

2024 Community Health Assessment Washington County, Ohio

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Sponsored by

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Introduction

The Purpose

The goal of a Community Health Assessment (CHA) is to provide an accurate view of the health status, needs, and resources of Washington County, Ohio. The CHA combines information collected from local, state, and national sources into one document. The information in this report can help communities recognize areas of strength and areas of greatest need. The CHA serves as a data-driven foundation to guide action plans to improve the health of our residents. The assessment results are used to guide community health program planning, the coordination of community resources, policy changes, funding opportunities, as well as individual and group behaviors. In short, the CHA is a powerful tool in our efforts to improve health.

The Process

The CHA was created through the collaborative efforts of public health partners across Washington County. This group of partners, named WashCo Health Partners, began the planning process for this CHA in 2022. Lead partners in the group include the Washington County Health Department, Memorial Health System, and Marietta/Belpre Health Department. These lead partners activated connections through the local public health system and within the community to engage as many stakeholders as possible in the process. A best practice approach, Mobilizing for Action through Planning and Partnerships (MAPP), was used to complete the CHA. This process is designed to fulfill the requirements for the Hospital Systems' Community Health Needs Assessment (CHNA) and the Local Health Departments' (LHD) Community Health Assessment (CHA). See Appendix A for details.

Executive Summary

The Pursuit of Health

“Alone we can do so little; together we can do so much.” – Helen Keller

This Community Health Assessment (CHA) evaluates our community’s overall health. Health can be affected by many factors including the income and resources you have, your genetics, the neighborhood you live in, and your lifestyle and habits. Looking across an entire community to better understand who is thriving and who is struggling with good health allows us to better understand the root causes of both health and sickness. We can recognize what strategies are working and what needs to change to improve health outcomes for all residents.

Community members and local health system partners have been deeply engaged in creating this Community Health Assessment - listening, researching, offering experiences and insights through surveys, meetings, and discussion groups. After reading and reflecting on the information in the CHA, we collaborate to identify key priorities on which to focus our energy and resources. These priorities guide a Community Health Improvement Plan (CHIP) for Washington County, which is an action plan to address these key focus areas. These areas become rallying points for the community to collectively improve health over the next three years. With clarity, purpose, and a great deal of coordination amongst community partners, we can make a difference in ways that matter.

The Priorities

As a result of this research, three priority areas emerged of relatively equal importance:

- Priority Area 1: Mental/Behavioral Health and Addiction
- Priority Area 2: Prevention and Management of Chronic Disease
- Priority Area 3: Access to Healthcare and Healthcare-Related Programs

Within these priority areas, there are populations that tend to be vulnerable to more negative health outcomes in certain situations. These populations will be prioritized in efforts to improve health:

- Priority Population 1: People Living in Poverty
- Priority Population 2: People Living in the “Gap”
- Priority Population 3: Children and Youth
- Priority Population 4: Older Adults
- Priority Population 5: People with Disabilities
- Priority Population 6: Veterans
- Priority Population 7: People Living in High Vulnerability Zone Neighborhoods
- Priority Population 8: People Living with Addiction

These priority areas are very similar to those that have emerged in the two most recent versions of the CHA. The good news is that our intentional efforts are making a difference, but change takes time and ongoing commitment. The strategies that we implement collaboratively across Washington County will continue to build upon the foundations created by past efforts.

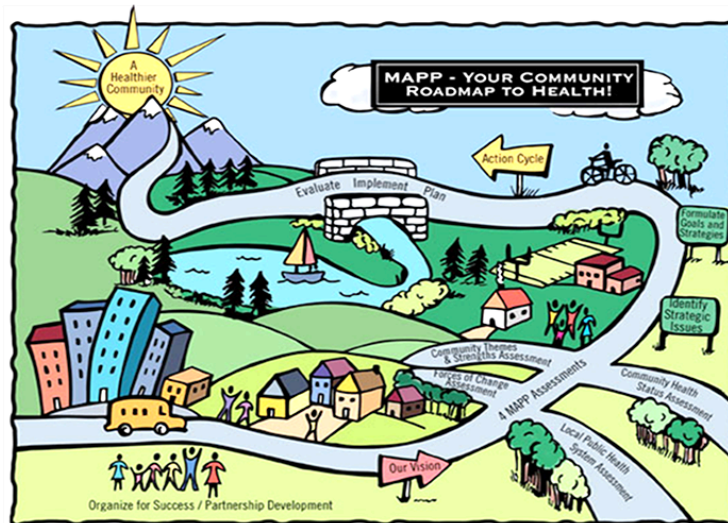
Throughout this report, you will note many positive points of pride for our community. For example, we have a strong network of social organizations and community groups, we have lower rates of crime than many other communities, and we have made strides in improving access to healthy food, physical activity, and healthcare services over the past few years. These points of pride will help us as we work to overcome challenges that stand in the way of optimal health for all Washington County residents.

“There is no power for change greater than a community discovering what it cares about.”

- Margaret J. Wheatley

Mobilizing for Action through Planning and Partnerships Approach

The Mobilizing for Action through Planning and Partnerships (MAPP) Approach was used to create the CHA. It is a nationally recognized, best practice for community health assessment and improvement planning. The ultimate goal of MAPP is a healthier community.



Source: National Association of City and County Health Officials

Phases

MAPP has six phases described below:

1. **Organizing**
Identifying who should be part of the process and organizing next steps
2. **Visioning**
Collaborating to create a shared vision
3. **Assessments**
Use of assessments specifically designed to provide a clear view of the community
4. **Identify Strategic Issues**
Analysis of assessment results to identify the most pressing strategic issues
5. **Formulate Goals and Strategies**
Creating an action plan for addressing those strategic issues
6. **Action Cycle**
Implementing and evaluating the action plan in a continuous cycle

Making Sense of the Assessments

The assessments used in the MAPP process collectively provide a picture of the health of our community. The WashCo Health Partners convened local agencies representing a variety of sectors of the community to plan and provide input on how to best reach community members and other local health system partners. The assessments were completed in 2024 using a combination of in-person community meetings, online and written surveys, and the collection of data from existing secondary data sources. The results can be read in any order that interests you.

- **Community Health Status Assessment (CHSA)** - Data collected from existing local, state, and national sources about health status in Washington County
- **Community Health Survey (CHS)** - Survey completed by Washington County community members that combines the two assessments below
 - **Community Themes and Strengths Assessment (CTSA)** - Collects information on key factors, barriers, and resources for living a healthy life in Washington County
 - **Forces of Change Assessment (FOCA)** - Collects open-ended responses on the impact of upcoming changes on health in Washington County
- **Local Public Health System Assessment (LPHSA)** - Survey completed by local health system partners to assess the functioning of our local health system in Washington County

Social Determinants of Health

Social determinants of health are a variety of conditions that impact health outcomes such as income, education level, the environment in which you live, and many others. The Community Health Status Assessment data is organized by social determinants of health. There is a brief section explaining the social determinants of health next, followed by a summary of key findings.

Social Determinants of Health

What are social determinants of health (SDOH)?

The U.S. Department of Health and Human Services (2021) defines **social determinants of health** (SDOH) as “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”



United States Department of Health & Human Services

These determinants have a powerful impact on people’s health, well-being, and quality of life. Some examples of conditions that lead to healthier outcomes are listed below:

- Safe housing, transportation, and neighborhoods
- Lack of racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Cleanliness of air and water
- Language and literacy skills

These are known as “upstream” factors that may impact the “downstream” outcomes like whether or not you suffer from lung disease or obesity, for example.

What are health disparities?

Social determinants of health also help us understand why people may experience different health risks and outcomes. These differences in health outcomes among specific populations are called **health disparities**. For example, people without access to grocery stores with healthy foods are less likely to have good nutrition which raises their risk of health conditions like heart disease, diabetes, and obesity. People who live in neighborhoods with unsafe sidewalks and higher crime are less likely to be physically active. Those without access to a steady income are less likely to have quality health care coverage leading to less preventative care. People who experience high rates of discrimination are more likely to develop a variety of stress related health issues.

Promoting healthy individual choices alone will not eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments. The CHSA provides an opportunity to look more closely at the differences in health status within our community to better understand the underlying factors that lead to poorer health outcomes. Then, we can work to reduce those burdens through policy change, community collaboration, and a stronger engagement with vulnerable populations.

Key Findings

Key Findings

This section provides a summary of key findings based on review of the data contained within this Community Health Assessment (CHA).

Criteria for Identifying Priority Areas

The results of this entire report were reviewed to identify key priority areas of focus to improve health in Washington County. The priority areas were identified using the following criteria:

1. **Magnitude:** What proportion of the population is impacted by this health issue?
2. **Seriousness:** Is the health issue considered serious with regard to morbidity (i.e. illness/disease) and mortality (i.e. death)? Is it a particularly urgent or emergent issue?
3. **Feasibility:** Can the health issue be feasibly addressed, given the community's capacity, resources, and timeline? Are there effective solutions available?
4. **Disparities:** Does the health issue disproportionately impact particular groups (e.g. by gender, race, age), sub-populations, or geographic areas?
5. **Alignment:** To what extent does the health issue align with priorities outlined in other strategic planning programs, including the Ohio State Health Improvement Plan and Healthy People 2030?

Priority Areas

The three priority areas that were identified based review of the data are listed below:

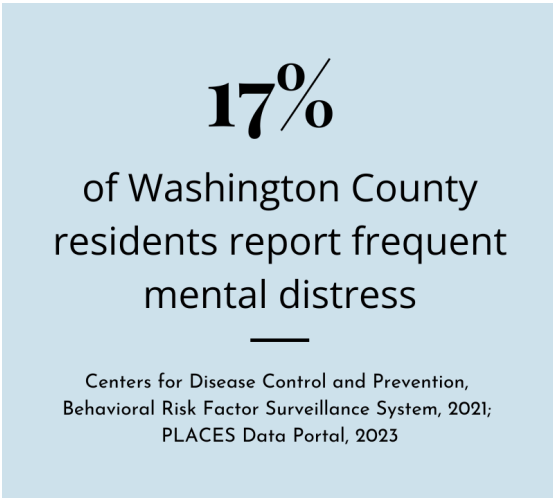
1. Mental/Behavioral Health and Addition
2. Prevention and Management of Chronic Disease
3. Access to Healthcare and Healthcare Programs

These priority areas are not rank ordered. Each of these priority areas is summarized briefly in the key findings sections. References to data that are related to each area are presented; however, these references are brief. The full report contains greater depth and explanation of the data that led to these conclusions.

Key Findings

Mental/Behavioral Health and Addiction

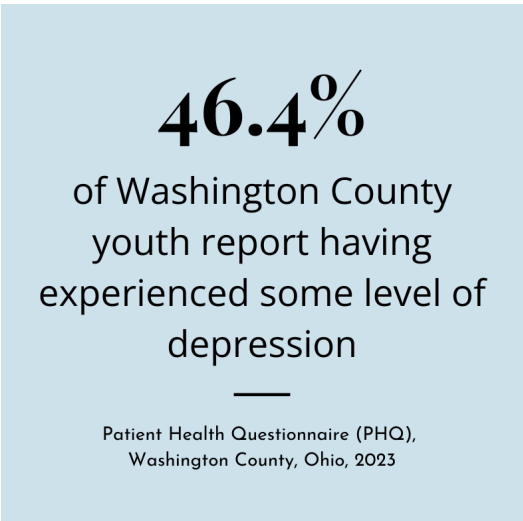
Mental health includes our emotional, psychological, and social well-being (Centers for Disease Control and Prevention, 2024). The way we think, feel, and act are all influenced by our mental health. It also impacts how we handle stress, relate to others, and make choices about our health. Mental and physical health are connected. For example, depression increases the risk for many types of physical health problems, like diabetes, heart disease, and stroke. Chronic physical problems can also lead to mental illness.



Behavioral health is a general term that refers to understanding how mental health, lifestyle, patterns of behavior, substance use, stress related illness and other factors are interrelated and can impact health outcomes (Centers for Disease Control and Prevention, 2024). Mental and behavioral health care can help support people in managing and improving their health.

Mental health can change over time depending on particular challenges and resources to cope. Mental health is important from childhood through adulthood. The Centers for Disease Control and Prevention (2024) documents that there is not a single cause for poor mental health though certain factors contribute, such as

- Adverse Childhood Experiences (ACEs), such as trauma or a history of abuse (for example, child abuse, sexual assault, witnessing violence, etc.)



- Ongoing medical conditions, such as cancer or diabetes
- Biological factors or chemical imbalances in the brain
- Use of alcohol or drugs
- Having feelings of loneliness or isolation

Outcomes of poor mental/behavioral health can include

- Higher risk for substance abuse including tobacco, alcohol, and drugs
- Higher risk for suicide or accidental drug overdose
- Higher risk for physical conditions and diseases

These outcomes are evident in our community.

18.7%

of Washington County adults aged 18 years and over report binge drinking of alcohol

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance, 2021

ACEs

Washington County youth experience higher percentages of abuse and trauma within their families and homes than other youth across Ohio

Ohio Healthy Youth Environments Survey (OhYes!), 2019-2020

23.2%

of Washington County adults aged 18 years and over currently smoke - a rate much higher than the state of Ohio (19.3%) or nation (13.8%)

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2021

In the 2024 Community Health Survey, **Washington County residents selected substance use problems and mental health problems as the top two most pressing health concerns.** Our 2021 CHA also documented these issues as top concerns. Local public health groups and agencies have been working to improve mental health care through raising awareness and reducing stigma around seeking care, improving continuity

of care, implementing harm reduction strategies with substance users, and prevention efforts. These efforts need to continue as the COVID-19 pandemic further exacerbated these problems.

The **Social Determinants of Health** can be traced to mental and behavioral health outcomes. While biological factors play a role, social determinants are powerful as well, including economic stability, education level, access to care, the neighborhood you live in, and your level of social support. Certain **populations** are also more vulnerable to poor mental health and subsequent negative outcomes. These populations include children and youth, people living in poverty, people living in the “gap” with low income but ineligible for government assistance, and Veterans. People with chronic medical conditions may also experience additional stressors that can contribute to poor mental/behavioral health. Finally, improving support for people in recovery is vital.

16.4

average rate of suicide per year in Washington County compared to 15.1 in Ohio and 14.5 in the US (per 100,000)

Centers for Disease Control and Prevention,
National Vital Statistics System, 2018-2022

39.9

average number of unintentional drug overdose deaths in Washington County per year (adjusted per 100,000 population)

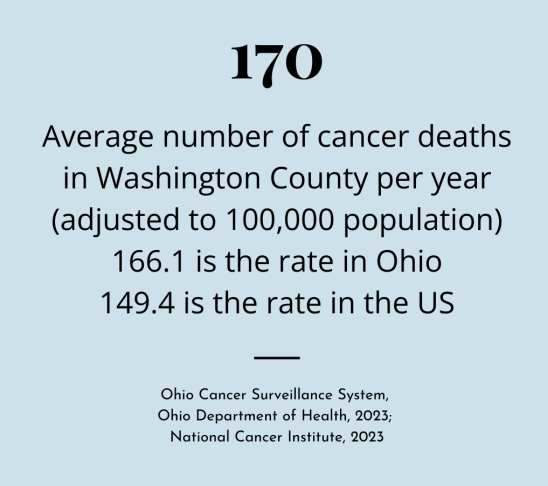
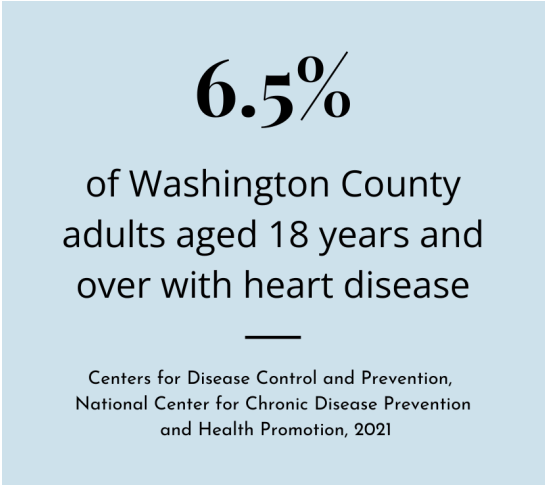
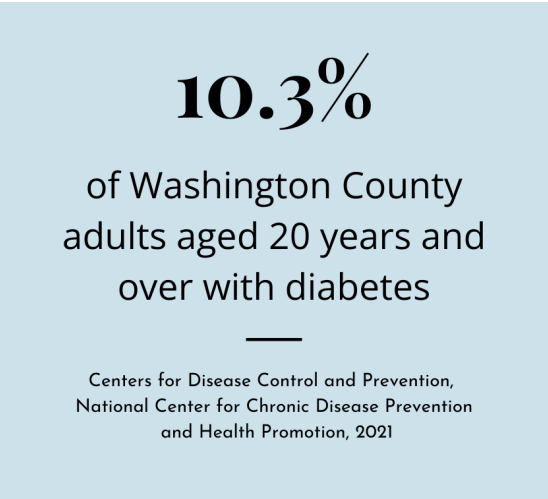
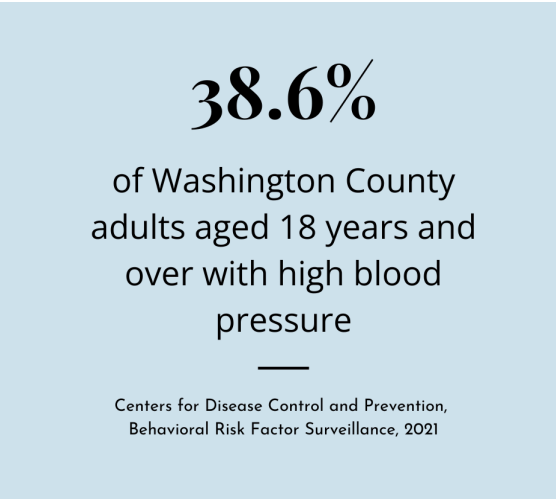
Ohio Department of Health,
Bureau of Vital Statistics and Violence Injury
Epidemiology and Surveillance Section, 2023

Key Findings

Prevention and Management of Chronic Disease

Chronic diseases are those that tend to last a year or more, need ongoing medical attention, and/or limit daily living (Centers for Disease Control and Prevention, 2024). Chronic diseases like heart disease, cancer, and diabetes are the leading causes of death and disability in the United States. Much of this suffering is preventable.

In Washington County, we experience higher rates of heart disease, diabetes, high blood pressure and deaths due to cancer than the state of Ohio or the nation.



Certain behaviors like smoking, poor nutrition, physical inactivity, and excessive alcohol use contribute to the development or worsening of these diseases. Recognizing the connection between these risk behaviors and long term disease and disability is important. Yet, it is not as simple as individual behavior change. Many **social determinants of health** have an impact on these behaviors and outcomes including factors like income to buy healthy food, the walkability and safety of the neighborhood you live in for physical activity, social support to buffer stress and coping challenges, and education levels to understand health education materials and programs. Hence, a focus on **populations** who have a low income, low education level, low social support, those who live in high vulnerability neighborhoods with poor walkability/safety, older adults, and those who live in food insecure households or food desert census tracts will improve outcomes.

These concerning outcomes have been at the forefront of local public health system efforts, and progress is being made. The 2021 CHA and CHIP identified focus areas and strategies that have been implemented. Education strategies and programming related to nutrition, physical activity, health screening, and disease management continue to grow. Policies have been implemented and environmental changes made to improve access to healthy food and more accessible opportunities for physical activity. This work needs to continue.

23.2%

of Washington County adults aged 18 years and over currently smoke - a rate much higher than the state of Ohio (19.3%) or nation (13.8%)

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2021

27.1%

of Washington County adults aged 20 years and over report no time for physical activity or leisure

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2021

42.2%

of Washington County
adults aged 20 years and
over are obese compared
to 35.2% in Ohio and 30.1%
in the nation

—
Centers for Disease Control and Prevention,
National Center for Chronic Disease Prevention
and Health Promotion, 2021

533

Average number of new cases of
cancer in Washington County per
year (adjusted to 100,000
population)

465.3 is the rate in Ohio
438.7 is the rate in the US

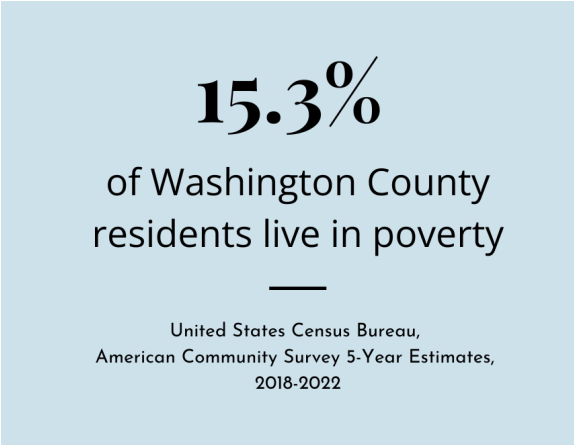
—
Ohio Cancer Surveillance System,
Ohio Department of Health, 2023;
National Cancer Institute, 2023

Key Findings

Access to Healthcare and Healthcare Programs

Access to healthcare and healthcare programs is a foundational component of a person’s health and well-being. Healthcare access can include having insurance and/or being able to receive care from a primary care provider, medical specialists, dental care, medications, treatment support, health education programs and information, and much more.

Health equity is the attainment of the highest level of health for all people (Centers for Medicare and Medicaid Services, 2024). This can only be accomplished with better access to



healthcare for all. Barriers to access can be related to literacy/understanding, finances, trust, transportation, or physical access to certain locations or forms of communication (such as social media and the internet). Certain **populations**, particularly those with a low income, children living in poverty, those with a low education level, older adults, and those living in more remote areas, tend to have more barriers to accessing the healthcare they need.

The local public health system (made up of health departments, hospitals, clinics, public safety, and countless agencies and groups dedicated to improving health and well-being) has developed resources, programs, and services to address the challenges unique to our community. The following are strategies to improve access to healthcare in our community:

- Increase communication between the local public health system and the public
- Increase communication between local public health system partners
- Implement strategies to overcome financial barriers to healthcare access
- Develop programs and services to fill gaps in healthcare

Communication

With the Public

Efforts to communicate with the public about opportunities that are available have improved use of health education classes, screenings, transportation, and family and health support services. However, there is still much work to be done to aid the public in understanding what services are available, who is eligible, and how they can access those opportunities. Continuing to build relationships and trust with the public through effective communication at all levels - interpersonal, group, organizational, and mass/marketing - is critical to boosting participation and improving health outcomes. **Health literacy** also plays a large role. Health literacy is the ability of an individual to find, understand, and use information and services to inform health-related decisions and actions for themselves and others (Centers for Disease Control and Prevention, 2024). Most health information is difficult to understand, particularly for populations with lower literacy and education levels. Nine out of ten people across the United States struggle with health literacy (Centers for Disease Control and Prevention, 2024). Most health information is written at a college level. Healthy People 2030 has a variety of national goals to improve health literacy. For example, using plain language in advertisements and descriptions of health issues and programs. Another strategy is training doctors to have patients explain their understanding of their health issues back to the doctor. This is done to make sure the patient has the information needed to make the best decision for their care.

Across Local Public Health System Partners

Each partner in the local public health system contributes to advancing health in targeted ways. For example, some organizations are more focused on improving health through nutrition, others on treatment of disease, still others on family well-being, etc. While each contributes to the vital functioning of our community, it is challenging to maintain strong coordination amongst partners to ensure they are each aware of what other programs and services are doing. Moreover, greater knowledge of how to easily help people navigate the different options available is needed. When comparing the results of our 2021 Local Public Health System Assessment to 2024, it is evident that there is incremental growth in how

well system partners deliver essential public health services to Washington County. Continuing that momentum will boost the number of people knowledgeable about and linked to services to more effectively meet community needs.

Financial Barriers

There is also a financial reality - healthcare is costly and a key part of having access requires a strong income or adequate public assistance. **The Washington County 2024**

Community Health Survey identified a low income as the greatest barrier to health for people in our community. Residents

also selected “Money to Pay for Healthcare/Insurance” as the leading resource they had to support good health. Importantly, not all health insurance provides enough coverage to meet needs. Many people experience the challenge of being “underinsured” and unable to pay out of pocket costs in spite of having insurance. When anticipating upcoming changes, residents noted strong concerns about the increased cost of living on health outcomes and potential changes to rights, funding, and policies concerning health in the upcoming presidential election year. In short, attention to improving employment participation, fair pay, evaluation of eligibility guidelines for financial assistance programs, and policy change is key.

6.7%

of Washington County residents do not have health insurance

—
United States Census Bureau,
American Community Survey 5-Year Estimates,
2018-2022

27%

of Washington County residents receive Medicaid/CHIP

—
Ohio Department of Medicaid, December 2023;
Centers for Disease Control and Prevention, December 2023

Program and Service Development

In addition to improving access to existing healthcare and programs, another key goal in this area is development of care opportunities including increasing the number of healthcare providers, and creating tailored programs and policies to address community needs. For example, increasing the number of healthcare providers in specialty areas like pediatrics, OB/GYN, neurology, oncology, cardiology, urology, endocrinology, and rheumatology. The 2021 CHA and CHIP also identified a need to increase primary care providers, mental health providers, and access to dental care. Transportation services and effective healthcare appointment scheduling/reminder systems were also identified. Local public health system partners have been working to address these needs and continue to refine systems to improve effectiveness.

501

Average number of patients seen per year by each mental health provider in Washington County (compared to an average of 346 patients per year for mental health providers across Ohio)

Robert Wood Johnson County Health Rankings, 2022

253.1

Active primary care providers in Washington County (adjusted per 100,000 population) compared to 297.3 in Ohio and 278.5 in the US

United States Department of Health & Human Services,
Centers for Medicare & Medicaid Services,
National Plan and Provider Enumeration System,
September 2023

Community Health Status Assessment (CHSA)

Community Health Status Assessment (CHSA)

The Goal

The goal of the CHSA is to answer the following questions about Washington County, Ohio: **"How healthy are our residents?"** and **"What is the health status of our community?"**

To answer these questions, health data has been collected from a number of sources including the United States Census Bureau, United States Centers for Disease Control and Prevention, United States Department of Health and Human Services, Ohio Department of Health, Robert Wood Johnson Foundation, and Washington County agencies.

Comparisons

Throughout the report, you will find information on Washington County compared to Ohio and the United States. This allows us to see where we are healthier than the averages for the state or nation and where we are less healthy. You will also find notes on Healthy People 2030 goals where they are relevant. **Healthy People 2030** is a national program that sets goals to improve health and well-being over the next decade. To learn more visit <https://health.gov/healthypeople>.

The Roadmap

First, this section provides information on the population characteristics of Washington County. Next, it reports on a variety of health factors that impact health and well-being, such as economic stability, education access, and healthcare access among others. Finally, it covers behavioral risk factors, maternal and child health, chronic disease, communicable disease, and causes of mortality in our community.

Population Characteristics of Community

Population & Density

Washington County has a population total of 59,639 people living in the 631.97 square mile area. The population density for this area is estimated at 94.4 persons per square mile. Marietta and Belpre are the two largest cities in Washington County.

**Population & Density
Estimated - 2018-2022**

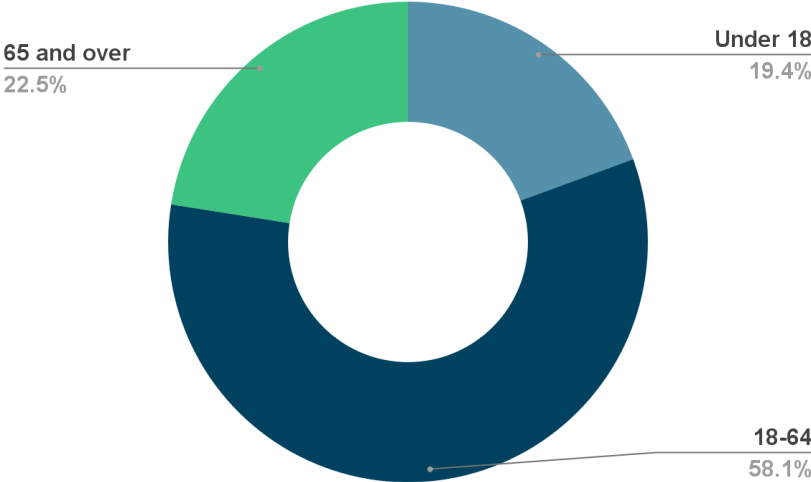
| Report Area | Total Population | Total Land Area (Square Miles) | Population Density (Per Square Mile) |
|-------------------|------------------|--------------------------------|--------------------------------------|
| Washington County | 59,639 | 632 | 94.4 |
| Marietta City | 13,366 | 8.4 | 1,585.7 |
| Belpre City | 6,690 | 3.5 | 1,919.7 |

United States Census Bureau, American Community Survey 5-Year Estimates, 2018-2022

Age

Washington County, Ohio has a lower percentage of persons under the age of 18 and higher percentage of persons 18 and older than the state or nation.

Population by Age



The median age was reported as 44.1 years in Washington County, compared to 39.4 years overall in the State of Ohio and 39.9 years in the United States as a whole. Individuals aged 65 years or older represent a larger portion of the population in Washington County than in all of Ohio or in the United States.

