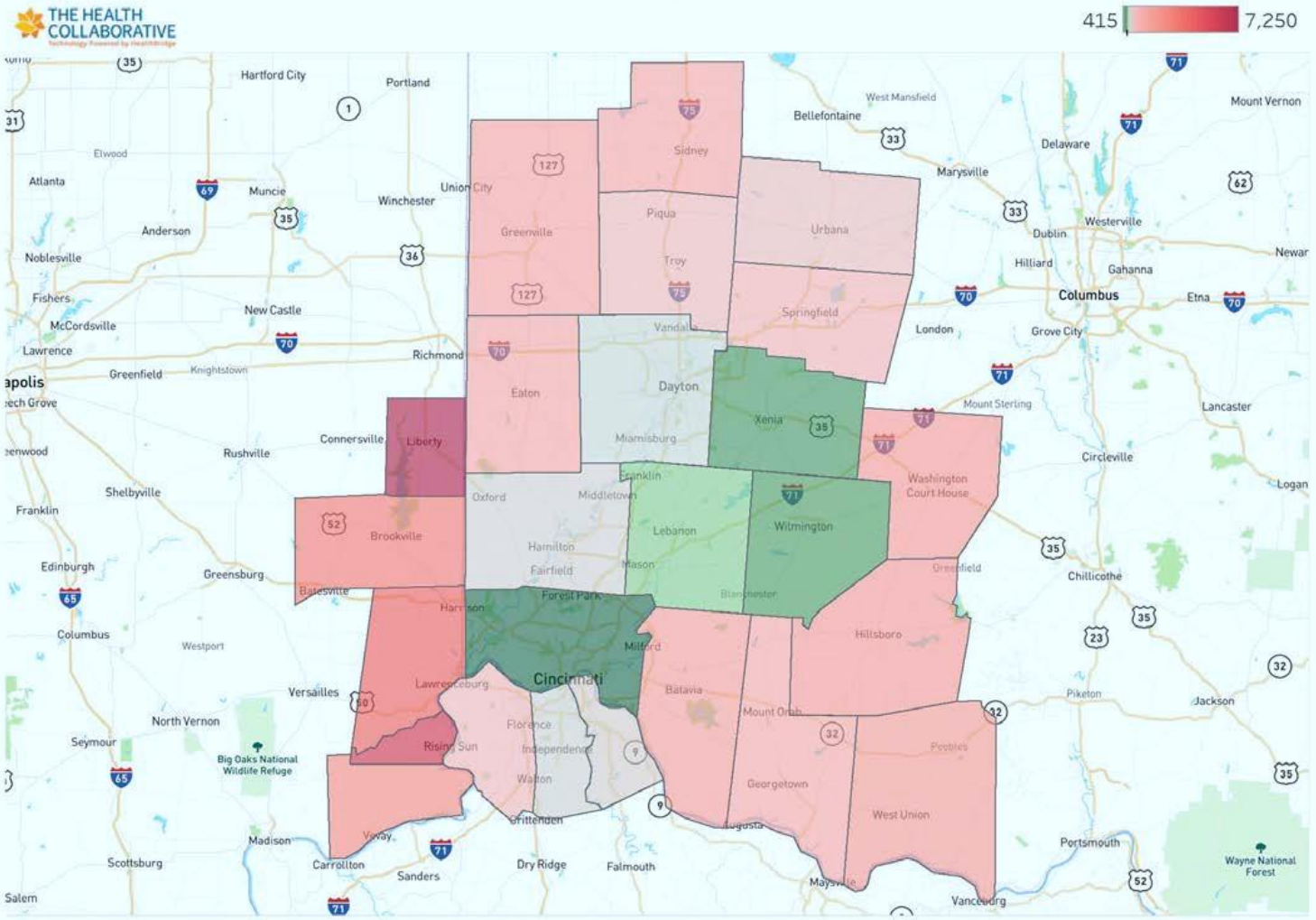
1,500 people in Indiana and Kentucky. There is no Healthy People 2020 goal.

- Adult obesity (%): – 17 counties had percentages of Adult obesity that were higher than the national average of 29.2%. The Healthy People 2020 goal is 30.5%.
- Alcohol-impaired driving deaths (%):– 16 counties had higher percentages of motor vehicle accidents with alcohol involvement. The regional and national percentage was 30%, and there is no Healthy People 2020 target. Ohio's percentage was 34%, while Indiana and Kentucky were 22% and 28% respectively.

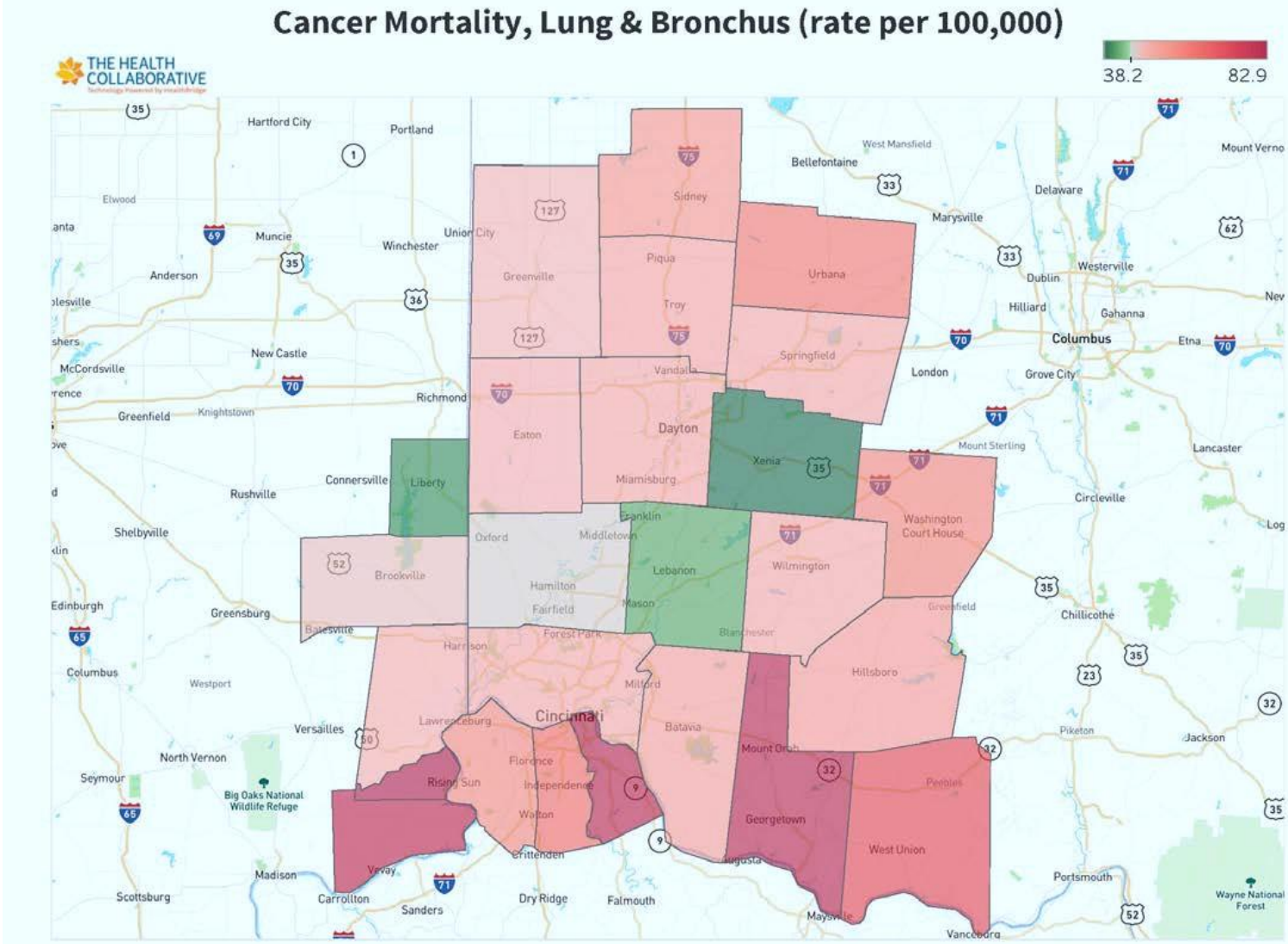


Map shows sum of Injury deaths (per 100,000) - includes intentional (e.g. suicide by firearm, suicide by suffocation, homicide by firearm). The United States average is 45.3 injury deaths per 100,000.

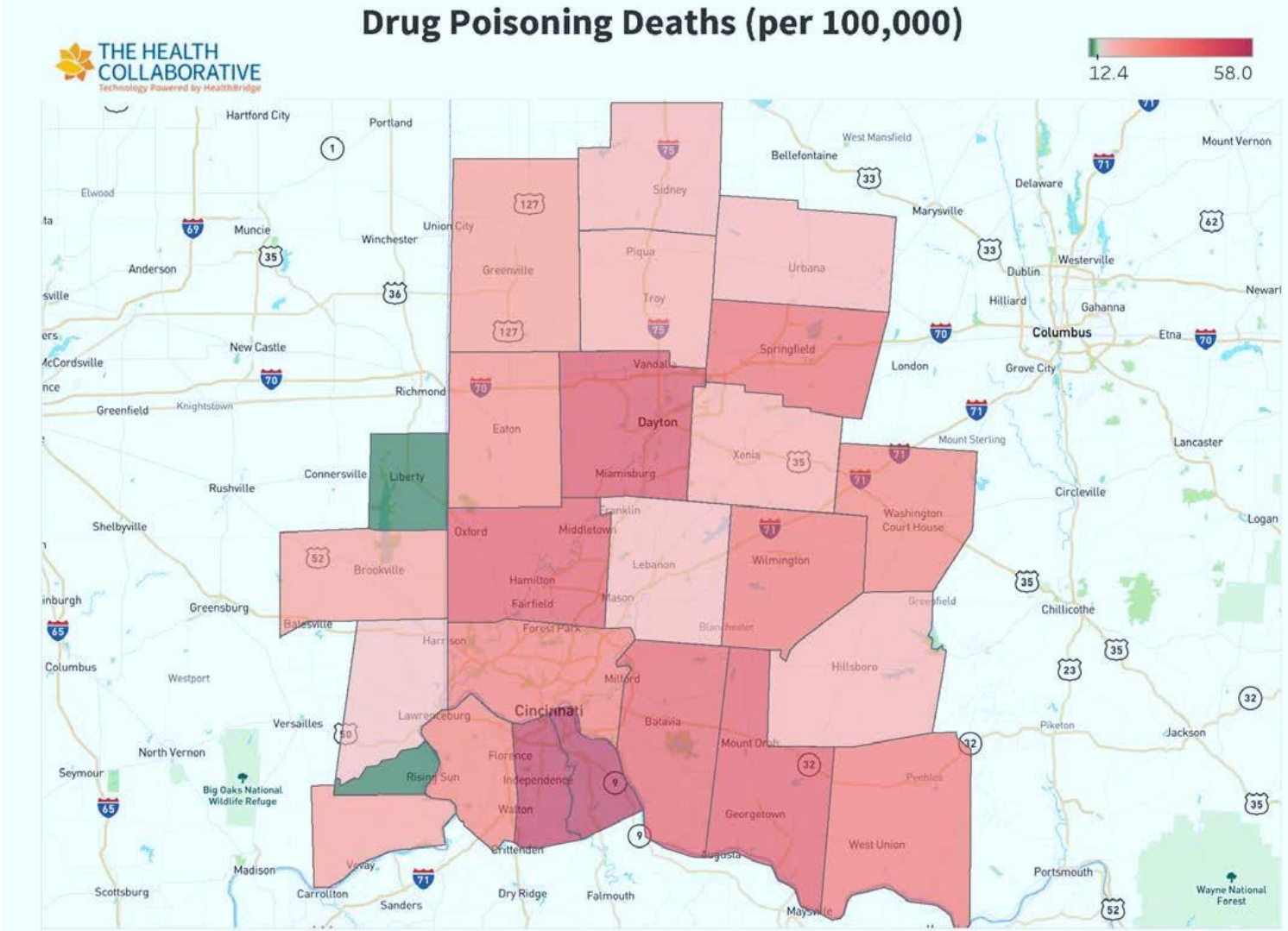
Mental Health Providers (Ratio of 1 Provider Per)



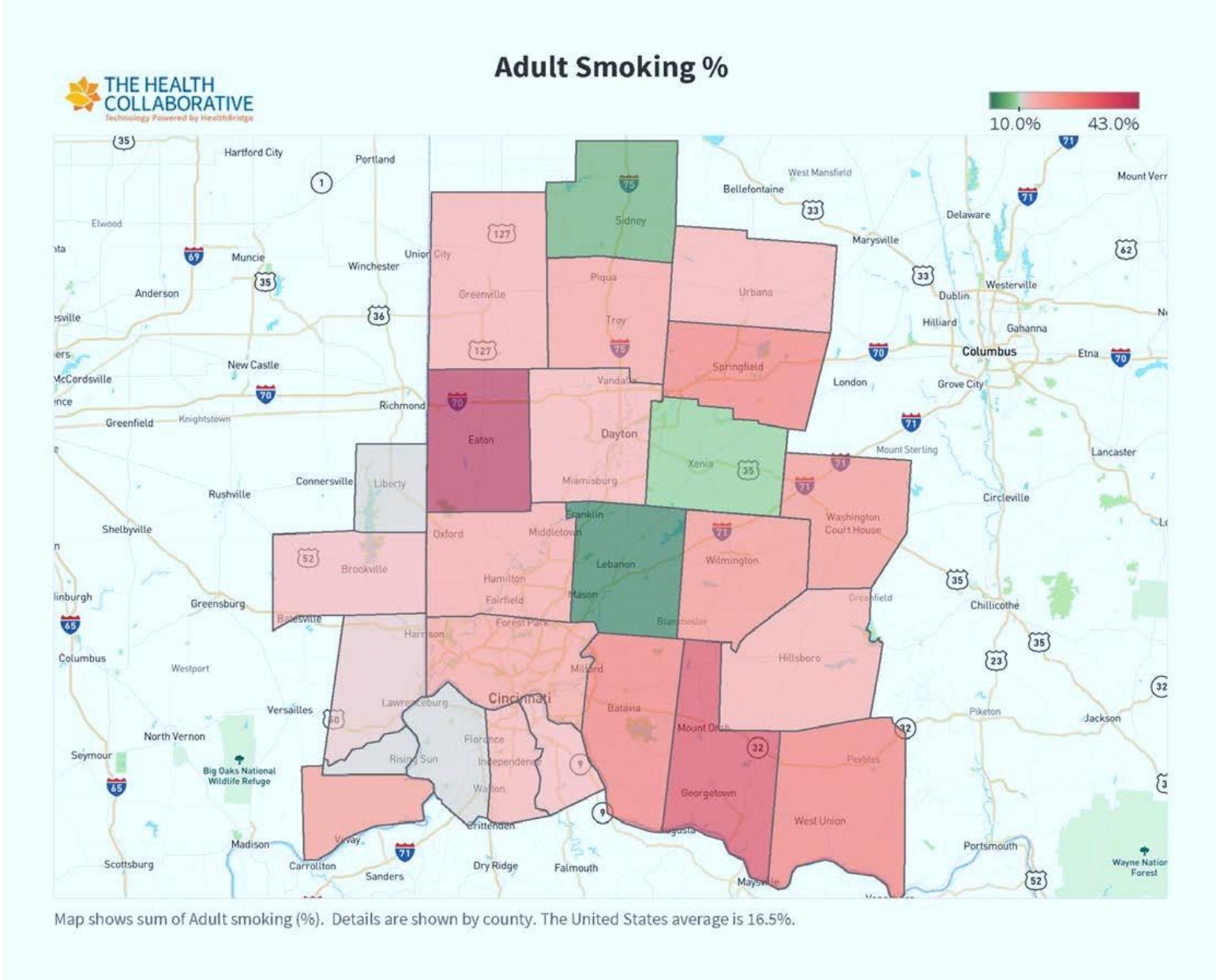
Map shows ratio of mental health providers (number of residents per 1 provider). Details are shown by county. The United States average is 1 provider per 470 residents.



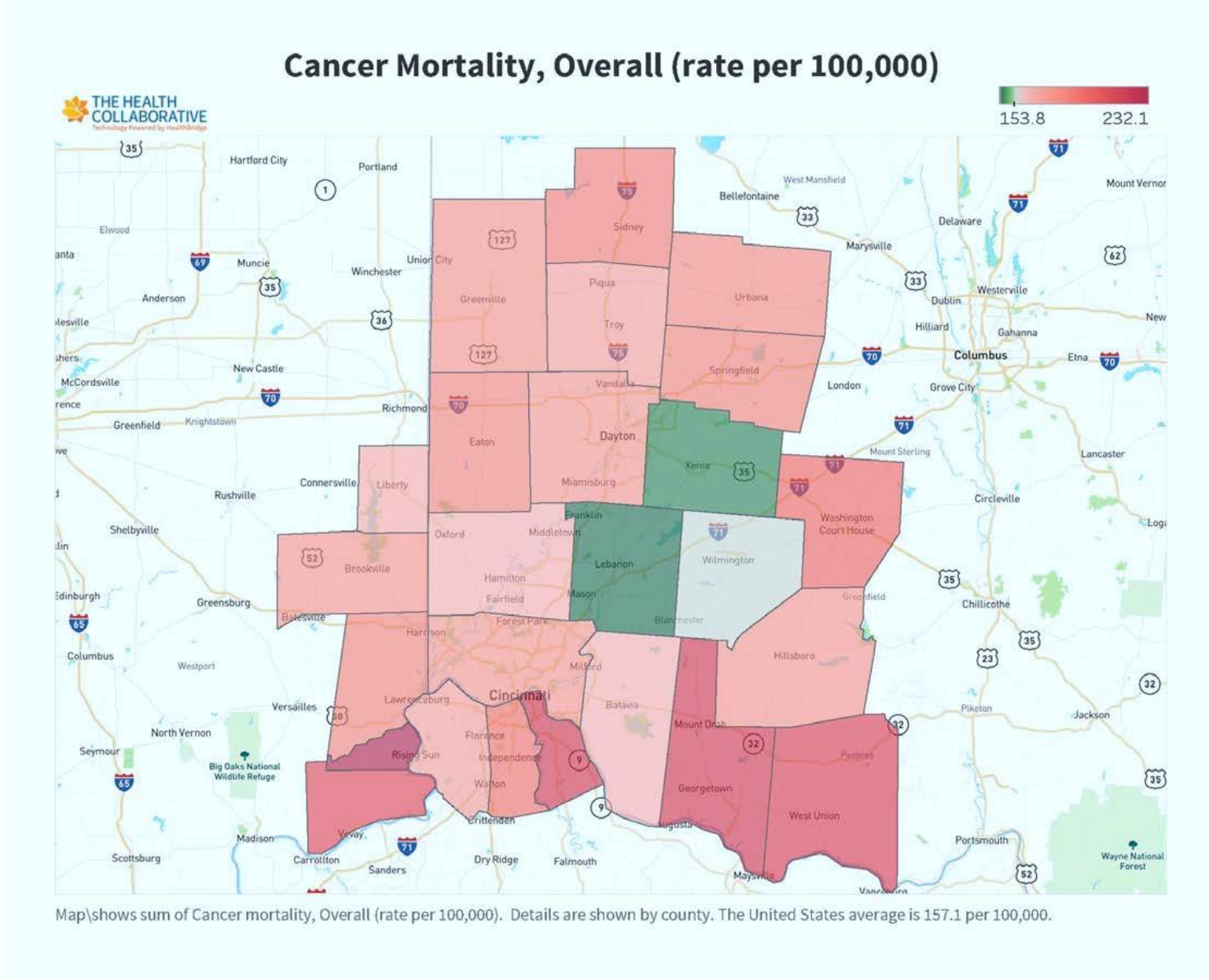
Map shows sum of Cancer mortality, Lung & Bronchus (rate per 100,000). Details are shown by county. The United States average is 39.4 per 100,000.