**Population by Age & Sex
Estimated - 2018-2022**

| | Washington County | Marietta City | Belpre City | Ohio | United States |
|---------------------------|-------------------|---------------|-------------|-------|---------------|
| Persons under 5 years | 4.7% | 5.6% | 4.9% | 5.6% | 5.6% |
| Persons under 18 years | 19.4% | 17.7% | 19.4% | 21.8% | 21.7% |
| Persons 18-64 | 58.1% | 59.5% | 56.8% | 60.4% | 61.4% |
| Persons 65 years and over | 22.5% | 22.9% | 23.9% | 18.4% | 17.3% |
| Female Persons | 50.6% | 50.4% | 51.3% | 50.6% | 50.4% |
| Male Persons | 49.4% | 49.6% | 48.7% | 49.4% | 49.6% |

*Note that the Census Bureau reports Persons under 18 years and Persons under 5 years separately though the percentage reported for Persons under 5 years is also included in Persons under 18 years category.

United States Census Bureau, American Community Survey 5-Year Estimates, 2018-2022

Race and Ethnicity

Washington County has a low degree of racial/ethnic diversity. The 2018-2022 population estimates indicate that 95.7% of the population identified as belonging to a single race. The table and graph below show the population by race.

**Population by Race
Estimated - 2018-2022**

| Race | Washington County | Marietta City | Belpre City | Ohio | United States |
|--|-------------------|---------------|-------------|-------|---------------|
| White | 95.7% | 93.2% | 94.2% | 80.9% | 75.5% |
| Black or African American | 1.4% | 2.3% | 1.0% | 13.3% | 13.6% |
| Asian | 0.8% | 1.6% | 0.3% | 2.7% | 6.3% |
| American Indian and Alaska Native | 0.3% | 0.1% | 0.1% | 0.3% | 1.3% |
| Native Hawaiian and Other Pacific Islander | 0.04% | 0.0% | 0.0% | 0.1% | 0.3% |
| Two or More Races | 1.9% | 2.5% | 3.1% | 2.7% | 3.0% |
| Hispanic or Latino | 1.2% | 2.0% | 2.7% | 4.5% | 19.1% |

*Totals may equal more than 100% due to participants selecting more than one race
 United States Census Bureau, American Community Survey 5-Year Estimates, 2018-2022

Special Populations

Special populations are important to identify in the community because they are often more vulnerable to experience poorer health outcomes. As noted above, educational attainment, income, race and gender are among key qualities that can have a strong bearing on health outcomes. This section examines additional key factors that can make particular populations more vulnerable to experiencing poor health.

- The “non-English-speaking persons” indicator reports the percentage of the population aged five and older who speak a language other than English at home.
- “Veterans” refers to civilians aged 18 years or over who have served on active duty for any branch of the armed forces of the United States. Veterans are more likely to have lower-quality healthcare and poorer health outcomes.

- Access to health care is a heightened challenge for “persons with disabilities.” As noted by the United States Department of Health and Human Services, disabilities take behavioral, developmental, emotional, intellectual, or physical forms. Disabilities may be visible or invisible and affect all walks of life.
- The “persons without health insurance” indicator reports the percentage of adults aged 18 to 65 years without health insurance coverage. The lack of health insurance is considered a key driver of health status because lack of insurance is a primary barrier to healthcare access, including preventive and regular primary care, specialty care, and other health services, which can contribute to a poor health status.
- “Foreign-born persons” include anyone who was not a U.S. citizen or U.S. national at birth. Foreign-born persons may not have access to health care coverage or an understanding of the system. Furthermore, language barriers and cultural differences can create health challenges.

**Special Populations
Estimated – 2018-2022**

| Population | Washington County | Marietta City | Belpre City | Ohio | United States |
|---|--------------------------|----------------------|--------------------|-------------|----------------------|
| Language other than English spoken at home (age 5+) | 2.7% | 3.4% | 3.5% | 7.4% | 21.7% |
| Veterans | 9.3% | 9.7% | 11.4% | 6.6% | 6.2% |
| Persons without health insurance (under age 65)* | 8.3% | 7.8% | 10.8% | 7.1% | 9.3% |
| Persons with a disability (under age 65) | 11.5% | 12.9% | 9.4% | 10.1% | 8.9% |
| All persons with a disability | 16.5% | 17.7% | 17.9% | 14.4% | 13.4% |
| Foreign born persons | 1.6% | 3.6% | 0.7% | 4.9% | 13.7% |

United States Census Bureau, American Community Survey 5-Year Estimates, 2018-2022

Washington County is home to a higher than average percentage of Veterans (9.7%) when compared to the state (6.6%) and nation (6.2%). In particular, 11.4% of Belpre, Ohio residents have Veteran status. The Centers for Disease Control documents that Veterans

tend to experience disproportionately high rates of mental health disorders, substance use disorders, post-traumatic stress, and traumatic brain injury compared to the average civilian. It is critically important that our local health care professionals are trained to assess the complex needs of Veterans and ensure they are connected with mental and behavioral health support services when needed.

Of Washington County residents, 16.5% report experiencing some type of disability which exceeds state (14.4%) and national percentages (13.4%). To address the needs of this population, information and services must be accessible for people with disabilities through accommodations, aids, and connections to appropriate health insurance and resources. Additional information on disability types and ages of those experiencing disability are indicated below.

Population with Any Disability by Disability Status

This indicator reports the percentage of the total civilian non-institutionalized population with a disability by disability status. Note that disability status is measured within different age groups: hearing and vision difficulty for all the people; cognitive, ambulatory, and self-care for people 5 years and older; and independent living for people 18 years and older. Percentage values can be interpreted as follows: Within the report area, individuals with hearing difficulty are 5.18% of the total population; individuals with vision difficulty are 2.93% of the total population; individuals with cognitive difficulty are 5.71% of the total population aged 5 years and older; individuals with ambulatory difficulty are 9.14% of the total population aged 5 years and older; individuals with self-care difficulty are 3.79% of the total population aged 5 years and older; and individuals with independent living difficulty are 7.39% of the total population aged 18 years and older.

**Percentage of Population with Any Disability by Disability Status
Estimated - 2018 - 2022**

| Report Area | Hearing | Vision | Cognitive | Ambulatory | Self-care | Independent Living |
|-------------------|---------|--------|-----------|------------|-----------|--------------------|
| Washington County | 5.18% | 2.93% | 5.71% | 9.14% | 3.79% | 7.39% |
| Ohio | 3.71% | 2.37% | 5.94% | 7.29% | 2.59% | 6.15% |
| United States | 3.55% | 2.38% | 5.30% | 6.69% | 2.57% | 5.82% |

United States Census Bureau, American Community Survey 5-Year Estimates, 2018-2022

**Population with Any Disability by Age Group
Estimated - 2018 - 2022**

| Report Area | Under 18 Years | Aged 18-64 Years | Aged 65 and Over |
|-------------------|----------------|------------------|------------------|
| Washington County | 701 | 4,663 | 4,367 |
| Ohio | 134,912 | 837,414 | 663,565 |
| United States | 3,312,006 | 20,879,820 | 17,749,630 |

United States Census Bureau, American Community Survey 5-Year Estimates, 2018-2022

Data by Social Determinants of Health

This section of the report shares data about our community. It is organized by “social determinants of health” to help us think about why people across Washington County may experience different challenges to health while living in the same community. The next sections of the report are organized in this order:

- Economic Stability
- Education Access and Quality
- Health Care Access and Quality
- Neighborhood and Built Environment
- Social and Community Context

Economic Stability

Current Employment

Steady employment in safe working conditions can provide resources that promote health including the ability to live in safe housing, afford insurance, buy nutritious food, and reduce stress related to lack of resources. The Bureau of Labor Statistics defines labor force as people who are employed working for pay or profit. The Washington County labor force participation rate is lower than the state and national percent by more than 5%.

**Labor Force Participation for Population Aged 16 Years and Over
Estimated 2018-2022**

| Report Area | Labor Force Participation Rate |
|-------------------|--------------------------------|
| Washington County | 57.8% |
| Marietta City | 57.3% |
| Belpre City | 55.8% |
| Ohio | 63.1% |
| United States | 63.0% |

United States Census Bureau, American Community Survey 5-Year Estimates, 2018-2022

The most common employment sectors for those who live in Washington County are Health Care, Educational Services & Social Assistance (27.7%), Manufacturing (12.9%), and Retail Trade (11.4%) (United States Census Bureau, American Community Survey 5-Year Estimates, 2018-2022). Census data is tagged to a residential address, not a work address so some of these residents may live in Washington County, Ohio and work elsewhere.

Current Unemployment

Unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to health status. Total unemployment rates reported below are for the civilian non-institutionalized population aged 16 and older (non-seasonally adjusted).

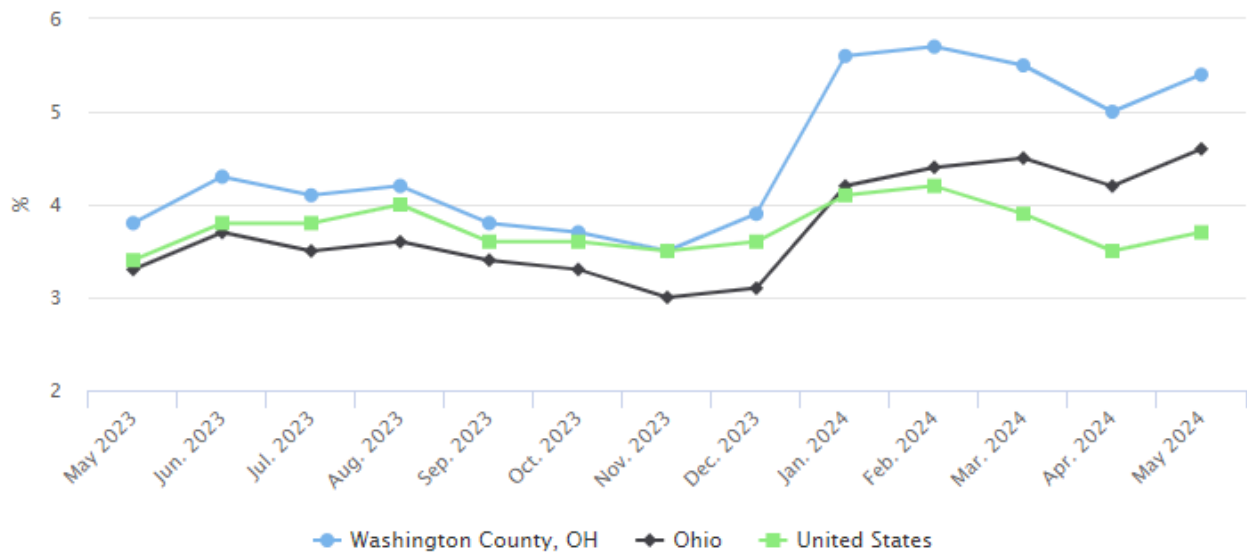
Unemployment Rate

| Report Area | Labor Force | Number Employed | Number Unemployed | Unemployment Rate |
|-------------------|-------------|-----------------|-------------------|-------------------|
| Washington County | 27,195 | 25,726 | 1,469 | 5.4% |
| Ohio | 5,838,205 | 5,568,802 | 269,403 | 4.6% |
| United States | 168,774,970 | 162,473,881 | 6,301,089 | 3.7% |

United States Department of Labor, Bureau of Labor Statistics, May 2024

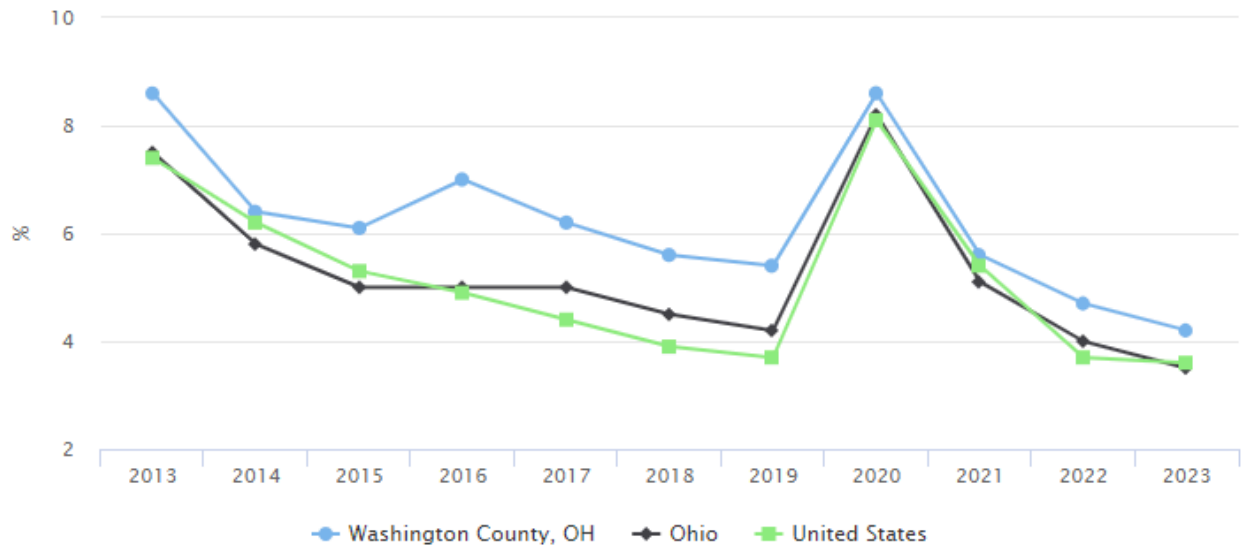
Trends in unemployment are documented in the graphs below showing monthly unemployment rates from May 2023 to May 2024, and yearly unemployment rates from 2013 to 2023.

Average Monthly Unemployment Rate, May 2023-May 2024



Graph generated using SparkMap. Source Data: United States Department of Labor, Bureau of Labor Statistics, May 2024

Average Yearly Unemployment Rate, 2013-2023



Graph generated using SparkMap. Source Data: United States Department of Labor, Bureau of Labor Statistics, May 2024

Income and Poverty

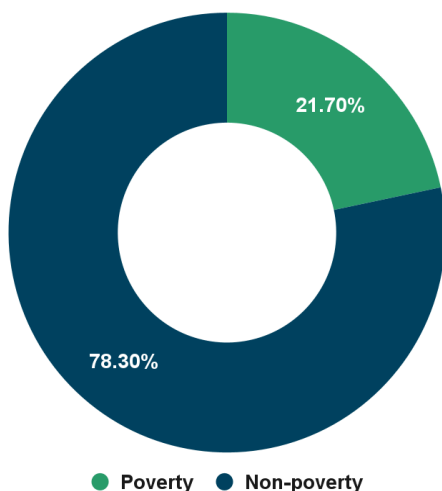
The Federal Poverty Level is determined annually by the Department of Health & Human Services based on the national poverty level. People between 100% and 400% of the level are eligible for federal and state financial assistance. Poverty is considered a key driver of health status. This indicator is important because poverty creates barriers to accessing vital services, such as health services, healthy food, and other necessities, which can contribute to a poor health status. Healthy People 2030 set a goal of 8% or less living in poverty by 2030.

People Living Below the Federal Poverty Level Estimated - 2018-2022

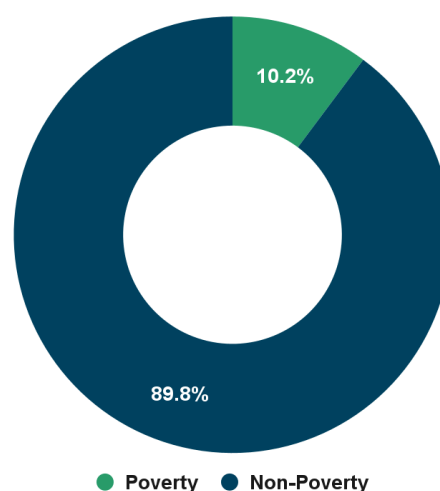
| Location | Median Household Income | Per Capita Income (past yr) | Persons in Poverty |
|-------------------|-------------------------|-----------------------------|--------------------|
| Washington County | \$59,053 | \$33,987 | 15.3% |
| Marietta City | \$44,401 | \$36,388 | 22.0% |
| Belpre City | \$47,474 | \$28,122 | 17.8% |
| Ohio | \$66,990 | \$37,729 | 13.4% |
| United States | \$75,149 | \$41,261 | 11.5% |

United States Census Bureau, American Community Survey 5-Year Estimates, 2018-2022

Poverty - Children (Under 18)

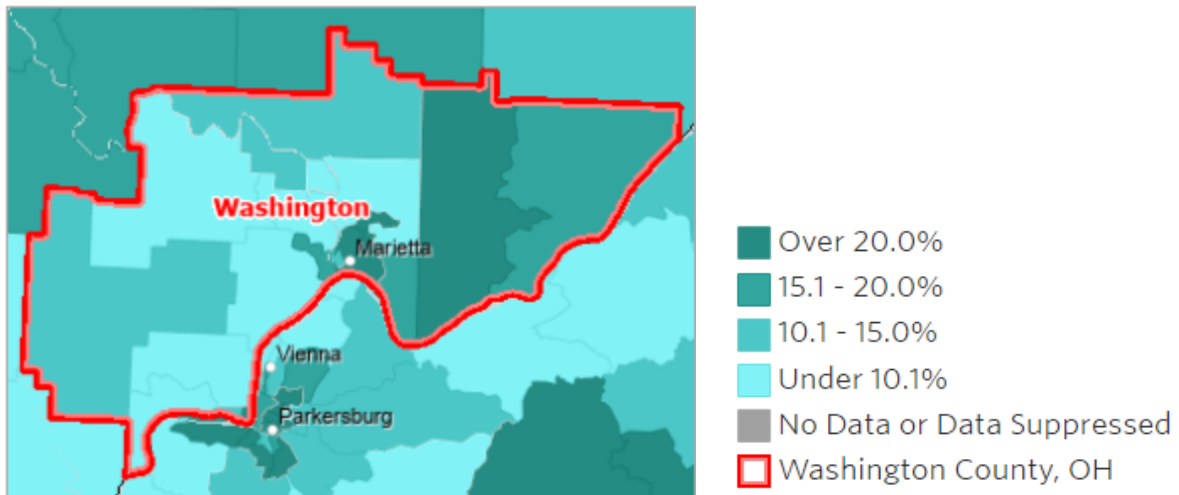


Poverty - Older Adults (65 and Older)



The map below shows the percent of population within census tracts who live below the Federal Poverty Level (FPL). The areas in dark green represent census tracts in which over 20.0% of the population live in poverty. These areas cover Census Tracts 204 (17.31% live below FPL), 205 (27.88% live below FPL), 209 (28.24% live below FPL), 210 (26.67% live below FPL), and 212.02 (25.48% live below FPL).

Populations Living Below the Poverty Level, Percent by Census Tract Estimated - 2018-2022



Map generated using SparkMap. Source Data: United States Census Bureau, American Community Survey 5-Year Estimates, 2018-2022

**Median Household Income Levels by Household Size
Estimated - 2018-2022**

| Report Area | 1-Person Households | 2-Person Households | 3-Person Households | 4-Person Households | 5-Person Households | 6-Person Households | 7-or-More-Person Households |
|-----------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|-----------------------------|
| Washington County, OH | \$29,560 | \$71,403 | \$89,256 | \$78,120 | \$78,368 | \$101,250 | \$99,313 |
| Ohio | \$35,124 | \$77,094 | \$91,706 | \$107,992 | \$104,543 | \$98,992 | \$99,895 |
| United States | \$38,445 | \$83,185 | \$97,644 | \$113,664 | \$106,473 | \$104,420 | \$113,370 |

United States Census Bureau, American Community Survey 5-Year Estimates, 2018-2022

Income - Earnings, Social Security, Supplemental Security Income, Public Assistance, SNAP

Households in Washington County are broken down by earnings from employment as well as income from Social Security, Supplemental Security, Public Assistance, and Supplemental Nutrition Assistance Program (SNAP). The Supplemental Nutrition Assistance Program, or SNAP, is a federal program that provides support to low-income individuals and families to purchase food at stores.

Employment and Assistance Income Estimated - 2018-2022

| | |
|---|---------------|
| Households in Washington County | 24,622 |
| Percent with Employment Earnings | 70.0% |
| Average earnings (dollars) | \$81,535 |
| Percent with Social Security Income | 38.4% |
| Average Social Security Income (dollars) | \$21,684 |
| Percent with Supplemental Security Income | 7.3% |
| Average Supplemental Security Income (dollars) | \$12,561 |
| Percent with Cash Public Assistance Income | 1.5% |
| Average Cash Public Assistance Income (dollars) | \$3,496 |
| Percent with Retirement Income | 30.8% |
| Average Retirement Income (dollars) | \$24,989 |
| Percent with Food Stamp/SNAP benefits | 12.2% |

United States Census Bureau, American Community Survey 5-Year Estimates, 2018-2022

Housing

Access to affordable housing is a key social determinant of health. A person's access to safe, affordable housing can affect both mental and physical health. The table below

documents owner and renter occupied housing costs, housing instability, and the average number of persons in each household.

Housing Cost and Stability Estimated - 2018-2022

| | Washington County | Marietta City | Belpre City | Ohio | United States |
|---|-------------------|---------------|-------------|-----------|---------------|
| Owner occupied housing unit rate | 74.1% | 57.0% | 59.7% | 66.8% | 64.8% |
| Median value of owner-occupied housing units | \$164,000 | \$143,200 | \$141,900 | \$183,300 | \$281,900 |
| Median selected monthly owner costs - with a mortgage | \$1,198 | \$1,133 | \$1,105 | \$1,429 | \$1,828 |
| Median selected monthly owner costs - without a mortgage | \$454 | \$432 | \$474 | \$548 | \$584 |
| Median gross rent | \$794 | \$781 | \$797 | \$945 | \$1,268 |
| Living in same house 1 year ago, percent of persons 1 year+ | 87.6% | 81.9% | 87.2% | 87.0% | 86.9% |
| Persons per household | 2.36 | 2.01 | 2.18 | 2.40 | 2.57 |

United States Census Bureau, American Community Survey 5-Year Estimates, 2018-2022

Severe Housing Problems

Severe housing problems are defined as households with at least one of four housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. In 2022, 11% of the Washington County population was living with severe housing problems. From 2014 to 2022, the percent of those living with severe housing problems declined by 1.06% (Robert Wood Johnson Foundation, County Health Rankings, 2023).

Housing Quality - Substandard Housing

This indicator reports the number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with one or more occupants per room, 4) selected

monthly owner costs as a percentage of household income greater than 30%, and/or 5) gross rent as a percentage of household income greater than 30%. Selected conditions provide information in assessing the quality of the housing inventory and its occupants. This data is used to easily identify homes where the quality of living and housing can be considered substandard. Of the 24,435 total occupied housing units in the report area, 5,458 or 22.34% have one or more substandard conditions.

Substandard Housing Estimated - 2017-2021

| Report Area | Total Occupied Housing Units | Occupied Housing Units with One or More Substandard Conditions | Occupied Housing Units with One or More Substandard Conditions, Percent |
|--------------------|-------------------------------------|---|--|
| Washington County | 24,435 | 5,458 | 22.34% |
| Ohio | 4,754,161 | 1,196,375 | 25.16% |
| United States | 124,010,992 | 39,049,569 | 31.49% |

United States Census Bureau, American Community Survey 5-Year Estimates, 2017-2021

Housing Costs

This indicator reports the percentage of the households where housing costs, for owners and renters, are 30% or more of total household income. Cost burden is a measure of housing affordability and excessive shelter costs. Of the 24,435 total households in Washington County, 5,416 or 22.16% of the population live in cost burdened households.

Housing Cost Burden Estimated - 2017-2021

| Report Area | Total Households | Cost-Burdened Households | Cost-Burdened Households, Percent |
|--------------------|-------------------------|---------------------------------|--|
| Washington County | 24,435 | 5,416 | 22.16% |
| Ohio | 4,754,161 | 1,184,882 | 24.92% |
| United States | 124,010,992 | 37,625,113 | 30.34% |

United States Census Bureau, American Community Survey 5-Year Estimates, 2017-2021

Food Insecurity

Food insecurity refers to the USDA's measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the report year; food insecure households are not necessarily food-insecure at all times. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food, which can be detrimental to physical and mental health, particularly for children. It may reflect a household's need to make trade-offs between important basic needs, such as housing or medical bills, and purchasing nutritionally adequate foods.

Food Insecurity Rate

| Report Area | Total Food Insecurity Rate |
|-------------------|----------------------------|
| Washington County | 13.3%* |
| Ohio | 11.5% |
| United States | 11.2% |

U.S. Department of Agriculture, Household Food Security in the United States Report Series, 2020-2022; County-Level Data from Feeding America, 2021*

Education Access and Quality

Education

Educational attainment refers to the highest level of education a person has successfully completed. It is one of the strongest predictors of health, linking higher educational attainment to more positive health outcomes (United States Census Bureau, 2024).

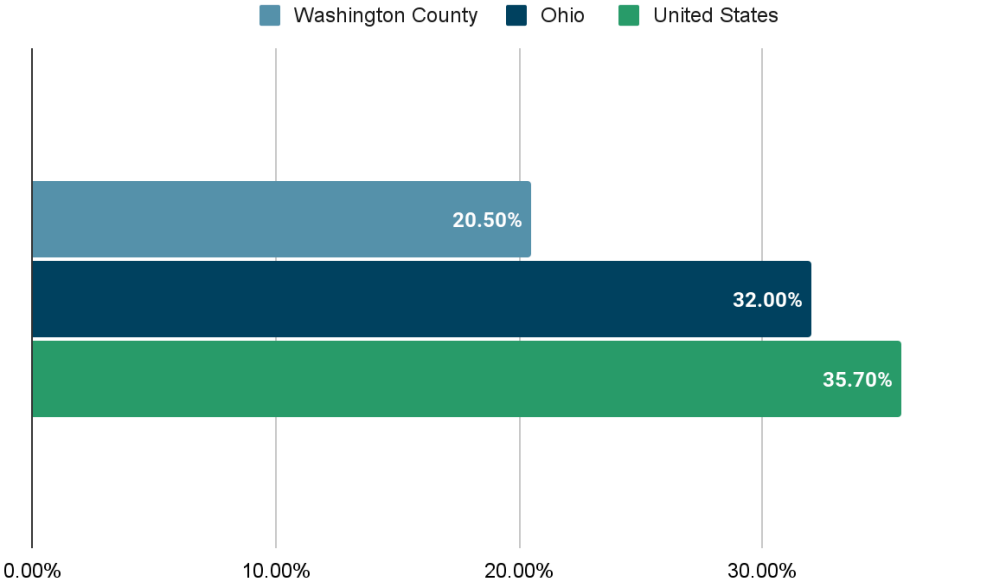
**Educational Attainment Persons Aged 25 Years and Over
Estimated - 2018-2022**

| Educational Attainment Population Aged 25 Years and Over | Washington County | Marietta City | Belpre City | Ohio | United States |
|---|--------------------------|----------------------|--------------------|-------------|----------------------|
| Less than 9th grade | 1.7% | 1.7% | 1.6% | 2.6% | 4.7% |
| 9th to 12th grade, no diploma | 6.6% | 7.6% | 6.6% | 5.6% | 5.7% |
| High school graduate (includes equivalency) | 37.9% | 31.7% | 37.9% | 31.9% | 26.1% |
| Some college, no degree | 20.6% | 19.9% | 24.4% | 19.1% | 19.1% |
| Associate's degree | 12.8% | 9.2% | 14.2% | 8.8% | 8.8% |
| Bachelor's degree | 12.8% | 16.3% | 11.9% | 19.4% | 21.6% |
| Graduate or professional degree | 7.6% | 13.7% | 3.3% | 12.6% | 14.0% |
| High school graduate or higher | 91.8% | 90.7% | 91.8% | 91.8% | 89.6% |
| Bachelor's degree or higher | 20.5% | 30.0% | 15.2% | 32.0% | 35.7% |

United States Census Bureau, American Community Survey 5-Year Estimates, 2018-2022

While Washington County high school graduation rates exceed those in the state and nation, the rates of those obtaining a Bachelor's Degree or higher lag.

Attainment of Bachelor's Degree or Higher Estimated - 2018-2022



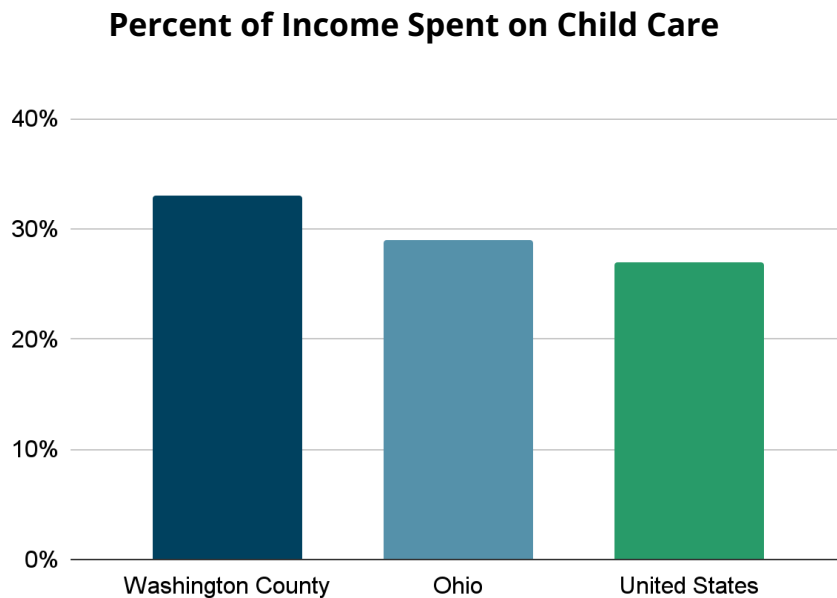
United States Census Bureau, American Community Survey 5-Year Estimates, 2018-2022

Early Childhood Development and Education

Healthy development in early childhood is a critical predictor of long-term health, educational attainment, and quality of life. However, access to quality child care and early educational opportunities can be expensive.