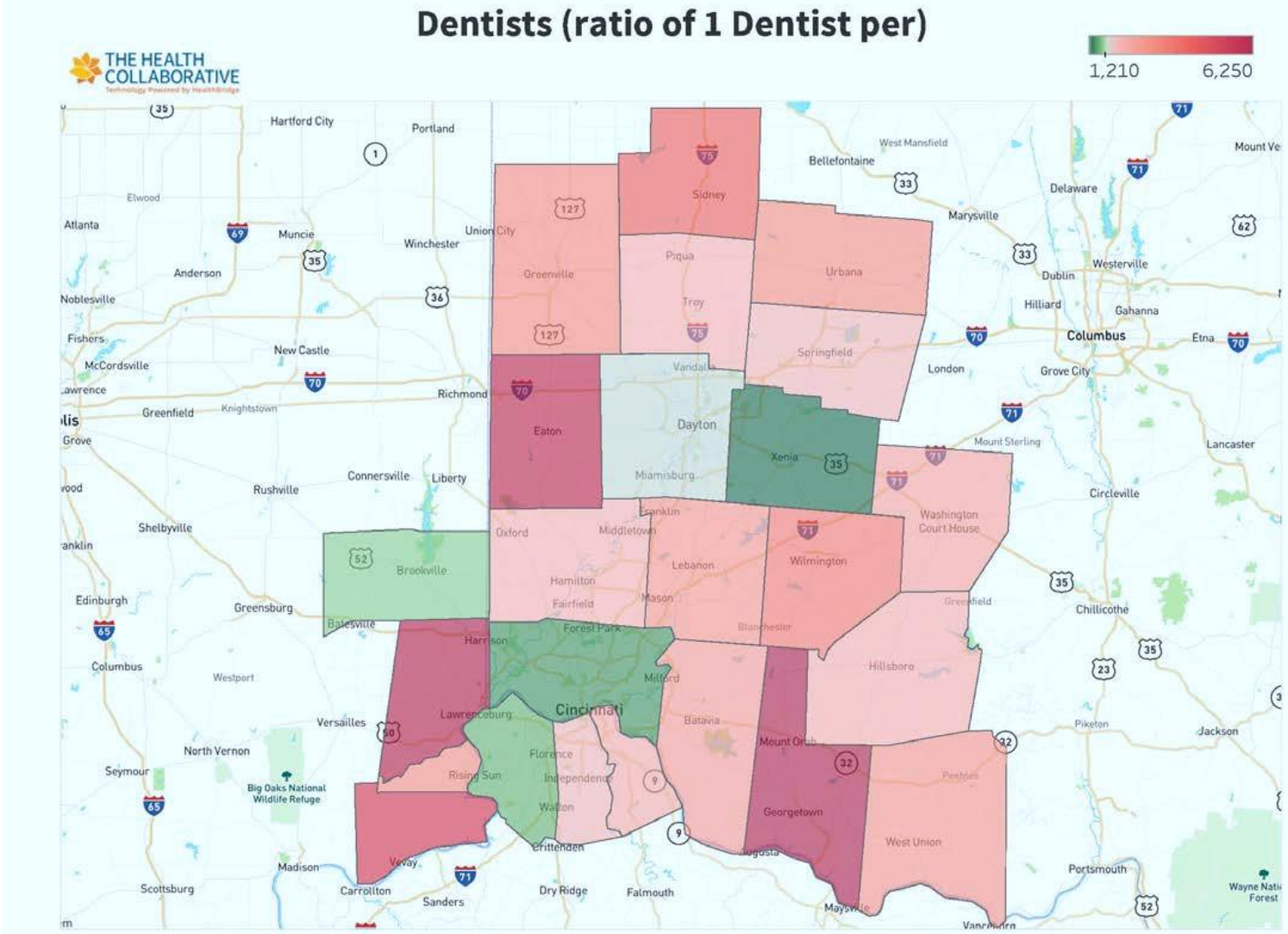
Map shows the ratio of Drug Poisoning Deaths (per 100,000) - including prescription drugs and heroin. Details are shown for each county. The overall United States average is 14.6 per 100,000.



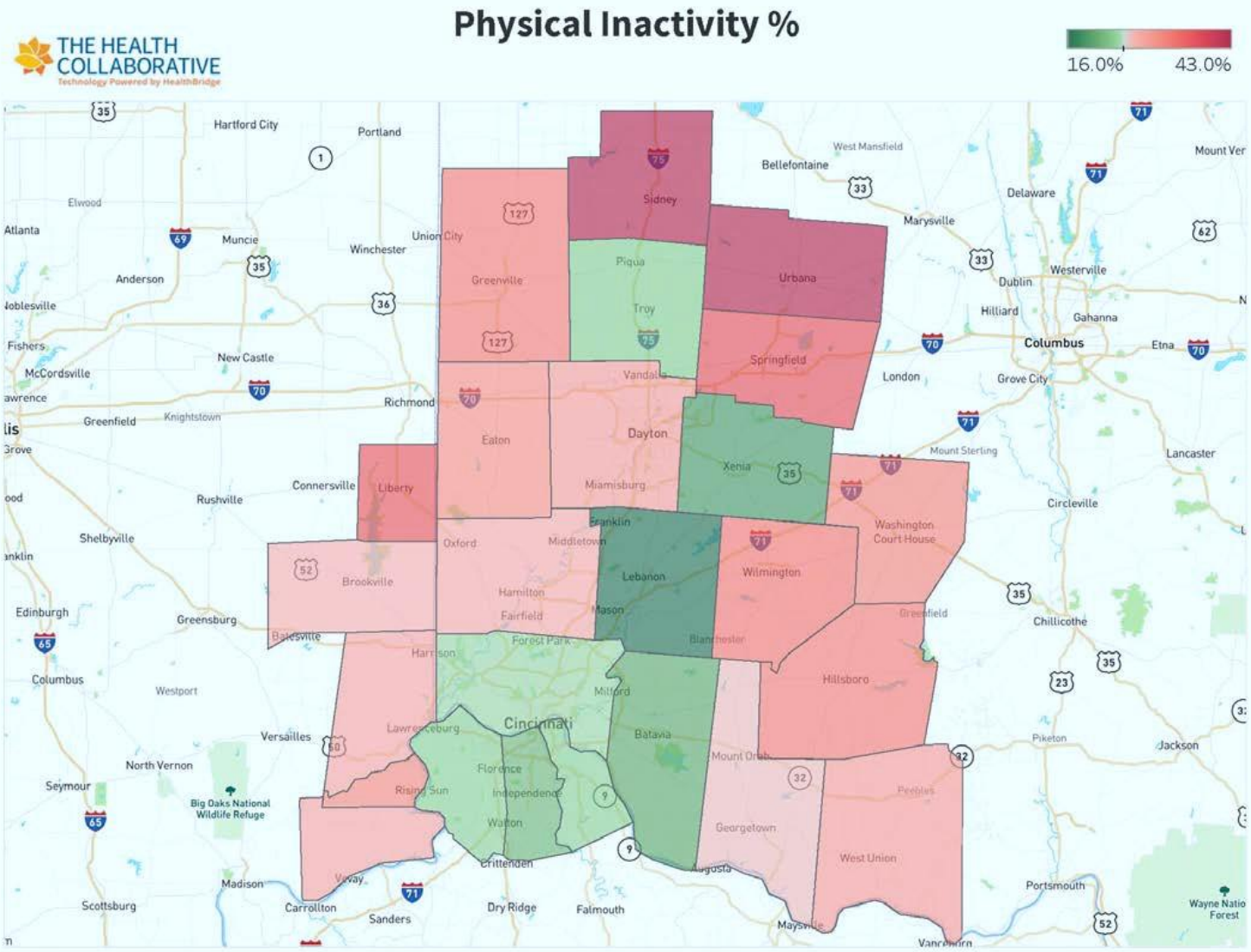
Map shows sum of Adult smoking (%). Details are shown by county. The United States average is 16.5%.



Map\shows sum of Cancer mortality, Overall (rate per 100,000). Details are shown by county. The United States average is 157.1 per 100,000.

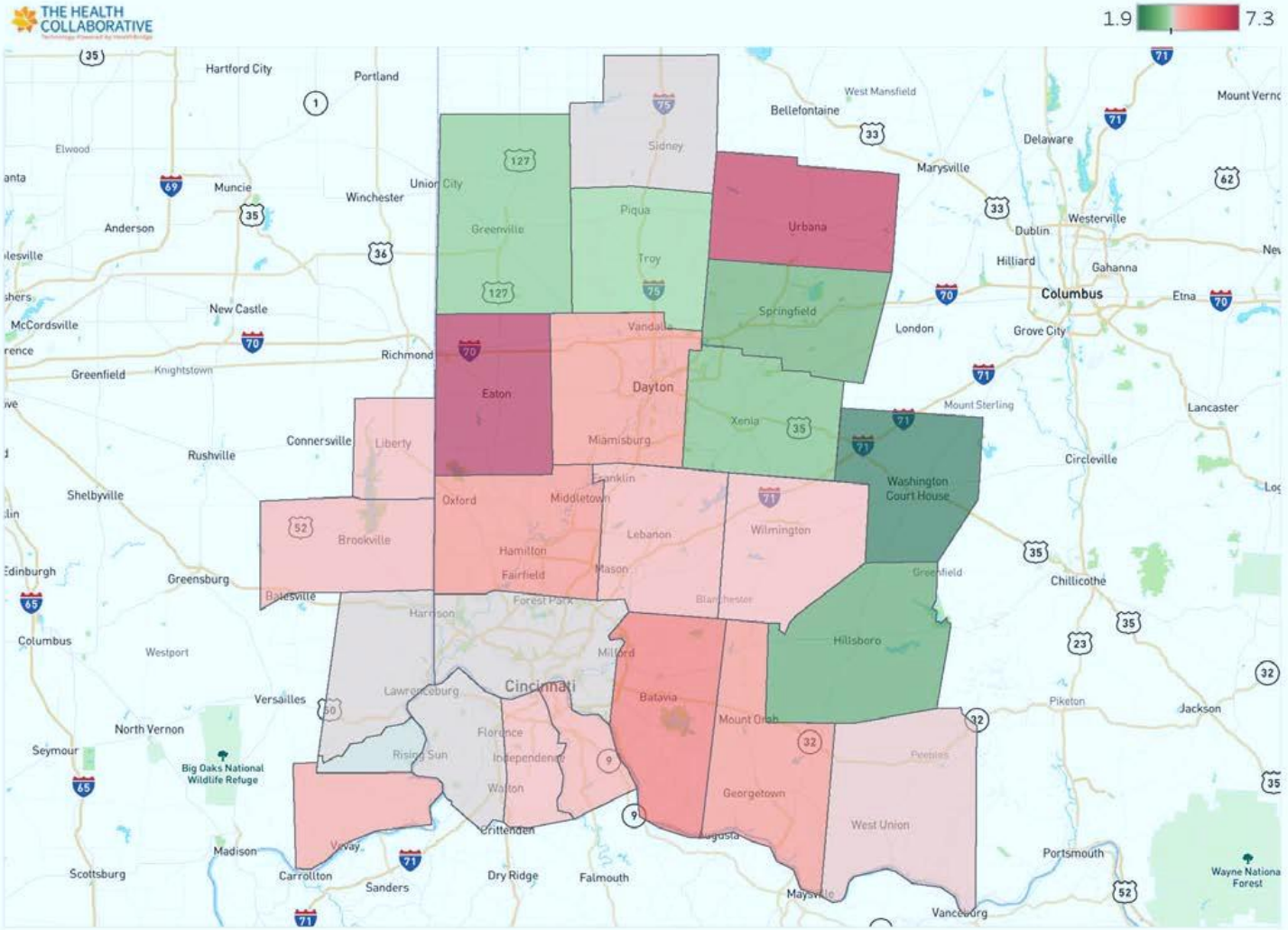


Map shows ratio of Dentists (ratio per 1 dentist). Details are shown by county, however, data was not available for Union County (IN).



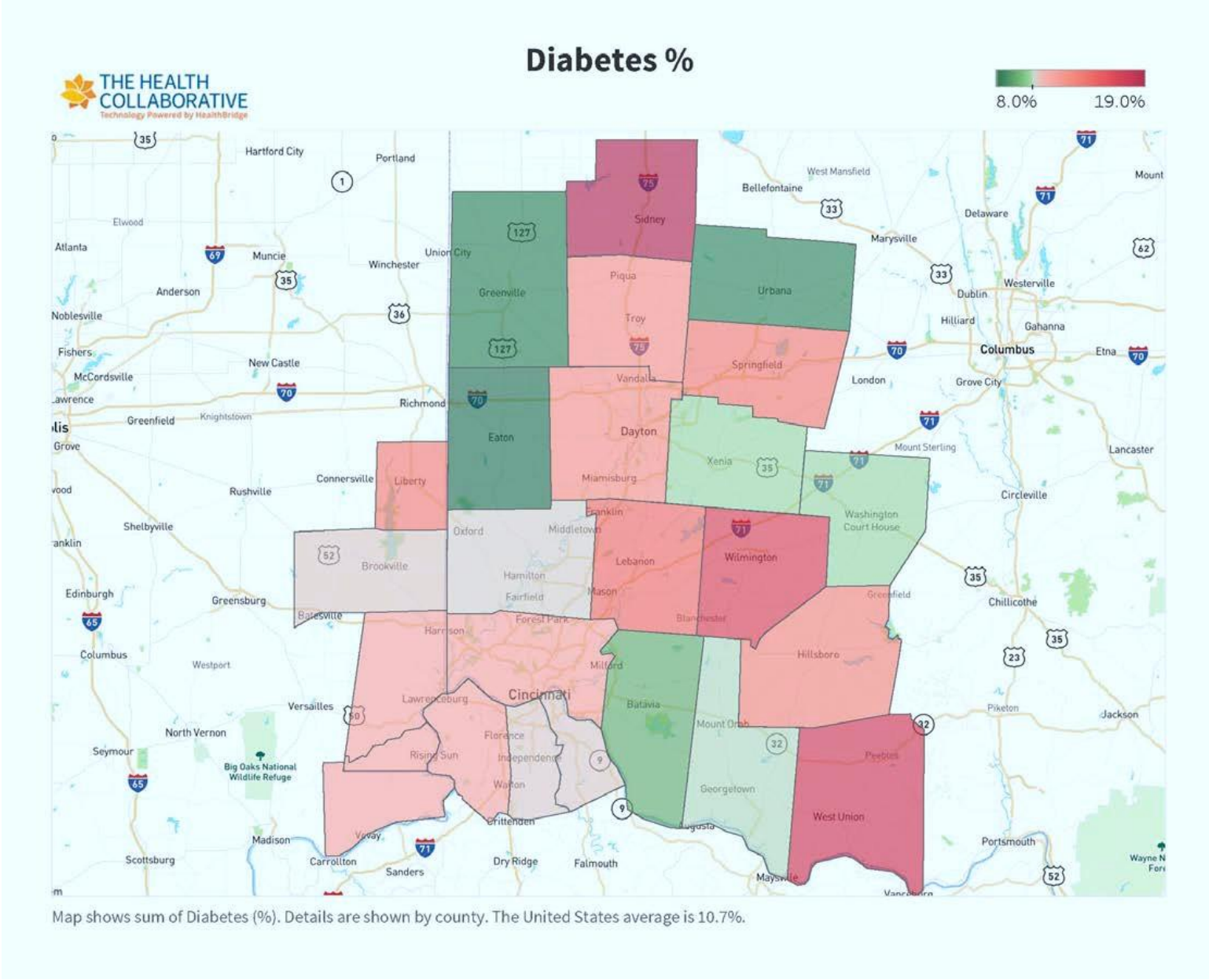
Map shows Physical Inactivity (%). Details are shown by county. The United States average is 25.2%.

Average # of Poor Mental Health Days (in last 30 days)

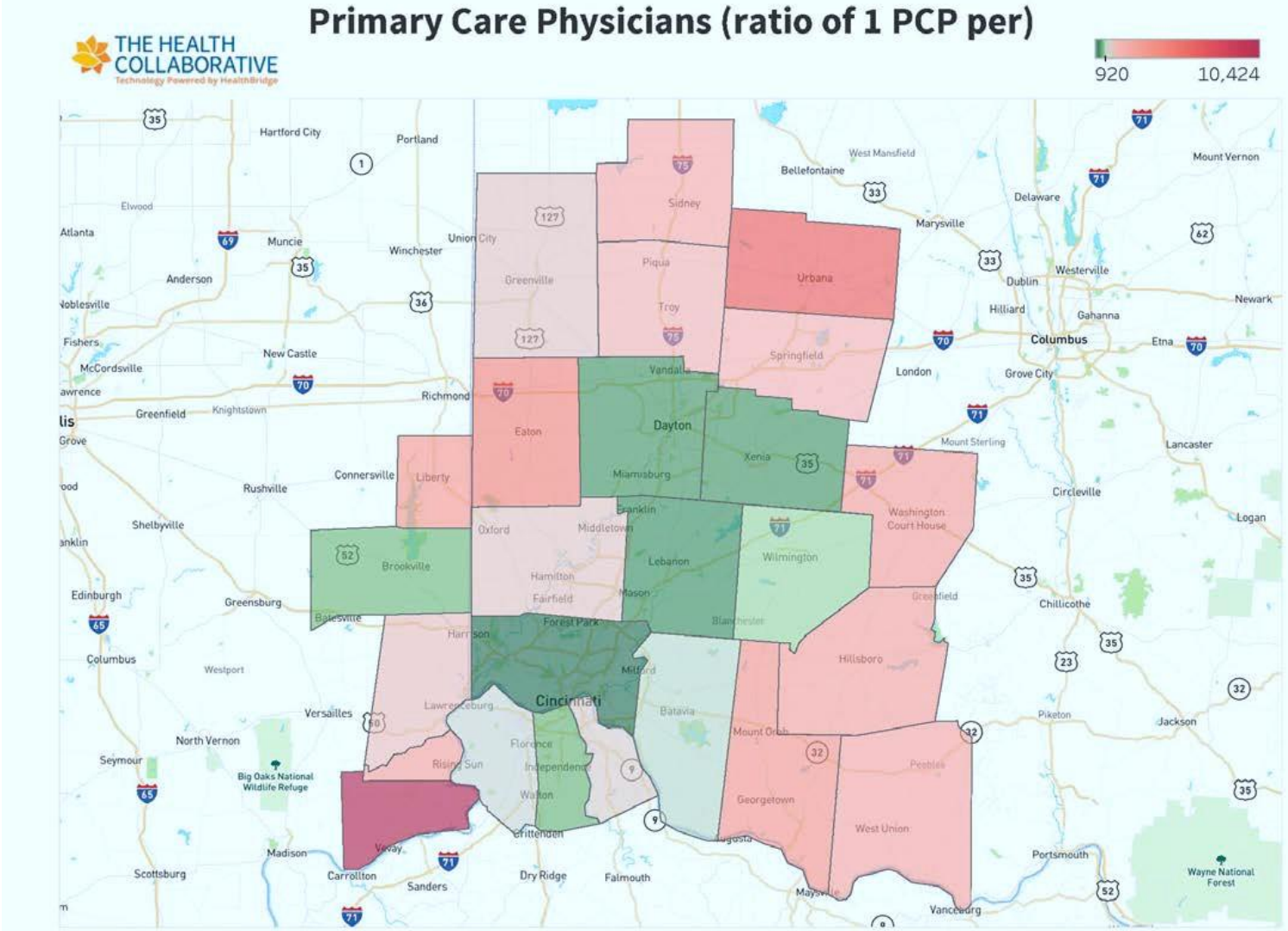


Map shows average number of poor mental health days (in the last 30 days). Details are shown by county. The United States average is 3.7 days.

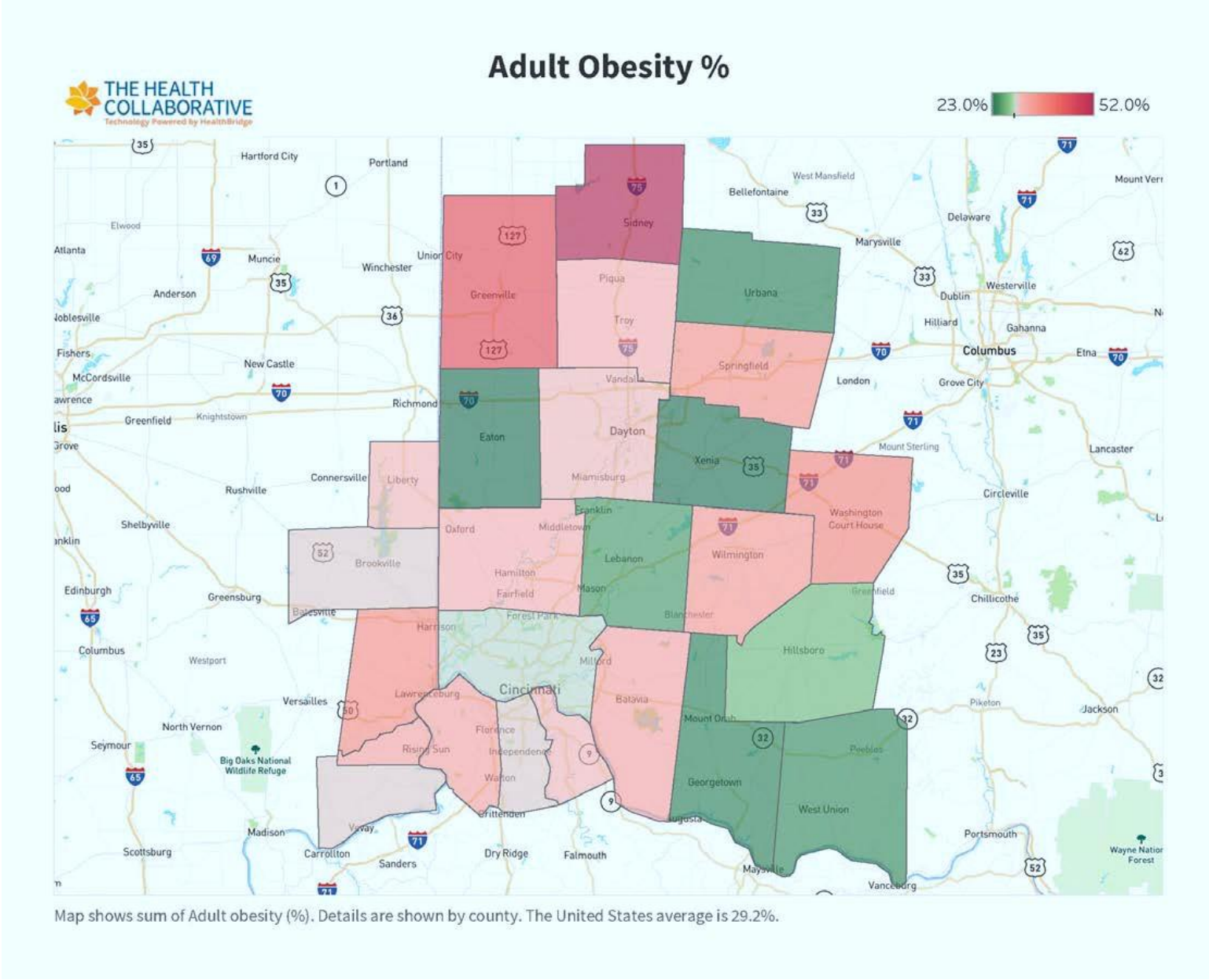
Map shows Binge/excessive drinking (%) - 5 or more drinks in one sitting for a man; 4 or more for a woman. Details are shown by county. The United States average is 16.6%



Map shows sum of Diabetes (%). Details are shown by county. The United States average is 10.7%.