Income Spent on Child Care

In Washington County, Ohio, the average household spent 33% of its income on child care for two children - a higher percentage than the state (29%) or nation (27%). This is based upon a household with two children as a percent of median household income using 2021 and 2022 data.



United States Census Bureau, 2022

Access - Preschool Enrollment (Age 3-4 Years)

This indicator reports the percentage of the population aged 3-4 years that is enrolled in school. This indicator helps identify places where preschool opportunities are either abundant or lacking in the educational system.

**Preschool Enrollment
Estimated - 2017-2021**

| Report Area | Population Aged 3-4 Years | Population Aged 3-4 Years Enrolled in School | Population Aged 3-4 Years Enrolled in School, Percent |
|--------------------|----------------------------------|---|--|
| Washington County | 1,301 | 613 | 47.12% |
| Ohio | 284,593 | 122,427 | 43.02% |
| United States | 8,100,136 | 3,719,992 | 45.93% |

United States Census Bureau, American Community Survey, 5-Year Estimates, 2017-2021

Health Care Access and Quality

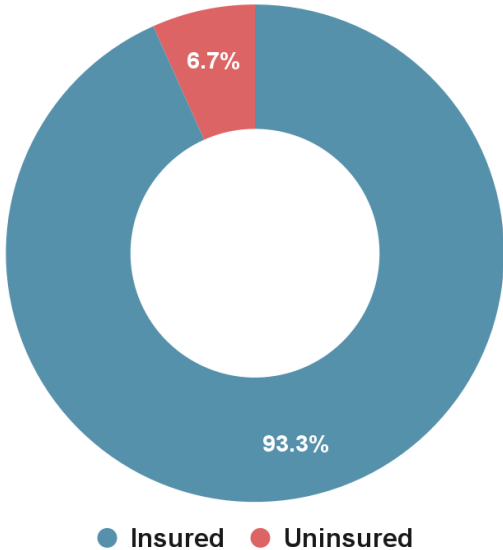
Health Insurance

Having health insurance helps people gain entry into the healthcare system. Lack of adequate coverage makes it difficult for people to get the health care services they need and, when they do get care, burdens them with large medical bills. Uninsured persons are more likely to have poor health status and more likely to die prematurely (Tobert, Drake, & Dimico, 2023).

Washington County

Among the civilian noninstitutionalized population in Washington County, Ohio, 93.3 percent had health insurance coverage and 6.7 percent did not have health insurance coverage (United States Census Bureau, American Community Survey 5-Year Estimates, 2018-2022). Healthy People 2030 has the goal of 7.9% or less of the population being uninsured.

**Health Insurance Coverage
Estimated - 2018-2022**



United States Census Bureau, American Community Survey 5-Year Estimates, 2018-2022

Private coverage was 65.8 percent and public coverage was 44.2 percent, respectively. The percentage of children under the age of 19 with no health insurance coverage was 4.5 percent.

City of Marietta

Among the civilian noninstitutionalized population in the city of Marietta, Washington County, Ohio in 2018-2022, 93.9 percent had health insurance coverage and 6.1 percent did not have health insurance coverage. Private coverage was 57.9 percent and public coverage was 52.4 percent, respectively. Note that some people have both private and public coverage. The percentage of children under the age of 19 with no health insurance coverage was 4.5 percent.

City of Belpre

Among the civilian noninstitutionalized population in the city of Belpre, Washington County, Ohio in 2018-2022, 91.8 percent had health insurance coverage and 8.2 percent did not have health insurance coverage. Private coverage was 63.1 percent and public coverage was 46.6 percent, respectively. Note that some people have both private and public coverage. The percentage of children under the age of 19 with no health insurance coverage was 5.5 percent.

Population Receiving Medicaid

This indicator reports the percentage of the population enrolled in Medicaid (or other means-tested public health insurance). This indicator is relevant because it assesses vulnerable populations that are more likely to have multiple health access, health status, and social support needs. When it is combined with poverty data, this measure can be used by providers to identify gaps in eligibility and enrollment. Medicaid and the Children's Health Insurance Program (CHIP) provide health and long-term care coverage to low-income children, pregnant women, adults, seniors, and people with disabilities in the United States.

Population Receiving Medicaid/CHIP

| | % of Population Receiving Medicaid/CHIP |
|-------------------|---|
| Washington County | 27.0% |
| Ohio | 21.6% |
| United States | 21.1% |

Ohio Department of Medicaid, December 2023;
Centers for Disease Control and Prevention, December 2023

Healthcare Providers and Facilities

The availability of healthcare and health resources represents factors associated with health system capacity, which may include both the number of licensed and credentialed health personnel and the physical capacity of health facilities. In addition, the category of health resources includes measures of access, utilization, cost and quality of healthcare, and prevention services. Service delivery patterns and roles of public and private sectors as payors and/or providers may also be relevant.

Providers within Memorial Health System (MHS)

Memorial Health System is a major healthcare provider within the system in Washington County, Ohio. In 2021, ECG Management Consultants conducted a Physician Needs Assessment for Memorial Health System to better understand:

- The composition of its medical staff in relation to the total provider population
- Physician geographic and succession risks
- The ratio of physicians to advanced practice providers (nurse practitioners and physician assistants)

In addition to providing MHS with a comprehensive inventory of physician supply and demand (both currently and within the next five years), the assessment identified the specialties that are vulnerable to understaffing to better position MHS to explore the strategic opportunities for expansion within its service lines.

Methodologies used by ECG in 2021 indicated a shortage of pediatricians, and an estimated 15-provider shortage of OB/GYNs in the surrounding area. ECG identified adding advanced practice providers in these areas as one strategy to address needs where there are physician shortages. Other shortage areas in the region include the medical specialties of neurology, oncology, and cardiology. Additionally, there are significant shortages in key community needs areas of urology, endocrinology, and rheumatology. For surgical specialties, there is a shortage of cardiac/thoracic/vascular surgeons in the region. MHS has focused efforts on recruitment in these areas, in an effort to support the cardio-thoracic surgery department/clinic that was started in 2020.

Access to Primary Care

A primary care physician is typically a patient’s first point of contact with the healthcare system and provides important preventative care, disease management, and referrals to specialists. A shortage of health professionals contributes to access and health status issues. In September of 2023, the Health Resources and Services Administration estimated that the United States currently has a 17,000 primary care provider shortage to meet need. This shortfall is expected to grow, largely due to population growth and an aging population (Bureau of Health Workforce, 2023). Healthy People 2030 would like 84% of people to report they have a Primary Care Provider.

Active Primary Care Providers

The table below shows the number of active primary care providers (including general practice, family practice, obstetrics and gynecology, pediatrics, geriatrics, internal medicine, physician assistants and nurse practitioners) per 100,000 population.

Active Primary Care Providers per 100,000

| | Primary Care Providers per 100,000 |
|-------------------|---|
| Washington County | 253.10 |
| Ohio | 297.29 |
| United States | 278.49 |

United States Department of Health & Human Services,
Centers for Medicare & Medicaid Services,
National Plan and Provider Enumeration System, September 2023

Mental Health Providers

The Robert Wood Johnson County Health Rankings reported that mental health providers in Washington County saw on average 501 patients per year in 2022. This is a 19.7% decrease from 2021 (624 patients). In Ohio, each mental health provider sees on average 346 patients per year.

Dentists

Dentists in Washington County see on average 1,704 patients per year (based on 2022 data), representing a 0.47% decrease from 2021 in which the average was 1,712 patients (Robert Wood Johnson, County Health Rankings, 2023). This is compared to an average of 1,566 patients seen per year per provider in Ohio.

Dental Care, Adults with Unmet Needs

Dental care and unmet needs are important to track, because engaging in preventive behaviors decreases the likelihood of developing future problems. This data can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

In Ohio, an average of 14.3% of adults (19 years and over) had unmet dental needs. Based on data collected from the National Center for Health Statistics, Ohio was not significantly different from that national average (US Department of Health and Human Services, CDC, National Center for Health Statistics, 2019).

Dental Care, Children with Unmet Dental Needs

According to the 2021 Ohio Medicaid Assessment Survey, the percentage of Ohio children, aged 0-17 years, with unmet dental care needs was 5.2%. This survey indicated that 77.4% of Ohio children had visited a dentist in the past 12 months, while 70.6% of Medicaid eligible children had visited a dentist. In Washington County in 2023, the Ohio Department of Health Dental Sealant Program, administered by the Washington County Health Department, provided sealant services in schools to 85 children with unmet dental needs.

Hospitalizations - Preventable Conditions, Medicare Beneficiaries

This indicator reports the preventable hospitalization rate among Medicare beneficiaries for the latest reporting period. Preventable hospitalizations include hospital admissions for one or more of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection. In the latest reporting period, 2021, there were 14,851 Medicare beneficiaries in the report area. The preventable hospitalization rate was 3,040 per 100,000 beneficiaries. The rate in the report area was higher than the state rate of 3,024 and national rate of 2,752 during the same time period.

Preventable Hospitalizations of Medicare Beneficiaries

| Report Area | Medicare Beneficiaries | Preventable Hospitalizations, Rate per 100,000 Beneficiaries |
|-------------------|------------------------|--|
| Washington County | 14,851 | 3,040 |
| Ohio | 2,269,020 | 3,024 |
| United States | 58,652,883 | 2,752 |

Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool, 2021

Diabetes Management - Hemoglobin A1c Test, Medicare Beneficiaries

This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1C (HbA1c) test. This is a blood test to measure blood sugar levels over the past two to three months, and is administered by a healthcare professional. Engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services. Based on a 2019 survey of Medicare enrollees with diabetes in Washington County, 82.18% or 1,001 enrollees have had an annual hemoglobin A1c test.

Diabetic Medicare Patients Receiving Hemoglobin A1c Test

| Report Area | Medicare Enrollees with Diabetes | Medicare Enrollees with Diabetes with Annual Exam | Medicare Enrollees with Diabetes with Annual Exam, Percent |
|-------------------|----------------------------------|---|--|
| Washington County | 1,218 | 1,001 | 82.18% |
| Ohio | 130,543 | 114,714 | 87.87% |
| United States | 6,792,740 | 5,945,988 | 87.53% |

Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care, 2019

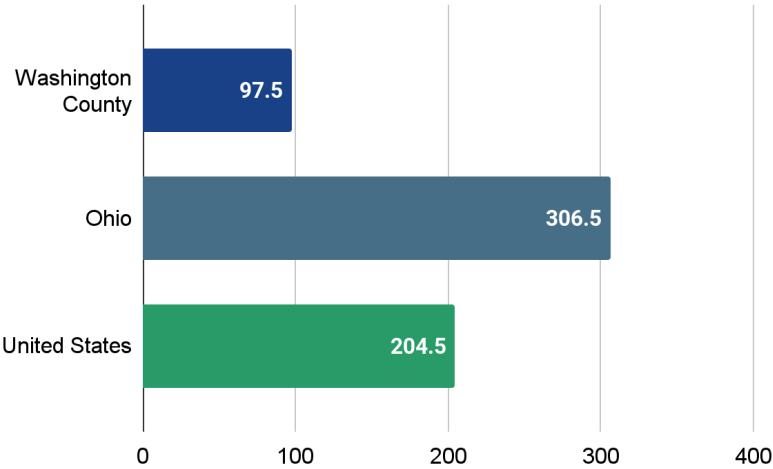
Neighborhood and Built Environment

Crime and Violence

Violent Crime

This indicator reports the rate of violent crime offenses reported by law enforcement per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator assesses community safety. Washington County has significantly lower crime rates than the state and nation.

Violent Crime Rates Per 100,000 Residents



Federal Bureau of Investigation, *Crime in the United States*, 2022

Property Crime

This indicator reports the rate of property crime offenses reported by law enforcement per 100,000 residents. Property crime includes burglary, larceny-theft, motor vehicle theft, and arson.

Property Crime Rates

| | Property Crimes per 100,000 Residents |
|-------------------|---------------------------------------|
| Washington County | 1,108.2 |
| Ohio | 2,669.5 |
| United States | 1,673.7 |

Federal Bureau of Investigation, *Crime in the United States*, 2022

Food Environment

Food Environment Index

The County Health Rankings measure of the food environment assesses both proximity to healthy foods and income (Robert Wood Johnson Foundation, 2023). In terms of access, this measure considers the distance an individual lives from a grocery store or supermarket, locations for health food purchases in most communities, and the cost barriers that exist preventing access to healthy foods. Food deserts are correlated with high prevalence of obesity and premature death as supermarkets traditionally provide healthier options than convenience stores or smaller grocery stores. Additionally, those with low income may face barriers to accessing a consistent source of healthy food. Lacking consistent access to food is related to negative health outcomes such as weight gain, premature mortality, asthma, and activity limitations, as well as increased health care costs (Robert Wood Johnson Foundation, County Health Rankings and Roadmaps, 2023).

The Food Environment Index assesses factors that contribute to a healthy food environment on a scale of 0 (worst) to 10 (best). Below are the index values for 2021 data.

Food Environment Index

| | Overall Value |
|-------------------|---------------|
| Washington County | 7.6 |
| Ohio | 7.0 |
| United States | 7.7 |

Robert Wood Johnson, County Health Rankings, 2023

Food Desert Census Tracts

This indicator reports the number of neighborhoods in the report area that are within food deserts. The USDA Food Access Research Atlas defines a food desert as any neighborhood that lacks healthy food sources due to income level, distance to supermarkets, or vehicle access. Washington County has a population of 6,224 living in food deserts and a total of 2 census tracts classified as food deserts by the USDA.

Food Desert Census Tracts

| Report Area | Total Population (2010) | Food Desert Census Tracts | Other Census Tracts | Food Desert Population | Other Population |
|-------------------|-------------------------|---------------------------|---------------------|------------------------|------------------|
| Washington County | 61,778 | 2 | 14 | 6,224 | 55,554 |
| Ohio | 11,536,504 | 421 | 2,522 | 1,504,341 | 10,032,163 |
| United States | 308,745,538 | 9,293 | 63,238 | 39,074,974 | 269,670,564 |

United States Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas, 2019

Fast Food Restaurants

This indicator reports the number of fast food restaurants per 100,000 population. The prevalence of fast food restaurants provides a measure of both access to food and environmental influences on dietary behaviors. Fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating (North American Industry Classification System, 2022).

Fast Food Restaurant Rates

| Report Area | Total Population (2020) | Number of Establishments | Establishments, Rate per 100,000 Population |
|-------------------|-------------------------|--------------------------|---|
| Washington County | 59,771 | 55 | 92.02 |
| Ohio | 11,799,448 | 9,962 | 84.43 |
| United States | 266,610,714 | 256,375 | 96.16 |

United States Census Bureau, County Business Patterns. Additional data analysis by CARES, 2022

Grocery Stores

Healthy dietary behaviors are supported by access to healthy foods, and grocery stores are a major provider of these foods. There are 10 grocery establishments in the report area, a

rate of 16.73 per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry (North American Industry Classification System, 2022). Delicatessen-type establishments are also included. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded.

Grocery Store Rates

| Report Area | Total Population (2020) | Number of Establishments | Establishments, Rate per 100,000 Population |
|-------------------|-------------------------|--------------------------|---|
| Washington County | 59,771 | 10 | 16.73 |
| Ohio | 11,799,448 | 1,966 | 16.66 |
| United States | 266,610,714 | 62,329 | 23.38 |

United States Census Bureau, County Business Patterns.
Additional data analysis by CARES, 2021.

SNAP-Authorized Food Stores

This indicator reports the number of SNAP-authorized food stores as a rate per 10,000 population. SNAP-authorized stores include grocery stores as well as supercenters, specialty food stores, and convenience stores that are authorized to accept SNAP (Supplemental Nutrition Assistance Program) benefits. The report area contains a total of 64 SNAP-authorized retailers with a rate of 10.73.

SNAP-Authorized Food Stores

| Report Area | Total Population (2020) | Total SNAP-Authorized Retailers | SNAP-Authorized Retailers, Rate per 10,000 Population |
|-------------------|-------------------------|---------------------------------|---|
| Washington County | 59,652 | 64 | 10.73 |
| Ohio | 11,693,026 | 9,878 | 8.45 |
| United States | 332,898,996 | 248,526 | 7.47 |

United States Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator. Additional data analysis by CARES, 2021.

For more updated locations of SNAP-authorized retailers, visit:
<https://www.fns.usda.gov/snap/retailer-locator>.

SNAP-Ed is a free nutritional education program that is available to people who qualify for SNAP or other means-tested Federal assistance programs. To learn more, visit:
<https://washington.osu.edu/program-areas/snap-ed>.

Households with No Motor Vehicle

This indicator reports the number and percentage of households with no motor vehicle based on the 2018-2022 5-Year American Community Survey Estimates. Of the 24,622 total households in the report area, 1,279 or 5.19% are without a motor vehicle.

Households with No Motor Vehicle Estimated - 2018-2022

| Report Area | Total Occupied Households | Households with No Motor Vehicle | Households with No Motor Vehicle, Percent |
|-------------------|---------------------------|----------------------------------|---|
| Washington County | 24,622 | 1,279 | 5.19% |
| Ohio | 4,789,408 | 356,115 | 7.44% |
| United States | 125,736,353 | 10,474,870 | 8.33% |

United States Census Bureau, American Community Survey 5-Year Estimates, 2018-2022

The following map shows the census tracts with the highest percentage of households with no motor vehicle. In Washington County, Census Tracts 205, 209, and 210 have the highest percentage of households with no motor vehicle. These census tracts are located in the city of Marietta, and shaded red on the map below. The percent of households with no motor vehicle within each of these census tracts is as follows:

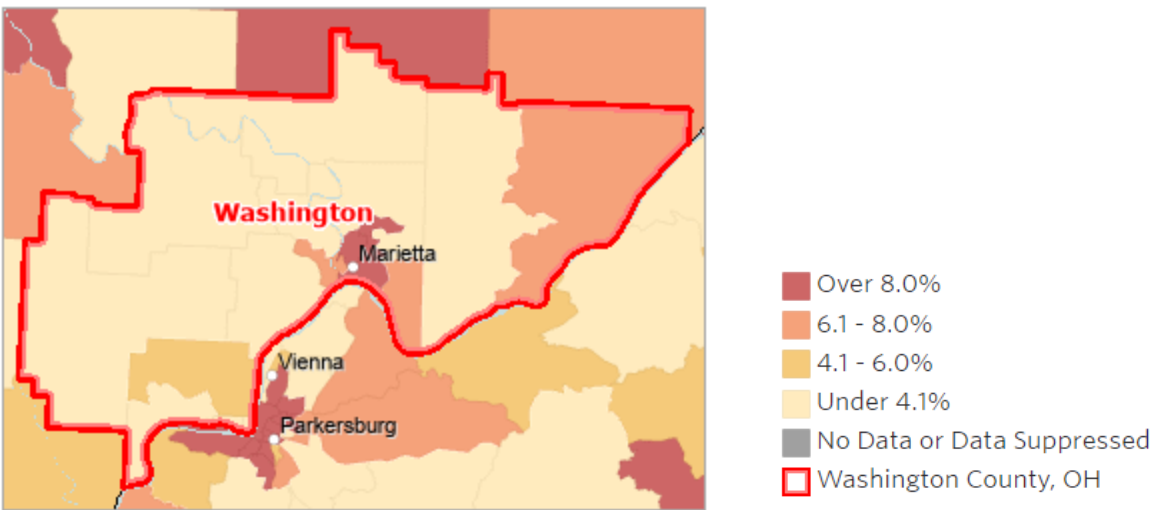
- Census Tract 205: 18.21%
- Census Tract 209: 12.04%
- Census Tract 210: 12.69%

Census Tracts 204, 208, 211, and 212.01 have a percentage of households with no motor vehicle ranging between 6.1 to 8.0%. They are indicated in orange on the map below. The percent of households with no motor vehicle within each of these census tracts is as follows:

- Census Tract 204: 6.34%
- Census Tract 208: 7.02%
- Census Tract 211: 7.56%
- Census Tract 212.01: 6.69%

Within Census Tract 202.01, 5.54% of the households have no motor vehicle. This area is shaded a dark yellow on the map below.

Households with No Motor Vehicle, Percent by Census Tract Estimated - 2018 - 2022



Map generated using SparkMap. Source Data: United States Census Bureau, American Community Survey 5-Year Estimates, 2018-2022

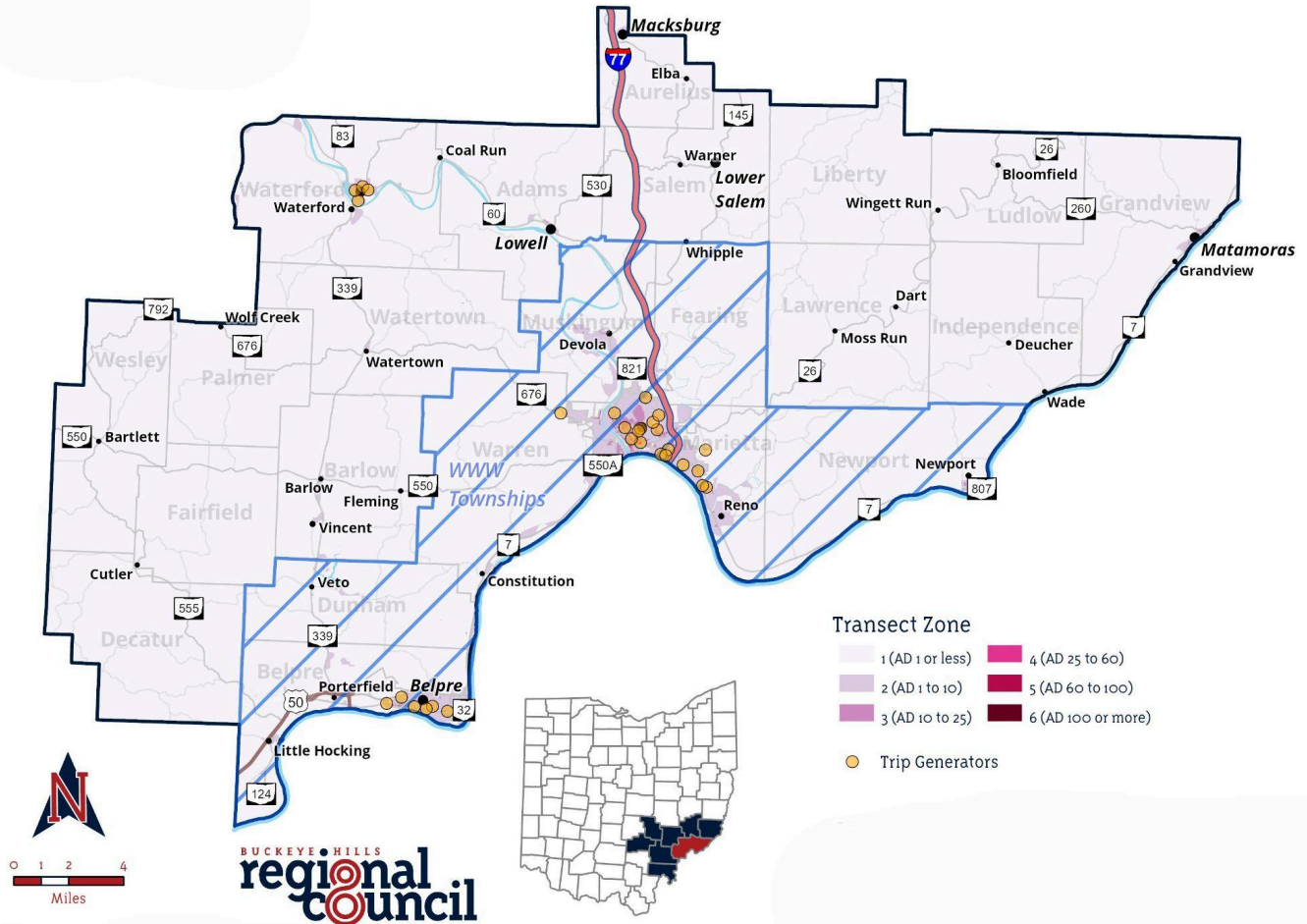
Public Transportation Needs

Trip Generation

Trip generation is a type of transportation forecasting that predicts the number of trips originating in or destined for a particular traffic analysis zone and location. The map below shows “trip generators,” places where there is likely a high need for transportation to or from the location. The yellow circles on the map below indicate the top trip generators in Washington County as identified in the *Washington County Coordinated Transit Plan 2020-2024*. The *Coordinated Transit Plan* was produced by the Way 2 Go Committee of Washington County, Buckeye Hills Regional Council, and the Wood-Washington-Wirt Interstate Planning Commission, and funded by the Ohio Department of Transportation. The full plan can be found here:

<https://www.transportation.ohio.gov/programs/transit/transit-repository-coordination/washington+county+coordinated+plan>

Major Trip Generators in Washington County, Ohio



*Map used with permission from original publisher. Cartography by Jason Pyles, GISP, Buckeye Hills Regional Council, October, 2020. Trip generators were selected by the Way 2 Go Committee and are indicated by yellow circles on the map. Activity density (AD) is defined as the number of jobs and people per acre. This data is represented here in Census Block Groups for the area. Population data comes from US Census Bureau Estimates via the Federal Communications Commission and job data comes from InfoUSA. The blue lines labeled WWW Townships mark the territory of the Wood-Washington-Wirt Interstate Planning Commission.

Washington County Coordinated Transit Plan, 2020-2024

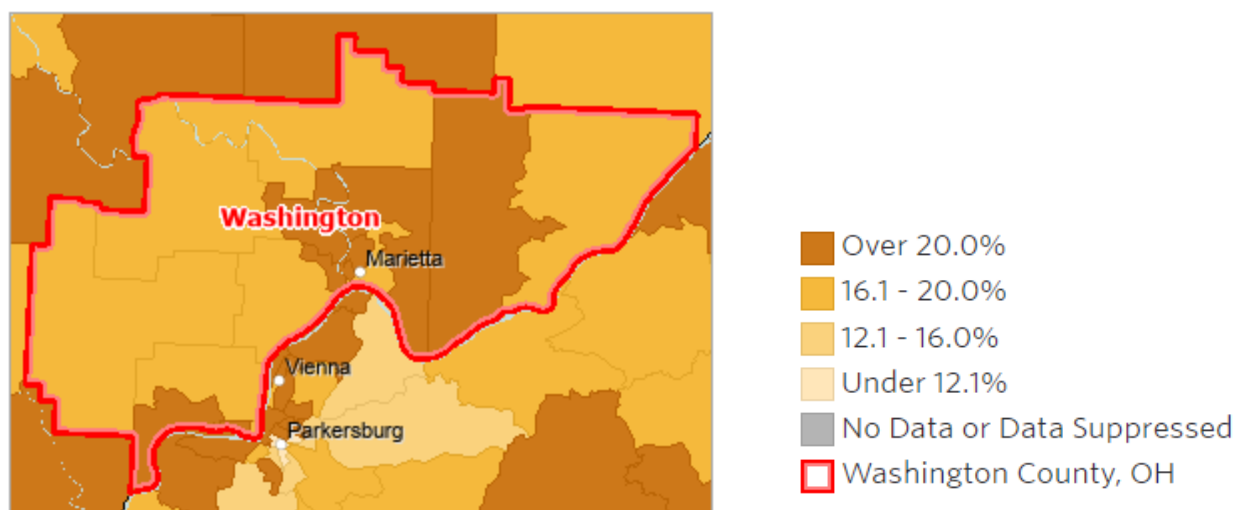
The city of Marietta is the location of most major trip generators. Major trip generators identified include hospitals, urgent care and mental health facilities, colleges and the career center, governmental offices, senior centers and apartment complexes, grocery stores and shopping areas. Belpre and Waterford were the two other areas with major trip generators.

Contained in the same report are the results of a 2020 Washington County Mobility Survey conducted by the Way 2 Go committee. Of the 100 community respondents, 19% stated that they have missed at least one medical appointment in the past 12 months due to a lack of transportation.

Available Services and Needs

The *Washington County Coordinated Transit Plan 2020-2024* contains an assessment of public and not-for-profit transportation service providers available in Washington County including: Washington County Public Transit (CABL) and Paratransit, Washington Morgan Community Action, O'Neill Senior Center, Retired Senior Volunteer Program (RSCP) - Senior Wheels Program, WASCO, Inc., Green Cab, and Washington County Veterans Services. In determining gaps in services, data indicate a need to further improve transportation options to and from particular locations, the timing of those options, and improve access for those populations without a motor vehicle as well as older adults and people with disabilities. Older adults are most likely to use transportation services when they are unable to drive themselves, but desire independence. The following graph shows the distribution of older adults in Washington County. The following census tracts have the highest percentages of people aged 65 and over: 201.01, 202.02, 204, 208, 209, 211, 212.02, 214, and 215.