Map shows ratio of Primary Care Physicians (PCPs) (number of residents per 1 provider). Details are shown by county.



Map shows sum of Adult obesity (%). Details are shown by county. The United States average is 29.2%.

Causes of Death

The Regional CHNA Report provides two ways of viewing data collected from death certificates. The first version is the "15 Leading Causes" report from CDC Wonder for the region. It clusters similar diseases, such as all types of cancers are grouped under 'malignant neoplasms.' See below.

15 Leading Causes of Death *(age-adjusted rates per 100,000)*		
2014	**2015**	**2016**
Malignant neoplasms (180.0)	Diseases of heart (181.8)	Diseases of heart (175.8)
Diseases of heart (176.4)	Malignant neoplasms (178.0)	Malignant neoplasms (174.2)
Accidents (unintentional injuries) (63.1)	Accidents (unintentional injuries) (71.2)	Accidents (unintentional injuries) (74.8)
Chronic lower respiratory diseases (46.6)	Chronic lower respiratory diseases (49.6)	Chronic lower respiratory diseases (46.1)
Cerebrovascular diseases (43.2)	Cerebrovascular diseases (45.8)	Cerebrovascular diseases (45.8)
Alzheimer's disease (31.7)	Alzheimer's disease (33.1)	Alzheimer's disease (35.8)
Diabetes mellitus (24.9)	Diabetes mellitus (24.3)	Diabetes mellitus (24.4)
Influenza and pneumonia (18.3)	Influenza and pneumonia (17.2)	Nephritis, nephrotic syndrome and nephrosis (15.3)
Nephritis, nephrotic syndrome and nephrosis (14.7)	Nephritis, nephrotic syndrome and nephrosis (14.7)	Influenza and pneumonia (15.2)
Septicemia (12.7)	Septicemia (14.1)	Septicemia (14.2)
Intentional self-harm (suicide) (13.5)	Intentional self-harm (suicide) (13.8)	Intentional self-harm (suicide) (14.0)
Chronic liver disease and cirrhosis (9.7)	Chronic liver disease and cirrhosis (9.5)	Chronic liver disease and cirrhosis (9.7)
Essential hypertension and hypertensive renal disease	Essential hypertension and hypertensive renal disease	Essential hypertension and hypertensive renal disease
Parkinson's disease (8.3)	Parkinson's disease (8.2)	Parkinson's disease (7.4)
Pneumonitis due to solids and liquids (6.1)	Pneumonitis due to solids and liquids (6.7)	Pneumonitis due to solids and liquids (6.5)

The top 15 have not changed for the region in the three years from 2014 to 2016, although a couple have switched places from year to year.

The "Underlying Causes" table for the region shows the single underlying cause. Lung cancer has remained #1. The table also reveals that accidental drug poisoning is a major component of the unintentional injury deaths.

Underlying Causes of Death		
(age-adjusted rates per 100,000)		
2014	**2015**	**2016**
Bronchus or lung, unspecified - Malignant	Bronchus or lung, unspecified - Malignant	Bronchus or lung, unspecified - Malignant
Atherosclerotic heart disease	Atherosclerotic heart disease	Atherosclerotic heart disease
Unspecified dementia (43.5)	Unspecified dementia (39.1)	Unspecified dementia (37.3)
Chronic obstructive pulmonary disease,	Chronic obstructive pulmonary disease,	Alzheimer's disease, unspecified (33.7)
Acute myocardial infarction, unspecified	Acute myocardial infarction, unspecified	Chronic obstructive pulmonary disease,
Alzheimer's disease, unspecified (30.2)	Alzheimer's disease, unspecified (32.0)	Accidental poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not
Stroke, not specified as haemorrhage or infarction (20.8)	Accidental poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not	Acute myocardial infarction, unspecified (28.7)
Accidental poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not	Congestive heart failure (21.3)	Congestive heart failure (20.9)
Congestive heart failure (19.2)	Stroke, not specified as haemorrhage or infarction	Stroke, not specified as haemorrhage or infarction
Pneumonia, unspecified (15.4)	Accidental poisoning by and exposure to other and unspecified drugs, medicaments and biological	Accidental poisoning by and exposure to other and unspecified drugs, medicaments and biological
Accidental poisoning by and exposure to other and unspecified drugs, medicaments and biological	Pneumonia, unspecified (14.2)	Atherosclerotic cardiovascular disease, so described (13.7)
Atherosclerotic cardiovascular disease, so described (13.1)	Atherosclerotic cardiovascular disease, so described (13.4)	Pneumonia, unspecified (13.6)

Underlying Causes of Death, continued		
Breast, unspecified - Malignant neoplasms (12.2)	Breast, unspecified - Malignant neoplasms (13.3)	Septicaemia, unspecified (13.4)
Septicaemia, unspecified (11.8)	Septicaemia, unspecified (13.1)	Breast, unspecified - Malignant neoplasms (12.1)
Pancreas, unspecified - Malignant neoplasms (11.4)	Pancreas, unspecified - Malignant neoplasms (12.4)	Colon, unspecified - Malignant neoplasms
Colon, unspecified - Malignant neoplasms	Colon, unspecified - Malignant neoplasms	Pancreas, unspecified - Malignant neoplasms (11.3)
Unspecified diabetes mellitus, without	Unspecified diabetes mellitus, without	(8.2)Hypertensive heart disease without (congestive) heart failure
Malignant neoplasm without specification of	Parkinson's disease (8.1)	Malignant neoplasm without specification of site (8.1)
Parkinson's disease (8.2)	Malignant neoplasm without specification of	Unspecified diabetes mellitus, without complications (8.1)

Hospital Utilization

The local health departments in Ohio requested hospitalization data, to which they have not had access in the past. Here are some regional statistics for the residents of the 17 Ohio counties in this CHNA. (All data used the place of residence and not the place of service.)

In 2016, there were 404,647 hospital discharges of SW Ohio residents, with an average length of stay of 4.3 days. Here is demographic information for patients admitted or seen in the Emergency Department.

Demographic Information from 2016 Hospital Utilization Data

	# Emergency Visits	# Admissions
PAYER/INSURANCE TYPE		
Medicaid	776,622	131,471
Medicare	306,238	143,436
Private commercial	426,297	112,352
Self-pay and charity	135,426	10,498
Workers Comp	23,020	893
Other Government	12,135	3,364
Other	24,379	4,427

2016 Hospital Utilization Data Continued

	# Emergency Visits	# Admissions
GENDER		
Female	973,237	234,075
Male	730,862	172,404
AGE		
Ages 0-17	303,799	62,676
Ages 18-64	1,125,871	196,827
Ages 65 years and older	274,476	146,992
RACE/ETHNICITY		
Black	368,306	61,291
White	1,226,748	321,853
Latino	37,576	8,007

The table below shows the most common diagnoses for Emergency Department visits for the residents of Southwest Ohio. The most visits were for acute upper respiratory infection. The common cold is the best known upper respiratory infection. Uncomplicated upper respiratory infections also account for millions of visits every year to physician offices and clinics.[17]

Common Diagnoses in SW Ohio Region – 2016 Emergency Department Visits

Diagnosis *(based on ICD Codes)*	# Visits
Acute upper respiratory infection, unspecified	37,220
Chest pain, unspecified	33,357
Other chest pain	33,032
Urinary tract infection, site not specified	28,746
Fever, unspecified	24,747
Unspecified abdominal pain	22,010
Low back pain	21,923
Nausea with vomiting, unspecified	19,235
Acute pharyngitis, unspecified	17,779
Age-related physical debility	14,679
Unspecified injury of head, initial encounter	14,298
Chronic obstructive pulmonary disease with (acute) exacerbation	12,608
Epigastric pain	12,402
Pneumonia, unspecified organism	11,183
Strain of muscle, fascia and tendon of lower back	11,035
Other symptoms and signs with cognitive functions and awareness	10,203
Strain of muscle, fascia and tendon at neck level	9,866
Acute bronchitis, unspecified	7,537
Sepsis, unspecified organism	6,449
Generalized abdominal pain	5,664

[17] Zoorob, R. et al. (2012) Antibiotic use in acute upper respiratory tract infections. *Am Fam Physician.* Nov 1;86(9):817-822

The table below shows conditions requiring hospitalization. Childbirth is a major reason for admission. Delivery of infants is prominently represented in this table.

Common Diagnoses in SW Ohio Region – 2016 Hospitalized Patients

Diagnosis *(based on ICD Codes)*	**# Admissions**
Single liveborn infant, delivered vaginally	26,069
Sepsis, unspecified organism	15,471
Single liveborn infant, delivered by cesarean	12,060
Acute kidney failure, unspecified	7,153
Pneumonia, unspecified organism	6,932
Chronic obstructive pulmonary disease with (acute) exacerbation	6,338
Non-ST elevation (NSTEM) myocardial infarction	5,296
Maternal care for scar from previous cesarean delivery	3,781
Unilateral primary osteoarthritis, right knee	3,656
Unilateral primary osteoarthritis, left knee	3,356
Acute on chronic diastolic (congestive) heart failure	3,178
Urinary tract infection, site not specified	3,059
Acute and chronic respiratory failure with hypoxia	2,537
Cerebral infarction, unspecified	2,402
Acute on chronic systolic (congestive) heart failure	2,394
Post-term pregnancy	2,346
Acute respiratory failure with hypoxia	2,024
Major depressive disorder, single episode, unspecified	1,660
Major depressive disorder, recurrent sever w/o psych features	1,525
Complication of labor and delivery, unspecified	1,344

ALIGNMENT WITH STATE HEALTH IMPROVEMENT PLAN

State Health Priorities

The consultants researched and kept in mind the priorities established by the States of Ohio and Indiana and by the Commonwealth of Kentucky. Comments at meetings and on surveys echo many of these priorities. The following tables provide the health priorities and sub-priorities for Ohio, Indiana, and Kentucky, developed from their State Community Health Assessments and detailed in their State Health Improvement Plans.

Ohio Health Priorities, 2017-2019

Priority and Sub-Priority Topics		
Mental Health and Addiction	**Chronic Disease**	**Maternal & Infant Health**
Reduce depression	Reduce heart disease	Reduce preterm births
Reduce suicide deaths	Reduce diabetes	Reduce low birth-weight
Reduce drug dependence/abuse	Reduce child asthma morbidity	Reduce infant mortality
Reduce unintentional drug overdose deaths		

MHMH's service area priorities include Mental Health and Alcohol and other Drugs, aligning with Ohio's priority topic, "Mental Health and Addiction".

In preparation for developing the next set of priorities for Ohio and the 2020-2022 State Health Improvement Plan (SHIP), the Ohio Department of Health, Health Policy Institute of Ohio, and the Hospital Council of Northwest Ohio held State Health Assessment forums in five regions of the state. At the Southwest Ohio forum in Dayton, they shared an update on the 2017-2019 outcomes. The Southwest region comprises the same 17 Ohio counties covered by the Regional CHNA report.

Progress on SHIP outcomes for Ohio and SW region

Desired Outcome	Indicator	Ohio 2015 (Baseline)	Ohio 2017	SW OH region 2017
Improve overall health status	% adults with fair or poor health	16.5%	18.9%	20.4%
Reduce premature death	Years of potential life lost before age 75 (per 100,000)	7,876.1	8,774.5	9,685.4
Reduce suicide deaths	# deaths due to suicide (per 100,000)	13.9	14.8	14.0
Reduce unintentional drug overdose deaths	# deaths due to unintentional drug overdoses (per 100,000)	27.7	44.1	65.3

Reduce heart disease	% adults ever diagnosed with coronary heart disease	4.2%	4.7%	5.1%
Reduce heart disease	% adults ever diagnosed with heart attack	4.9%	5.5%	5.8%
Reduce heart disease	% adults ever diagnosed with hypertension	34.3%	34.7%	33.3%
Reduce diabetes	% adults told by a health professional that they have diabetes	11%	11.3%	10.9%
Reduce preterm births	% live births born earlier than 37 weeks	10.3%	10.4%	10.42%
Reduce preterm births	% live births born earlier than 32 weeks	1.7%	1.8%	1.74%
Reduce low birth weights	% births where baby weighed <2500 grams	8.5%	8.7%	8.55%
Reduce infant mortality	Rate of infant deaths per 1,000 live births	7.2	7.2	7.22
Reduce infant mortality	Rate of neonatal infant deaths per 1,000 live births	4.8	5	5.09
Reduce infant mortality	Rate of post-neonatal infant deaths per 1,000 live births	2.4	2.2	2.13

The table above shows that there have been no areas of improvement in Ohio or in the Southwest region, for those measures where data is available. Improvement was measured by a positive change of 10% or more. There was little or no detectable change in Southwest Ohio for:

- Number of suicide deaths
- Percent of adults diagnosed with hypertension
- Percent of adults diagnosed with diabetes
- Percent of preterm and very preterm births
- Percent of low birth-weight babies
- Infant mortality rates

Southwest Ohio was getting worse for:

- Percent of adults with fair or poor health
- Years of potential life lost before age 75
- Number of deaths due to unintentional drug overdoses
- Percent of adults diagnosed with coronary heart disease or heart attack (and worse than state)

Indiana Health Priorities, 2018-2021

Priority and Sub-Priority Topics			
Maternal & Infant Health	Opioid Epidemic	Chronic Disease	Public Health Infrastructure

Infant mortality	Prevent Substance Use Disorder (SUD)	Obesity	Maintain & develop partnerships
Maternal & infant health outcomes	Minimize harm due to SUD	Active living	Timely & accurate data available
Safe sleep	Treatment for Opioid Use Disorder	Healthy eating	Increased capacity of public health to deliver quality & equitable care
Prenatal care		Tobacco use	
		Chronic disease self-management (diabetes & cardiovascular)	
		Asthma	
		Cancer screening	

REGIONAL HEALTH NEEDS PRIORITIES

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

- Regional rates lagging state and/or national rates
- Worsening trend
- Risk factor for serious disease
- Local rates not meeting national targets of Healthy People 2020
- Measure is a state priority

Heart disease and cancer are the top two killers in the nation and will always be priorities in health care. However, for the secondary data column in the table below, the focus is on those issues impacting many counties across the region and where the regional data lags the nation. Many of the health factors and health behaviors influence the development of serious diseases that can lead to death.

Five issues appear as the region's top priorities overall, across all five sources of input (four primary sources plus the secondary data). They are sorted in descending order according to average placement. These priorities are key findings of the Regional CHNA report, because they show the areas of agreement between secondary data and all sources of primary data for the region.

- **1. Substance abuse** (e.g., abuse of alcohol and/or drugs)
- **2. Mental health** (e.g., depression, suicide, lack of providers, # of poor mental health days)
- **3. Access to care/services** (e.g., cost, insurance, lack of providers, transportation)
- **4. Chronic disease** (e.g., cancer, diabetes, heart, respiratory diseases, stroke)
- **5. Healthy behaviors** (e.g., doctor visits, exercise, quit smoking, self-care, weight loss)

The table below shows the combined regional priorities from all five data sources: Meetings, consumer surveys, agency surveys, health departments, and secondary data.

Meetings	Consumers	Agencies	Health Departments	Secondary Data
Access to care/services	Substance abuse	Substance abuse	Substance abuse	Injury deaths
Social determinants of health (especially Discrimination)	Chronic disease	Mental health	Mental health	Access to care: Lack of providers (Mental health; Dental; Primary care)
Mental health	Mental health	Access to care/services (esp. cost, specialty care/ services, transportation)	Chronic disease	Chronic disease (esp. cancer; diabetes; heart; respiratory; stroke)
Substance abuse	Obesity	Chronic disease (esp. diabetes; cancer; heart)	Obesity	Substance abuse (esp. binge drinking; drug poisoning; heroin poisoning overdose)
Parenting/Families	Access to care/services	Infant mortality	Care for children	Healthy behaviors (esp. drinking, smoking, obesity, physical inactivity)
Healthy behaviors	Healthy food/Nutrition	Obesity	Healthy behaviors	Mental health (esp. poor mental health days; suicide; depression)
Healthy food/Nutrition	Healthy behaviors	Healthy food/Nutrition (esp. nutrition)	Maternal & child health / Infant mortality	Infant mortality
Health education /Promotion		Healthy behaviors (esp. smoking/tobacco)	Access to care/services	Food insecurity
Care for children		Care for children		Motor vehicle crash deaths
Chronic disease				Children in poverty

Parenting/Families seem to be an emerging issue, and community meetings were a conducive atmosphere for discussion of the topic. Health education/Promotion was often mentioned in conjunction with many other issues, where the lack of awareness and knowledge was perceived as a contributing factor to other serious issues. There are two issues that only one source reported, but they are worth noting in more detail: Injury deaths and Social Determinants of Health.

The statistic for Injury deaths were not echoed directly in the primary sources of data. Every county has rates of injury deaths higher than the national rate of 45.3 deaths per 100,000. Regional rates go as high as 97.6. Injury deaths include motor vehicle crashes, intentional harm (suicide), unintentional harm (drug overdose, poisoning, and firearm accident), violence (homicide, rape, and child abuse/neglect), sports injuries, and falls, among other causes. Considering the numerous sub-categories, the rate of Injury deaths is aligned with concerns about mental health, substance abuse, care for children, and care for elderly that were expressed at meetings and in surveys.

Social Determinants of Health, especially discrimination, received votes in 14 counties, with the highest number of votes at meetings in Cincinnati and Dayton, where a lot of people are impacted.

HEALTH PRIORITIES FOR MHMH'S COMMUNITY SERVED

MHMH carefully considered the health needs identified in the Regional CHNA for the community served by MHMH and determined that an identified need was significant if (i) it was represented by the research as severe within a discrete portion of MHMH 's community served, (ii) it was prevalent throughout MHMH's community served regardless of severity, or (iii) its local findings were significant in comparison to state and national averages.

Participants in the surveys also were given the opportunity to review all the identified needs and then identify the top 3 concerns from their perspective. Both the Regional CHNA and MHMH tabulated these concerns to find the top concerns of those surveyed to aid in prioritizing health needs in the community served by MHMH.

Based on the criteria enumerated above and additional factors and health indicators, including environmental and population issues, the following health needs are significant for the service area of MHMH in prioritized order:

1. Mental Health/Access including psychiatric services*
2. Alcohol and Other Drugs, especially opiate use overdoses, smoking/vaping*
3. Healthy behaviors, especially physical activity and healthy eating leading to obesity..
   Access to Health Care/Transportation.

*Note that these priority health needs align with the Ohio Department of Health's State Health Improvement Plan's priority topic, "Mental health and addiction".

Notably, these are the same top three needs identified in MHMH's prior community health needs assessment. In order to determine how best to address these needs, MHMH took into consideration the following questions:

- Does MHMH have the expertise to address the concern?
- Are there others addressing the problem currently?
- Where can MHMH have the biggest impact on the health and wellness of our community?

EXISTING HEALTH CARE FACILITIES AND RESOURCES TO ADDRESS NEEDS

- Butler Behavioral Health Services
- Coalition for a Healthy Community – Oxford Area
- McCullough-Hyde Memorial Hospital|TriHealth (MHMH)
- MHMH's Diabetes Self-Management Program
- Miami University- Employee Wellness and other wellness initiatives open to the public (Hike-a-Thon; Team Miami- a program to prepare you for a 5 K (walk, jog, run), etc.)
- Oxford Community Choice Pantry
- Oxford Free Clinic
- Primary Health Solutions (a Federally Qualified Health Center-FQHC)
- TriHealth Behavioral Health (inpatient services)
- TriHealth Hospitals – Bethesda North, Good Samaritan, Bethesda Butler, Evendale, Arrow Springs, Western Ridge
- TSD free and reduced lunch program and weekend and summer backpack programs

PROGRESS ON 2016 IMPLEMENTATION STRATEGY

Addressing The Community's Significant Health Needs- progress since 2016 CHNA
The Coalition for a Healthy Community- Oxford Area is a grassroots organization that started in 1999 to start to address Alcohol and other Drugs. The Coalition received an Ohio – Drug Free Communities grant which brought one million dollars to the community to address these needs. The coalition's leadership group includes representatives from: MHMH, Miami University, Talawanda, the City of Oxford (including Law enforcement, City Council Member), the religious community, businesses and citizens. In 2013, the Coalition became a key element of MHMH's implementation plan, and coordinated the community's efforts to address these problems. The Coalition created three community workgroups to these health needs.

The Alcohol and Other Drug Workgroup is chaired by Miami University's Student Wellness Director Rebecca Baudry Young. The primary focus of this group is to address the issue of substance use and misuse at the community level, and implement prevention strategies across multiple sectors of the community. The workgroup secured a grant from the Ohio Department of Mental Health and Addiction services to launch a 3-pronged initiative using a Developmental Assets approach to prevention. One

element of this initiative is to train elementary teachers in the Talawanda school district in the PAX good behavior program- during this time period 90 TSD elementary teachers received training and incorporated the program in to their classrooms. Second, is to expand prevention partnerships in the community and host workshops that introduce developmental asset theory. The third part of the initiative is to expand the high school youth initiative team to include teams at the middle school and Miami University to build a youth prevention network. The network will offer mentoring opportunities, student-led awareness activities, and promote drug-free lifestyles. The current team includes 10 Miami Students, 32 High School Students and 12 Middle School students.