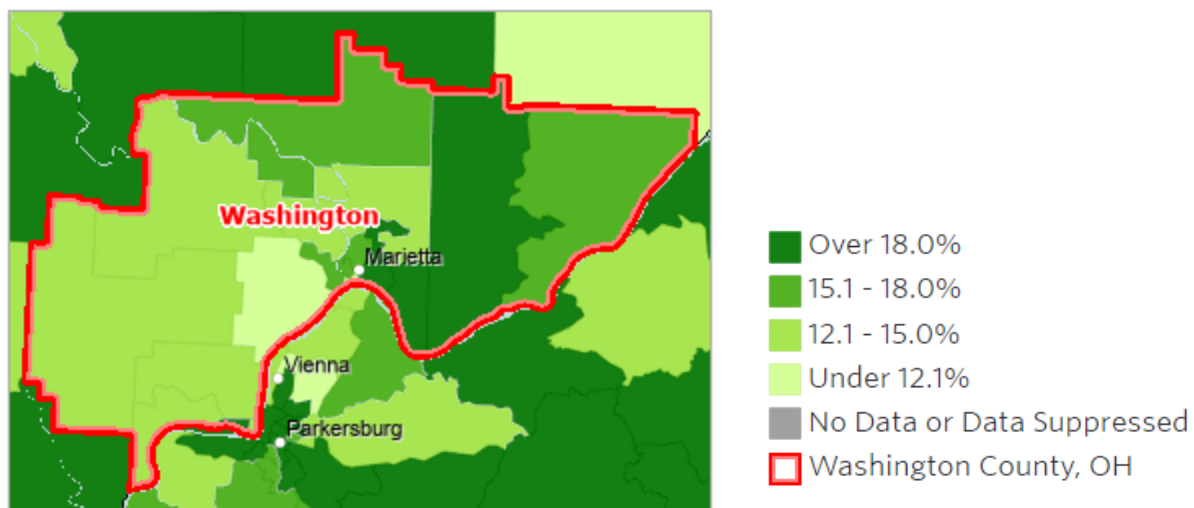
Population Aged 65 and Over by Census Tract, Percentage



Map generated using SparkMap. Source Data: United States Census Bureau, American Community Survey 5-Year Estimates, 2018-2022

Providing accessible transportation options for people with mobility challenges or disabilities that prevent them from driving is important. In the following census tracts, over 18.0% of the population have some type of disability: 201.01, 210, 211, 212.02

Population with Any Disability by Census Tract, Percentage



Map generated using SparkMap. Source Data: United States Census Bureau, American Community Survey 5-Year Estimates, 2018-2022

Environmental Health

The physical environment directly impacts health and quality of life. Exposure to substances such as lead or hazardous waste increases the risk for preventable disease.

Air Pollution Particulate Matter

In Washington County, Ohio, an annual average of 8.7 micrograms per cubic meter of fine particulate matter was measured in the air. The Environmental Protection Agency (EPA) has primary annual average standards of 12.0 micrograms per cubic meter or below.

Air Particulate Matter

| | Overall Value |
|-------------------|---------------|
| Washington County | 8.7 |
| Ohio | 8.4 |
| United States | 7.4 |

Centers for Disease Control, Environmental Health Tracking Network, 2019

Lead Exposure Risk Index

Washington County has a high lead exposure risk due to the high proportion of older homes. In particular, Marietta had an estimated lead exposure risk index score of 10 (out of 10) in 2021 due to the age of homes. Lead can have harmful effects on both children and adults, though children under the age of 3 years are at greatest risk of ingesting lead (Ohio Healthy Homes and Lead Poisoning Prevention Program, Centers for Disease Control and Prevention, 2023). Screening of children under age 5 years is important. The Ohio Public Health Data Warehouse reports that 18% of children in Washington County were screened for lead in 2021 compared to 18.5% in Ohio.

All Housing Units by Age (Time Period Constructed), Total Estimated - 2017-2021

| Report Area | Before 1960 | 1960-1979 | 1980-1999 | 2000-2010 | 2010-2019 | After 2020 |
|-------------------|-------------|------------|------------|------------|------------|------------|
| Washington County | 9,760 | 7,991 | 6,563 | 2,469 | 1,185 | 42 |
| Ohio | 2,050,627 | 1,365,917 | 1,089,170 | 494,787 | 226,671 | 5,561 |
| United States | 37,697,788 | 35,140,091 | 37,425,443 | 18,958,193 | 10,164,107 | 261,398 |

United States Census Bureau, American Community Survey 5-Year Estimates, 2017-2021

Environmental Design

The physical design of a community impacts the likelihood of residents participating in physical activity like walking to work or for exercise, visiting a fitness facility, or visiting a park. The physical design can also impact opportunities for social interaction that are vital for health and well-being.

Recreation and Fitness Facility Access

Access to recreation and fitness facilities encourages physical activity and other healthy behaviors. The report area includes 7 establishments primarily engaged in operating fitness and recreational sports facilities featuring exercise and other active physical fitness conditioning or recreational sports activities. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors, which reduce the risk of chronic disease.

Recreation and Fitness Establishments

| Report Area | Total Population (2020) | Number of Establishments | Establishments, Rate per 100,000 Population |
|-------------------|-------------------------|--------------------------|---|
| Washington County | 59,771 | 7 | 11.71 |
| Ohio | 11,799,448 | 1,242 | 10.53 |
| United States | 266,610,714 | 39,359 | 14.76 |

United States Census Bureau, County Business Patterns, 2021

Walkability Index Score

The National Walkability Index is a nationwide geographic data resource that ranks block groups according to their relative walkability on a range of 1-20. A higher score indicates a community is better designed to encourage walking. Washington County scores in the “below average walkability” group.

Walkability Index

| Report Area | Total Population (2020) |
|-------------------|-------------------------|
| Washington County | 6.1 |
| Ohio | 8.4 |
| United States | 6.1 |

Robert Wood Johnson, County Health Rankings, 2023;
Environmental Protection Agency, 2021

Population Within 0.5 Mile of a Park

Populations who live within 0.5 mile of a park are more likely to engage in outdoor physical activity. This indicator reports the percentage of residents who live within 0.5 mile of a park.

Population 0.5 Mile of Park

| Report Area | Total Population |
|-------------------|------------------|
| Washington County | 29.0% |
| Ohio | 18.0% |
| United States | 41.05 |

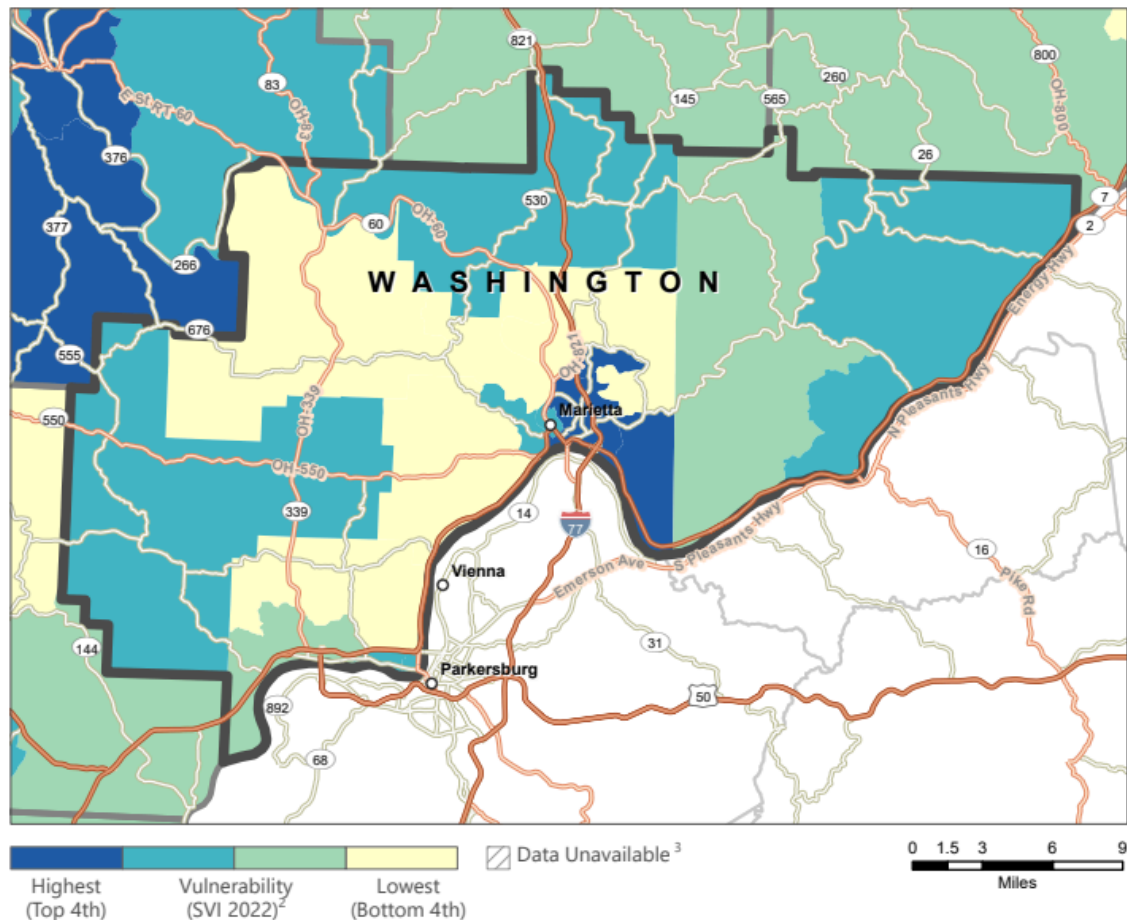
Robert Wood Johnson, County Health Rankings, 2023

Social and Community Context

Social Vulnerability Index (SVI)

The degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, may affect that community's ability to prevent human suffering and financial loss in the event of disaster. These factors describe a community's social vulnerability. The social vulnerability index is a measure of the degree of social vulnerability in counties and neighborhoods across the United States, where a higher score indicates higher vulnerability on a scale of 0 (lowest vulnerability) to 1 (highest vulnerability). Washington County has an overall social vulnerability index score of 0.33 overall, which is less than the state average of 0.46 and national average of 0.58. Although, certain census tracts within the county are at higher risk. In particular, census tracts 209, 210, and 211 are considered health improvement zones due to their higher risk scores (over 0.75). They are indicated in dark blue in the map below and are all in or around the city of Marietta.

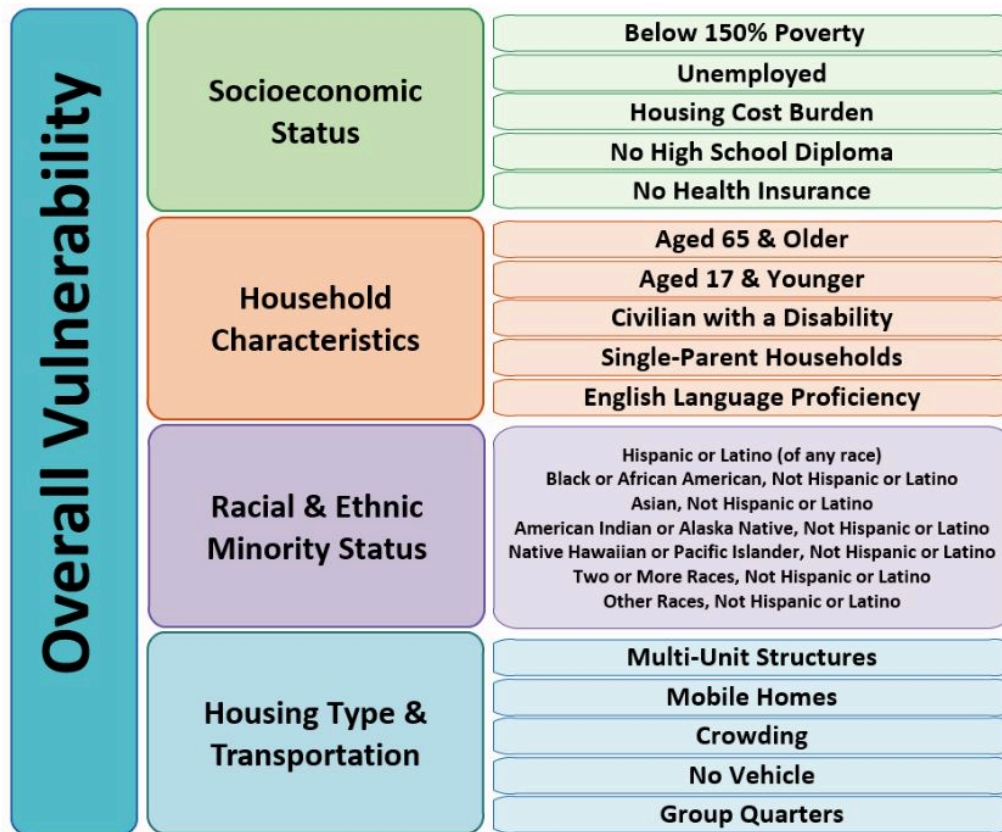
Degree of Social Vulnerability by Census Tract



Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC - GRASP, 2022

The Social Vulnerability Index uses 16 U.S. census variables from the 5-year American Community Survey (ACS) to identify communities that may need support before, during, or after disasters. These variables are grouped into four themes that cover four major areas of social vulnerability and then combined into a single measure of overall social vulnerability (Centers for Disease Control and Prevention, 2024). The graph below shows the overall SVI score as well as the score for each theme used to compute the overall score: socioeconomic status, household composition, minority status, and housing and transportation. The following graphic shows the different factors that are analyzed to determine an SVI theme score.

Social Vulnerability Index Themes and Variables



Centers for Disease Control and Prevention,
Agency for Toxic Substances and Disease Registry Social Vulnerability Index, 2024

Social Vulnerability Index Scores

| Report Area | Total Population | Socioeconomic Theme Score | Household Composition Theme Score | Minority Status Theme Score | Housing & Transportation Theme Score | Overall Social Vulnerability Index Score |
|-------------------|------------------|---------------------------|-----------------------------------|-----------------------------|--------------------------------------|--|
| Washington County | 59,639 | 0.45 | 0.26 | 0.09 | 0.44 | 0.33 |
| Ohio | 11,774,683 | 0.42 | 0.47 | 0.50 | 0.49 | 0.46 |
| United States | 331,097,593 | 0.54 | 0.47 | 0.72 | 0.63 | 0.58 |

Centers for Disease Control and Prevention and the National Center for Health Statistics,
CDC - GRASP, 2022

Childhood Experiences

A safe and nurturing home environment is a strong predictor of well-being, yet many children must overcome adverse experiences decreasing their chances of optimum health. Adverse experiences are often a result of social conditions that challenge a child or caregivers' ability to cope with life; for example, discrimination, poverty, limited education or lack of employment opportunities. The cumulative stress may lead to unsafe households and relationships that are detrimental to the development of the child.

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) are divided into two areas: 1) abuse and family, and 2) household challenges. ACEs are associated with violence and victimization, perpetration, health, and opportunity across the lifespan (Swedo, Aslam, Dahlberg, et al., 2023). The higher the number of ACEs a person experiences, the greater likelihood of negative outcomes (Health Policy Institute of Ohio, 2020).

The following table displays the percentages of Washington County youth ages 12-18 who have experienced at least one ACE. These percentages draw attention to the need for interventions at the root level to improve mental and behavioral health, education, and increase options for reducing poverty and family stressors to prevent ACEs. Additionally, health services and community improvements to help children heal who have experienced these traumas are critical.

Adverse Childhood Experiences (ACEs)

| ACE by Category | Washington County Percentage | Ohio Percentage |
|--------------------------------|------------------------------|-----------------|
| Physical Abuse | 7.08% | 6.83% |
| Emotional Abuse | 30.66% | 26.82% |
| Sexual Abuse | 8.45% | 4.46% |
| Witnessed Domestic Violence | 9.79% | 7.51% |
| Household Mental Illness | 27.5% | 24.66% |
| Household Substance Abuse | 26.81% | 21.68% |
| Parental Separation or Divorce | 42.33% | 37.66% |
| Incarcerated Household Members | 15.93% | 13.37% |

Ohio Healthy Youth Environments Survey (OhYes!), 2019-2020

The Ohio Health Policy Institute (2020) documents risk and protective factors for ACEs at the individual, family and peer, and community levels.

Risk and Protective Factors for ACEs

| Level | Risk Factors | Protective Factors |
|-------------------------|---|--|
| Community | <ul style="list-style-type: none"> • Communities with limited education and economic opportunities • Communities with high rates of violence and crime • Communities with easy access to drugs and alcohol | <ul style="list-style-type: none"> • Communities with healthcare providers • Communities with safe and affordable housing • Communities with high-quality childcare and early childhood education providers |
| Family and Peers | <ul style="list-style-type: none"> • Caregivers who experienced ACEs as children • Families living in poverty • Caregivers with limited understanding of children’s needs or development | <ul style="list-style-type: none"> • Caregivers who provide safe, stable, and nurturing relationships • Families who can meet basic needs • Positive friendships and peer networks |
| Individual | <ul style="list-style-type: none"> • Children who do not feel they can share their feelings with their caregiver | <ul style="list-style-type: none"> • Children who develop healthy social and emotional skills |

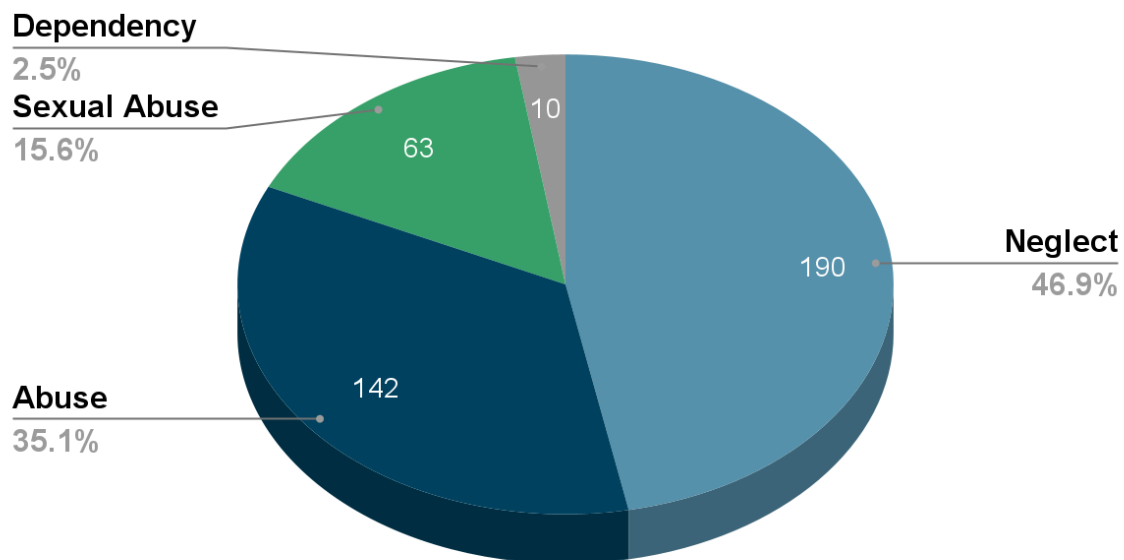
Health Policy Institute of Ohio, 2020

Reports of Abuse, Neglect, Dependency

Washington County Children Services provides a 24-hour hotline to receive calls of concern for children. In 2023, 1,488 calls of concern were received involving 2,894 children.

Caseworkers investigate or assess reports of abuse, neglect, and dependency to determine the immediate safety needs of the child and service needs of the family. In 2023, 405 investigations involving 838 children were conducted. This is a 16% increase compared to the number of investigations in 2022.

Washington County Children Services Investigations Conducted in 2023



Washington County Department of Job and Family Services,
Children Services Report to the Community, 2023

Schools Attended by Children Investigated

The schools of the children investigated currently or will attend are listed below for 2022 and 2023. There was a 174% increase in 2023 in the number of calls of concern about children who live in the Wolf Creek School District (19 calls in 2022 compared to 52 calls in 2023).

| School Attended/Will Attend | Number of Children in 2022 | Number of Children in 2023 |
|-----------------------------|----------------------------|----------------------------|
| Marietta | 329 | 386 |
| Belpre | 150 | 131 |
| Warren | 123 | 108 |
| Fort Frye | 50 | 75 |
| Frontier | 31 | 47 |
| Wolf Creek | 19 | 52 |
| Out of Washington County | 30 | 36 |
| Total | 732 | 835 |

Washington County Department of Job and Family Services,
Children Services Report to the Community, 2022 and 2023

Family Services

To maintain children safely in their own homes, Washington County Children Services provides ongoing protective services to support children and strengthen families. When a child must be removed from the home, services are provided to resolve identified safety issues and work toward family reunification. If family reunification is not possible, an alternative permanent plan for the child is pursued.

Washington County Family Services

| Family Services | Number Served in 2022 | Number Served in 2023 |
|---|-----------------------|-----------------------|
| Families Served Through Open Cases | 77 | 79 |
| Children | 147 | 155 |
| Adults | 120 | 115 |
| Court Involved Cases | 74 | 72 |
| Voluntary Cases | 3 | 7 |
| Cases Closed | - | 27 |
| Family Reunification | - | 11 |
| Children Transferred to Adoption Services | - | 9 |
| Children Places in Legal Custody of Relatives/Kin | - | 7 |

*2022 Cases Closed Not Reported in Annual Report

Washington County Department of Job and Family Services,
Children Services Report to the Community, 2022 and 2023

Foster Care - Adoption

Children are placed in licensed foster homes or other contract placement settings when they have been abused or neglected and there are no placement options with relatives. Adoption is the legal process to provide support and a stable environment for children who need permanent homes.

Washington County Foster Care & Adoption

| Foster Care - Adoption | Number of Children in 2022 | Number of Children in 2023 | Percent Change from 2022 to 2023 |
|---------------------------------|----------------------------|----------------------------|----------------------------------|
| Children in Out of Home Care | 128 | 134 | 5% ↑ |
| Children Available for Adoption | 31 | 41 | 32% ↑ |
| Finalized Adoptions | 9 | 14 | 56% ↑ |
| Local Foster Homes | 29 | 27 | 7% ↓ |

Washington County Department of Job and Family Services,
Children Services Report to the Community, 2022 and 2023

Grandparents as Caregivers

This indicator reports the number of grandparents who are living with and are responsible for their own grandchildren under the age of 18 years, and what portion of the total population they represent. It is important because caregivers are at higher risk of stress-related health issues, financial burden, and other negative factors. In Washington County, these grandparents represent a higher portion of the population than in Ohio or the country as a whole.

Grandparents Responsible for Grandchildren Under 18 Years Old Estimated - 2018-2022

| Report Area | Percentage of Total Population |
|-------------------|--------------------------------|
| Washington County | 1.5% |
| Ohio | 1.2% |
| United States | 1.1% |

United States Census Bureau, American Community Survey 5-Year Estimates, 2018-2022

Computer and Internet Use

Having access to a computer and the internet can provide a portal to resources and information for a household.

Computer and Internet Access Estimated - 2018-2022

| | Washington County | Marietta City | Belpre City | Ohio | United States |
|--|-------------------|---------------|-------------|-------|---------------|
| Households with a computer, percent | 90.4% | 88.7% | 90.0% | 92.8% | 94.0% |
| Households with a broadband Internet subscription, percent | 83.0% | 82.6% | 82.6% | 87.6% | 88.3% |

United States Census Bureau, American Community Survey 5-Year Estimates, 2018-2022

Civic Participation

Participating in the civic process including national and local elections demonstrates engagement with shaping policies that impact one's own income, health, housing, and well-being. Additionally, the number of non-profit and membership organizations in a community provide insight into social capital - resources from social relationships and organizations that are available to support well-being.

Voter Participation Rate, National

This indicator reports the percentage of the adult population that voted in the national elections on November 2, 2020. Voter participation rates are calculated as a percentage of the voting age population (age 18 and over) and not as a percentage of registered voters. In the 2020 election, of the report area's 48,064 voting age population, 32,031 or 66.6% cast a vote.

Voter Participation Rate, National

| Report Area | Total Citizens Aged 18 and Over (ACS2015-19) | Total Votes Cast | Voter Participation Rate |
|-------------------|--|------------------|--------------------------|
| Washington County | 48,064 | 32,031 | 66.6% |
| Ohio | 8,820,897 | 5,922,202 | 67.1% |
| United States | 230,428,731 | 158,433,557 | 68.8% |

Townhall Election Results, 2020

Census Participation Rate

In Washington County, Ohio, 67.3% of households self-responded to the 2020 census (by internet, paper questionnaire or telephone). Self-responding refers to submitting census information for their own household.

Census Self-Response Rate

| Report Area | Percentage Rate |
|-------------------|-----------------|
| Washington County | 67.3% |
| Ohio | 66.6% |
| United States | 65.8% |

Robert Wood Johnson, County Health Rankings, 2023

Nonprofit Organizations

In 2021, Washington County had 516.4 non-profit organizations per 100,000 indicating a strong foundation for creating a more equitable community.

Nonprofit Organizations

| Report Area | Nonprofits per 100,000 population |
|-------------------|-----------------------------------|
| Washington County | 516.4 |
| Ohio | 494.7 |
| United States | 468.6 |

Robert Wood Johnson, County Health Rankings, 2023

Membership Organizations

In Washington County, Ohio in 2021, there were 12.4 membership organizations per 10,000 people. These include civic, political, religious, sports and professional organizations. This rate exceeds the state (10.8) and nation (9.1). Membership associations are important for building social capital (Robert Wood Johnson, County Health Rankings, 2023).

Behavioral Risk Factors

Risk factors in this category include mental health factors and behaviors that are believed to cause, or to be contributing factors to, injuries, disease, and death during youth and adolescence and be significant causes of mortality in later life.

Mental and Physical Health

This category represents social and mental factors and conditions that directly or indirectly influence overall health status and individual and community quality of life. Mental health conditions and overall psychological well-being and safety may be influenced by substance abuse and violence within the home and within the community.

Self-Reported Poor or Fair General Health

Within Washington County, 17% of adults aged 18 and older self-report having poor or fair health in response to the question: “Would you say that in general your health is excellent, very good, good, fair or poor?” This indicator measures perceptions of general health status.

Self-Reported Poor or Fair General Health

| Report Area | Total Population | Age-Adjusted Percentage of Self-Reported Poor/Fair Health |
|-------------------|------------------|---|
| Washington County | 59,423 | 17.0% |
| Ohio | 11,780,017 | 16.5% |
| United States | 331,893,745 | 15.2% |

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2021; PLACES Data Portal, 2023

Self-Reported Frequent Distress, Mental and Physical

Within Washington County, 17% of adults aged 18 and older self-report 14 days or more of mental distress in a 30 day period. While 11% report 14 days or more of physical distress in a 30 day period.

Self-Reported Frequent Distress, Mental and Physical

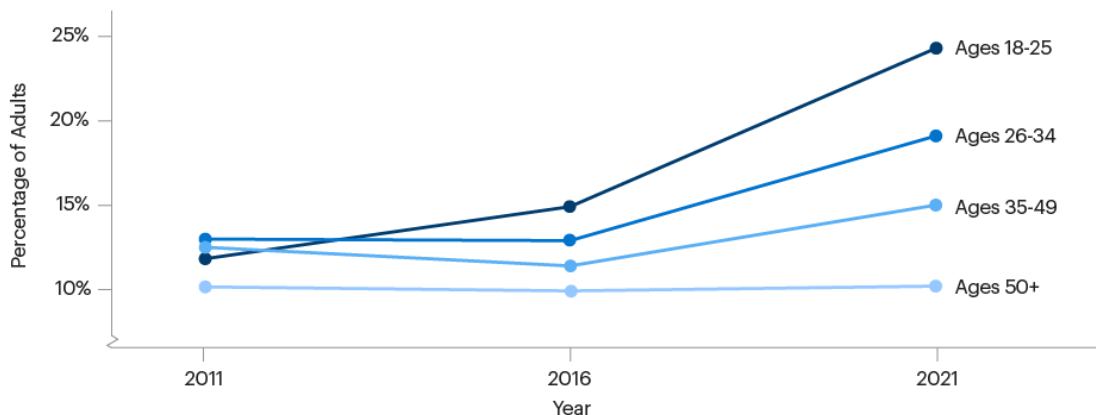
| | Frequent Mental Distress | Frequent Physical Distress |
|-------------------|--------------------------|----------------------------|
| Washington County | 17% | 11% |
| Marietta City | 19.6% | 14.1% |
| Belpre City | 17.9% | 14.2% |
| Ohio | 16% | 10% |
| United States | 14% | 9% |

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2021; PLACES Data Portal, 2023

National Trends in Frequent Mental Distress

The Centers for Disease Control and Prevention report a significant increase in people reporting frequent mental distress over the past 10 years for people 18-49 with the greatest increase for those 18-25 years of age.

Trends in Frequent Mental Distress by Age



Source: CDC, Behavioral Risk Factor Surveillance System, 2011 - 2021.

Mentally and Physically Unhealthy Days, Adults

This indicator refers to the average number of reported mentally unhealthy days per month among adults age 18 years and over. Data was collected from respondents who answered the question: “Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?” This is important because it is a risk factor for mental illness and other disorders. Respondents also reported on their average number of physically unhealthy days in the past 30 days.