The workgroup has participated in a county-wide assessment of residents' beliefs and knowledge about marijuana as medicine. Results from the assessment are used to inform a social media education campaign targeted at adults about use of marijuana by our youth. Presentations for parents and education professionals about vaping practices by our youth are available by request. Education to the TSD Middle School and High School staff was completed. 5th grade and Parent Education is May 2019. The workgroup is partnering with faculty at Miami University to create a social marketing campaign about vaping for middle school students. Medication take back days which are offered 2 times a year continue to be successful as evidenced by the 880 pounds of drugs we have collected (this includes our take back days and our permanent drug drop off at Miami .University Police Department) Focus with local law enforcement continues with support for opiate abuse response and referrals.

The Mental Health Workgroup is chaired by Dr. Kip Alishio retired director of Miami's student counseling service. The goal of this group is to increase mental health resources for residents and to reduce the stigma of mental illness. To meet this goal this workgroup has:

1. Developed: Mental Health Resource Lists that are being used throughout the community by physician offices, police department, faith communities, schools and others. These resource lists will be updated every 6 months.
2. Brought Mental Health First Aid (MHFA) to the community. We have trained almost 700 (680) in MHFA. We have committed to offering quarterly classes:
    - One quarter Youth MHFA
    - One quarter Adult MFHF
    - One quarter Senior MHFA
    - One quarter First Responders. Note: After conversation with the Mental Health Workgroup the Oxford Police Chief, has committed to the "One Mind Campaign" which is a campaign to ensure successful interactions between police officers and persons affected by mental illness. The initiative focuses on uniting local communities, public safety organizations, and mental health organizations so that the three become "of one mind." To join the campaign, law enforcement agencies must pledge to implement four promising practices over a 12-36 month time frame.
        1. Establishing a clearly defined and sustainable partnership with a community mental health organization (Butler Behavioral and the Mental Health Workgroup)
        2. Developing a model policy to implement police response to persons affected by mental illness,
        3. Training and certifying sworn officers and selected non-sworn staff in **mental health first aid training** or other equivalent mental health awareness course. Within this period, we now have 19 officers and 5 non-sworn staff who have completed the MHFA training. We

will continue to work on progress to get 100% of officers trained during the 2019-2021 period.

4. Providing crisis intervention team training.

The Mental Health Workgroup and MHMH have committed to assisting in this goal, and have held extra MHFA for police in this endeavor.

- A new MHFA course has been developed for EMS and with the help of our EMS coordinator we will be inviting all EMS in our service area for this FREE training in 2019.

3. The workgroup developed a billboard and graphic they are now using regularly in print and social media to help decrease stigma and increase awareness.

4. Developed Post-Partum Depression Resource guide and brought in expert to educate 29 physicians, nurses and practitioners about Post-Partum Mental Health.
5. Helped bring mental health services back to Oxford. The Workgroup presented to the Butler County MHARS (Mental Health and Addiction Services) Board and were successful in getting funding for Butler Behavioral Health to come to Oxford. Since they opened their doors, on January 9, 2017, they have served 183 unique clients. The Oxford Community Foundation was also able to secure financial support for Talawanda School district residents to be assured services regardless of ability to pay.
6. The Mental Health Workgroup has taken on the work of assuring that we are able to reach our community by understanding cultural/diversity needs. This group identified 6 groups in our community we believe are underserved and more understanding is needed to meet their needs. These groups are:
    - LGBT+
    - African American
    - Latix and unsupported immigrant community
    - Asian/International Students, Facility and Families
    - Seniors/Unconventional care-taking arrangements (i.e. grandparents raising grandkids)
    - Low Socioeconomic Status, working poor, homeless

    We have asked experts in each category to come to share perceptions, special health needs/concerns, how we can reach them.

Active Living/Healthy Eating is chaired by MHMH's Community Wellness Director, Sharon Klein. The goal of this group is to engage community members of all ages to promote healthy life styles, especially in the areas of nutrition and exercise. Examples of the work of this group include:

1. We brought in a national expert on healthy community design. The 3 day conference, which all community leaders in our area were invited to was called "Building A Healthier Community By Design". The conference was attended by 42 Oxford city and Miami University representatives,

including the Oxford City Manager, Mayor, and Miami University's first lady, along with other key city and university personnel. The information was well received and the Oxford City Council has embraced and is supporting recommendations that came out of the conference. A community walk audit committee was formed, and multiple walk audits and recommendations have been made.

2. We have continued with our social marketing campaign using Rox, the mascot for healthy living. He continues to be a "rock star" at our all 3 of our elementary schools which is home to 1346 students. "High 5" for Rox (5 fruits and vegetables, 4 glasses of water, 3 good laughs, 2 hours of screen time, 1 hour of activity) is a hit, and with a Miami Professor we developed and printed 5 comics teaching the High 5 which have been sent home in all elementary student backpacks.
3. We were asked by Reily Township to assess their community. Several community meetings were held, and hearing there is no safe place for kids to ride their bikes (they ride on a state route now), or for residents to walk. With the support of a grant from Interact for Health, we are in the process of building a walking/biking path. Our little league baseball was losing several ballfields, and with support of the Cincinnati Reds and Major Leagues "Baseball for tomorrow" grant, we are building 4 baseball fields in the Reily community park. This will not just affect the 2746 Reily Township residents, but the entire Talawanda School District's 5 townships whose 400 youth are part of the Miami Little League
4. We continue to offer "Yoga in the Park" each Saturday morning from June – September. Each year the program has grown, and in the summer of 2018 we averaged 50 attendees of all ages each Saturday.
5. We are supporting yoga and mindfulness in all elementary schools, and are piloting a program of yoga in lieu of detention in the high school.
6. Our signature F.R.E.S.H. (Family Resources in Education, Safety and Health) Fair continues to be a strong event each April. This event brings all the non-profits to one place for families to become familiar with. All booths must have an active, healthy activity for kids. Bike safety and free bike helmets are available, sun safety/skin cancer info (make your own visor) as examples of the stations that MHMH mans. This event has grown each year and families from all over now attend.

All of the MHMH supported work of the Coalition for a Healthy Community – Oxford Area is shared with other communities in our service area.

Other Community Services that address our CHNA top needs:

- Diabetes Self-Management Education (DSME): MHMH provides monthly DSME classes. The class is accredited by the American Diabetes Association and taught by an RN and Dietitian who have special training in diabetes education . While insurances do pay for this class, we have a foundation account that will pay for any uninsured or underinsured person to take the class.
- Oxford Free Clinic: MHMH is the major supporter of the free clinic that cares for over 300 patients in the MHMH service area. Staffed by volunteer physicians, nurses and front office staff, the Free Clinic has both a chronic illness and gynecological clinics. Besides financial support, the hospital supports the Free clinic by providing space to hold the clinic, credentialing its physicians and the Wellness Director acts as the clinical coordinator for the clinic.
- Supported the Coalition for a Healthy Community – Oxford Area financially
- Provided playgrounds in Brookville (population 2509), Camden (population 1988), Darrtown (516, but Milford Township has 3714), and Oxford (population 22869) to encourage active play.

APPENDIX 1

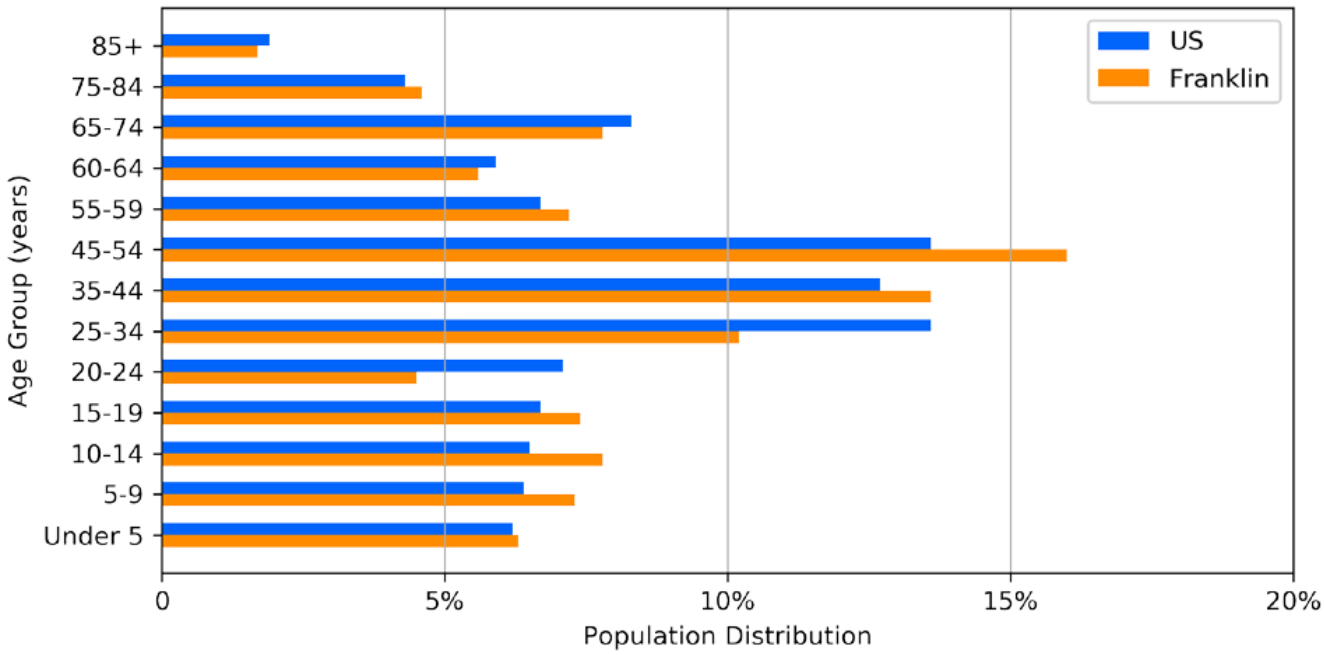
Franklin and Union County Indiana Demographics and Summary Findings:

Franklin County is 88% rural. Alcohol-impaired driving deaths and injury death rates in Franklin County are higher than Indiana averages. Rates of children living in poverty are lower than the U.S. and Indiana rates and decreasing.

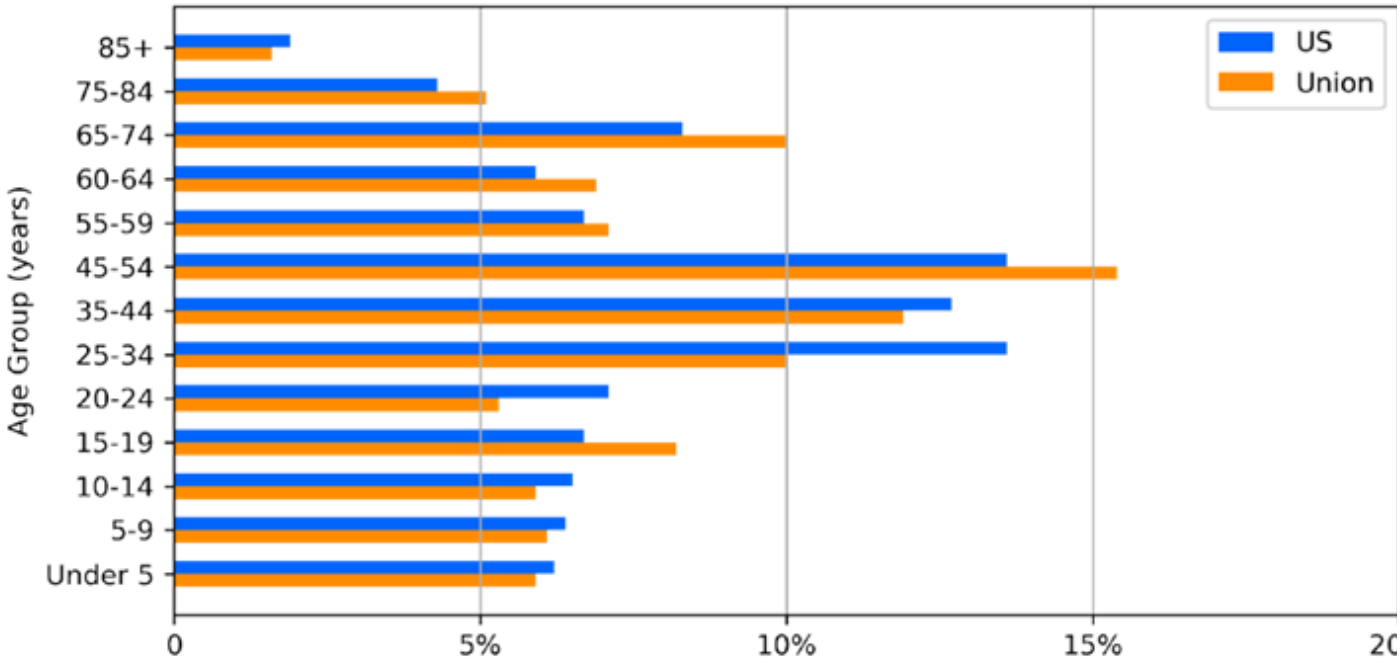
Union County is 100% rural. Ratios of primary care and mental health providers are significantly worse than Indiana and U.S. averages. The adult smoking rate in Union is lower than the Indiana average and decreasing. Union County has one ZIP Code that a CNI score of 3.4, indicating the likelihood of health disparities.

Population Charts

The following is population chart for **Franklin County** from years 2012-2016.



The following is population chart for **Union County** from years 2012-2016.



Consensus on Priorities

Substance abuse is a major health issue in this area of Indiana and was mentioned in all surveys. Opioids, and addiction specifically, were mentioned as top priorities in the Substance abuse category. In Franklin, access issues around lack of transportation were mentioned.

In Union County, Chronic disease and Mental health are top priorities of the Health Department. The need for Health education/Promotion was mentioned as the top priority in the community meeting. Agencies serving both counties mentioned violence as a priority.

Top Causes of Death

The top causes of death for 2016 were, in descending order:

- Chronic Obstructive Pulmonary Disease (COPD)
- Heart disease
- Acute Myocardial Infarction (AMI), or heart attack

Priorities from Community Meetings on April 10, 2018 and April 26, 2018

Three people from Franklin County and six people from Union County contributed votes to identify a total of nine priorities. Below are the topics receiving at least 5% of votes.

Franklin County Priorities	# Votes	% Votes
Substance abuse (Opioids,2)	3	25.0%
Access (Transportation, 3)	3	25.0%
Mental health	2	16.7%

Union County Priorities	# Votes	% Votes
Health Education/Promotion	4	33.3%
Substance abuse (Opioids, 2)	3	25.0%

Survey Responses/Priorities

Below are the most frequent responses from individual consumers, living in Franklin and Union Counties, who completed a survey between 6/19/18 and 8/3/18. Five people participated. Respondents all answered the question, "Given the health issues facing the community, which ones would be your top priorities?" They mentioned four health and/or health-related issues of particular concern to them. The following tables contain the issues reported.

Priority	# Votes	% Votes
Substance abuse (Opioids, 1)	2	50%
Healthy behaviors	2	50%

Agency Priorities

Three organizations serving County residents, especially vulnerable populations, responded with their priorities. The priorities are listed below.

Priority	# Votes	% Votes
Substance abuse (Addiction, 1)	2	66%
Violence	1	33%

Responses/Priorities from Health Departments

Staff from both the Franklin and Union County Health Departments responded. The priorities are listed below.

Health Department	Priority 1	Priority 2
Franklin	Addiction (Substance abuse)	
Union	Chronic disease	Mental health

Franklin County Health Snapshot (Data Source Range: 2014-2017)

Population: 22,715

Health Outcomes				
Indictor/Measure	County	Trend	State	U.S.
Cancer mortality, Lung (rate per 100,000)	47.7	↓	55.1	39.4
Cancer mortality, Overall (rate per 100,000)	179.9	↑	182.2	157.1
Diabetes (%)	11	-	11	10
Heart Disease (rate per 100,000)	158.7	-	182.3	167
Injury Deaths (rate per 100,000)	71	↑*	70	45.3
Poor physical health days (last 30 days)	3.7	-	3.9	3.9
Poor mental health days (last 30 days)	4.1	-	4.3	3.7
Stroke Deaths (rate per 100,000)	43.6	↓*	39.9	37.5
Health Behaviors				
Adult Obesity ((%)	30	↑	32	29.2
Adult Smoking	19	-	21	16.5
Alcohol impaired driving deaths (%)	38	↓*	22	30
Chlamydia incidence (rate per 100,000)	135.2	-	438	498.3
Excessive drinking (%)	18	-	19	16.6
Motor Vehicle crash deaths (rate per 100,000	20	↓*	12	11.5
Physical inactivity	27	-	27	25.2
Substance Abuse/ Mental Health				
Drug overdoses/mortality rate (per 100,000)	28	↑*	20	17
Suicide (rate per 100,000)	14.8	-*	14.3	13.4
Access to Clinical Care				
Dentists (ratio)				
Diabetic Screening (% HbA1c)	1620:1	↓	1852:1	1480:1
Mental Health Providers (ratio)	3250:1	↓*	701:1	470:1
Primary Care Physicians	1270:1	↓	1505:1	1320:1
Uninsured (%)	11	↓	11	11
Socio-Economic /Demographic				
Children in poverty (%)	14	↓	20	20
African-American (%)	0.3		9.3	12.4
Population that is 65 and older (%)	16.8	↑*	14.9	16
Population that is below 18 years of age (%)	23.9	↓*	23.8	22.3

*= Higher than state and national rates

Top Causes of Death

Heart Disease
Cancer

Alcohol Impaired Driving Deaths

Rate > Indiana and U.S rates but decreasing

Drug Poisoning Deaths

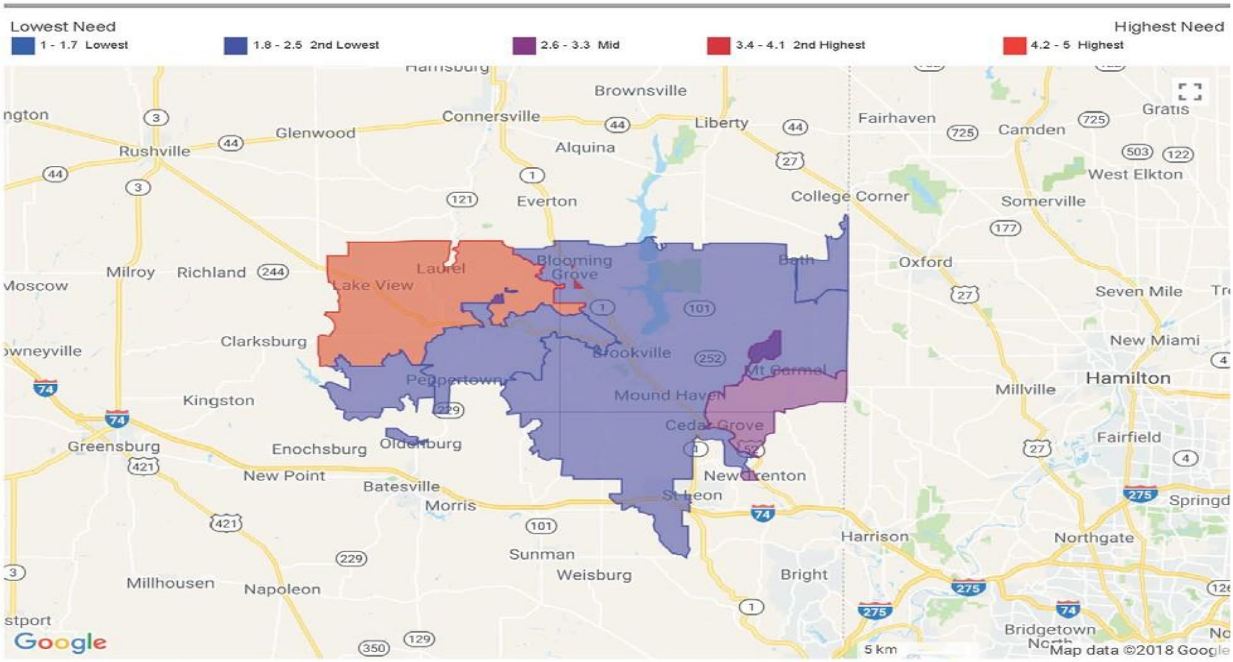
Rate increasing but still below the Indiana and U.S rates

Mental Health

Suicide rate > U.S. and Indiana averages. Few mental health providers

Community Health Index (CNI): A high score (3.4 – 5.0) is an indication for socioeconomic variation, barriers to care, and increased need for health service. None of the county's zip codes exceeded a 2.6 score.

Dignity Health.



Mean(zipcode): 2.5 / Mean(person): 2.6 CNI Score Median: 2.6 CNI Score Mode: 2.2

Zip Code	CNI Score	Population	City	County	State
47010	1.8	269	Bath	Franklin	Indiana
47012	2.4	9755	Brookville	Franklin	Indiana
47016	2.8	905	Cedar Grove	Franklin	Indiana
47024	3.4	3089	Laurel	Franklin	Indiana
47030	2.2	1629	Metamora	Franklin	Indiana
47035	2.6	237	New Trenton	Franklin	Indiana
47036	2.2	996	Oldenburg	Franklin	Indiana

TRUVEN HEALTH ANALYTICS

Population: 7,516

Union County Health Snapshot (Data Source Range: 2014-2017)				
Health Outcomes				
Indictor/Measure	County	Trend	State	U.S.
Cancer mortality, breast (rate per 100,000)	37.4	↑*	11.9	20.2
Cancer mortality, Lung (rate per 100,000)	40.2	↓	53.3	39.4
Cancer mortality, Overall (rate per 100,000)	169.9	↓	180.4	157.1
Diabetes (%)	14	↑*	11	10
Injury Deaths (rate per 100,000)	69	↑	70	65
Low Birthweight (%)	6	↑	8	8
Poor physical health days (last 30 days)	3.8	↑	3.9	3.7
Poor mental health days (last 30 days)	4	↑	4.3	3.8
Health Behaviors				
Adult Obesity ((%)	31	↓	32	28
Adult Smoking	17	↓	21	17
Alcohol impaired driving deaths (%)	0	↓	22	29
Excessive drinking (%)	17	-	19	18
HIV prevalence (rate per 100,000)	U	↑	196	362
Motor Vehicle crash deaths (rate per 100,000	19	↓*	12	11
Physical inactivity (%)	36	↑*	27	23
Substance Abuse/ Mental Health				
Drug overdoses/mortality rate (per 100,000)	U	↑	20	17
Access to Clinical Care				
Dentists (ratio)	U	-	1852:1	1480:1
Mammogram screening (%)	50	*	62.1	63
Mental Health Providers (ratio)	7250:1	*	701:1	470:1
Primary Care Physicians	3590:1	↑*	1505:1	1320:1
Uninsured (%)	11	↓	11	11
Socio-Economic /Demographic				
Children in poverty (%)	20	↓	19	20
African-American (%)	0.7		9.3	12.4
Population that is 65 and older (%)	18.5	↑*	14.9	15.2
Population that is below 18 years of age (%)	21.3	↓	23.8	22.8

Lung Cancer Mortality

More than 20% lower than the Indiana rate.

Mammogram screening

Nearly 20% lower than national rate

Ages 65+

Nearly 20% higher than national average

Physical Inactivity Rate

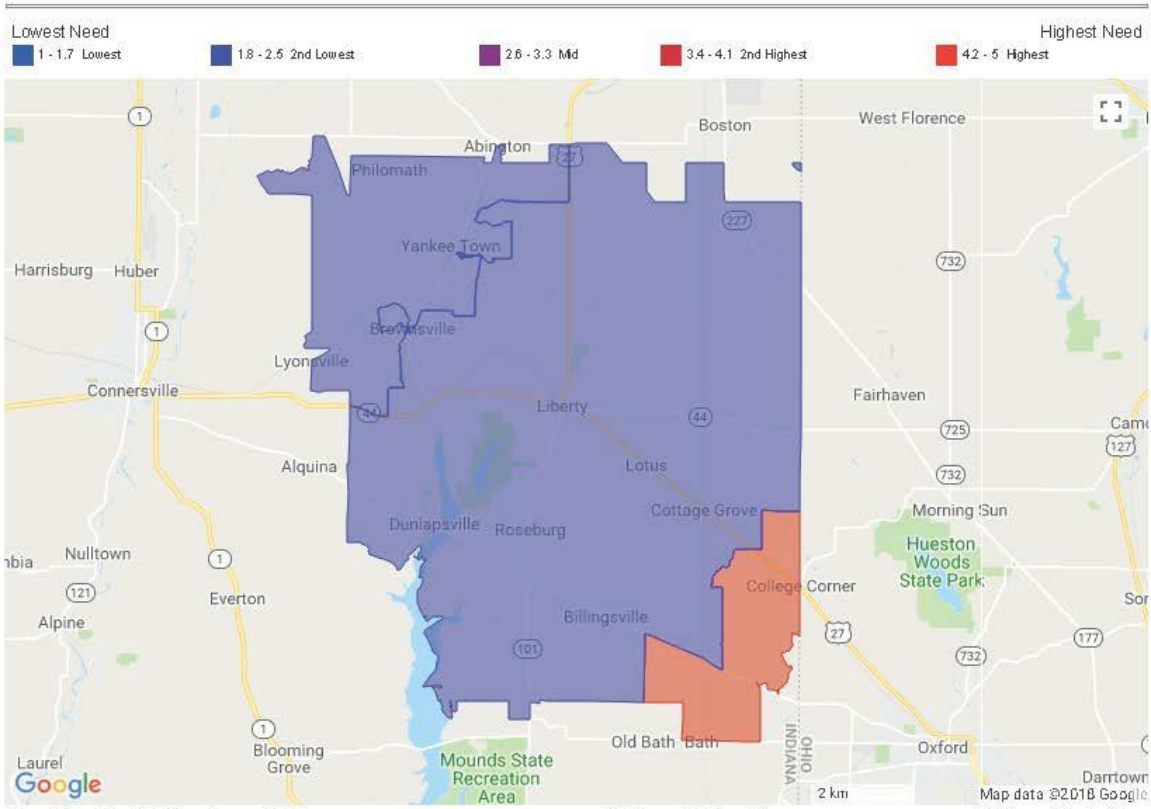
Over 40% higher than national average.

n state and national rates

lex (CNI): A high score (3.4 – 5.0) is an indication for socioeconomic variation, barriers to care, and increased need for health service. One of the county's zip codes has a score of 3.4

3/25/2018 CNI

Dignity Health.



Mean(zipcode): 2.6 / Mean(person): 2.5 CNI Score Median: 3.4 CNI Score Mode: None

Zip Code	CNI Score	Population	City	County	State
47003	3.4	1081	West College Corner	Union	Indiana
47325	2	729	Brownsville	Union	Indiana
47353	2.4	5455	Liberty	Union	Indiana

TRUVEN HEALTH ANALYTICS

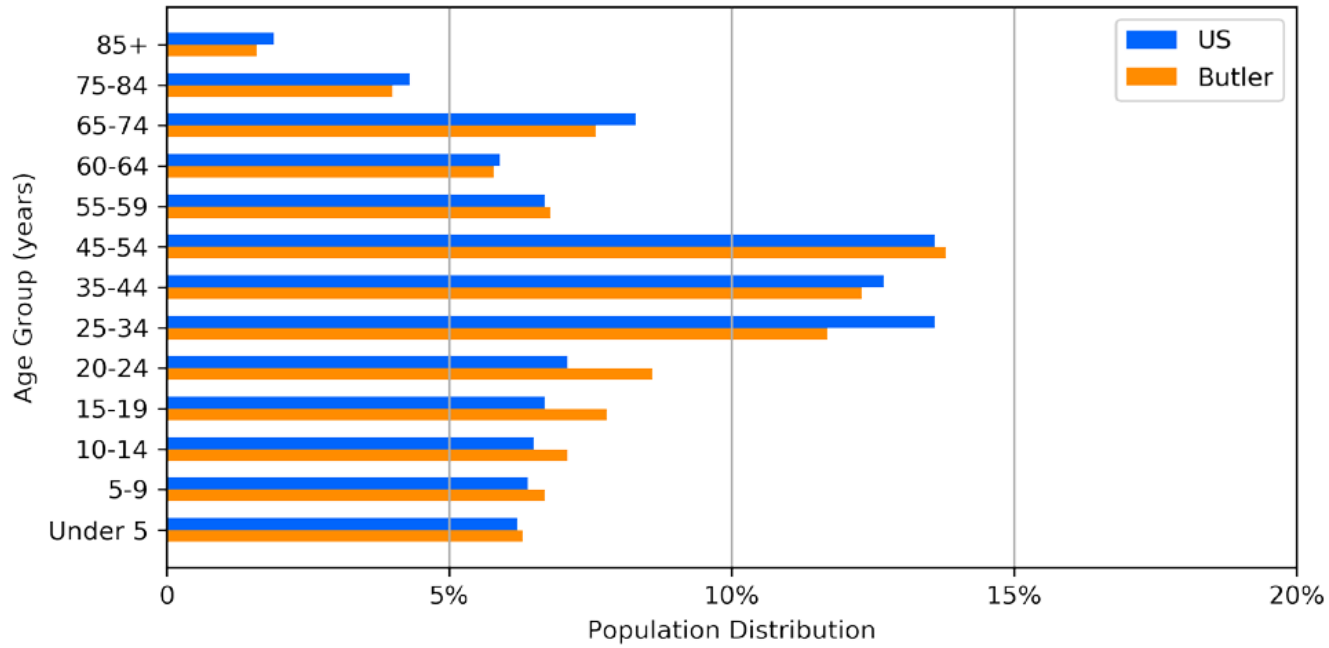
APPENDIX 2

Butler County Ohio Demographics and Summary Findings

Butler County is one of the most populated counties in the region and includes the cities of Hamilton and Middletown, former hubs of industry. Many of the cities in the County are experiencing growth, and only about 9% is considered rural. The City of Oxford is located in Butler County and is home to Miami University. Of all the counties, Butler has the highest percentage of households with children (age 0-17). Rates of deaths from heroin poisoning, fentanyl and other prescription opioids are significantly higher than the Ohio and U.S. rates. The suicide rate is below the Ohio and U.S. rate, but increasing. Butler County is one of the 8 counties in the region that experienced an increase in the number of days with an increase in ozone level. There are 12 ZIP Codes in the County; 45015 in Hamilton and 45044 in Middletown have elevated CNI scores, indicating the likelihood of health disparities

Population Chart

The following is a population chart for Butler County from years 2012-2016.



Consensus on Priorities

Substance abuse is a major health issue in Butler County and was the top priority mentioned across all sources. Addiction and opioids were mentioned specifically. Mental health was mentioned at meetings and in the consumer and agency surveys. Infant mortality was mentioned in survey responses from consumers, agencies, and the County's health department.

Top Causes of Death

The top causes of death for 2016 were, in descending order:

- Lung cancer
- Dementia, unspecified
- Atherosclerotic heart disease

Priorities from Community Meeting on May 22, 2018

Eleven people contributed votes to identify a total of 8 priorities. Below are the topics receiving at least 5% of votes.

Butler County meeting priorities

Priority	# Votes	% Votes
Substance abuse	11	35.5%
Mental health	7	22.6%
Access (Transportation, 2)	5	16.1%
Healthy Behaviors (Obesity, 2)	4	12.9%

Survey Responses

Below are the most frequent responses from individual consumers, living in Butler County, who completed a survey between 6/19/18 and 8/3/18. Sixty-eight people participated. Respondents all answered the question, "Given the health issues facing the community, which ones would be your top priorities?" They mentioned 91 health and/or health-related issues of particular concern to them. The following table contains the issues that received more than 5% of all mentions.

Priority	# Mentions	% Mentions
Substance abuse (Addiction, 6 and Opioids, 5)	27	29.7%
Chronic disease (Obesity, 8)	17	18.7%
Mental health	11	12.0%
Infant mortality	6	6.7%

Responses from Butler County Organizations

Eighteen organizations serving County residents, especially vulnerable populations, responded with their priorities. The priorities that received more than 5% of mentions are listed below.

Priority	# Mentions	% Mentions
Substance abuse	13	26%
Infant mortality	8	16%
Social Determinants of Health	6	12%
Mental health	5	10%
Chronic disease	5	10%
Access to care	5	10%

Responses from Health Departments

Health Commissioners from Butler County, City of Hamilton, and Middletown City provided the following health priorities for the community. See below.

	Addiction	Health education	Infant mortalit	Obesity	Smoking
Butler County	1		1	1	
City of Hamilton				1	1
City of Middletown		1			

Butler County Health Snapshot (Source Date Range: 2014-2017)				
Indictor/Measure	County	Trend	State	U.S.
Health Outcomes				
Cancer mortality, Breast (rate per 100,000)	19.8	↓	22.2	20.2
Cancer mortality, Colon & Rectum (rate per 100,000)	15.4	↓	15.5	14.0
Cancer mortality, Overall (rate per 100,000)	168.7	↓	174.3	157.1
Chronic Lower Respiratory Disease (CLRD) deaths age 65+ (rate per 100,000)	306.3	↓	316.1	270.9
Diabetes (%)	10.9	↓	11.1	10.7
Infant Mortality (rate per 100.000 live births	7.6	*	7.2	5.9
Injury Deaths (rate per 100,000)	83.9	↑*	61.2	45.3
Low birth weight (%)	7.8	-	8.5	8.2
Poor physical health days (last 30 days)	5.0	↑*	4.0	3.9
Poor mental health days (last 30 days)	4.9	*	4.0	3.7
Stroke Deaths (rate per 100,000)	44.0	↓*	40.6	37.5
Suicide (rate per 100,000)	12.9	↑	13.3	13.0

Population: 373,638

Top Causes of Death

Lung Cancer
Dementia
Heart Disease

Drug Deaths

Rates are higher than Ohio and US for drug poisoning, heroin, fentanyl & perception opioids

Injury Deaths

Increasing and > Ohio and U.S.

Butler County Health Snapshot - continued				
Indictor/Measure	County	Trend	State	U.S.
Health Behaviors				
Adult Obesity ((%)	31.3	↑*	30.6	29.2
Adult Smoking	22.2	↑*	22.0	16.5
Alcohol impaired driving deaths (%)	38.0	↑*	34.0	30.0
Chlamydia incidence (rate per 100,000)	370.8	↑*	521.6	497.3
HIV Prevalence (rate per 100,000)	107.8	↑	199.5	305.2
Motor Vehicle crash deaths (rate per 100,000	9.3	-	10.3	
Naloxone administration rate (per 100,000)	58.5	↑	38.4	U
Physical inactivity	27.6	↑*	26.4	25.2
Violent Crimes (rate per 100,000)	354.7	-	300.3	386.3
Substance Abuse/ Mental Health				
Depression (%)	19.8	↓*	18.5	17.1
Drug poisoning deaths (per 100,000)	45.2	↑*	26.2	14.6
Fentanyl & related drugs overdose deaths (per 100,000)	18.8	*	9.0	2.6
Heroin poisoning overdose deaths (per 100,000)	22.9	↑*	10.9	3.5
Prescription opioid overdoses (per 100,000)	24.9	*	5.9	4
Access to Clinical Care				
Dentists (ratio)	2090:1	↓*	1656:1	1480:1
Diabetic Screening (% HbA1c)	55.1	↓	57.4	57.5
Mammogram Screening (%)	69.1	↑	73.7	72.7
Mental Health Providers (ratio)	729:1	↓*	561:1	470:1
Primary Care Physicians	1850:1	-*	1307:1	1320:1
Uninsured (%)	7.0	↓	7.6	11.8
Socio-Economic /Demographic				
Children in poverty (%)	18.6	↓	22.1	21.2
Hispanic (%)	4.4		3.5	17.3
African-American (%)	7.8		12.1	12.3
Population that is 65 and older (%)	13.2	↑	14.5	16.0
Population that is below 18 years of age (%)	24.2	-	23.0	22.3

U=Unavailable, unreliable, or suppressed due to small numbers
*= Higher than state and national rates

Health Behaviors

Obesity, smoking and physical inactivity rates are worsening and > Ohio and U.S. rates

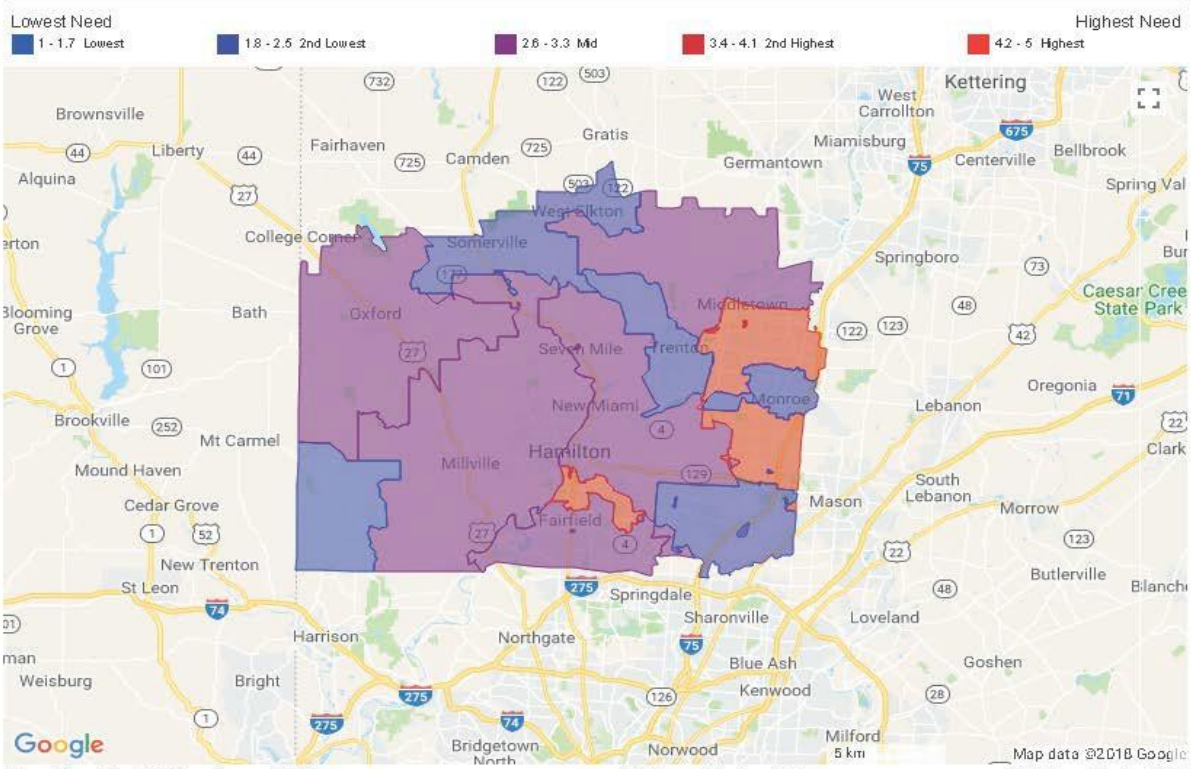
Alcohol Impaired Driving Deaths

Higher than Ohio and U.S. Rates

Community Health Index (CNI): A high score (3.4 – 5.0) is an indication for socioeconomic variation, barriers to care, and increased need for health service. No zip codes that are part of McCullough-Hyde/TriHealth fell into these scores. However, several including Oxford, and Hamilton (45013/45011) fell in the mid- range and 2 zips in butler county which are not in the MHMH service area exceeded a score of 3.4.

3/25/2018 CNI

Dignity Health.



Mean(zipcode): 2.7 / Mean(person): 2.9 CNI Score Median: 2.9 CNI Score Mode: 3,3.2

Zip Code	CNI Score	Population	City	County	State
45011	3.2	74785	Hamilton	Butler	Ohio
45013	2.8	52749	Hamilton	Butler	Ohio
45014	3	44980	Fairfield	Butler	Ohio
45015	3.8	12000	Hamilton	Butler	Ohio
45042	3.2	25597	Middletown	Butler	Ohio
45044	3.6	53479	Middletown	Butler	Ohio
45050	2.2	10365	Monroe	Butler	Ohio
45053	1.4	3127	Okeana	Butler	Ohio
45056	3	27734	Oxford	Butler	Ohio
45064	1.8	3307	Somerville	Butler	Ohio
45067	2.4	15431	Trenton	Butler	Ohio
45069	2	51050	West Chester	Butler	Ohio

Rate range

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

Oxford
Hamilton - 45013

Because Butler County is such a diverse county, McCullough-Hyde/TriHealth took additional steps to assure we obtained the needs of the communities we serve. The same questions/format was used with the physicians and the community meeting.

- We held an **Oxford Community Meeting** on September 12, 2018 with 35 representatives from Oxford and the agencies that provide services to the underserved, child and senior population in the Talawanda School District (City of Oxford, Oxford Township, Reily Township, Milford Township and Hanover Township). The top priorities were Alcohol and other drugs- specifically tobacco/smokeless/vaping; Mental Health- specifically psychiatric care, affordable housing for seniors. In conversation obesity/lack of physical activity- access and transportation become obvious were major concerns.