Mentally Unhealthy Days

| Report Area | Average Days per Month |
|-------------------|------------------------|
| Washington County | 5.0 |
| Ohio | 5.0 |
| United States | 4.4 |

Robert Wood Johnson, County Health Rankings, 2023

Physically Unhealthy Days

| Report Area | Average Days per Month |
|-------------------|------------------------|
| Washington County | 3.4 |
| Ohio | 3.2 |
| United States | 3.0 |

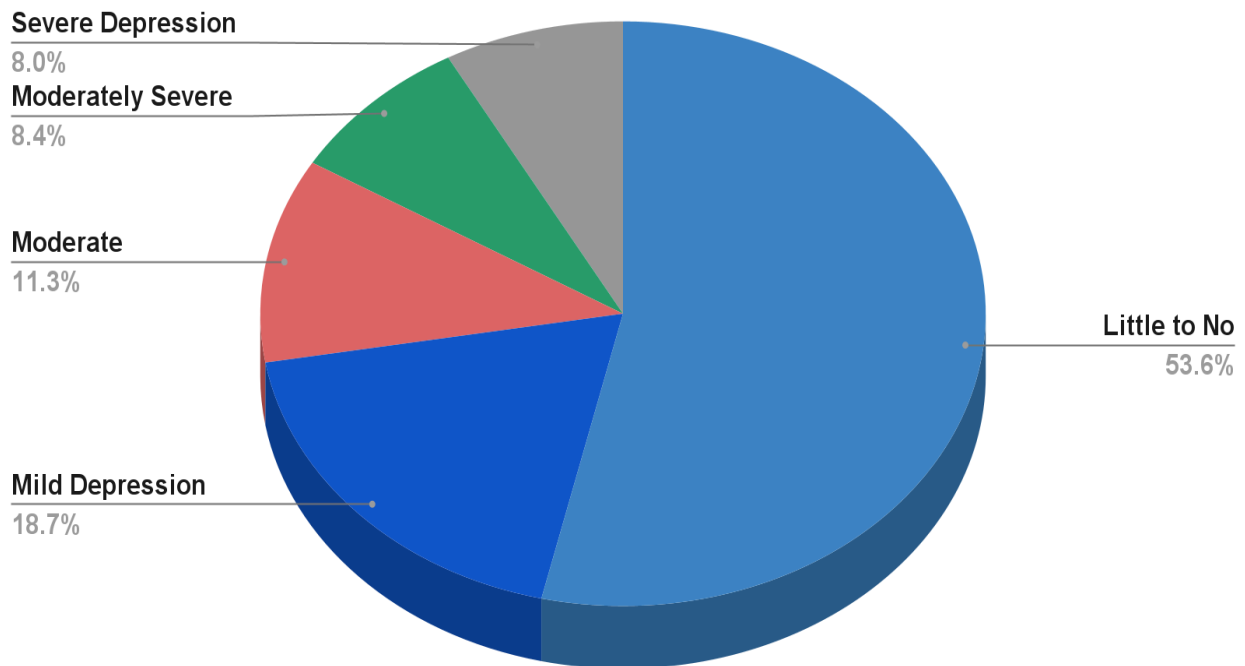
Robert Wood Johnson, County Health Rankings, 2023

Depression, Youth

Depression is a medical illness that causes a person to have feelings of sadness that do not go away. A person with depression may often feel hopeless, have low energy, and lack interest in activities that once brought joy. Depression can affect thoughts, feelings, behavior, mood, and physical health. This indicator reports on depression amongst Washington County youth. In 2023, 1,149 students across Washington County took the Patient Health Questionnaire (PHQ) - a short questionnaire intended to screen for

depression. This questionnaire asks people to report how often they are bothered by problems such as a lack of pleasure in doing things, sad or hopeless feelings, sleep problems, or trouble concentrating. The PHQ also asks whether these problems are getting in the way of carrying out daily activities. While 53.6% of students demonstrated little to no indication of depression, 46.4% demonstrated some level of depression from mild to severe.

Youth Depression



Patient Health Questionnaire, Washington County, Ohio, 2023

Substance Use and Abuse

Substance abuse refers to the misuse of harmful psychoactive substances including, but not limited to tobacco, alcohol, and illicit drugs (Substance Abuse and Mental Health Services Administration, 2023). Public health policies and interventions on the local and national level can address patterns of use, accessibility of the substances, and ultimate rehabilitation of the health of affected individuals. Initial use of substances is considered preventable.

Substance use disorders (SUDs) are characterized by impairment caused by the recurrent use of alcohol or other drugs (or both), including health problems, disability, and failure to meet major responsibilities at work, school, or home. The Substance Abuse and Mental Health Services Administration classifies people who used alcohol or drugs in the past 12 months as having SUDs in that period if they met criteria specified in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (Substance Abuse and Mental Health Services Administration, 2023).

In the 2022 Substance Abuse and Mental Health Services Administration National Report, about 17 percent of the US population aged 12 and older had a substance use disorder in the past year. The highest percentages of people reporting either a mental illness or substance use disorder in 2022 were between the ages of 18 and 25.

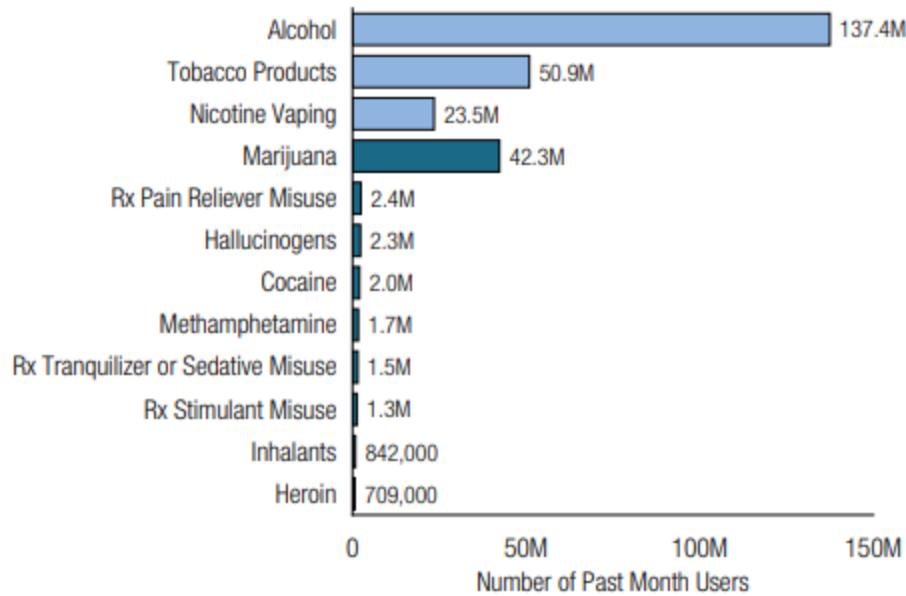
The Substance Abuse and Mental Health Services Administration (SAMHSA) reports the following national data for people aged 12 and older in the United States for data collected in 2022:

- 59.8 percent (or 168.7 million people) used tobacco, vaped nicotine, used alcohol, or used an illicit drug in the past month;
- 48.7 percent (or 137.4 million people) drank alcohol in the past month;
- 18.1 percent (or 50.9 million people) used a tobacco product in the past month;
- 8.3 percent (or 23.5 million people) vaped nicotine in the past month;
- and 16.5 percent (or 46.6 million people) used an illicit drug in the past month.

Note that estimates for tobacco use, nicotine vaping, alcohol use, or illicit drug use are not mutually exclusive because respondents could have used more than one type of substance

(e.g., tobacco products and alcohol) in the past month. These findings are shown in the graph below.

Past Month Substance Use Among People Aged 12 or Older in 2022



Rx = prescription.

Note: The estimated numbers of current users of different substances are not mutually exclusive because people could have used more than one type of substance in the past month.

2022 Substance Abuse and Mental Health Services Administration National Report

Tobacco

Adult Tobacco Use

This indicator reports the percentage of adults aged 18 and older who self-report smoking at least 100 cigarettes in their lifetime and currently smoke some days or everyday.

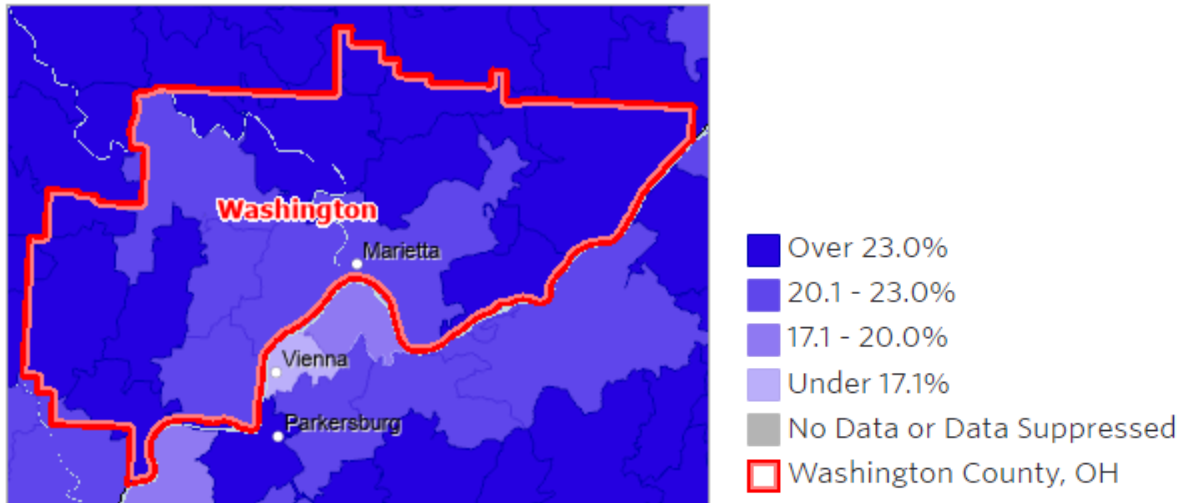
Tobacco use is linked to leading causes of death such as cancer and cardiovascular disease. Healthy People 2030 seeks to reduce adult smoking to 6.1% or below by 2030.

Tobacco Usage of Current Smokers Aged 18 and Over

| | Total Population Aged 18 and Over | Percentage Population Smoking Cigarettes (Age-Adjusted) |
|-------------------|-----------------------------------|---|
| Washington County | 47,911 | 23.20% |
| Ohio | 9,212,231 | 19.26% |
| United States | 259,746,218 | 13.80% |

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance, 2021

Percentage of Tobacco Usage by Census Tract



Map generated using SparkMap. Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance, 2021

Youth Tobacco Trends in Ohio

The Ohio Youth Risk Behavior Survey (YRBS)/Youth Tobacco Survey (YTS) is conducted by the Ohio Department of Health (ODH) to monitor health risk behaviors among youth in Ohio. The most recent version of the survey was published in 2021 based upon data from middle school students (grades 6-8) and high school students (grades 9-12) in Ohio. Estimates are based on a weighted sample of 1,700 students who participated in the survey.

- Among all youth in Ohio, about one in six (16.4%) currently use at least one type of tobacco product, compared with 9.3% nationally.
- Electronic vapor products are the most used tobacco product among youth with an overall prevalence of 15.7%, followed by flavored tobacco (6.0%).
- The prevalence of ever using an e-cigarette is 35.1% among high school students, compared with 16.6% among middle school students in Ohio.
- E-cigarettes are the most common tobacco product tried first among youth in Ohio (62.6%), followed by traditional cigarettes (27.2%).
- About one in four (28.4%) Ohio youth reported using e-cigarettes because they are used by a friend or family member, and two in five (39.9%) youth get e-cigarettes by borrowing them from friends or family.
- Among Ohio youth who use any tobacco product, 42.6% reported using flavored tobacco, and 95.9% reported using e-cigarettes.
- Among Ohio youth who use e-cigarettes, 42.6% reported using flavored tobacco and about half (49.3%) also use marijuana.

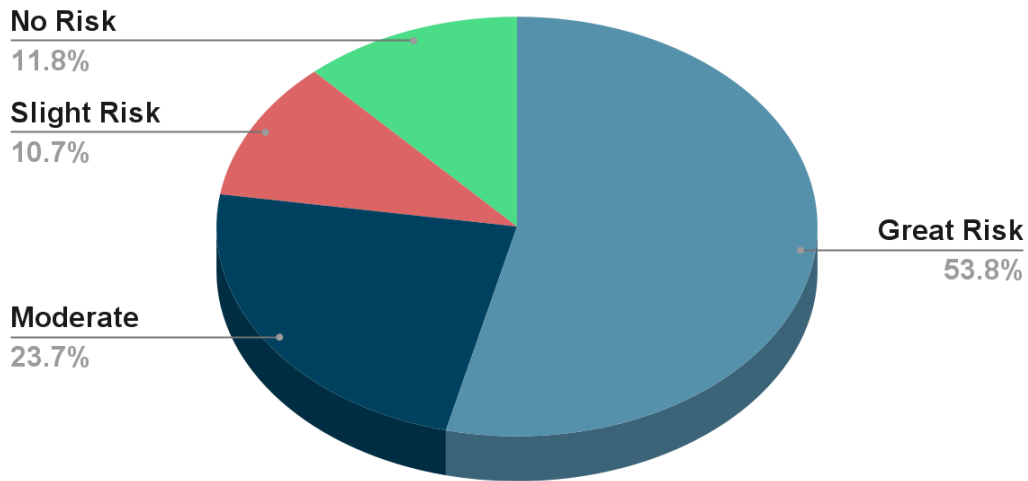
Research has demonstrated that youth who vape or use e-cigarettes are more likely to use tobacco later in life, and more likely to experience higher levels of depression and poorer mental health than non-users (Centers for Disease Control, Smoking and Tobacco Use Facts, 2023). The Healthy People 2030 target is to reduce adolescent tobacco use to 11.3% or below.

Washington County Youth Perceptions of Tobacco Use

In 2023, a total of 1,149 local elementary, middle, and high school students completed a youth health screening questionnaire distributed by the Ohio Department of Health Tobacco Cessation Program administered by the Washington County Health Department. Students from Belpre, Marietta, Warren, Fort Frye, Frontier, Salem-Liberty, Matamoras, Lowell, Waterford, and Washington County Career Center participated.

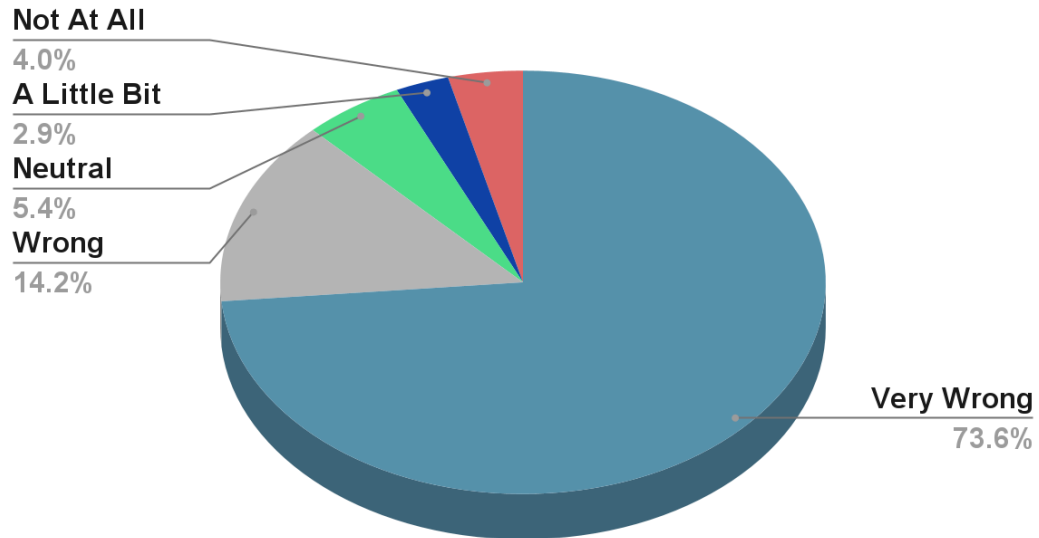
Perceived Risk of Tobacco/Nicotine Use

The following graph reports responses to the question, *“How much do you think people risk harming themselves physically or mentally when they use tobacco/nicotine products regularly?”*



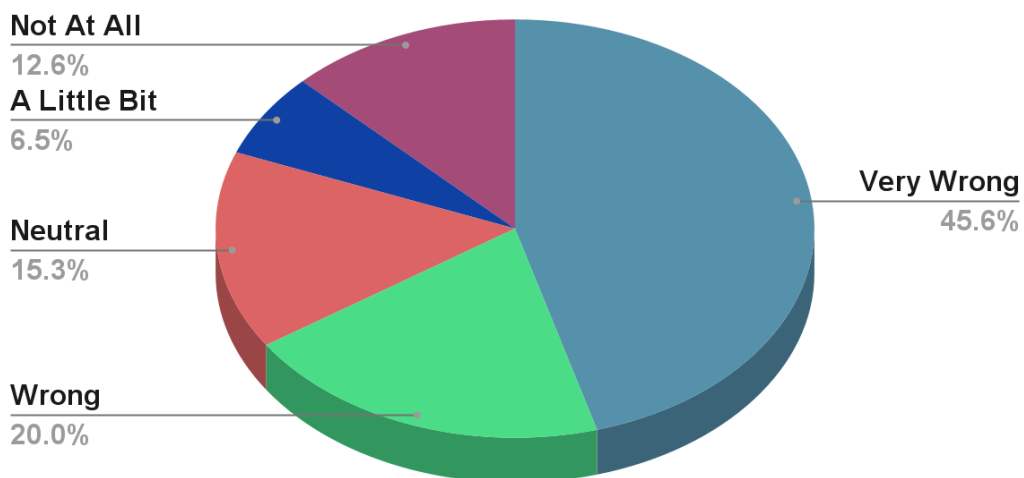
Parent Perception of Youth Smoking/Vaping

The following graph reports responses to the question, "How wrong would your parents/legal guardians feel it would be for you to smoke/vape?"



Peer Perception of Youth Smoking/Vaping

The following graph reports responses to the question, "How wrong would your friends feel it would be for you to smoke/vape?"



Washington County Youth Exposure to Tobacco

A 2023 youth health screening questionnaire, completed by 1,149 Washington County elementary, middle and high school students, provided data on how many youth are regularly exposed to tobacco use (Youth Health Screening, Washington County Tobacco Cessation Program, 2023).

- In the last 30 days, about 25% of youth had seen their parent/legal guardian smoke a cigarette or cigar, about 16% had seen their parent/legal guardian vape, and about 22% had seen their parent/legal guardian use chewing tobacco.
- In the last 30 days, about 9% of youth had seen their sibling smoke a cigarette or cigar, about 12% of youth had seen their sibling vape, and about 6% had seen their sibling use chewing tobacco.
- In the last 30 days, about 15% of youth had seen their sibling smoke a cigarette or cigar, about 22% of youth had seen their sibling vape and about 8% had seen their sibling use chewing tobacco.

Alcohol

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines binge drinking as a pattern of drinking that brings blood alcohol concentration to 0.08 percent (0.08 grams of alcohol per deciliter) or higher. A typical adult reaches this blood alcohol concentration by consuming five or more drinks (male), or four or more drinks (female) in about two hours. The next table represents the percent of adults who report binge drinking on at least one occasion in the past 30 days. Alcohol use is a risk factor for many negative health outcomes including: mental health conditions such as depression and suicide, physical injuries related to motor vehicle accidents, stroke, heart disease, and cancer.

Alcohol - Binge Drinking

| Report Area | Population Aged 18 Years and Over | Percentage of Adults Aged 18 Years and Over Reporting Binge Drinking (Age-Adjusted) |
|-------------------|-----------------------------------|---|
| Washington County | 47,911 | 18.70% |
| Ohio | 9,212,231 | 18.06% |
| United States | 259,746,218 | 16.70% |

Centers for Disease Control, Behavioral Risk Factor Surveillance, 2021

Illicit Drug Use

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines Illicit drug use as the use of marijuana, cocaine, heroin, hallucinogens, inhalants, and methamphetamine, as well as the misuse of prescription drugs (pain relievers, tranquilizers, stimulants, or sedatives). Misuse of prescription drugs means use in any way not directed by a doctor, such as use without a prescription of one's own, or use in greater amounts, more often, or longer than told to take a drug.

National Trends

The Substance Abuse and Mental Health Services Administration (SAMHSA) presented the 2022 National Survey on Drug Use and Health in the United States. SAMHSA reports that among people aged 12 or older in 2022, 24.9% (or 70.3 million people) used illicit drugs in the past year. See the full report here:

<https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report>

Local Trends

While county level data, for illicit drug use rates is limited, data is available for populations who have been diagnosed with or treated for Opioid Use Disorder through the local Behavioral Health Board and Medicaid services. The National Institutes of Health (2023) defines Opioid Use Disorder (OUD) as the chronic use of opioids that causes clinically

significant distress or impairment. According to the Ohio Department of Mental Health and Addiction Services, in 2021, of Medicaid enrollees aged 18-64 years in Washington County, 562 had a diagnosis of Opioid Use Disorder. Furthermore, review of the mortality section of this report provides more data on the types of drugs primarily involved drug overdose deaths at the county level.

One effort to monitor misuse of prescription opioids is through the Ohio Automated Rx Reporting System (OARRS) Program. This program monitors the distribution of prescription opioids within Ohio. The OARRS reported that in Washington County, there were 73 adults aged 18 and over who were filling opioid prescriptions at multiple prescribers and pharmacies in 2021. In 2022, there were 69 adults aged 18 and over who were filling opioid prescriptions at multiple prescribers and pharmacies.

Overdose prevention and harm reduction programs are operating in Washington County including Project DAWN locations where fentanyl test strips and Naloxone are distributed. Naloxone (also known as Narcan) is a medication that can reverse an overdose caused by an opioid drug (heroin, illicit fentanyl, or prescription pain medications). The Ohio Department of Health reports that Project DAWN distributed 302 Naloxone units in 2022 in Washington County and 926 Naloxone units in 2023. Additional programs and resources can be found here: <https://wcbhb.org/resources/>.

Mental Health and Addiction Treatment, Washington County

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) reports behavioral health-related (including mental health and addiction) treatment data from: 1) treatment services claims data supplied by the Ohio Department of Medicaid for providers who are certified by OhioMHAS and are participating in the Medicaid program, and 2) OhioMHAS treatment claims collected from Ohio's County Alcohol Drug Addiction and Mental health Services (ADAMHS) Boards for non-Medicaid behavioral health-related services covered under Board contracts (non-Medicaid claims).

The Washington County Behavioral Health Board (WCBHB) provides a unified system of mental health and alcohol and drug addiction services to residents of Washington County. The WCBHB is responsible for coordinating services among providers of care and administering funds for delivery of services. The data reported to OhioMHAS represents clients served through WCBHB programs. To learn more about the resources available for behavioral health treatment, visit: <https://wcbhb.org/resources/>.

In the 2023 calendar year, 8,045 unique clients who reside in Washington County sought behavioral health treatment, including mental health and addiction services through Medicaid or the Behavioral Health Board (Ohio Department of Mental Health and Addiction Services, 2024). Of those 8,045 clients, 6,655 or 82.7% had a primary diagnosis type of Mental Health while 2,224 or 27.6% had a primary diagnosis type of Substance Use Disorder. The age, gender, and race of those clients is reported below.

Primary Diagnosis Type by Percent of Clients

| Primary Diagnosis Type | Count | Percent |
|-------------------------------|--------------|----------------|
| Mental Health | 6,655 | 82.7% |
| Substance Use Disorder | 2,224 | 27.6% |
| Other | 613 | 7.6% |
| Unknown | 2,129 | 26.5% |

Ohio Department Mental Health and Addiction Services, Claims Dashboard for 2023
Calendar Year

Age by Percent of Clients

| Age Group | Count | Percent |
|-------------|-------|---------|
| 0-17 | 2,668 | 33.2% |
| 18-24 | 1,207 | 15.0% |
| 25-34 | 1,806 | 22.4% |
| 35-44 | 1,578 | 19.6% |
| 45-54 | 1,083 | 13.5% |
| 55-64 | 718 | 8.9% |
| 65 and Over | 422 | 5.2% |

Ohio Department of Mental Health and Addiction Services, Claims Dashboard for 2023
Calendar Year

Gender by Percent of Clients

| Gender | Count | Percent |
|---------|-------|---------|
| Female | 3,642 | 45.3% |
| Male | 3,133 | 38.9% |
| Unknown | 1,270 | 15.8% |

Ohio Department of Mental Health and Addiction Services, Claims Dashboard for 2023
Calendar Year

Race By Percent of Clients

| Race | Count | Percent |
|------------------------|--------|---------|
| Asian/Pacific Islander | Masked | 0.0% |
| Black/African-American | 192 | 2.4% |
| White | 7,143 | 88.8% |
| Other Races | Masked | 0.0% |
| Unknown | 677 | 8.4% |

*Data masked in original source to protect sensitive information

Ohio Department of Mental Health and Addiction Services, Claims Dashboard for 2023
Calendar Year

Adult Obesity and Overweight Status

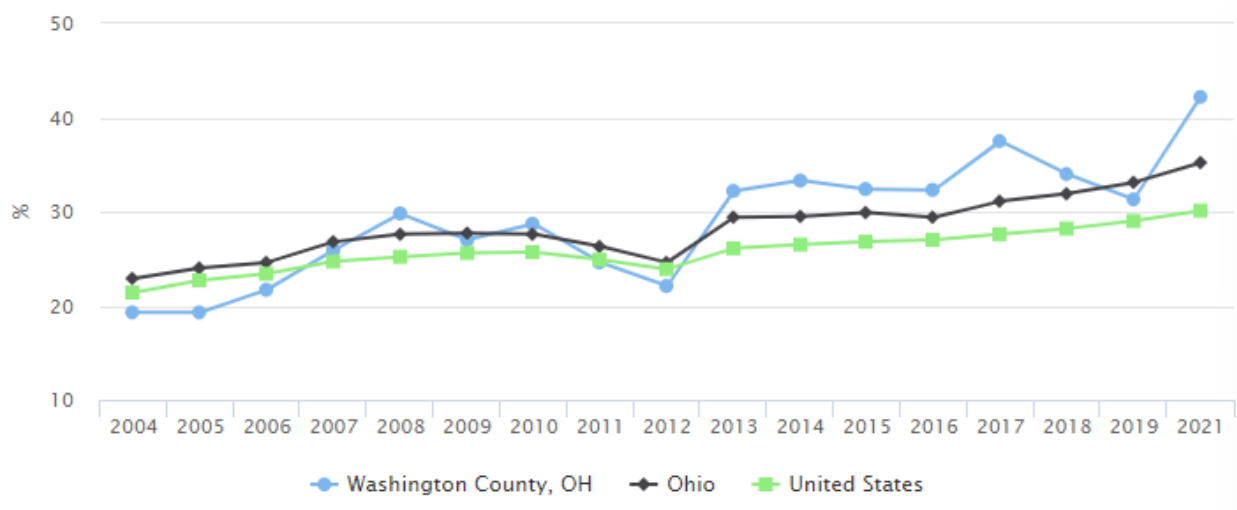
Of adults aged 20 and older, 42.2% self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the report area (Washington County). BMI is calculated from height and weight. This indicator is important because excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues, such as cardiovascular diseases, diabetes, and high blood pressure. The Healthy People 2030 goal is to reduce the proportion of adults with obesity to 36%. Rates of obesity are on the rise.

Adult Obesity

| Report Area | Percentage of Adults Aged 20 or Over with BMI > 30 kg/m ² (Obese) |
|-------------------|--|
| Washington County | 42.2% |
| Marietta City | 45.0% |
| Belpre City | 46.1% |
| Ohio | 35.2% |
| United States | 30.1% |

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2021

Percentage of Adults Aged 20 and Over With Obesity, 2004-2021

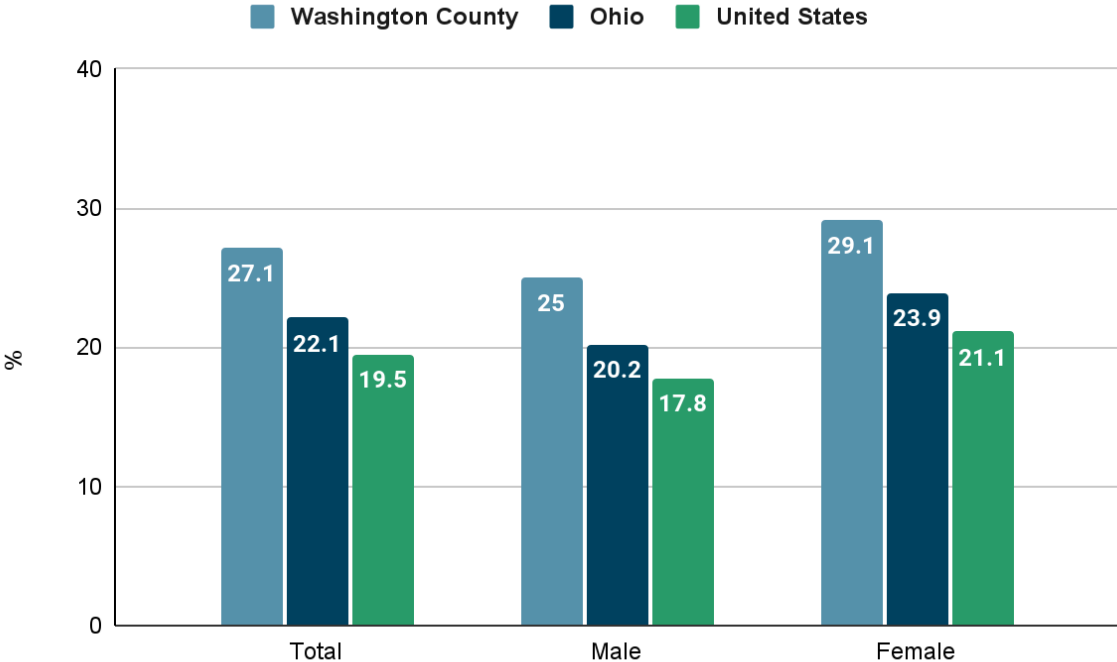


Graph generated with SparkMap. Source Data: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2021

No Leisure Time for Physical Activity

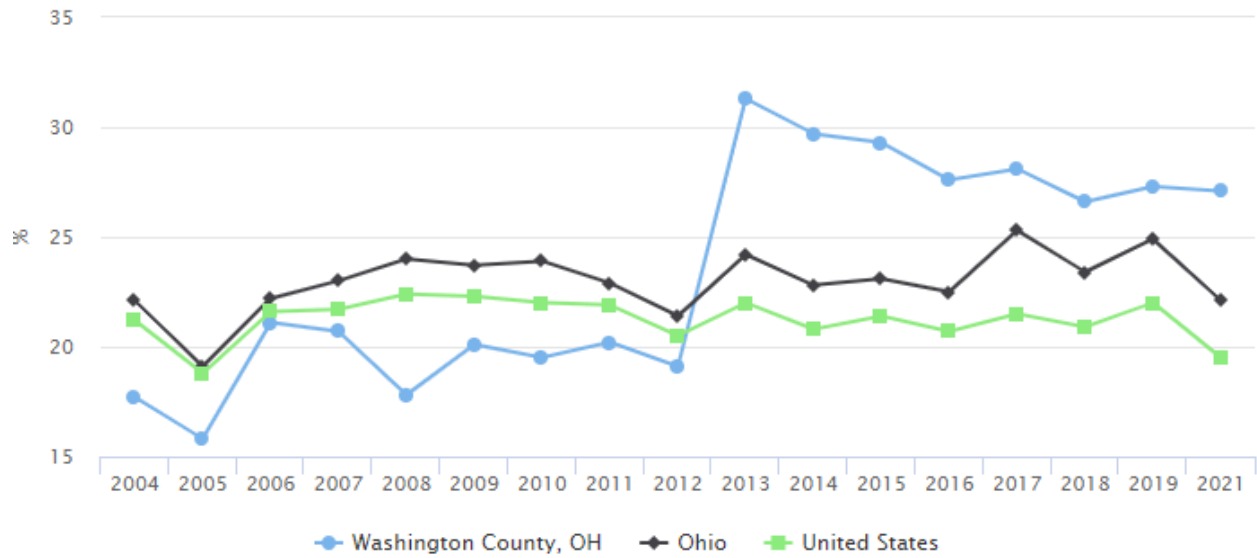
Within the report area, approximately 27% self-report no leisure time for activity, based on the question: “During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?” This indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health. The Healthy People 2030 goal is to lower the percentage reporting no leisure time to 21.2% or less.

Adults Aged 20 or Over Reporting No Leisure Time



Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2021

Percentage of Adults Aged 20 or Over Reporting No Leisure Time by Year, 2004-2021



Graph generated with SparkMap. Source Data: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2021

Preventive Health Screenings

Engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services. Reported below is the percent of the population in the indicated age range who have had that screening type.

Preventive Health Screenings Estimated - 2018-2020

| Screening Type | Washington County | Ohio | United States |
|---|-------------------|-------|---------------|
| Mammography (Ages 50-74 having annual screening in the past 2 years) | 74.6% | 77.9% | 78.6% |
| Pap Smear Test (Ages 21-65 with a Pap Smear in the past 3 years) | 83.5% | 71% | 72% |
| Colorectal Cancer Screening (Adults 50-75) | 65.5% | 70.2% | 70.8% |

Ohio Department of Health, Ohio Behavioral Health Risk Factor Surveillance System,
2018-2020

Maternal and Child Health

One of the most significant areas for monitoring and comparison relates to the health of a vulnerable population: infants and children. This category focuses on birth data and outcomes, as well as mortality data for infants and children. Because maternal care is correlated with birth outcomes, measures of maternal access to, and/or utilization of, care are included. The number of teen mothers delivering babies is a critical indicator of increased risk for both mother and child.

Babies with Low Birth Weights

This indicator reports the percentage of live births where the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.). The averages for these data are reported for a 7-year aggregated time period. Data were from the National Center for Health Statistics - Natality Files (2016-2022). This data is important because it may represent risks to both the mother’s and the infant’s current and future health.

Very Low Birth-Weight Infants Averages - 2016-2022

| | Percentage of Low Birth Weight Infants |
|-------------------|--|
| Washington County | 7.0% |
| Ohio | 8.6% |
| United States | 8.3% |

University of Wisconsin Population Health Institute,
County Health Rankings, 2016-2022

Mothers Who Received Early Prenatal Care

This indicator reports the number of births to females receiving adequate prenatal care beginning in the first trimester of their pregnancy. Prenatal visits to healthcare providers for examinations are important in order to ensure the health of the fetus and mother.

**Mothers Who Received Early Prenatal Care
Averages - 2018-2021**

| | Percentage Receiving Prenatal Care |
|-------------------|---|
| Washington County | 87.3% |
| Ohio | 77.4% |
| United States | 77.8% |

National Center for Health Statistics, Final Natality Data, 2018-2021

Teen Births

This indicator reports the rate of total births to women aged 15 to 19 years old per 1,000 female population aged 15 to 19 years old. Data were from the National Center for Health Statistics - Natality files (2016-2022). In many cases, teen parents have unique social, economic, and health support needs. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices. Washington County's teen birth rate of 19.3 is higher than the state and nation.

**Teen Birth Rate
Averages - 2016-2022**

| Report Area | Female Population Aged 15-19 Years | Teen Births, Rate per 1,000 Female Population Aged 15-19 Years |
|--------------------|---|---|
| Washington County | 12,649 | 19.3 |
| Ohio | 2,593,095 | 18.4 |
| United States | 72,648,322 | 16.6 |

Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via County Health Rankings 2016-2022

Chronic Disease

Heart Disease Incidence

Coronary heart disease is a leading cause of death in the United States and is also related to high blood pressure, high cholesterol, and heart attacks. Coronary heart disease (CHD) is the term given to heart problems caused by narrowed heart (coronary) arteries that supply blood to the heart muscle. The percentage of adults 18 and older with coronary heart disease are reported below. Healthy People 2030 focuses on preventing and treating heart disease and improving overall cardiovascular health.

Heart Disease Prevalence

| | Adults Aged 18 and Over with Coronary Heart Disease |
|-------------------|---|
| Washington County | 6.5% |
| Ohio | 6.2% |
| United States | 6.1% |

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2021

Heart Disease (Medicare Population)

This indicator reports the number and percentage of the Medicare Fee-for-Service population with coronary heart disease. Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the Fee-for-Service program. Within Washington County, there were 3,252 beneficiaries with ischemic heart disease based on administrative claims data in the latest report year of 2023. This represents 30.7% of the total Medicare Fee-for-Service beneficiaries.

Medicare Population with Coronary Heart Disease

| Report Area | Total Medicare Fee-for-Service Beneficiaries | Beneficiaries with Heart Disease | Beneficiaries with Heart Disease, Percent |
|-------------------|--|----------------------------------|---|
| Washington County | 10,610 | 3,252 | 30.7% |
| Ohio | 1,180,106 | 324,522 | 27.5% |
| United States | 33,499,472 | 8,979,902 | 26.8% |

Centers for Medicare & Medicaid Services, Chronic Conditions, 2023

Diabetes Incidence

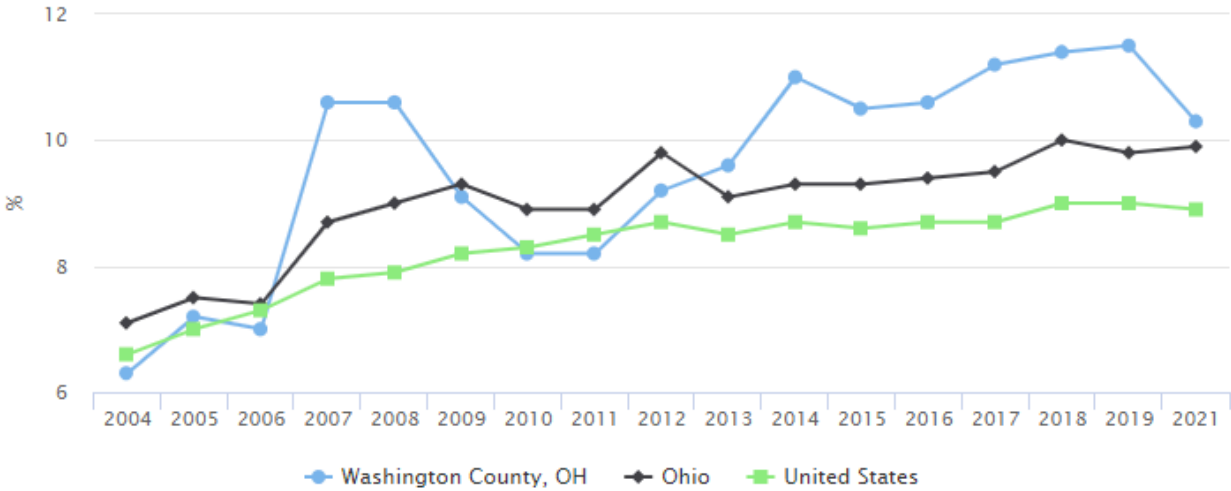
Diabetes is a condition that affects how your body turns food into energy (Centers for Disease Control and Prevention, 2024). This indicator reports the percentage of adults aged 20 and older who have been told by a doctor that they have diabetes. There are different types of diabetes: Type 1, Type 2, and Gestational Diabetes. Over time, untreated diabetes can lead to health problems like heart disease, vision loss, or kidney disease.

Diabetes Prevalence

| | Population Aged 20 and Over | Adults Aged 20 and Over Diagnosed with Diabetes |
|-------------------|-----------------------------|---|
| Washington County | 46,289 | 10.3% |
| Ohio | 8,875,161 | 9.9% |
| United States | 232,706,003 | 8.9% |

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2021

Percent of Adults with Diagnosed Diabetes by Year, 2004-2021



Graph generated with SparkMap. Source Data: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2021

High Blood Pressure

High blood pressure, or hypertension, affects the body's arteries. High blood pressure means the force of the blood pushing against the artery walls is consistently too high (American Heart Association, 2024). This makes the heart work harder to pump blood. This indicator is important because high blood pressure is a risk factor for developing more serious health conditions. The Healthy People 2030 goal to reduce the proportion of adults with high blood pressure to 41.9% or less has been achieved.

High Blood Pressure

| | Total Population Aged 18 and Over | % Adults Aged 17 and Over with High Blood Pressure |
|-------------------|-----------------------------------|--|
| Washington County | 48,538 | 38.6% |
| Ohio | 9,096,117 | 35.6% |
| United States | 253,768,092 | 32.4% |

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal, 2021

Cancers

This indicator examines the number of new invasive cancer cases and the age-adjusted incidence rates (per 100,000 population), along with the number of total cancer deaths and the age-adjusted mortality rates. This indicator is relevant because cancer is a leading cause of death, and it is important to identify cancers separately to better target interventions. Rates provided are for all cancers combined from 2016-2020 (Ohio Cancer Surveillance System, Ohio Department of Health, 2023).

**Cancer (All Cancers)
Estimated - 2016-2020**

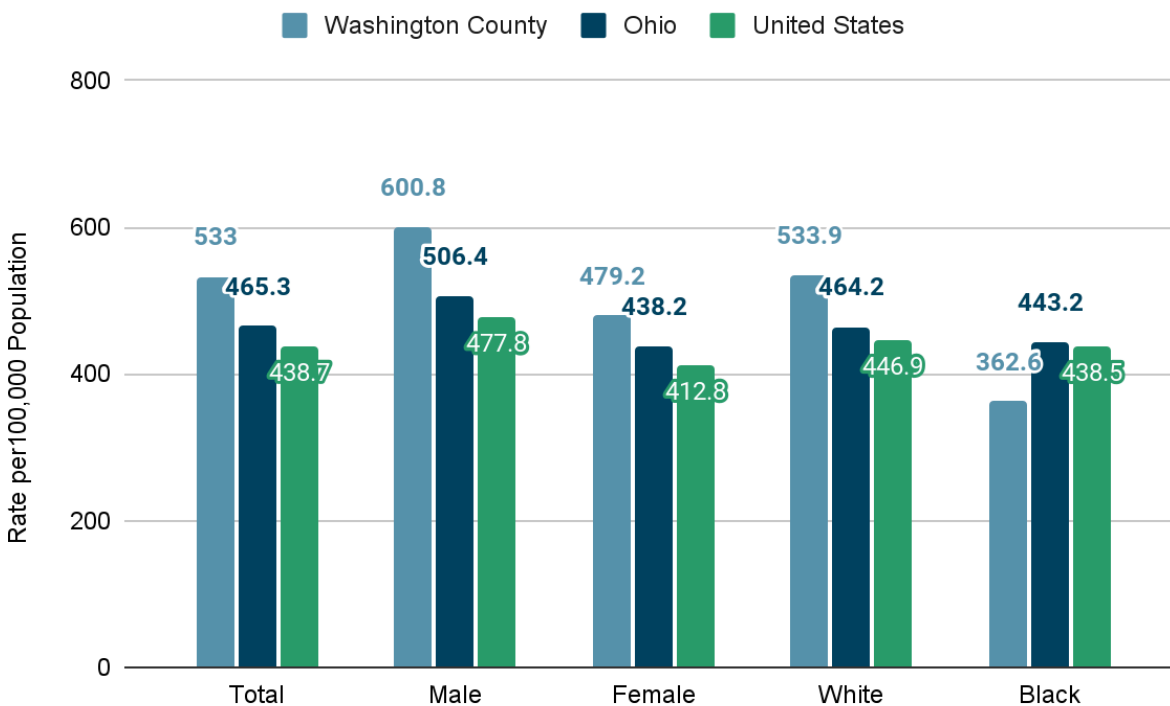
| | Number of New Cases (Incident Rate per 100,000) | Number of Cancer Deaths (Incident Rate per 100,000) |
|-------------------|--|--|
| Washington County | 533.0 | 170.0 |
| Ohio | 465.3 | 166.1 |
| United States | 438.7 | 149.4 |

Ohio Cancer Surveillance System, Ohio Department of Health, 2023;
National Cancer Institute, 2023

New Cancer Cases

The Bureau of Vital Statistics of the Ohio Department of Health reports that between 2016-2020, an average of 533 new invasive cancer cases and an average of 170 deaths occurred each year among Washington County residents adjusted per 100,000 residents. Cancer incidence and mortality rates among males were higher than females. Below are incidence rates by sex and race.

**Average Annual Age-Adjusted New Cancer Cases by Sex and Race
Estimated - 2016-2020**

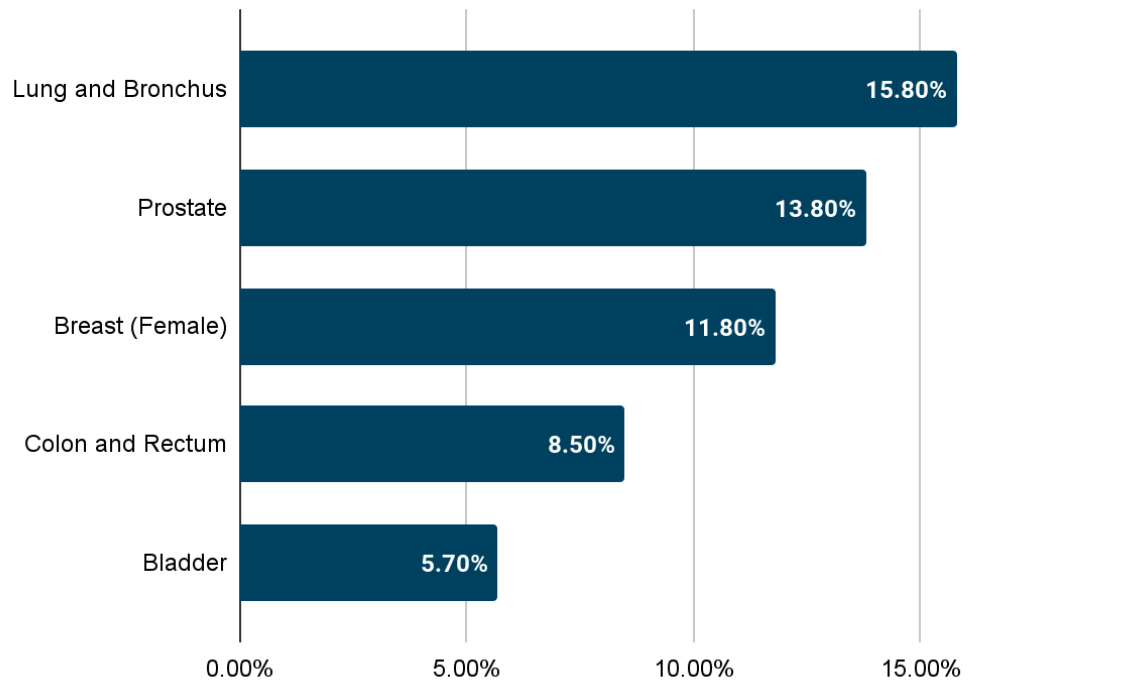


Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2023

New Cancer Cases by Type

The leading sites/types of cancer incidence in Washington County in 2016-2020 were lung and bronchus, prostate, female breast, colon and rectum, and bladder which account for 56% of all new invasive cancer cases as represented in the graph below.

**Top Five Types of Cancers by Percentage of New Cancer Cases
Estimated - 2016-2020**



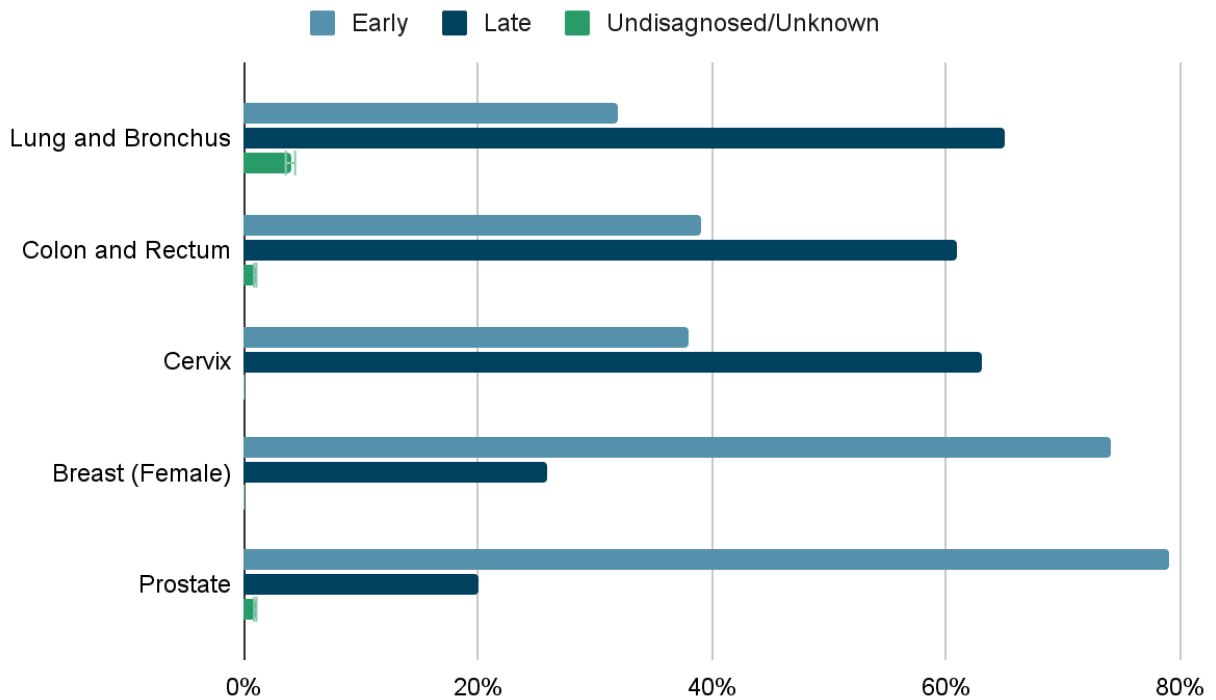
Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2023

Washington County has higher cancer risk due to higher rates of obesity and tobacco use, and higher blood pressure. These factors lead to higher rates of certain types of cancers and a greater difficulty of successful intervention (Centers for Disease Control, 2023).

Stage at Diagnosis

In addition to cancer type, it is also important to explore the stage at diagnosis for each case of cancer. Cancer stage at diagnosis is the spread of the tumor from the original site. Early stage cancers are those that have not spread to other parts of the body (SEER Summary Stage). Late-stage cancers are those that have spread to lymph nodes or other organs of the body. This information helps determine areas of focus for outreach education and screening activities, which may reduce the risk of developing cancer or may help diagnose at earlier stages, thus improving outcomes.

**Stage at Diagnosis for Select Cancers in Washington County
Estimated - 2016 - 2020**



Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2023

Communicable Disease

Measures within this category include diseases that are usually transmitted through person-to-person contact or shared use of contaminated instruments/materials. Many of these diseases can be prevented through a high level of vaccine coverage of vulnerable populations or through the use of protective measures, such as condoms for the prevention of sexually transmitted diseases. Vaccination and incidence rates are reported for various communicable diseases.

Flu Vaccinations

Flu is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and sometimes the lungs. Flu can cause mild to severe illness, and at times can lead to death. The best way to prevent flu is by getting a flu vaccine each year.

Flu Vaccinations

| | % Age 6 months and older receiving flu vaccination |
|-------------------|---|
| Washington County | 45.2% |
| Ohio | 50.3% |
| United States | 49.3% |

Centers for Disease Control and Prevention, FluVax Interactive, 2023 (data from 12 month period 2022-2023)

Sexually Transmitted Diseases

Sexually transmitted diseases (STDs), also known as sexually transmitted infections (STIs), are very common. Millions of new infections occur every year in the United States. The most common of which is Chlamydia. Data reported below for STDs is from the Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, and Ohio Department of Health, and STD Surveillance. Data are reported as of 8/1/2023. Rates are shown per 100,000 persons and were calculated using census

estimates for 2021. Washington County has significantly lower STD rates than the state or nation.

Chlamydia Incidence

| | Total Population | Total Chlamydia Infections | Chlamydia Infection Rate per 100,000 Population |
|-------------------|------------------|----------------------------|---|
| Washington County | 59,423 | 123 | 206.99 |
| Ohio | 11,780,017 | 56,520 | 479.80 |
| United States | 331,893,745 | 1,644,416 | 495.5 |

HIV/AIDS Incidence

| | Population Aged 13 Years and Over | Population with HIV/AIDS | HIV/AIDS Rate per 100,000 Population |
|-------------------|-----------------------------------|--------------------------|--------------------------------------|
| Washington County | 51,282 | 49 | 95.6 |
| Ohio | 9,947,987 | 24,084 | 242.1 |
| United States | 280,202,649 | 1,071,055 | 382.2 |

Gonorrhea Incidence

| | Total Population | Total Gonorrhea Infections | Gonorrhea Infection Rate per 100,000 Population |
|-------------------|------------------|----------------------------|---|
| Washington County | 59,423 | 49 | 82.5 |
| Ohio | 11,780,017 | 27,838 | 236.3 |
| United States | 331,893,745 | 710,151 | 214.0 |

Syphilis Infection Rate

| | Syphilis Infection Rate per 100,000 Population, primary and secondary cases |
|-------------------|---|
| Washington County | 35.3 |
| Ohio | 45.0 |
| United States | 17.7 |

In 2022, there were 59,016 cases of primary and secondary (P&S) syphilis, the most infectious stages of the disease, reported for a national rate of 17.7 per 100,000. Since 2000 and 2001, the rate of P&S syphilis has increased nearly every year, increasing 9.3% during 2021 to 2022. Rates of P&S syphilis increased among both men and women, among all age groups, and in all regions of the United States.

COVID-19

In December of 2019, the first case of COVID-19 was discovered in Wuhan, China. Shortly afterward, it was declared a global pandemic, and was determined to be caused by the novel coronavirus 2 (SARS Co-V-2), which is an acute respiratory syndrome. Since then, there have been more than 84 million cases identified worldwide, which has resulted in nearly 2 million deaths (Centers for Disease Control, 2023). The virus affects people in different ways, and the severity of symptoms varies greatly, ranging from asymptomatic to severely ill and/or resulting in death. Appalachian and rural communities were disproportionately impacted by COVID-19. In particular, there have been higher rates of death among those with COVID-19 who live in rural areas compared to urban areas. Cultural norms including more sedentary lifestyles, higher rates of tobacco use, high blood pressure, lower access to nutritious foods, and higher rates of obesity create comorbidity conditions that hinder recovery from COVID-19 (Nemeth et al., 2020). In December of 2020, Emergency Use Authorization (EUA) of the first COVID vaccine was granted to 2 manufacturers, BioNTech - Pfizer, and Moderna - NIAID. Healthcare workers and emergency responders were the first group of individuals eligible for the 2-dose vaccines. Shortly after, Johnson and Johnson (Janssen) was also given EUA for its one-dose vaccine. Below is county, state, and national data for number of cases of COVID-19, number of deaths, infection rate per 100,000 population, and vaccination status. The data below are the total confirmed cases since the start of the COVID-19 pandemic until the dataset discontinuation in March of 2023. On May 11, 2023 the HHS Secretary declared that COVID-19 as a Federal Public Health Emergency had ended.

COVID-19 Cases

| | Total Population | Total Confirmed Cases | Cases per 100,000 Population |
|-------------------|------------------|-----------------------|------------------------------|
| Washington County | 60,155 | 15,502 | 25,770 |
| Ohio | 11,689,442 | 3,400,652 | 29,091 |
| United States | 326,262,499 | 101,470,604 | 31,100 |

Johns Hopkins University, ESRI, CARES, 2022. Last Updated 3/10/23

COVID-19 Vaccination Rates

| | Fully Vaccinated Adults | Estimated Number of Adults Hesitant About Receiving COVID-19 Vaccination | Vaccine Coverage Index |
|-------------------|-------------------------|--|------------------------|
| Washington County | 60,155 | 247 | 410.61 |
| Ohio | 11,689,442 | 41,794 | 357.54 |
| United States | 326,262,499 | 1,102,319 | 337.86 |

Centers for Disease Control and Prevention and National Center for Health Statistics, CDC GRASP, 2022. COVID Data Tracker, Last Updated 3/10/2023

Tuberculosis Incidence

This indicator reports the incidence rate of tuberculosis cases per 100,000 population. This indicator is relevant because tuberculosis is communicable, difficult to treat, and can be fatal to those infected.

Tuberculosis Incidence

| | Infection Rate Per 100,000 Population |
|-------------------|---------------------------------------|
| Washington County | 0.0 |
| Ohio | 1.3 |
| United States | 2.5 |

Ohio Department of Health, 2021; Centers for Disease Control, 2021

Measles Incidence

This indicator reports the incidence of measles infections per 100,000 population. Measles is a viral respiratory disease that is highly contagious, and it can be fatal when contracted by children (Ohio Department of Health, Bureau of Infectious Diseases, 2023). Measles had been declared eliminated in the United States in 2000; however, there is a risk that measles is imported from other countries and causes outbreaks among under vaccinated or unvaccinated populations. Measles made a resurgence in 2019 with 1,282 individual cases of measles confirmed in 31 states, the largest outbreak since 1992. From January 1st to December 31st of 2023, a total of 58 measles cases were reported by 20 jurisdictions: California, Colorado, District of Columbia, Florida, Hawaii, Idaho, Illinois, Kentucky, Maryland, Missouri, New Jersey, New York City, Ohio, Oregon, Pennsylvania, Texas, Utah, Virginia, Washington, and Wisconsin. Healthy People 2030 has a goal of the elimination of measles.

Mumps Incidence

This indicator reports the incidence of mumps infections per 100,000 population. Mumps is a viral disease that is highly contagious. The Centers for Disease Control and Prevention documents 33 reported cases of mumps in Ohio during the 2023 year. County level data is unavailable. Mumps outbreaks can occur in communities of people who previously had 1 or 2 doses of MMR vaccine. Larger outbreaks are more likely to occur in close-contact settings. High vaccination coverage helps limit the size, duration, and spread of mumps outbreaks.

Mortality

Health status in a community is measured in terms of mortality (rates of death within a population) and morbidity (rates of the incidence and prevalence of disease). Mortality may be represented by crude rates or age-adjusted (AA) rates, by degree of premature death (years of potential life lost [YPLL]), and by cause (disease–cancer and non-cancer or injury–intentional/–unintentional).

Mortality: Premature Death

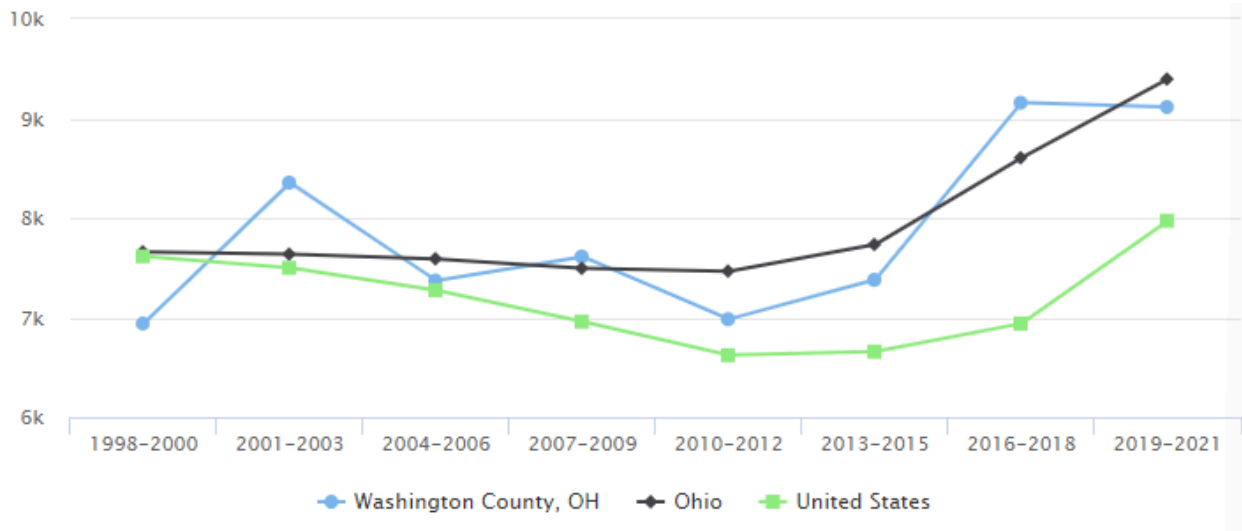
This indicator reports years of potential life lost (YPLL) before age 75 per 100,000 population for all causes of death, age-adjusted to the 2000 standard. YPLL measures premature death and is calculated by subtracting the age of death from the 75-year benchmark. This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status.