McCullough-Hyde
Memorial Hospital | TriHealth

Date: September 12, 2018 **Location**: Community at Knolls of Oxford
Administered by: Sharon Klein and Amy Macechko
Populations Served: Talawanda School District

1. **Which important health issues are being handled well in our community?**
   - Faith dinner
   - Healthcare for Medicaid
   - Collaborative service organizations
   - Miami mindfulness
   - Majority making healthy choices
   - Collaborative service organizations
   - MU & community food pantries
   - Active transit as priority
   - Drug take-backs
   - Family Resource Center
   - Taxi service to avoid DUIs
   - Health services in schools for students
   - Prevention in schools
   - Advocacy/resources for folks
   - Mental health services for all
   - Free Clinic
   - Recreational activities
   - City, businesses, & community

2. **What important health issues are NOT being addressed enough in our community? What more could be done?**

	Votes
• Psychiatric access	4
• Geriatric assessments	
• Transportation for non-drivers out of town	2
• Affordable, attractive, accessible, safe housing for all ages	
• Ability to walk/bike safely around town	1
• Medicaid dentistry	
• Access for working poor	
• Communication of services to community	2
• Homelessness	1

3. **What is the most serious health issue facing our community**

	Votes
• Tobacco/smokeless tobacco/vaping	9
• Psychiatric access	
• Obesity	2
• Alcohol access	1
• Grandparents raising children	
• Suicide	
• Homelessness	
• Affordable housing	13
• Food insecurity	2
• Financial wellness	4
• Diabetes	1
• Mental Health	13
• Lack of home care services	1
• ER/EMS overwhelmed by alcohol, and not available for true medical emergencies	

4. **What would you say is the most important senior health issue in your community?**

	Votes
• Housing	1
• Food nutrition	1
• Transportation	2
• Isolation/mental health	2
• Educating about Medicare/Medicaid	2
• Financial Services	
• Care transition	2
• Home care	

5. **What would you say is the most important thing that can be done to improve senior health in our community?**
    - Support for care givers
    - Political will/facts to address housing
    - Access to specialists
    - Communication of services
    - Data to make decisions
    - Transportation

6. **What would you say is the most important child health issue in your community?**

	Votes
• Mental health	3
• Affordable immunizations	1
• Psychiatric access	1
• Safe housing/home environment	5
• Trauma	4
• Childhood obesity/physical activity	3
• Hunger	
• Pediatric OT/PT	
• Poverty	
• Access/availability of alcohol and drugs	

7. **What would you say is the most important thing that can be done to improve child health care in our community?**
    - Take care of caretakers
    - Mentoring/role modeling
    - Access to psychiatric services
    - Educate caregivers on resources
    - Access to specialists
    - Encourage/valuing their voice/space
    - Advocacy
    - School meal programs
    - Minimize perceived sigma of utilizing resources

8. **What is the biggest barrier to child wellness in our community?**
    - School start times
    - Financial stability of family
    - Stigma of those receiving support
    - Emotional stability
    - Access to services
    - Affordable childcare
    - Pride/social norming “not alone”
    - Educating caregivers

9. **What are some of the non-financial barriers to community wellness?**
    - Transportation
    - Stigma
    - Communication

10. **What is your perception of the overall health of our community?**
    - Excellent: N/A
    - Very Good: 14
    - Good: 13
    - Fair: N/A
    - Poor: N/A

- On September 4, 2018 to assure we had the pediatric perspective, we conducted the CHNA with Oxford Pediatrics. 2 areas of concern/top needs were identified from this group:
    - Pediatric Speech and Occupational Therapy
    - Mental Health services for children and adolescents

- On September 6, 2018, we were given the opportunity to attend McCullough-Hyde/TriHealth's Medical Chief meeting.
    - Transition of care from home to nursing home or home care was one of the top issues
    - Transportation of patients to and from office, treatments, etc.
    - Psychiatric care, especially help with psychiatric medication

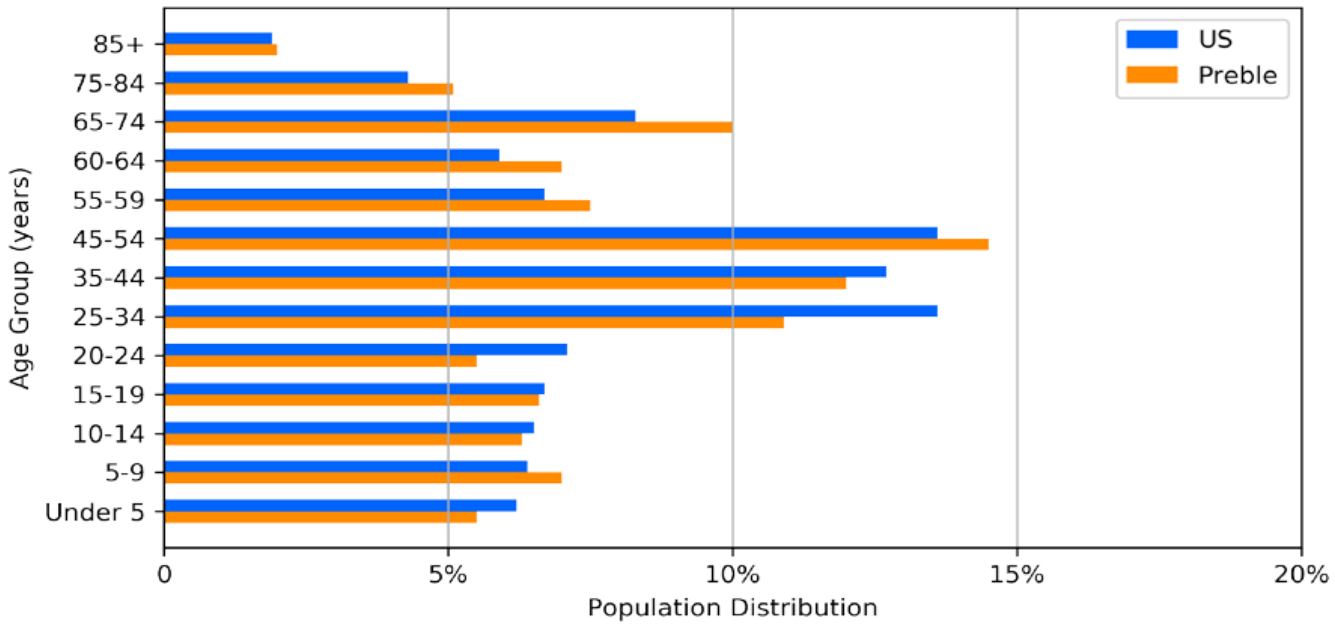
APPENDIX 3

Preble County Ohio Demographics and Summary Findings

More than 69% of Preble County's population is considered rural. The county seat is Eaton. Injury deaths in the County are above the Ohio and U.S. rates and rising. There are fewer mental health providers and higher suicide rates in the County than the Ohio and U.S. rates. There are fewer primary care and dental providers in the County than the Ohio and U.S. ratios.

Population Chart

The following is a population chart from Preble county from years 2012-2016.



Consensus on Priorities

Substance abuse was a top priority on the consumer, agency, and health department surveys; Preble County Public Health singled out the opioid epidemic in particular. Mental health and access to care were mentioned at the community meetings and on the consumer and agency surveys. Dental care was a priority mentioned at the meeting that can be considered an issue of access. Chronic diseases and care for children were important to meeting attendees and on consumer surveys.

Top Causes of Death

The top causes of death for Preble County in 2016 were, in descending order:

- Lung cancer
- Atherosclerotic heart disease
- Congestive heart failure

Priorities from Community Meeting on April 11, 2018

The afternoon meeting brought together very knowledgeable county representatives including the health commissioner, a YMCA senior director, a nurse, a journalist, and two city council-women from Village of New Paris.

Preble County Meeting Priorities

Priority	# Votes	% Votes
Mental health	6	28.6%
Access to care	5	23.8%
Care for children	3	14.3%
Chronic disease	3	14.3%
Dental	2	9.5%

Survey Priorities

Below are the most common responses from individual consumers, living in Preble County, who completed a survey between 6/19/18 and 8/3/18. There were 12 people who participated, and they all answered the question, "Given the health issues facing the community, which ones would be your top priorities?" They mentioned 23 health and/or health-related issues of particular concern. The following table contains the issues that received more than 5% of all mentions.

Preble County: Consumer Priorities

Priority	# Mentions	% Mentions
Substance abuse	6	26.0%
Chronic disease	3	13.0%
Access to care	3	13.0%
Care for children	3	13.0%
Communicable disease	2	8.7%
Healthy behaviors	2	8.7%
Mental health	2	8.7%

Eleven organizations, serving Preble County, responded with their priorities. The priorities that received more than 5% of mentions are listed below

Priority	# Mentions	% Mentions
Substance abuse	8	29.0%
Mental health	6	21.0%
Access to care	4	14.0%
Obesity	3	11.0%
SDH	3	11.0%

Response from Health Department

The Health Department provided its health priorities for the community:

- Opioid epidemic

Preble County Health Snapshot (Data Source Range 2014-2017)				
Indictor/Measure	County	Trend	State	U.S.
Health Outcomes				
Cancer mortality, Lung (rate per 100,000)	49.9	-	49.6	39.4
Cancer mortality, Overall (rate per 100,000)	186.0	↑*	174.3	157.1
Chronic Lower Respiratory Disease (CLRD) deaths age 65+ (rate per 100,000)	255.2	↓	316.1	270.9
Diabetes (%)	13	*	11.1	10.7
Heart Disease Deaths (rate per 100,000)	199.2	↓*	188.4	167.0
Injury Deaths (rate per 100,000)	88.7	↑*	61.2	45.3
Low birth weight (%)	9.0	↑*	8.5	8.2
Preterm births (%)	10.8	-	10.3	9.6
Poor physical health days (last 30 days)	3.7	↓	4.0	3.9
Poor mental health days (last 30 days)	7.3	↑*	4.0	3.7
Stroke Deaths (rate per 100,000)	39.0	-	40.6	37.5

Population: 41,247

Top Causes of Death

Lung Cancer
Heart Disease

Adult Smoking

Increasing and greater than Ohio and U.S.

Injury Deaths

Rate greater than Ohio and U.S. motor vehicle crash deaths more than double state rate.

Preble County Health Snapshot- continued				
Indictor/Measure	County	Trend	State	US
Adult Obesity ((%)	22.8	↑	30.6	29.2
Adult Smoking	42.7	↑*	22.0	16.5
Alcohol impaired driving deaths (%)	38.0	-	34.0	30.0
Chlamydia incidence (rate per 100,000)	237.1	↓	521.6	497.3
HIV Prevalence (rate per 100,000)	53.3	↑	199.5	305.2
Excessive drinking (%)	22.9	↓	18.1	16.6
Motor Vehicle crash deaths (rate per 100,000	22.4	*	10.3	11.5
Physical inactivity	22.4	*	26.4	25.2
Substance Abuse/ Mental Health				
Depression (%)	10.8	-	18.5	17.1
Drug overdose mortality (per 100,000)	30.7	↑	26.2	17
Suicide (rate per 100,000)	17.3	-	13.3	13.4
Access to Clinical Care				
Dentists (ratio)	5890:1	-*	1656:1	1480:1
Mammogram Screening (%)	84.6	↑	73.7	72.7
Mental Health Providers (ratio)	1590:1	*	561:1	470:1
Primary Care Physicians	4590:1	↓*	1307:1	1320:1
Uninsured (%)	9.6	-	8.0	11.0
Socio-Economic /Demographic				
Children in poverty (%)	19.5	↓	22.1	20.0
African-American (%)	0.5		12.4	12.1
Population that is 65 and older (%)	17.2	↑	14.5	16.0
Population that is below 18 years of age (%)	23.2	-	23.0	22.3

***** Indicates higher than state and national averages

Mental Health

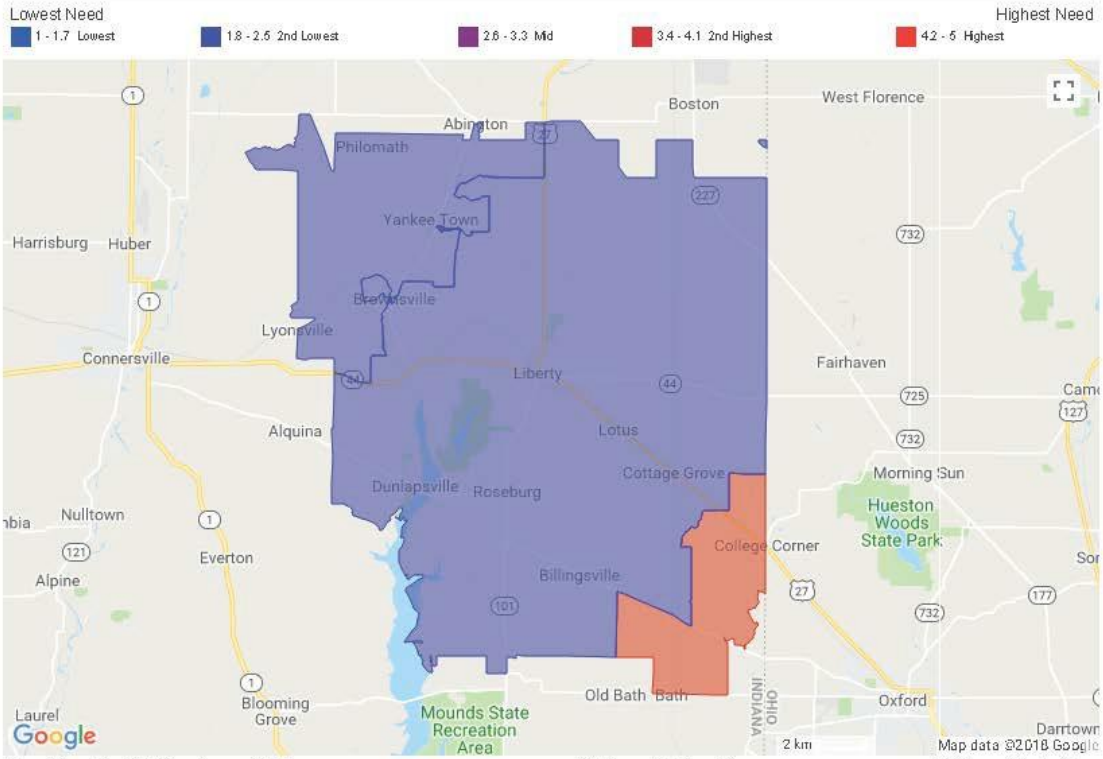
Fewer providers and higher suicide rates than Ohio and U.S.

Substance Abuse

Overdose deaths greater than Ohio and U.S. rates. HIV prevalence increasing.

Community Health Index (CNI): A high score (3.4 – 5.0) is an indication for socioeconomic variation, barriers to care, and increased need for health service. None of the county's zip codes exceeds a 2.6 score

Dignity Health.



Mean(zipcode): 2.6 / Mean(person): 2.5 CNI Score Median: 3.4 CNI Score Mode: None

Zip Code	CNI Score	Population	City	County	State
47003	3.4	1081	West College Corner	Union	Indiana
47325	2	729	Brownsville	Union	Indiana
47353	2.4	5455	Liberty	Union	Indiana

TRUVEN HEALTH ANALYTICS

APPENDIX 4

Meeting Attendees in the McCullough-Hyde Memorial Hospital Service Area

Date	First and Last Name	Individual	Organization	Org. Name (if applicable) and populations represented	Street Address	ZIP	City	County
5/22/18	Sister Sharon Wiedmar		X	Mercy Health / all			Fairfield	Butler
5/22/18	Mita Patel		X	Butler County Health Dept. / all	301 South Third	45011	Hamilton	Butler
5/22/18	Sue Haines		X	Butler County Health Dept. / all	301 South Third	45011	Hamilton	Butler
5/22/18	Eileen Turain		X	Envision Partnerships	2935 Hamilton Mason	45011	Hamilton	Butler
5/22/18	Ben Verdow		X	Miami University / students		45056	Oxford	Butler
5/22/18	Sharon Klein		X	McCullough-Hyde|TriHealth / all	110 N. Poplar	45056	Oxford	Butler
5/22/18	Sharman Willmore		X	Miami University / students		45056	Oxford	Butler
4/10/18	Amanda Migosk	X				47353	Liberty	Union
4/10/18	Jane Liming	X				47353	Liberty	Union
4/10/18	Patricia Lafuse	X				47353	Liberty	Union
4/10/18	Sheri Gulde	X				47353	Liberty	Union
4/10/18	Susanne Gulde	X				47353	Liberty	Union
4/10/18	Connie Maples	X				47331	Connersville	Union
4/26/18	Pam Beneker	X		Brookville Library / all	Main St.	47012	Brookville	Franklin
4/26/18	Meoldy Gault		X	Brookville Library -- Adult Services / adults	919 Main Street	47012	Brookville	Franklin
4/26/18	Sharon Klein		X	McCullough-Hyde|TriHealth / all	110 N. Poplar	45056	Oxford	Franklin
4/11/18	Erik Balster		X	Preble County Public Health /all	615 Hillcrest Drive	45320	Eaton	Preble
4/11/18	Nan Smith		X	Preble County Public Health / all	615 Hillcrest Drive	45320	Eaton	Preble

Date	First and Last Name	Individual	Organization	Org. Name (if applicable) and populations represented	Street Address	ZIP	City	County
4/11/18	Becky Morin		X	Preble County YMCA/ all	450 Washington-Jackson	45320	Eaton	Preble
4/11/18	Kelsey Kimbler		X	Register-Herald/all			Eaton	Preble
4/11/18	Peggy Bishop		X	Village of New Paris / all	3113 Lincoln St.	45347	New Paris	Preble
4/11/18	Mary Jane Thomas		X	Village of New Paris Council /all	301 W. Cherry St.	45347	New Paris	Preble
9/12/18	Kip Alisho*	Both		Coalition for a Healthy Community- all				MHMH
9/12/18	Janae Arno		X	Haven at the College- College Age				MHMH
9/12/18	Steven Dana*	Both		City of Oxford Councilman / all				MHMH
9/12/18	Logan Dysart*	Both		Faith Lutheran Church / faith based community				MHMH
9/12/18	Leah Flynn	Both		Oxford Community Foundation- All				MHMH
9/12/18	Jessica Greene	Both		Enjoy Oxford/OAT/all				MHMH
9/12/18	Cheryl Hampton		X	Knolls of Oxford (senior) / elderly				MHMH
9/12/18	Jennifer Heston		X	MU Scripps Gerontology Center / elderly				MHMH
9/12/18	Sebrina Jewell*	Both		Oxford Seniors / elderly				MHMH
9/12/18	Beth Keith*		X	MU Recreational Center- all, but primarily college age				MHMH
9/12/18	Sharon Klein*	Both		MHMH|TH / all				MHMH
9/12/18	Julia Koenig		X	MU Scripps Gerontology Center / elderly				MHMH
9/12/18	Laura Lacy		X	Knolls of Oxford (senior)/ elderly				MHMH
9/12/18	Stephen Large		X	MU- VP Student Life / college age students				MHMH
9/12/18	Leek, Jessie	Both		Oxford Village Network/seniors				MHMH
9/12/18	Amy Macechko*	Both		Coalition Coordinator/TSD/all				MHMH
9/12/18	Marianne Marconi*		X	Talawanda School District / K-12 students				MHMH

Date	First and Last Name	Individual	Organization	Org. Name (if applicable) and populations represented	Street Address	ZIP	City	County
9/12/18	Holli Morrish	Both		Talawanda School District /K-12students				MHMH
9/12/18	Diane Ruther-Verling*	Both		Oxford Family Resource Center/ low income				MHMH
9/12/18	Marilyn Sasser	Both		Oxford Free Clinic /18 years of age and over for low income				MHMH
9/12/18	Kelly McKinnon		X	MU Intern for the Coalition /all				MHMH
9/12/18	Ron Silko		X	MU Rec Center/college age				MHMH
9/12/18	Ben Verdow		X	MU Intern- Coalition/all				MHMH
9/12/18	Ann Whelpton		X	Oxford Village Network/seniors				MHMH
9/12/18	Cassie Wilson*		X	MU Employee Wellness/Adults				MHMH
9/12/18	Stacey Burke*	X						MHMH
9/12/18	Casey Wooddell		X	Oxford Parks and Recreation/all				MHMH
9/12/18	Teri Spurlock		X	Primary Health Solutions/all with an emphasis on low income				MHMH
9/12/18	Jennifer Marston		X	Butler County Coalition/ all				MHMH
9/12/18	Blake Holland*	X		Anytime Fitness/adults				MHMH
9/12/18	David Annabel		X	Talawanda School District Psychologist/K-12 Students				MHMH
9/12/18	Tiffany		X	Butler County MHARS Board/all				MHMH
9/12/18	Krystel Tipton		X	Butler County United Way / all, including low income, underserved, and minority populations				MHMH
9/6/18	Matthew Patel, MD		X	Chief of Staff/Emergency Medicine/all				MHMH
9/6/18	Daniel Stein, MD		X	OB/GYN / women				MHMH

Date	First and Last Name	Individual	Organization	Org. Name (if applicable) and populations represented	Street Address	ZIP	City	County
9/6/18	Bruce Gray, MD		X	Anesthesiologist/all				MHMH
9/6/19	John Harlan, MD		X	OB/GYN / women				MHMH
9/6/19	Kami Park, MD		X	Internist/Hospitalist/adults				MHMH
9/6/18	Hillary Evans,		X	Radiologist/all				MHMH
9/6/18	Mary Moebius,		X	Radiologist/all				MHMH
9/6/18	Bradly Schultz,		X	Hospitalist/adults				MHMH
9/14/18	James Davis, MD		X	Pediatrician / children				MHMH
9/14/18	Sofia Gofman, MD		X	Pediatrician / children				MHMH
9/14/18	William Logeman, MD		X	Pediatrician / children				MHMH
9/14/18	Jill Mock*		X	Pediatric Nurse Practitioner/Children				MHMH
9/14/18	Sandy Simpson		X	Pediatric Nurse Practitioner/Children				MHMH

***** Member of the Coalition for a Healthy Community-Oxford Area

APPENDIX 5

Others who participated in the Regional Assessment through Meetings (conducted *April 1, 2018 through June 30, 2018)* or Survey (conducted June 19, 2018 through August 3, 2018)

First and Last Name	Individual	Organization	Org. Name (if applicable) and populations represented	Street Address	ZIP	City	County
Debbie Ryan		X	Adams County Creating Healthy Communities/all	150 Wayne Frye	45144	Manchester	Adams
Beverly Mathias		X	Adams Co. Health Dept. / all	923 Sunrise Ave.	45693	West Union	Adams
Bonnie Pertuset		X	Adams Co. Health Dept./ all	923 Sunrise Ave.	45693	West Union	Adams
Rachel Seaman		X	Adams Co. Health Dept./all	923 Sunrise Ave.	45693	West Union	Adams
Sonya Meyer		X	Adams County Children Services Board / children	300 N. Wilson	45693	West Union	Adams
Diane Ward		X	Adams County Commissioner/ all	215 N. Cross St., Ste. 102	45693	West Union	Adams
Sharon Ashley		X	Adams County Health Dept. / all	923 Sunrise Ave.	45693	West Union	Adams
Stephanie Edgington		X	Adams County Health Dept./all	923 Sunrise Ave.	45693	West Union	Adams
Angie Richmond		X	Adams County JFS/ all especially low income	482 Rice Drive	45693	West Union	Adams
Chris Brooks		X	Adams County Senior Citizens Council, Inc./ Seniors	10835 SR 41	45693	West Union	Adams
Mary Stout		X	Adams County Senior Citizens Council, Inc./ Seniors	10835 SR 41	45693	West Union	Adams

First and Last Name	Individual	Organization	Org. Name (if applicable) and populations represented	Street Address	ZIP	City	County
Davina Cooper		X	Women Helping Women/low income women	482 Rice Drive	45693	West Union	Adams
Alan Bird		X	Adams County Regional Medical Center/all				Adams
Heather Roush		X	EHS (WHW)/all	10140 St. Rt. 125	45168	Decatur	Adams Brown
Debbie Peters		X	Adams Brown Head Start/children	406 W. Plum St.	45121	Georgetown	Adams Brown
Amber Malott		X	YMCA Greater Cincinnati/Women especially minorities	750 E. State St.	45121	Georgetown	Adams Brown
Stacey Sandfoss		X	Fitzgerald's Pharmacy/all	100 E. Plane St.	45106	Bethel	Adams Clermont
Jill Hilgefone		X	Faith Community Pharmacy/ low income	7033 Burlington Pike, Ste. 4	41042	Florence	Boone
Tara Leen		X	Faith Community Pharmacy/low income	7033 Burlington Pike, Ste. 4	41042	Florence	Boone
Kim Brown		X	ABCAP/ low income	406 W. Plum St.	45121	Georgetown	Brown
Becky Cropper		X	Brown County Educational Services Center/ PreK-12 students	9231 Hamer Rd.	45121	Georgetown	Brown

First and Last Name	Individual	Organization	Org. Name (if applicable) and populations represented	Street Address	ZIP	City	County
Evelyn Yockey		X	Brown County Educational Services Center/ PreK-12 students	9231 Hamer Rd.	45121	Georgetown	Brown
Margery Paeltz		X	Brown County Health Dept./all	826 Mt. Orab Pike	45121	Georgetown	Brown
Rusty Vermillion		X	Brown County Health Dept./all	826 Mt. Orab Pike	45121	Georgetown	Brown
Ashley Clos	X		The Christ Hospital Health Network/all		41075	Ft. Thomas	Campbell
Julie Viltrakis	X					Ft. Thomas	Campbell
Rhee Floyd	X					Ft. Thomas	Campbell
Tamisha Matus	X				43009	Cable	Champaign
Brooke Martinez	X	X	Mercy Health/all		43072	St. Paris	Champaign
Nichole Clark		X	Mercy Health/all	110 Dublin Ln.	43072	St. Paris	Champaign
Woody Bennett	X		Urbana Lions Club		43072	St. Paris	Champaign
Paul Waldsmith		X	Champaign Family YMCA/Women	191 Community Dr.	43078	Urbana	Champaign
Gabe Jones		X	Champaign Health Department/all		43078	Urbana	Champaign
Jeanne Bowman		X	Champaign Health Department/all		43078	Urbana	Champaign
Eleanor McGuire	X	X	Medical Reserve Corps/all	424 Lafayette Ave	43078	Urbana	Champaign
Jamie Houseman		X	Mercy Health/all	904 Scioto St.	43078	Urbana	Champaign
Sheri Haines		X	Mercy Reach/addiction services	904 Scioto St.	43078	Urbana	Champaign

First and Last Name	Individual	Organization	Org. Name (if applicable) and populations represented	Street Address	ZIP	City	County
Stacey Logwood	X	X	Mental Health, Drug & Alcohol Services Board of Logan & Champaign Counties	4024 Hillside Dr.	43078	Urbana	Champaign
Don Sanders	X				43078	Urbana	Champaign
Judy Markin	X				43078	Urbana	Champaign
Lisa Stallsmith	X				43078	Urbana	Champaign
Ahsan Ullah	X				43078	Urbana	Champaign
Bob McConnell	X					Urbana	Champaign
Adam Sorensen	X	X	Mental Health, Drug & Alcohol Services Board of Logan & Champaign Counties	1521 N. Detroit St.	43357	West Liberty	Champaign
Tammy Nicholl	X	X	Mental Health, Drug & Alcohol Services Board of Logan & Champaign Counties	1521 N. Detroit St.	43357	West Liberty	Champaign
Christine Krimm		X	ERS Senior Citizens	199 Sunrise	45344	New Carlisle	Clark
Nikki Stefanow		X	Family & Youth Initiative/all	468 N. Dayton Lakeview Rd.	45344	New Carlisle	Clark
Scott Griffith		X	Lee's / New Carlisle Farmers Market/all	301 N. Main St.	45344	New Carlisle	Clark
Doug Free	X				45344	New Carlisle	Clark
Katie Rismiller	X				45344	New Carlisle	Clark
Patricia Free	X				45344	New Carlisle	Clark

First and Last Name	Individual	Organization	Org. Name (if applicable) and populations represented	Street Address	ZIP	City	County
Sandy Miller	X	X	Clark County Combined Health District/all	11665 Broadgauge Rd.	45369	South Vienna	Clark
Donna Smith	X	X	Council of South Vienna/all		45369	South Vienna	Clark
John Blanton	X	X	Council of South Vienna/all		45369	South Vienna	Clark
Toni Keller	X	X	Mayor of South Vienna/all	229 N. East St.	45369	South Vienna	Clark
Ernest Glenn	X		St. John Baptist Missionary Church/ faith based community		45501	Springfield	Clark
Rita L. Jones		X	ERS Retirement Community/seniors	102 E. Main St.	45502	Springfield	Clark
Eddie Jaudon	X		St. John Baptist Missionary Church/ faith based community		45502	Springfield	Clark
Jackie Jaudon	X		St. John Baptist Missionary Church/ faith based community		45502	Springfield	Clark
Sandy Sanford	X		St. John Baptist Missionary Church/ faith based community		45502	Springfield	Clark
Yolanda Bell	X		St. John Baptist Missionary Church/ faith based community		45502	Springfield	Clark
Cindy Coffman		X	United Senior Services	125 W. Main St.	45502	Springfield	Clark
Linda Sauers		X	United Senior Services	125 W. Main St.	45502	Springfield	Clark
Gracie Hemphill		X	United Way/all	120 S. Center St.	45502	Springfield	Clark
Valerie Moore	X				45502	Springfield	Clark
Beth Dorsey		X	Clark County Combined Health District/all	529 E. Home Rd.	45503	Springfield	Clark
Charles Patterson		X	Clark County Combined Health District/all	529 E. Home Rd.	45503	Springfield	Clark

First and Last Name	Individual	Organization	Org. Name (if applicable) and populations represented	Street Address	ZIP	City	County
Christina Conover		X	Clark County Combined Health District/all	529 E. Home Rd.	45503	Springfield	Clark
Tina Caporaso		X	Clark County Combined Health District/all	529 E. Home Rd.	45503	Springfield	Clark
Cherry Cydrus		X	Clark County Dept. JFS/all especially low income	1345 Lagonda Ave.	45503	Springfield	Clark
Edna Rangel		X	Clark County Dept. JFS/all especially low income	1345 Lagonda Ave.	45503	Springfield	Clark
Leslie Crew	X	X	Clark Family & Children First Council	134 S. Lagonda	45503	Springfield	Clark
Brodie Martinez		X	Mercy Health	100 W. McCreight	45503	Springfield	Clark
Teddy Stegner		X	Springfield Soup Kitchen	1912 N. Limestone St.	45503	Springfield	Clark
			St. John Baptist Missionary Church				
Sarah Hagenbuch	X				45503	Springfield	Clark
Deb Southward	X	X	Clark County Pharmaceutical Assoc. (unoff.)/all		45504	Springfield	Clark
Diane Van Auker		X	Community Health Foundation/all	200 Medical Center Dr.	45504	Springfield	Clark
Joan Elder		X	Community Health Foundation/all	200 Medical Center Dr.	45504	Springfield	Clark

First and Last Name	Individual	Organization	Org. Name (if applicable) and populations represented	Street Address	ZIP	City	County
Diane Van Auker		X	Community Health Foundation/all	200 Medical Center Dr.	45504	Springfield	Clark
Jeanne Simonton		X	Mental Health and Recovery Board – Early Childhood/children	19 W. Home Rd.	45504	Springfield	Clark
Brooke Mather		X	Mercy Health/all	100 W.	45504	Springfield	Clark
Carolyn Young		X	Mercy Health/all	100 N.	45504	Springfield	Clark
Cathy Ingles		X	Mercy Health/all	100 Medical	45504	Springfield	Clark
Marianne Potina		X	Mercy Health/all	100 Medical	45504	Springfield	Clark
Melissa Powell		X	Mercy Health/all	100 Medical	45504	Springfield	Clark
Sheri Haines		X	Mercy Health/all	30 W. McCreight	45504	Springfield	Clark
Susan Slusher		X	Mercy Health/all	100 Medical	45504	Springfield	Clark
Faith Bosland		X	Springfield City Youth Mission/K-12 youth	1500 Broadway St.	45504	Springfield	Clark
Casey Clark		X	Springfield Soup Kitchen/ all	830 W. Main St.	45504	Springfield	Clark
Emma Smales		X	Clark County Combined Health District/all	529 E. Home Rd.	45505	Springfield	Clark
Lori Lambert		X	Clark County Combined Health District/all	2685 E. High St.	45505	Springfield	Clark
Ken Johnson		X	Emergency Management Association/all	3130 E. Main St.	45505	Springfield	Clark

First and Last Name	Individual	Organization	Org. Name (if applicable) and populations represented	Street Address	ZIP	City	County
Greta Mayer		X	Mental Health and Recovery Board (of Clark, Greene, and Madison Counties)/ all	1055 E. High St.	45505	Springfield	Clark
Eric Roberts		X	OSU Extension/all	3130 E. Main St.	45505	Springfield	Clark
Ellen Dudney		X	Pregnancy Resource Clinic/women-all	1010 S. Limestone St.	45505	Springfield	Clark
Kent Youngman		X	Rocking Horse Community Health Center	651 S. Limestone	45505	Springfield	Clark
Kim Bishop Gnau		X	Rocking Horse Community Health Center./all low income	651 S. Limestone	45505	Springfield	Clark
Lisa Saunders		X	Rocking Horse Community Health Center./all low income	651 S. Limestone	45505	Springfield	Clark
Paul Weber		X	YMCA/all	300 S. Limestone St.	45505	Springfield	Clark
Pearl Jones	X		St. John Baptist Missionary Church/Faith based community		45506	Springfield	Clark
Tina Jones	X		St. John Baptist Missionary Church/ Faith based community		45506	Springfield	Clark
Carey Jo McKee		X	Clark County Coalition Substance Abuse/all	McKinley		Springfield	Clark
Vince Carter		X	Clark County Combined Health District/all			Springfield	Clark
Kendra Trumbo	X		Mt. Zion/ Faith based Community				Clark
Austin Moore	X		St. John Baptist Missionary Church/ Faith based community				Clark
Abigail Clark	X		UC Health/all		45102	Amelia	Clermont

First and Last Name	Individual	Organization	Org. Name (if applicable) and populations represented	Street Address	ZIP	City	County
Dennis Braun	X				45102	Amelia	Clermont
Karen Scherra		X	Clermont County Mental Health and Recovery Board/all	2337 Clermont Center Dr.	45103	Batavia	Clermont
Jackie Lindner		X	Clermont County Public Health/all	2400 Clermont Center Dr.	45103	Batavia	Clermont
Sharon Richmond	X	X	Clermont Developmental Disabilities/all	2040 US Hwy. 50	45103	Batavia	Clermont
Navdeep Kang		X	Mercy Health/all	3000 Hospital Dr.	45103	Batavia	Clermont
Jim Richter		X	Mercy Health - Clermont Hospital/all	3000 Hospital Dr.	45103	Batavia	Clermont
Margaret Jenkins	X	X	OSU Extension/all	4768 Silverwood Dr.	45103	Batavia	Clermont
Carol Kisner	X				45103	Batavia	Clermont
Donna Smashey	X				45103	Batavia	Clermont
Robert Smashey	X				45103	Batavia	Clermont
Sharron DiMario		X	UC Area Health Education Center/adults	1981 James E. Sauls Sr. Dr.	45131	Batavia	Clermont
Angela Underdown	X				45120	Felicity	Clermont
Annie Ridener	X				45120	Felicity	Clermont
Nancy Davis	X				45120	Felicity	Clermont
Jen Patrick		X	HealthSource of Ohio/all	5400 DuPont Circle, Ste.A	45150	Milford	Clermont

First and Last Name	Individual	Organization	Org. Name (if applicable) and populations represented	Street Address	ZIP	City	County
Becky Fiscus		X	OSU Extension/all	1000 Locust St.	45160	Owensville	Clermont
Barbara Adams Marin		X	Solutions CCRC/all	953 S. South St.	45177	Wilmington	Clinton
Janet Julian		X	Brethren Retirement Community/seniors	750 Chestnut St	45331	Greenville	Darke
John Warner		X	Brethren Retirement Community/seniors	750 Chestnut St	45331	Greenville	Darke
Sharon Deschambeace		X	Darke County Chamber/all	209 East 4th St	45331	Greenville	Darke
Jennifer Barga		X	Darke County Health Dept/all	300 Gurst Ave	45331	Greenville	Darke
Traci Owens		X	Darke County Health Dept/all	300 Gurst Ave	45331	Greenville	Darke
Laurie White		X	Family Health Services of Darke County/all	1101 Jackson St	45331	Greenville	Darke
Diane Barga		X	OSU Extension, Darke County/all	603 Wagner Ave	45331	Greenville	Darke
Kelly Harrison		X	Recovery + Wellness/all	600 Walnut St	45331	Greenville	Darke
Jill Brown		X	Wayne Healthcare/all	835 Sweitzer St	45331	Greenville	Darke
Michele Acker		X	Wayne Healthcare/all	835 Sweitzer St	45331	Greenville	Darke
Terri Flood		X	Wayne Healthcare/all	835 Sweitzer St	45331	Greenville	Darke
Rachel Lloyd		X	YMCA of Darke County/all	301 Wagner Ave	45331	Greenville	Darke
Sam Casalano		X	YMCA of Darke County/all	301 Wagner Ave	45331	Greenville	Darke
Mark McDaniel		X	Darke County Health Dept/all	1100 Wayne St Ste 4000		Troy	Darke

First and Last Name	Individual	Organization	Org. Name (if applicable) and populations represented	Street Address	ZIP	City	County
Nancy Lunsford	X	X	Highpoint Health/all	140 Sandra Lynn Dr., Apt. 2	47001	Aurora	Dearborn
Marcia Parcell		X	Purdue University - Health and Human Services/all	229 Main St.	47001	Aurora	Dearborn
Amanda Noell		X	VIMDOS Clinic/ all low income	107 Bridgeway St., #101	47001	Aurora	Dearborn
Craig Beckles		X	Heart House/ all low income	6815 US 50	47004	Aurora	Dearborn
Karry Hollan		X	Clearinghouse/ all low income	411 George St.	47025	Aurora	Dearborn
Laura Ralf		X	Big Brothers Big Sisters of Greater/Cincinnati/ youth	2412 Picnic Woods Dr.	47025	Lawrenceburg	Dearborn
Amy Rose		X	CASA/all	423 Walnut	47025	Lawrenceburg	Dearborn
Charlotte Ipach	X	X	CMHC, Inc./ Children	285 Bielby Rd.	47025	Lawrenceburg	Dearborn
Tom Talbot		X	CMHC, Inc./Children	285 Bielby Rd.	47025	Lawrenceburg	Dearborn
			Dearborn County Health				
Cassandra Dick		X	Dearborn County Health Department/all	165 Mary St.	47025	Lawrenceburg	Dearborn
Debbie Fehling		X	Dearborn County Health Department/all	165 Mary St.	47025	Lawrenceburg	Dearborn
Louise Burress	X		Highpoint Health/all	600 Wilson Creek Rd.	47025	Lawrenceburg	Dearborn
Ricardo Horn	X	X	Highpoint Health/all	370 Bielby Rd.	47025	Lawrenceburg	Dearborn
Sarah Siegrist	X	X	Highpoint Health/all	600 Wilson Creek	47025	Lawrenceburg	Dearborn

First and Last Name	Individual	Organization	Org. Name (if applicable) and populations represented	Street Address	ZIP	City	County
Angela Scudder		X	Highpoint Health/all	600 Wilson Creek	47025	Lawrenceburg	Dearborn
Beverly Stinson		X	Highpoint Health/all	600 Wilson Creek	47025	Lawrenceburg	Dearborn
Dawn Walcott		X	Highpoint Health/all	600 Wilson Creek	47025	Lawrenceburg	Dearborn
Debbie Allen		X	Highpoint Health/all	600 Wilson Creek	47025	Lawrenceburg	Dearborn
Michael Schwebler		X	Highpoint Health/all	600 Wilson Creek	47025	Lawrenceburg	Dearborn
Nancy Kennedy		X	Highpoint Health/all	600 Wilson Creek	47025	Lawrenceburg	Dearborn
Ryan Moretz		X	Highpoint Health/all	600 Wilson Creek	47025	Lawrenceburg	Dearborn
Jayne Kalilnski		X	Highpoint Health WIC/ women/infants/children- low income	370 Bielby Rd.	47025	Lawrenceburg	Dearborn
Mark Grant		X	Ivy Tech/all	50 Walnut St.	47025	Lawrenceburg	Dearborn
Mark Knigga	X		Lawrenceburg Community School –Corporation- PreK-12 grade	200 Tiger Boulevard	47025	Lawrenceburg	Dearborn
Karl Galey		X	Lawrenceburg Schools- PreK-12 grade	200 Tiger Boulevard	47025	Lawrenceburg	Dearborn
Terri Randall		X	One Dearborn/all	500 Industrial Dr.	47025	Lawrenceburg	Dearborn
Karen Snyder		X	United Way/all	227 Walnut	47025	Lawrenceburg	Dearborn
Donna Lohr		X	Highpoint Health Physician Practices/all			Lawrenceburg	Dearborn
Patty Whitaker		X	Highpoint Health Physician Practices/all			Lawrenceburg	Dearborn
Dana Hildebrand		X	LifeTime Resources/seniors	13091 Benedict Dr.	47018	Dillsboro	Dearborn, Ohio, Ripley & Switzerland

First and Last Name	Individual	Organization	Org. Name (if applicable) and populations represented	Street Address	ZIP	City	County
Whitney Gentry		X	Fayette County Memorial Hospital/all	1430 Columbus	43160	Washington Court House	Fayette
Darcie Scott		X	Fayette County Public Health/all	317 S. Fayette St.	43160	Washington Court House	Fayette
Leigh Cannon		X	Fayette County Public Health/ all	317 S. Fayette St.	43160	Washington Court House	Fayette
Melynda Iles		X	HealthSource of Ohio/all	312 Highland Ave., Ste. H	43160	Washington Court House	Fayette
Donna Ross	X				45432	Beavercreek	Greene
Titi Oluwabusi	X				45434	Beavercreek	Greene
Cheyenne Silvers	X				45305	Bellbrook	Greene
Nicole M. Switzer		X	United Way Greater Dayton Area/all	33 W. First St.,	45402	Dayton	Greene
Nikki Stefanow		X	Family & Youth Initiatives/all	468 N. Dayton Lakeview Rd.	45344	New Carlisle	Greene
Tonya Watkins		X	Family & Youth Initiatives/all	468 N. Dayton Lakeview Rd.	45344	New Carlisle	Greene
Gina McFarlane-El		X	Five Rivers Health Centers/all	360 Wilson Drive	45385	Xenia	Greene
Ashley Steveley		X	Greene County Public Health /all	360 Wilson Drive	45385	Xenia	Greene

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Sheryl Wynn		X	Greene County Public Health /all	360 Wilson Drive	45385	Xenia	Greene
Don Brannen		X	Greene Public Health/ all	360 Wilson Drive	45385	Xenia	Greene
Patricia Trumble		X	Kids Learning Place-Xenia/children	1369 Colorado	45385	Xenia	Greene
Melanie Hart		X	OSU Extension/all	100 Fairground	45385	Xenia	Greene
Rosi Mackey	X				45385	Xenia	Greene
Ashley Colmenero		X	Phamily	10921 Reed		Blue Ash	Hamilton
Lindsay Prescod	X		CDC Public Health Associate Program/all		45202	Cincinnati	Hamilton
James S. Berrens		X	Crossroad Health Center/all	5 E. Liberty	45202	Cincinnati	Hamilton
Jordan Oberndorfer		X	Crossroad Health Center/all	5 E. Liberty	45202	Cincinnati	Hamilton
Alfonso Cornejo		X	Hispanic Chamber/minority	625 Eden Park	45202	Cincinnati	Hamilton
Robert Brown		X	Homeless Coalition/low income	117 E. 12th St.	45202	Cincinnati	Hamilton
Marla Morse		X	Oral Health Ohio/all	200 W. 4th St.	45202	Cincinnati	Hamilton
Jayvon Howard		X	Women Helping Women/low income women	215 E. 9th St.	45202	Cincinnati	Hamilton
Kristin S. Shrimplin		X	Women Helping Women/low income women	215 E. 9th St.	45202	Cincinnati	Hamilton
Jorge Perez		X	YMCA/all	1105 Elm St.	45202	Cincinnati	Hamilton
Miriam Crenshaw		X	WinMed Health Services/all	1019 Linn St.	45203	Cincinnati	Hamilton
Yvette Casey-Hunter MD		X	WinMed Health Services/all	1019 Linn St.	45203	Cincinnati	Hamilton
Kayla Eaton		X	Santa Maria Community Services/all	Price Avenue	45204	Cincinnati	Hamilton