Mortality: Premature Death

| | Premature Deaths, 2019-2021 | Total Years of Potential Life Lost, 2019-2021 | Year of Potential Life Lost Before Age 75, Rate Per 100,000 Population |
|-------------------|--|--|---|
| Washington County | 1,121 | 14,796 | 9,114 |
| Ohio | 193,266 | 3,064,337 | 9,394 |
| United States | 4,535,347 | 73,613,082 | 7,986 |

Centers for Disease Control and Prevention, National Vital Statistics System (Mortality Files 2019-2021)

Premature Death - Years of Potential Life Lost by Time Period, 1998-2000 through 2019-2021



Graph generated using SparkMap. Data Source: Centers for Disease Control and Prevention, CDC National Vital Statistics System. Accessed via County Health Rankings, 2019-2021

Mortality: Infants

This indicator reports the mortality rate in deaths per 1,000 live births for infants within the first year of life. Infants under 365 days of age are the most vulnerable group, and their health is often used as an indicator to measure the health and well-being of the entire nation. Healthy People 2030 seeks a 5.0 rate or less per 1,000 by 2030.

Infant Mortality

| Report Area | Infant Mortality Rate Per 1,000 Live Births |
|-------------------|---|
| Washington County | 6.01 |
| Ohio | 7.06 |
| United States | 5.40 |

National Vital Statistics, 2021

Mortality: COVID-19

The data below report mortality rate from patients with confirmed COVID-19 disease per 100,000 population. These numbers reflect the total deaths since the start of the COVID-19 pandemic until March 2023.

COVID-19 Mortality Rates

| | Total Population | Total Deaths | Deaths, Rate per 100,000 Population |
|-------------------|------------------|--------------|-------------------------------------|
| Washington County | 60,155 | 247 | 410.61 |
| Ohio | 11,689,442 | 41,794 | 357.54 |
| United States | 326,262,499 | 1,102,319 | 337.86 |

Johns Hopkins University, ESRI, CARES, 2022. Updated 3/10/23

Mortality: Unintentional Injury

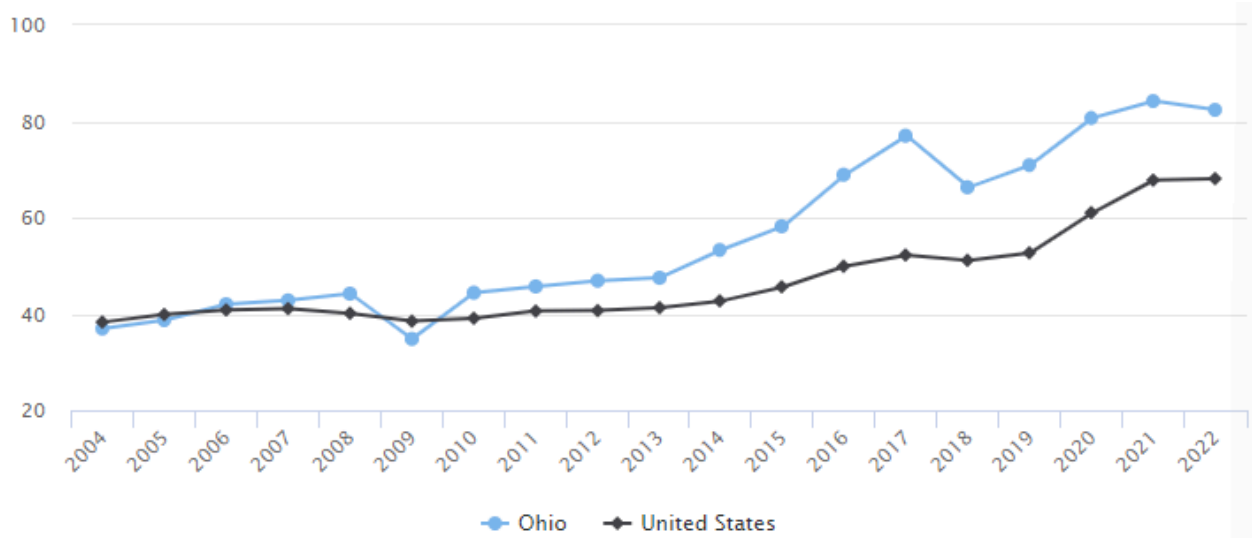
This indicator reports the five year average rate of death due to unintentional injury (accident) per 100,000 population from 2018-2022. Figures are reported as age-adjusted to the year 2000 standard. This indicator is relevant because accidents are a leading cause of death in the United States. These can include falls, drug overdoses, and motor vehicle crashes. The Healthy People 2030 target is for this rate to drop to below 43.2 age-adjusted unintentional injury deaths per 100,000 nationally.

Mortality: Unintentional Injury

| | Total Population, 2018-2022 Average | Five Year Total Deaths, 2018-2022 | Age-Adjusted Death Rate per 100,000 Population |
|-------------------|-------------------------------------|-----------------------------------|--|
| Washington County | 59,608 | 218 | 73.1 |
| Ohio | 11,721,567 | 45,079 | 76.9 |
| United States | 330,014,476 | 993,096 | 60.2 |

Centers for Disease Control and Prevention, National Vital Statistics System, CDC WONDER, 2018-2022

Mortality: Unintentional Injury, Age-Adjusted Death Rates (per 100,000) from 2004-2022



Graph generated using SparkMaps. Source Data: Centers for Disease Control and Prevention, National Vital Statistics System, CDC WONDER, 2018-2022

Poisoning (Including Drug Overdose)

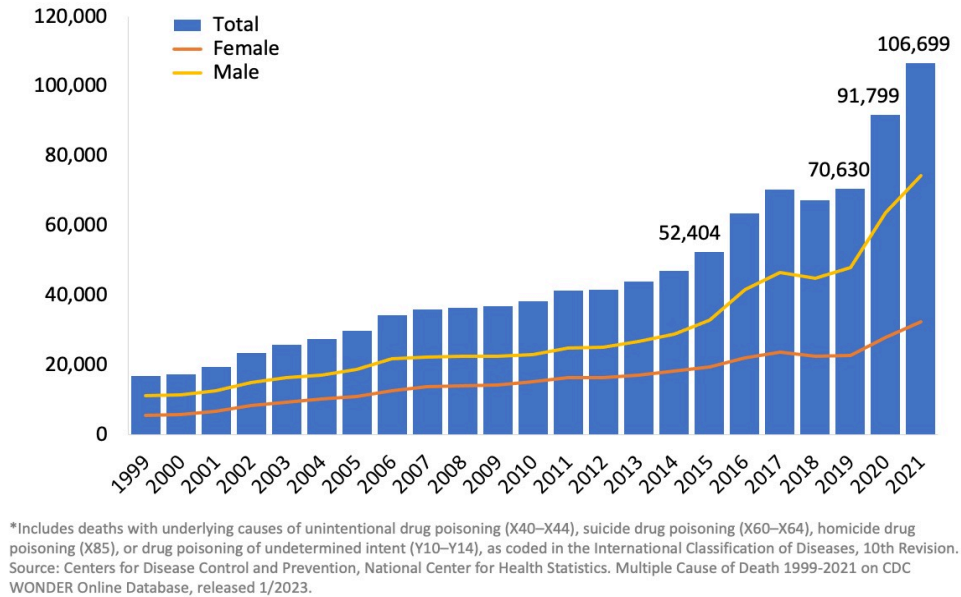
This indicator reports the 2018-2022 five-year average rate of death due to poisoning including drug overdose per 100,000 population. Poisoning deaths, particularly from drug overdose are a national public health emergency.

Mortality: Poisoning

| | Total Population, 2018-2022 Average | Five-Year Total Deaths, 2018-2022 | Age-Adjusted Death Rate per 100,000 Population |
|-------------------|-------------------------------------|-----------------------------------|--|
| Washington County | 59,608 | 91 | 30.5 |
| Ohio | 11,721,567 | 24,812 | 42.3 |
| United States | 330,014,476 | 469,860 | 28.5 |

Centers for Disease Control and Prevention, National Vital Statistics System, CDC WONDER, 2018-2022

National Drug-Involved Overdose Deaths, Number Among All Ages, by Gender



Centers for Disease Control and Prevention, National Center for Health Statistics, 2023

Drug Overdose Only (2022)

More recent data on drug overdose deaths alone are available at the county and state level. Reported below are the number of deaths due to drug poisoning per 100,000 people using 2020-2022 data. These include any accidental, intentional, and undetermined poisoning by and exposure to a number of drugs. In 2022, fentanyl was involved in 81% of unintentional overdose deaths in Ohio, often in combination with other drugs (Ohio Department of Health, Bureau of Vital Statistics, 2023). Drug overdose deaths are the leading cause of injury-related death in Ohio. A death rate of 20.7 or below per 100,000 is the Healthy People 2030 target.

Unintentional Drug Overdose Deaths, Average Age-Adjusted Rate per Year from 2020-2022

| | Average Age-Adjusted Death Rate per 100,000 |
|-------------------|---|
| Washington County | 39.9 |
| Ohio | 43.6 |
| United States | pending |

Ohio Department of Health Bureau of Vital Statistics and Violence and Injury Epidemiology and Surveillance Section, 2023

Motor Vehicle Accident

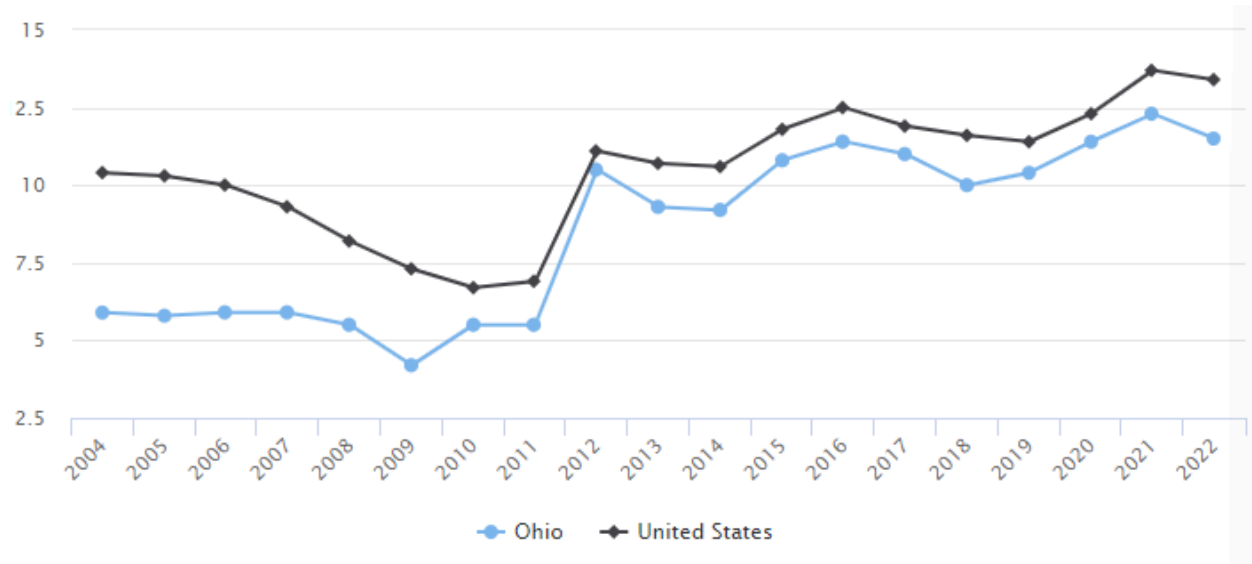
This indicator reports the rate of death due to motor vehicle crashes per 100,000 population, which include collisions with another motor vehicle, a non-motorist, a fixed object, or a non-fixed object, as well as an overturn and any other non-collision. Motor vehicle crash deaths are preventable, and they are a cause of premature death. Healthy People 2030 has a goal of reducing motor vehicle accident fatalities to below 10.1 per 100,000 population.

Mortality: Motor Vehicle Accidents

| | Total Population, 2018-2022 Average | Five-Year Total Deaths, 2018-2022 | Age-Adjusted Death Rate per 100,000 Population |
|-------------------|-------------------------------------|-----------------------------------|--|
| Washington County | 59,608 | 36 | 12.1 |
| Ohio | 11,721,567 | 6,517 | 11.1 |
| United States | 330,014,476 | 206,222 | 12.5 |

Centers for Disease Control and Prevention, National Vital Statistics System, CDC WONDER, 2018-2022

Motor Vehicle Accident Mortality, Age-Adjusted Death Rate (per 100,000) from 2004-2022



Graph generated using SparkMap. Source Data: Centers for Disease Control and Prevention, National Vital Statistics System, CDC WONDER, 2018-2022

Mortality: Suicide (Self-Harm)

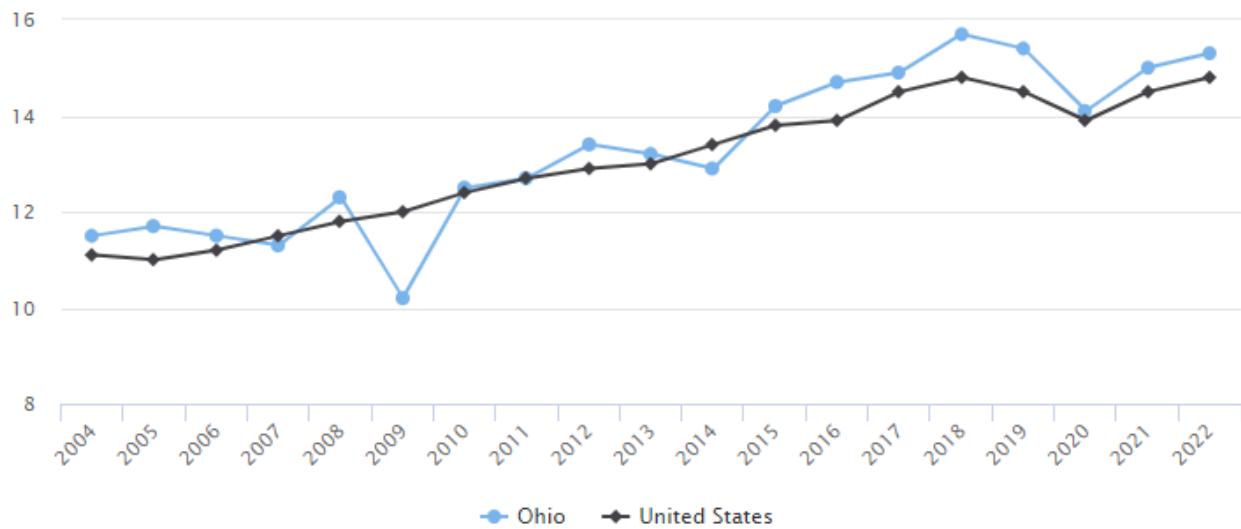
This indicator refers to the rate of persons committing suicide per 100,000 population. Factors such as mental illness and other disorders are linked to suicide, and identification of these factors can decrease suicide mortality rates. Washington County suicide rates exceed those of both the state and the nation. Healthy People 2030 has a goal of reducing the rate below 12.8 per 100,000 by 2030.

Mortality: Suicide

| | Total Population, 2018-2022 Average | Five-Year Total Deaths, 2018-2022 | Age-Adjusted Death Rate per 100,000 Population |
|-------------------|--|--------------------------------------|--|
| Washington County | 59,608 | 49 | 16.4 |
| Ohio | 11,721,567 | 8,852 | 15.1 |
| United States | 330,014,476 | 239,493 | 14.5 |

Centers for Disease Control and Prevention, National Vital Statistics System, CDC WONDER,
2018-2022

Suicide Mortality, Age-Adjusted Death Rate (per 100,000) from 2004-2022



Graph generated using SparkMap. Source Data: Centers for Disease Control and
Prevention, National Vital Statistics System, CDC WONDER, 2018-2022

Mortality: Homicide

Homicide, defined as the killing of one human being by another, is a major cause of death in the United States, and there are major disparities by age and race/ethnicity. Intimate partner violence, child abuse and neglect, and youth violence are sometimes precursors to homicide. Healthy People 2030 has set the goal of 5.5 or lower for the rate of homicides per 100,000 in the United States.

Mortality: Homicide

| | Age-Adjusted Death Rate per 100,000 Population |
|-------------------|--|
| Washington County | 2.4 |
| Ohio | 6.1 |
| United States | 6.3 |

Federal Bureau of Investigation, Crime in the United States, 2022

Mortality: All Heart Disease

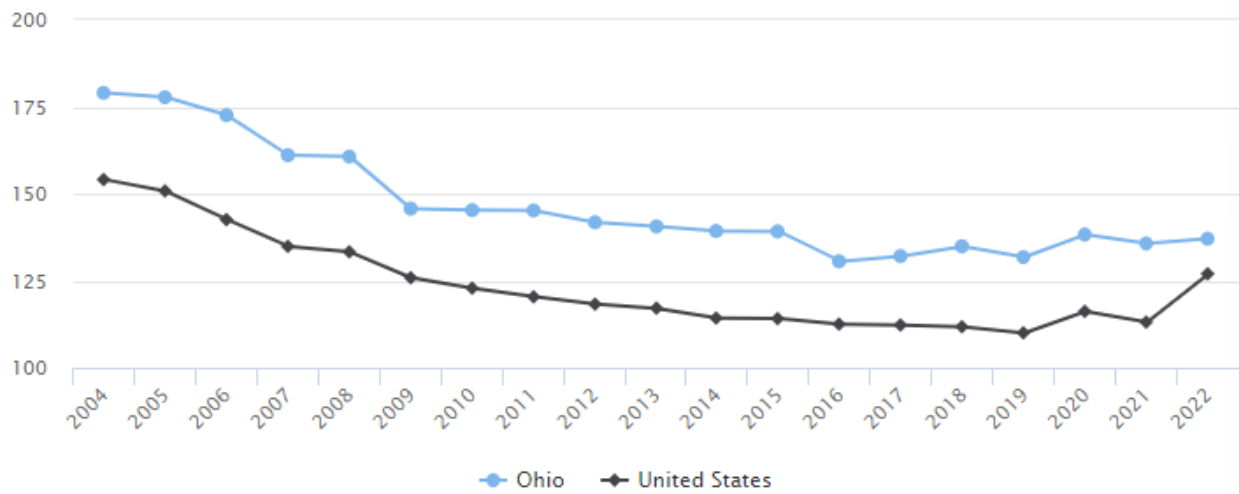
Heart disease is a leading cause of death in the United States. For Washington County, the death rate per 100,000 due to coronary heart disease was 120.1 based upon 2018-2022 five-year averages. The Healthy People 2030 goal is to reduce the coronary heart disease mortality rate below 71.1 per 100,000.

Mortality: Coronary Heart Disease

| Report Area | Total Population, 2018-2022 Average | Five Year Total Deaths, 2018-2022 Total | Age-Adjusted Death Rate per 100,000 Population |
|-------------------|-------------------------------------|---|--|
| Washington County | 59,608 | 358 | 120.1 |
| Ohio | 11,721,567 | 78,884 | 134.6 |
| United States | 330,014,476 | 1,856,446 | 112.5 |

Centers for Disease Control and Prevention, National Vital Statistics System, CDC WONDER, 2018-2022

Heart Disease Mortality, Crude Rate Per 100,000 Population, Yearly Trend, 2004-2022



Graph generated using SparkMap. Data Source: Centers for Disease Control and Prevention, National Vital Statistics System, CDC WONDER 2018-2022

Mortality: Lung Disease

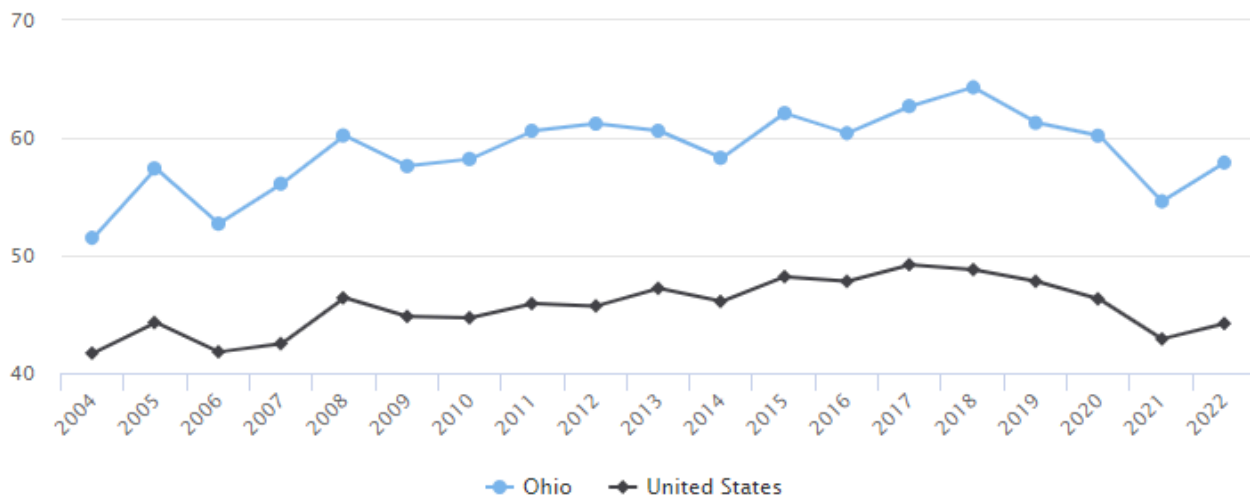
This indicator reports the 2016-2020 five-year average rate of death due to Chronic Lower Respiratory Disease. Figures are age adjusted to the year 2000 standard and reported per 100,000 population. According to the World Health Organization, Chronic Lower Respiratory Disease, or CLRD, includes diseases of the airways and other structures of the lung. Specifically, Chronic Obstructive Pulmonary Disease (COPD), Asthma, occupational lung diseases, and Pulmonary Hypertension are included in the CLRD data. This indicator is relevant because lung disease is a leading cause of death in the United States.

Mortality: Lung Disease

| Report Area | Total Population, 2018-2022 Average | Five Year Total Deaths, 2018-2022 Total | Age-Adjusted Death Rate per 100,000 Population |
|-------------------|-------------------------------------|---|--|
| Washington County | 59,608 | 253 | 84.9 |
| Ohio | 11,721,567 | 34,974 | 59.7 |
| United States | 330,014,476 | 758,846 | 46.0 |

Centers for Disease Control and Prevention, National Vital Statistics System, CDC WONDER, 2018-2022

Lung Disease Mortality, Crude Rate Per 100,000 Population, Yearly Trend, 2004-2022



Graph generated using SparkMap. Data Source: Centers for Disease Control and Prevention, National Vital Statistics System, CDC WONDER 2018-2022

Mortality: Stroke

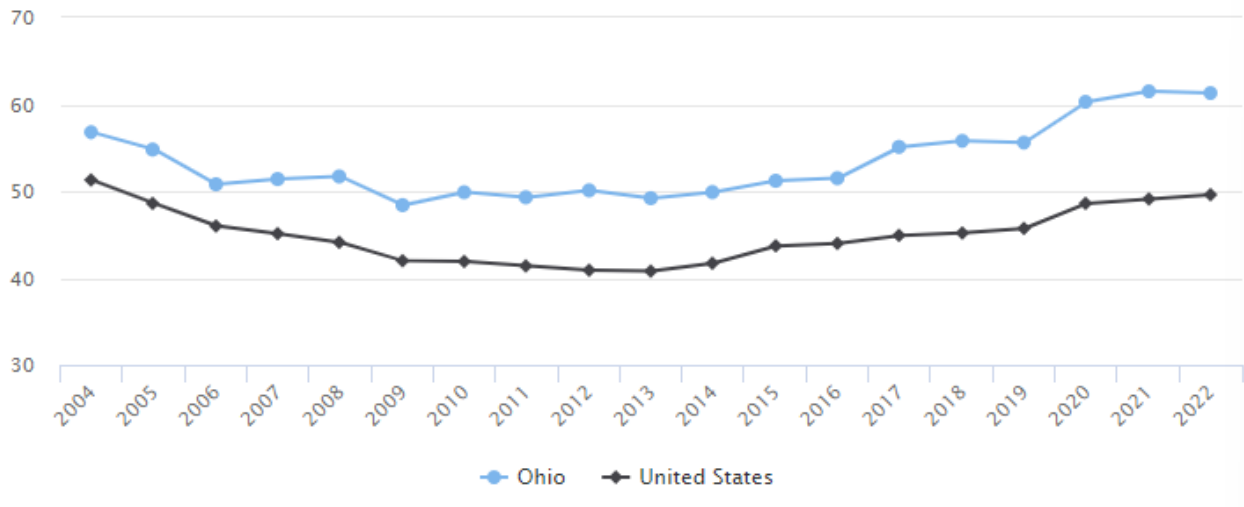
Within the Washington County area, there were an estimated 43.6 deaths due to cerebrovascular disease (stroke) per 100,000 population. Figures are reported as age-adjusted to the year 2000 standard for data between 2018-2022. Stroke is a leading cause of death in the United States. The Healthy People 2030 target is for this rate to drop to below 33.4 age-adjusted deaths per 100,000 nationally.

Mortality: Stroke Rates

| Report Area | Total Population, 2018-2022 Average | Five Year Total Deaths, 2018-2022 Total | Age-Adjusted Death Rate per 100,000 Population |
|-------------------|-------------------------------------|---|--|
| Washington County | 59,608 | 200 | 67.1 |
| Ohio | 11,721,567 | 34,528 | 58.9 |
| United States | 330,014,476 | 786,362 | 47.7 |

Centers for Disease Control and Prevention, National Vital Statistics System, CDC WONDER, 2018-2022

Stroke Mortality, Age-Adjusted Death Rate (per 100,000) from 2004-2022



Graph generated using SparkMaps. Data Source: Centers for Disease Control and Prevention, National Vital Statistics System, CDC WONDER 2018-2022

Mortality: Stroke by Gender

| | Age-Adjusted Death Rate per 100,000 Population | |
|-------------------|--|--------|
| | Male | Female |
| Washington County | 68.8 | 65.5 |
| Ohio | 50.3 | 67.2 |
| United States | 41.7 | 53.5 |

Centers for Disease Control and Prevention, National Vital Statistics System, CDC WONDER, 2018-2022

Mortality: Cancer

This indicator reports the 2016-2020 five-year average rate of death due to malignant neoplasm (cancer) per 100,000 population. Within the report area, there were on average a total of 159 deaths due to cancer each year representing a death rate of 170.0 per every 100,000 population. The Healthy People 2030 goal is to reduce the cancer death rate to below 122.7.

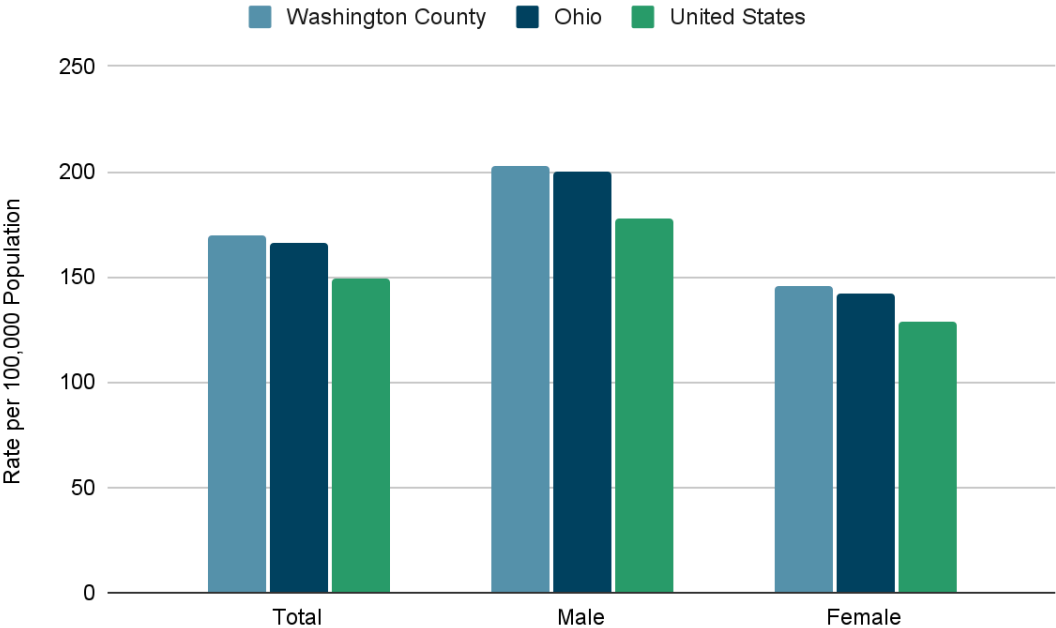
Mortality: Cancer (All Sites) 5-Year Average Death Rate Per Year, 2016-2020

| Report Area | Age-Adjusted Death Rate per 100,000 Population per Year |
|-------------------|---|
| Washington County | 170.0 |
| Ohio | 166.1 |
| United States | 149.4 |

Bureau of Vital Statistics, Ohio Department of Health, Washington County Cancer Profile, 2023

Cancer mortality rates among males were higher than the rates among females in Washington County.