First and Last Name	Individual	Organization	Org. Name (if applicable) and populations represented	Street Address	ZIP	City	County
Della Orth	X		Cincinnati Public Schools		45206	Cincinnati	Hamilton
Ella Thomas			Health Care Access Now/all	2602 Victory	45206	Cincinnati	Hamilton
Corinya Pitts		X	J-RAB (Jurisdiction-wide Resident Advisory Board)/all	1601 Madison Rd	45206	Cincinnati	Hamilton
Diamond Bradford		X	J-RAB (Jurisdiction-wide Resident Advisory Board)/all	1601 Madison Rd	45206	Cincinnati	Hamilton
Jeff Sepate			Cincinnati Recreation Commision/all	3204 Woodburn	45207	Cincinnati	Hamilton
LiAnne Howard	X				45207	Cincinnati	Hamilton
Deacon Mike Cassani		X	Mercy Hospital West/all	3300 Mercy Health Blvd.	45211	Cincinnati	Hamilton
Sarah Sawmiller			Prevention FIRST!/youth	2100 Sherman	45212	Cincinnati	Hamilton
Andrea Brooks		X	City Link/all	800 Bank St.	45214	Cincinnati	Hamilton
Janice Sowell		X	Seven Hills Neighborhood Houses/ all low income	901 Findlay St.	45214	Cincinnati	Hamilton
Keith Schomaker		X	Higher Education Mentoring Initiative/all	260 E. University	45219	Cincinnati	Hamilton
Emanuel Brannon	X		Winton Hills Youth/youth	2415 W. Clifton	45219	Cincinnati	Hamilton
Jayson Douglas		X	University of Cincinnati LGBTQ Center/minority	Student Life Center	45221	Cincinnati	Hamilton
Steve Sunderland		X	Cancer Justice Network/low income and minorities		45223	Cincinnati	Hamilton
Billy Golden		X	Caracole/low income and minority	4138 Hamilton	45223	Cincinnati	Hamilton

First and Last Name	Individual	Organization	Org. Name (if applicable) and populations represented	Street Address	ZIP	City	County
Brittany Richardson		X	Caracole/low income and minority	4138 Hamilton Ave.	45223	Cincinnati	Hamilton
Jamie Leslie	X		University of Cincinnati/all		45223	Cincinnati	Hamilton
Erin Smiley	X				45223	Cincinnati	Hamilton
Alicia Tidwell		X	Health Care Access Now/all	2602 Victory	45226	Cincinnati	Hamilton
Prencis Wilson		X	City of Cincinnati Primary Care/all		45227	Cincinnati	Hamilton
Michaela Oldfield		X	Greater Cincinnati Regional Food Policy Council/all	5030 Oaklawn Dr.	45227	Cincinnati	Hamilton
Wade Johnston		X	Tri-State Trails Green Umbrella/all	5030 Oaklawn Dr.	45227	Cincinnati	Hamilton
Rashaan Anderson		X	Center for Closing the Health Gap/minorities	3120 Burnet Ave.	45229	Cincinnati	Hamilton
Vanessa Gentry		X	Center for Closing the Health Gap/minorities	3120 Burnet Ave., Ste. 201	45229	Cincinnati	Hamilton
Erin Saul		X	Cincinnati Children's Hospital Medical Center	3333 Burnet Ave.	45229	Cincinnati	Hamilton
Lamont Tubbs		X	Cincinnati Children's Hospital Medical Center/Children	3333 Burnet Ave.	45229	Cincinnati	Hamilton
La'Voya Behanan		X	Cincinnati Children's Hospital Medical Center/Children	3333 Burnet Ave.	45229	Cincinnati	Hamilton
Mona Monsour		X	Cincinnati Children's Hospital Medical Center/Children	3333 Burnet Ave.	45229	Cincinnati	Hamilton
Seleta Bishop		X	Cincinnati Children's Hospital Medical Center/Children	3333 Burnet Ave.	45229	Cincinnati	Hamilton

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Eric Washington			Cincinnati Health Department/all	3101 Burnet Ave.	45229	Cincinnati	Hamilton
Ashley Clos		X	The Christ Hospital Health Network/all	2130 Auburn Ave.	45229	Cincinnati	Hamilton
Jennifer Foster	X		The Community Builders - Health Champion/youth		45229	Cincinnati	Hamilton
Dan Maxwell		X	UC Health/all	3200 Burnet Ave.	45229	Cincinnati	Hamilton
Kristy Davis		X	UC Health/all	3200 Burnet Ave.	45229	Cincinnati	Hamilton
Audrey Scott	X				45229	Cincinnati	Hamilton
Carrie Douglas		X	Cincinnati Board of Health/all	7610 Reading Road	45237	Cincinnati	Hamilton
Barbara Tobias		X	Health Collaborative/all	11629 Mt. Holly	45240	Cincinnati	Hamilton
Jan Harper	X				45240	Cincinnati	Hamilton
Khrys Styles		X	The KASSIE Project/all	P.O. Box 46197	45246	Cincinnati	Hamilton
Lauren Brinkman	X		Cincinnati Health Department/all		45247	Cincinnati	Hamilton
Valerie Walker		X	NAMI (National Alliance on Mental Illness) -Urban Greater Cinti/all	1556 Blair Ave.	45247	Cincinnati	Hamilton
Mohammad Alam	X		Retired from Cincinnati Health Department		45249	Cincinnati	Hamilton

First and Last Name	Individual	Organization	Org. Name (if applicable) and populations represented	Street Address	ZIP	City	County
Noah Kling		X	Proud Scholars/minorities	P.O. Box 14901	45250	Cincinnati	Hamilton
Tammy Mentzel	X				45255	Cincinnati	Hamilton
Jun Ying			UC College of Medicine/all	3230 Eden Ave.	45267	Cincinnati	Hamilton
Tony Fairhead			Childhood Food Solutions/children			Cincinnati	Hamilton
Camille Jones		X	Cincinnati Health Department/all			Cincinnati	Hamilton
Mary Fairbanks		X	Cincinnati Health Department/all			Cincinnati	Hamilton
Brendan Faux		X	DSA			Cincinnati	Hamilton
Craig Davidson		X	Hamilton County Public Health/all			Cincinnati	Hamilton
April Moorman		X	Health Care Access Now/all			Cincinnati	Hamilton
André Williams		X	Mercy Health/all			Cincinnati	Hamilton
Sr. Cheryl Erb		X	Mercy Health/all			Cincinnati	Hamilton
Beth Hamon	X		Northern Kentucky University (NKU)/College Age Students			Cincinnati	Hamilton
Ishan Ghildyal		X	Phamily			Cincinnati	Hamilton
Stacey Barteston	X		Sisters of the Heart Network/Faith based community			Cincinnati	Hamilton
Sara Obando		X	Su Casa/Faith Based-Minority			Cincinnati	Hamilton
Giovanna Alvarez		X	Su Casa / Catholic Charities Southwest Ohio/Faith Based Community-Minority			Cincinnati	Hamilton

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Josh Arnold		X	Talbert House/all	2600 Victory		Cincinnati	Hamilton
Clardinia Green		X	TriHealth/all			Cincinnati	Hamilton
Toni Miller		X	Walnut Hills Area Council/all	2640 Kemper		Cincinnati	Hamilton
Kiana Trabue	X					Cincinnati	Hamilton
Jason Harris		X	LADD/adults			Cincinnati	Hamilton
Kristin Harmeyer		X	LADD/adults			Cincinnati	Hamilton
Daniel Noel	X		CareSource/ low income		45402	Dayton	Hamilton
Kristin Rolph	X		CareSource/low income		45402	Dayton	Hamilton
Maggie Biddle		X	Health Collaborative/all	534 Heritage	45030	Harrison	Hamilton
Josh Montgomery		X	Children's Hunger Alliance/Children	10945 Reed Hartman Highway, Suite 122	45242	Cincinnati	Hamilton & Montgomery
Dan Benson, Sr.		X	Star Pathways, LLC/all	5868 Alder Court	45044	Liberty Township	Hamilton & Montgomery
Chelsey Smith		X	Highland District Hospital/all	1275 N. High St.	45133	Hillsboro	Highland
Kelly Tolle		X	Highland District Hospital/all	1275 N. High St.	45133	Hillsboro	Highland
Jennifer Cline		X	Welcome House Street Outreach/ low income	1132 Greenup St.	41011	Covington	Kenton
Ellen Curtin		X	Rose Garden Center for Health & Healing/ low income	2020 Madison	41014	Covington	Kenton
Mark Wilson		X	St. Elizabeth/all	1 Medical Village	41017	Edgewood	Kenton
Sara Hamilton		X	St. Elizabeth Healthcare/all	1 Medical Village	41017	Edgewood	Kenton

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Scott Sedmak		X	St. Elizabeth Healthcare/all	1 Medical Village	41017	Edgewood	Kenton
Georgia Cooper	X				43311	Bellefontaine	Logan
Ashley Spence		X	Community Health & Wellness Partners of Logan County/all	4879 US Rt. 68 South	43357	West Liberty	Logan
Bruce Jamison		X	Piqua Police/all	100 N. Wayne St.	45356	Piqua	Miami
Nancy Horn		X	Samaritan Behavioral Health/all	280 Loomey Rd., Ste. 204	45356	Piqua	Miami
Janel Hodges		X	Miami Co. Public Health/all	510 W. Water St.	45373	Troy	Miami
Alisha Barton		X	OSU Extension/all	201 W. Main St.	45373	Troy	Miami
Matthew Ruemping		X	Joshua Recovery/faith based community			Troy	Miami &
Kim McGuirk		X	Tri County Board/all	1100 Wayne St., Ste. 4000	45373	Troy	Miami, Darke & Shelby
Molly Hallock		X	Kettering Health Network/all	2145 N. Fairfield		Beavercreek	Montgomery
Noelle Dayoub		X	Fairhaven Church/faith based community	2482 Sycamore Hills Drive	45459	Centerville	Montgomery
Shirley Fuchs		X	Fairhaven Church/faith based community	637 E. Whipp Rd.	45459	Centerville	Montgomery
Jamie Campbell		X	Sinclair Community College/ college Age Students	37 Meeting House Road	45459	Centerville	Montgomery
Benette Decoux	X				45315	Clayton	Montgomery

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Jane Keiffer		X	Artemis Center/all	310 W.	45402	Dayton	Montgomery
Shanise Wade		X	Community Health Centers of Greater Dayton/all	1323 W. 3rd St.	45402	Dayton	Montgomery
Marty Heidi			Cong. Mike Turner/all	120 W. 3rd St.,	45402	Dayton	Montgomery
David Gerstner		X	Dayton Fire Dept/ Dayton MMRS/all	300 N. Main St.	45402	Dayton	Montgomery
Trudy Elder		X	Homefull/low income	33 W. 1st St.	45402	Dayton	Montgomery
Jo Mikesell		X	Miami Valley Child Development Centers/Children	215 Horace	45402	Dayton	Montgomery
Cameron Walker		X	Miami Valley Urban League/all	907 W. 5th St.	45402	Dayton	Montgomery
Heather Koehl		X	Montgomery County Educational Service Center/ Prek-12 grade children	200 S. Keowee	45402	Dayton	Montgomery
Linda Stagles		X	NAMI Montgomery County/all	409 E. Monument Ave., Suite 2	45402	Dayton	Montgomery
Diane Ewing		X	Premier Health/all	110 N. Main St	45402	Dayton	Montgomery
Shaun Hamilton		X	Premier Health/all	110 N. Main St.	45402	Dayton	Montgomery
Gwen Helton		X	Sinclair Community College/ College age students	444 W. Third St.	45402	Dayton	Montgomery
Michelle Cox		X	Sinclair Community College/ College age students	444 W. Third St.	45402	Dayton	Montgomery

First and Last Name	Individual	Organization	Org. Name (if applicable) and populations represented	Street Address	ZIP	City	County
Ali Schulze		X	YMCA of Greater Dayton	118 W. First St., Ste.	45402	Dayton	Montgomery
Tia Lurie		X	YWCA Dayton	141 W. 3rd St.	45402	Dayton	Montgomery
Dion Sampson	X				45402	Dayton	Montgomery
Alfredo Avila-Sanchez	X				45403	Dayton	Montgomery
Andi Hock	X				45403	Dayton	Montgomery
Matthew Noordsij-Jones	X				45403	Dayton	Montgomery
Nick Violet	X				45403	Dayton	Montgomery
Rev. Joy Simpson	X				45403	Dayton	Montgomery
Stacy Sandberg	X				45403	Dayton	Montgomery
Sherri Kavanaugh	X				45405	Dayton	Montgomery
Michelle Randall		X	Good Samaritan Hospital Premier Health Ministries/all	2200 Philadelphia Dr., Suite 444	45406	Dayton	Montgomery
Monica Sutter		X	Premier Health/all	2222 Philadelphia Dr.	45406	Dayton	Montgomery
Hunter Cardwell	X				45406	Dayton	Montgomery
Lydia Rose Radcliffe	X				45406	Dayton	Montgomery
Quiana Bickham	X				45406	Dayton	Montgomery
Tiffany Brion	X				45406	Dayton	Montgomery
Bobbi Young	X				45409	Dayton	Montgomery
Danny Gillian	X				45409	Dayton	Montgomery

First and Last Name	Individual	Organization	Org. Name (if applicable) and populations represented	Street Address	ZIP	City	County
Esther Grayson	X				45407	Dayton	Montgomery
Linda Lopez			Pfizer/all	3341 Beaumonde Lane	45409	Dayton	Montgomery
John Miller		X	Reach Out/low income	25 E. Foraker	45409	Dayton	Montgomery
Sharon Sherlock		X	Reach Out/low income	25 E. Foraker	45409	Dayton	Montgomery
Darlene Cain Smith	X				45409	Dayton	Montgomery
David Tobias	X				45409	Dayton	Montgomery
Deborah Jo Thomas	X				45409	Dayton	Montgomery
Diane Stillwill	X				45409	Dayton	Montgomery
Gerry Williams	X				45409	Dayton	Montgomery
James Jeffery	X				45409	Dayton	Montgomery
Jane Behr	X				45409	Dayton	Montgomery
Mary E. Ocampo	X				45409	Dayton	Montgomery
Nancy Lobel	X				45409	Dayton	Montgomery
Paul Murray	X				45409	Dayton	Montgomery
William Wellmeier	X				45409	Dayton	Montgomery
Keisha Anderson	X	X	Eastway Behavioral/all	600 Wayne Ave.	45410	Dayton	Montgomery
Kevin McGhee		X	Central State University Extension/all	525 Valley Oak	45415	Dayton	Montgomery
Becki Ravencraft		X	Help Me Grow/ Children	1133 S. Edwin C. Moses	45417	Dayton	Montgomery
Mike Flannery		X	MonDay Community-Based Correctional Facility/adults	1951 S.	45417	Dayton	Montgomery
Robbie Brandon		X	Sunlight Village/ Children and young adults	3320 W. Third St.	45417	Dayton	Montgomery

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Mark Asbrock	X				45417	Dayton	Montgomery
Ndidi Achebe	X				45417	Dayton	Montgomery
Hannah Miller	X				45419	Dayton	Montgomery
Greg Singer		X	Common Pleas Court/ all	41 N. Perry Street	45422	Dayton	Montgomery
Geraldine Pegues		X	Montgomery County/all	451 W. Third St.,	45422	Dayton	Montgomery
Jerry Mallicoat		X	Public Health/all	117 S. Main St.	45422	Dayton	Montgomery
Jean de Dieu Mukunzi	X				45424	Dayton	Montgomery
Wendie Jackson		X	Cornerstone Project/Faith Based	4124 Lincoln	45432	Dayton	Montgomery
Duane Stansbury	X				45449	Dayton	Montgomery
Jane Eckels		X	Alzheimer's Association Miami/ Valley/Adults	31 W. Whipp	45459	Dayton	Montgomery
Bob Stoughton		X	Fitz Center/Adult		45469	Dayton	Montgomery
Shawn Imel		X	GDAHA/all	241 Taylor Street		Dayton	Montgomery
Teresa Russell		X	Montgomery County Sheriff's Office/all	330 W. 2nd St.		Dayton	Montgomery
Colleen Smith		X	Samaritan Behavioral Health/all			Dayton	Montgomery
Jennifer Bush		X	Sinclair Community College/ College Age Students			Dayton	Montgomery
Jill Ginter		X	Sinclair Community College/ College Age Students			Dayton	Montgomery
Kim Ludgate		X	Sinclair Community College/ College Age Students			Dayton	Montgomery
Laneisha Gardner		X	Sinclair Community College/ College Age Students	73 Crown Ave.		Dayton	Montgomery

First and Last Name	Individual	Organization	Org. Name (if applicable) and populations represented	Street Address	ZIP	City	County
Jordan Dotson		X	Wright State University Hall Hunger Initiative/College Age Students			Dayton	Montgomery
Jacqueline Slate	X					Dayton	Montgomery
Marie Walters	X					Dayton	Montgomery
Randy Phillips	X					Dayton	Montgomery
Sandy Daugherty	X					Dayton	Montgomery
Sharon Hawkins	X					Dayton	Montgomery
Tiffany Pullen	X				45405	Dayton	Montgomery
Abevukunola Arowosegbe							
Austin Railey	X				45406	Dayton	Montgomery
Reginald Henderson	X				45406	Dayton	Montgomery
Ja'net Graham	X				45417	Dayton	Montgomery
Jonathan D. Meyer	X				45417	Dayton	Montgomery
Sharon Rhodes Hawkins		X	Gem City Market / Ohio Nurses Association Dist. 10/ all	830 Union Blvd., #104	45322	Englewood	Montgomery
Angy El-Khatib	X				45322	Englewood	Montgomery
Yvette Dorsey-Benson		X	Star Pathways, LLC/ all	5868 Alder Court		Liberty Township	Montgomery
Kyle Shaw		X	Whole Truth Ministries/ Faith Based Community	709 Kercher Street	45342	Miamisburg	Montgomery
J. Cumming	X				45342	Miamisburg	Montgomery
Elizabeth Evans		X	Clark County Combined Health District/all	125 E. Pugh Dr.	45066	Springboro	Montgomery
Joy Tufano	X				45416	Trotwood	Montgomery

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Lorrie A. Tufano	X				45416	Trotwood	Montgomery
Stephanie Kellum	X				45426	Trotwood	Montgomery
Tiffany Brown	X				45426	Trotwood	Montgomery
Shawna Smith-Patton	X				45406	Upper Dayton View	Montgomery
Tom Reed	X				45377	Vandalia	Montgomery
David Morse	X				45414		Montgomery
Stacey Smith		X	Sinclair Community College/College Age Students				Montgomery
Stacey Thomas		X	Sinclair Community College/College Age Students				Montgomery
Aaron Glett	X						Montgomery
Chad Jaenke	X						Montgomery
Jeanette Caden	X						Montgomery
Johnson Rukunao	X						Montgomery
Karen Torres	X						Montgomery
Maria Garcia	X						Montgomery
Marsha Russell	X						Montgomery
Micah Bidwell	X						Montgomery
Reveco Hernandez	X						Montgomery
Sonia Trejo	X						Montgomery
Stefan Voss	X						Montgomery
Sylvia Neverest	X						Montgomery
Maddy Ketcham		X	Area Health Education Center/ Prek-12 grade students		47006	Batesville	Ripley

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Taylor Meyers		X	Area Health Education Center/ Prek-12 grade students	13 E. George St.	47006	Batesville	Ripley
Rose Gauck	X	X	Highpoint Health/all	1843 N. Cord, 450E	47031	Milan	Ripley
Tina Butt		X	Highpoint Health/all	960 Doesprings Dr.	47041	Sunman	Ripley
Jane Yorn		X	Safe Passage/all	P.O. Box 235	47006	Batesville	Ripley & Dearborn
Mark Cardosi		X	Southeastern Ohio Legal Services/ low income	800 Gallia St., Ste. 700	45662	Portsmouth	Scioto
Sheila Lundy		X	Samaritan Works/ faith based community	130 N. Main Ave.	45365	Sidney	Shelby
Steven Tostrick		X	Sidney-Shelby Co. Health Dept./all	202 W. Poplar	45365	Sidney	Shelby
David O'Leary		X	Sidney-Shelby Co. YMCA/all	300 E. Parkwood	45365	Sidney	Shelby
Fred Simpson		X	Wilson Health/all	695 Winding Ridge	45365	Sidney	Shelby
Stephanie Dunkle-Blatter			Wilson Health / Shelby County Surgical/all	915 Michigan St., Ste. 202	45365	Sidney	Shelby
Greg Kennebeck		X	Wilson Hospital/all	915 Michigan St.	45365	Sidney	Shelby
Kay Copeland	X				45365	Sidney	Shelby
Kim McGuirk		X	Tri County Board/all				Shelby
Jonathan Westendorf		X	City of Franklin Division of Fire & EMS/all	45 E. 4th St.	45005	Franklin	Warren
Russ Whitman		X	Franklin Police Department/all	400 Anderson St	45005	Franklin	Warren

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Brianna Higgins		X	Miami University/College Age Students	1008 Country Creek Dr.	45036	Lebanon	Warren
Jerri Langworthy		X	United Way Warren County/all	3989 US 42	45036	Lebanon	Warren
Ryan Cook		X	Warren County Regional Planning Commission/all		45036	Lebanon	Warren
Julie Knueven		X	Solutions/Children	50 Greenwood Ln	45066	Springboro	Warren
Barbara Adams Marin		X	Solutions CCRC/Children	50 Greenwood Ln	45066	Springboro	Warren
Larry Hollingshead		X	Premier Health/all				Warren
Kristy Davis		X	UC Health/all				Warren