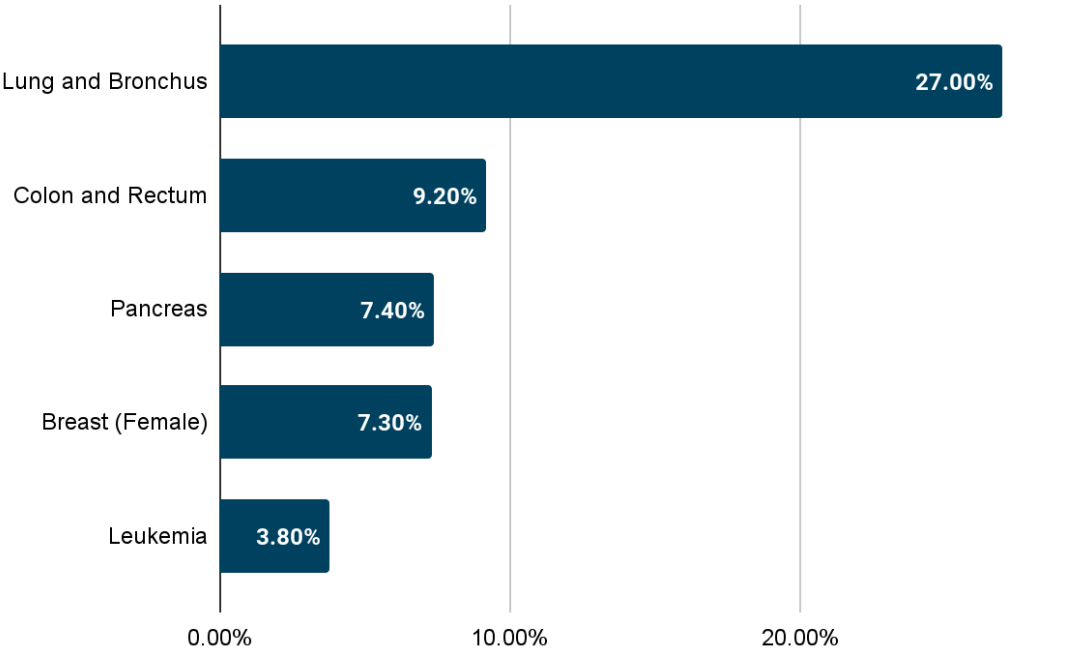
Average Annual Age-Adjusted Cancer Death Rates by Sex



Bureau of Vital Statistics, Ohio Department of Health,
Washington County Cancer Profile, 2023

Lung and bronchus cancer accounted for 27% of cancer deaths making it the leading cause of cancer mortality in Washington County in 2016-2020. Colon and rectum cancer, pancreatic cancer, female breast cancer, and leukemia were the other four types of cancer responsible for deaths. Together, these five types of cancer accounted for about 55% of cancer deaths.

Top Five Cancers Types by Percentage of Cancer Deaths



Bureau of Vital Statistics, Ohio Department of Health,
Washington County Cancer Profile, 2023

Community Health Survey (CHS)

Community Health Survey (CHS)

The Goal

The Community Health Survey is intended to capture perceptions of community health firsthand from residents in Washington County, Ohio. The survey asks people to do the following:

- Identify resources that support a healthy community
- Identify community needs and barriers to health
- Rate quality of life
- Anticipate how community health will be impacted by upcoming changes

Design and Distribution

The survey was designed collaboratively drawing upon National Association of County and City Health Officials (NACCHO) guidelines for Community Health Assessments. Drafts of the survey were vetted with the Washington County Creating Healthy Communities Coalition partners, community members, and other public health system partners. The final version was distributed to the public from February to April 2024. The lead agencies, Memorial Health System, Washington County Health Department, and Marietta/Belpre Health Department collaborated on distribution. These efforts included distribution of electronic copies via individual emails, organizational email addresses, and listservs; posting of links and announcements on social media of agencies across Washington County; inclusion of survey links in local organizational newsletters and news sources; in person announcements and guidance at community, public service, and coalition meetings; paper copies, QR codes, drop boxes and in-person assistance at every public library branch in Washington County, the local health departments, and various healthcare centers; survey distribution and in-person assistance at food pantries, senior centers, and churches in more remote parts of the county; postings, emails and announcements at the Washington County Career Center, Washington State Community College, local middle and high schools; and in-person networking by partners throughout the community to reach a greater cross-section of people.

Strengths & Limitations

A total of 374 people completed the CHS survey providing invaluable insight into their perceptions and experiences. See **Appendix B** for demographic data provided by the respondents. While the data contain the experiences of a variety of people from our community, they should be interpreted in context. For example, the greatest number of respondents were from Marietta and Belpre, the two areas within the county with the highest population counts; however, the number of respondents from Marietta is a greater proportion than the regular population distribution. Respondents were also from Beverly, Vincent, Newport, Little Hocking, Lowell, Watertown, Whipple, Fleming, Warner, Cutler and New Matamoras/Matamoras. Additionally, people who live in another zip code, but work in or visit Washington County for services are represented (i.e. Vienna, Williamstown, and Zanesville). There were more female respondents than male respondents, and a higher proportion of respondents at a higher income level than is reflected in the actual population.

Community Health Survey (CHS)

Community Themes & Strengths

Community Themes and Strengths were assessed as part of the Community Health Survey. In the next sections, you will read about the perceptions of community members related to health factors, challenges, and resources. **See Appendix C to review the full summaries of top factors for each.**

Top 3 Factors for a Healthy Community

Community members were asked to select the top three most important factors for a healthy community. They could select from a predetermined list and/or add their own factors. 374 people responded. *Access to Healthy Food* was selected by 155 people as a top three factor - 42% of community members included this in their top three. The second most selected factor was *Access to Affordable Healthcare*, and the third was *Clean Air and Water*. These factors were closely followed by *Good Jobs and Economy*, and *Affordable Housing*.

Top 3 Factors for a Healthy Community

| Rank | Factors | Percent of Respondents Selecting Factor as Top 3 | Number of Respondents Selecting Factor as Top 3 |
|------|---------------------------------|--|---|
| 1 | Access to Healthy Food | 42% | 155 |
| 2 | Access to Affordable Healthcare | 35% | 129 |
| 3 | Clean Air and Water | 24% | 90 |

Washington County Community Health Survey, 2024

Top 3 Community Health Problems

Community members were asked to select the top three health problems in our community. They could select from a predetermined list and/or add their own factors. 374 people responded. *Substance Use Problems (Tobacco, Alcohol, Illicit Drugs, or Misuse of Prescription Drugs)* was selected by 259 participants as a top three factor - 69% of community members included this in their top three. *Mental Health Problems* was the second ranked factor with 63% of respondents selecting it in their top three. Ranked third was *Cancers* with 50% of respondents selecting it in their top three.

Top 3 Community Health Problems

| Rank | Factors | Percent of Respondents Selecting Factor as Top 3 | Number of Respondents Selecting Factor as Top 3 |
|------|---|--|---|
| 1 | Substance Use Problems (Tobacco, Alcohol, Illicit Drugs, or Misuse of Prescription Drugs) | 69% | 259 |
| 2 | Mental Health Problems | 63% | 235 |
| 3 | Cancers | 50% | 186 |

Washington County Community Health Survey, 2024

Top 3 Barriers to Health

Community members were asked to select the top three health problems in our community. They could select from a predetermined list and/or add their own factors. 374 people responded. *Low Income* was selected by 218 participants as a top factor - 59% of community members included this in their top three. *Addiction* was the second most selected top factor, while *Low Motivation to Engage in Healthy Behaviors* was ranked third.

Top 3 Barriers to Health

| Rank | Barriers | Percent of Respondents Selecting Factor as Top 3 | Number of Respondents Selecting Factor as Top 3 |
|------|---|--|---|
| 1 | Low Income | 59% | 218 |
| 2 | Addiction | 37% | 137 |
| 3 | Low Motivation to Engage in Healthy Behaviors | 35% | 131 |

Washington County Community Health Survey, 2024

Barriers to Health

Community members were asked ***“Do some people in our community seem to have more barriers to health than others? If so, why do you think that is?”*** 178 people responded - all of them said yes, some people do seem to have more barriers. The responses were coded into categories. The strongest themes in order of frequency were

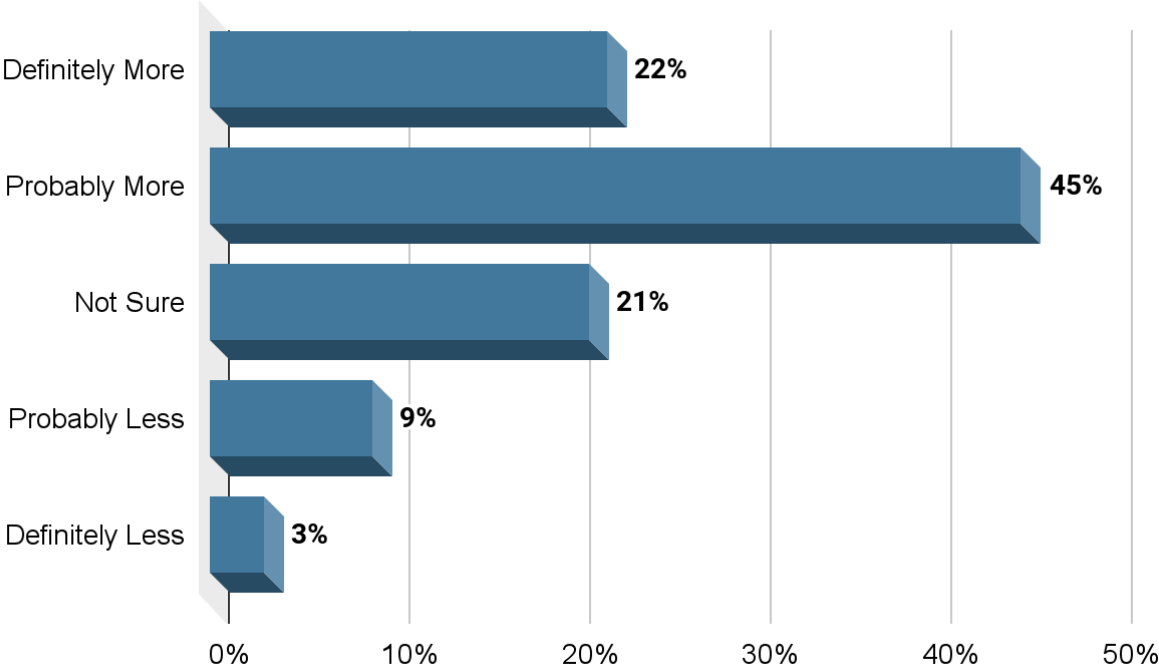
- People with low income
- People with low education
- Working poor/people in the lower middle class (in the “Gap” making them ineligible for assistance)
- People without quality healthcare/insurance
- People with mental illness
- People with addiction

-
- People who lack social support
 - People with poor habits/motivation (passed down through generations)
 - The elderly
 - People with disabilities
 - People in minority groups
 - People without reliable transportation
 - People who live in rural areas lacking communication and health resources
 - Children who attend poor performing schools
 - People who lack quality child care

Resource Comparison

Community members were asked, ***“Do you feel you have more resources to be healthy or less than most community members?”*** 366 people responded.

Perception of Health Resources Compared to Others



Top 3 Resources to Support Health

Community members were asked to select the top three most helpful resources to support health in our community. They could select from a predetermined list and/or add their own factors. 367 people responded. *Money to Pay for Healthcare/Insurance* was selected by 111 participants as a top three factor - 30% of community members included this in their top three.

Top 3 Resources to Support Health

| Rank | Resource | Percent of Respondents Selecting Resource as Top 3 | Number of Respondents Selecting Resource as Top 3 |
|------|---|--|---|
| 1 | Money to Pay for Healthcare/Insurance | 30% | 111 |
| 2 | Social Support (Neighbors, Friends, Family) | 27% | 100 |
| 3 * | Affordable Access to Doctors/Specialists | 25% | 91 |
| 3* | Safe Parks, Sidewalks, Trails, & Recreation | 25% | 91 |

*Tied

Washington County Community Health Survey, 2024

Resources & Assets

A number of resources were identified and ranked as part of the Community Survey. See **Appendix C** for a full summary. Additionally, community resources in Washington County were identified as part of a CHA kick-off meeting with cross-sector partners and the public. **Appendix D** contains this resource list.

Focus on Health Improvement

Community members were asked to identify what they felt we needed to focus on in Washington County to improve the health of community members. 280 people responded.

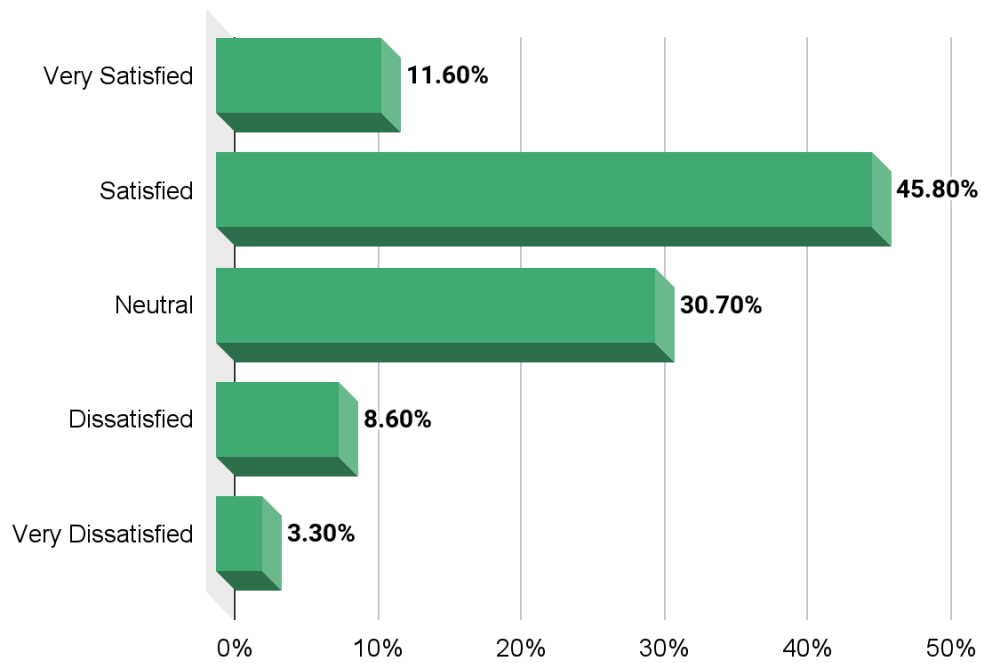
The key themes are provided below:

- Healthcare Options (Insurance, Providers/Specialists)
- Affordable Housing
- Transportation
- Support for Those Ineligible for Government Assistance/Yet Too Low of Income to Meet Needs
- Mental Health and Addiction Services Focused On Recovery and Support
- Access to Healthy Food
 - Better Nutrition Standards for Food Programs
- Youth Outreach & Education to Prevent Poor Health
- Individual & Group Motivation to Change Behaviors
 - Neighborhood Based Cooking & Walking Clubs
- Active Living
- Clean Air and Water
- Support Local Health Departments in Consolidation Process
- Affordable, Quality Childcare
- Quality of School System
- Support of Older Adults
- Public Safety
- Homelessness

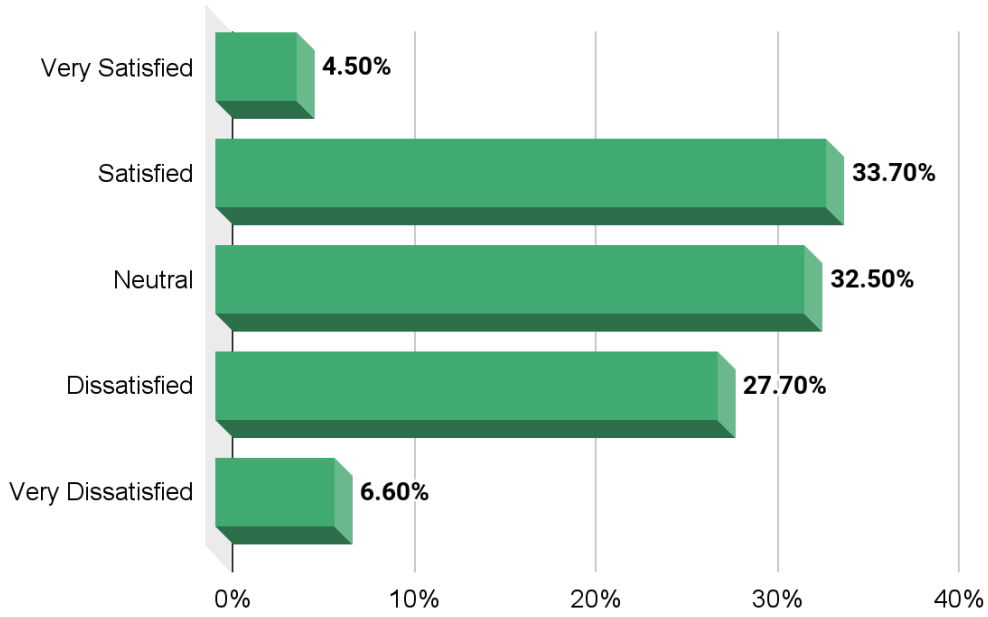
Quality of Life

Community members were asked to rate their satisfaction level with quality of life questions/prompts about Washington County, Ohio. 336 people responded. The results are below.

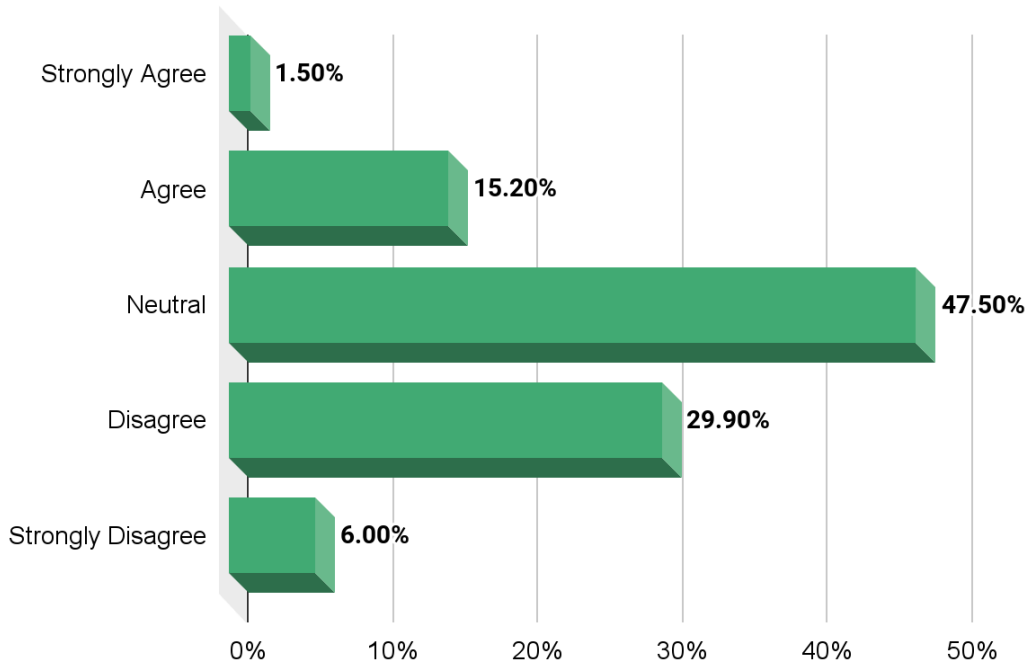
How satisfied are you with the quality of life in Washington County, Ohio?



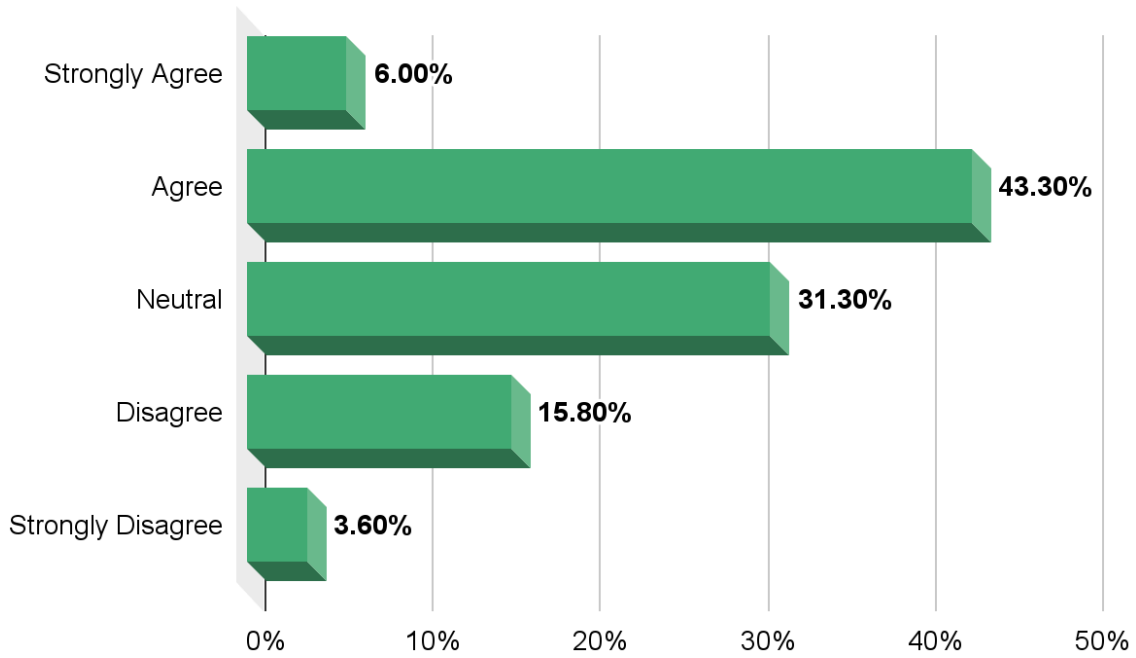
How satisfied are you with the health care system in the community?



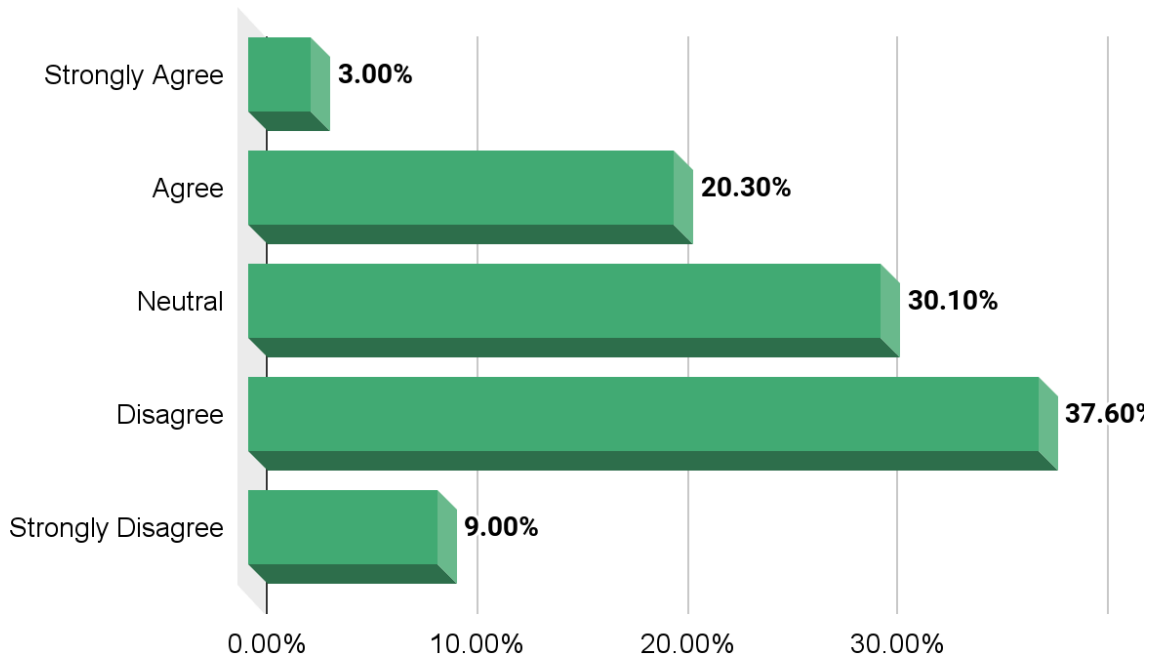
Washington County is a healthy community.



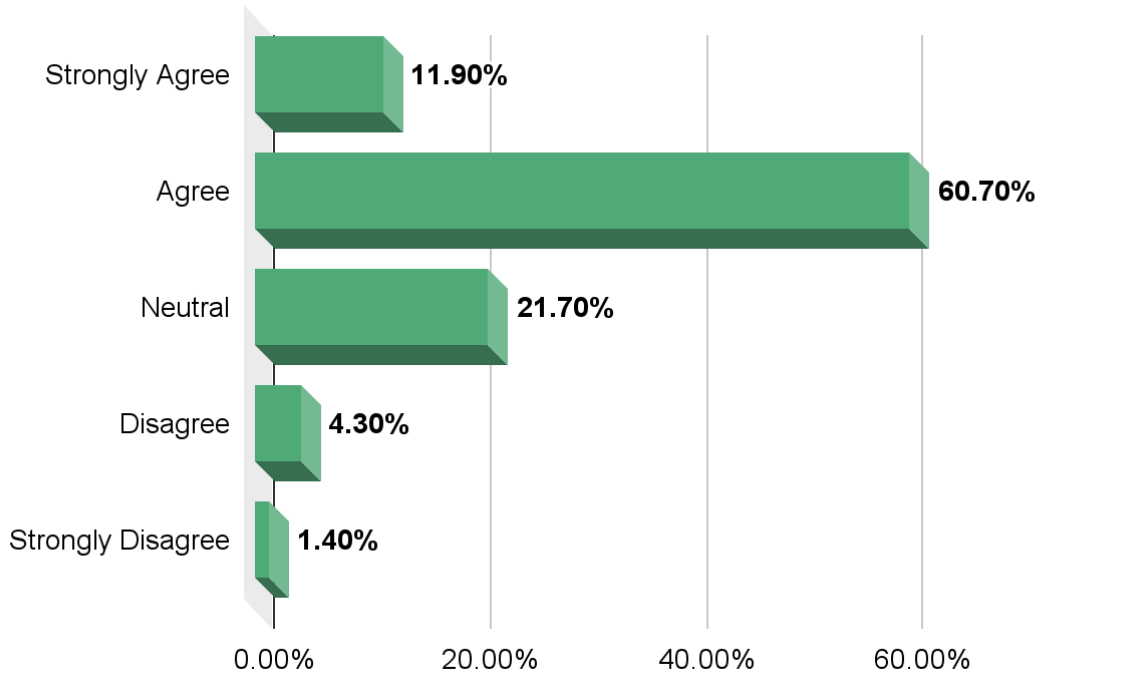
This community has support for individuals and families during times of need.



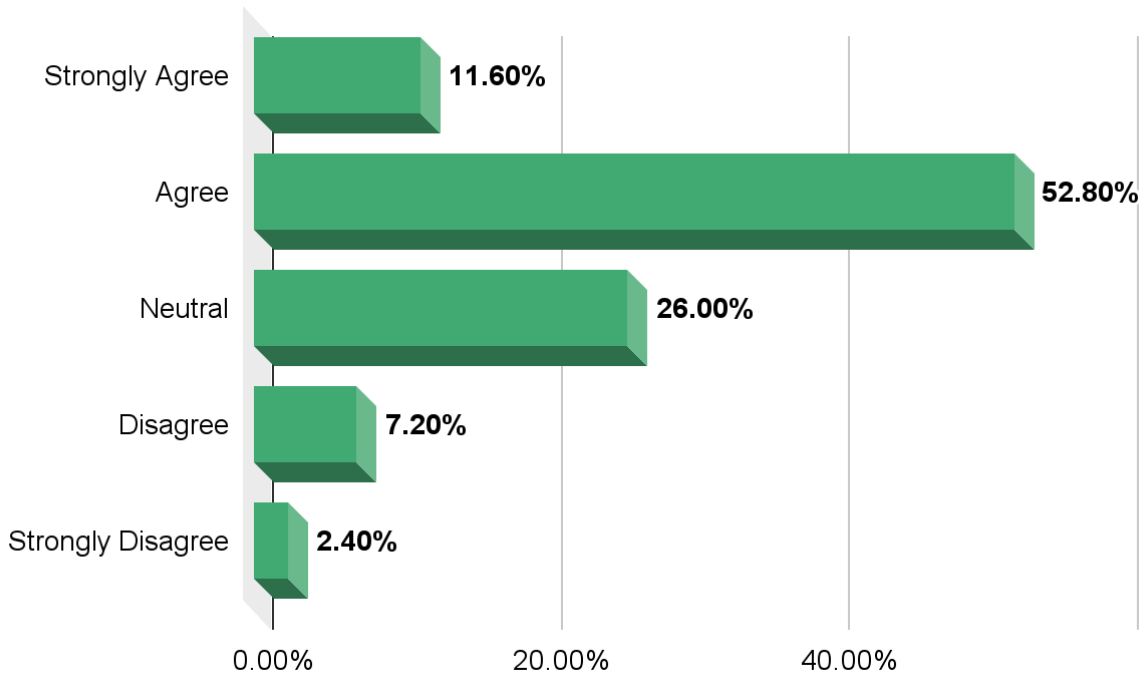
There is economic opportunity for all in this community.



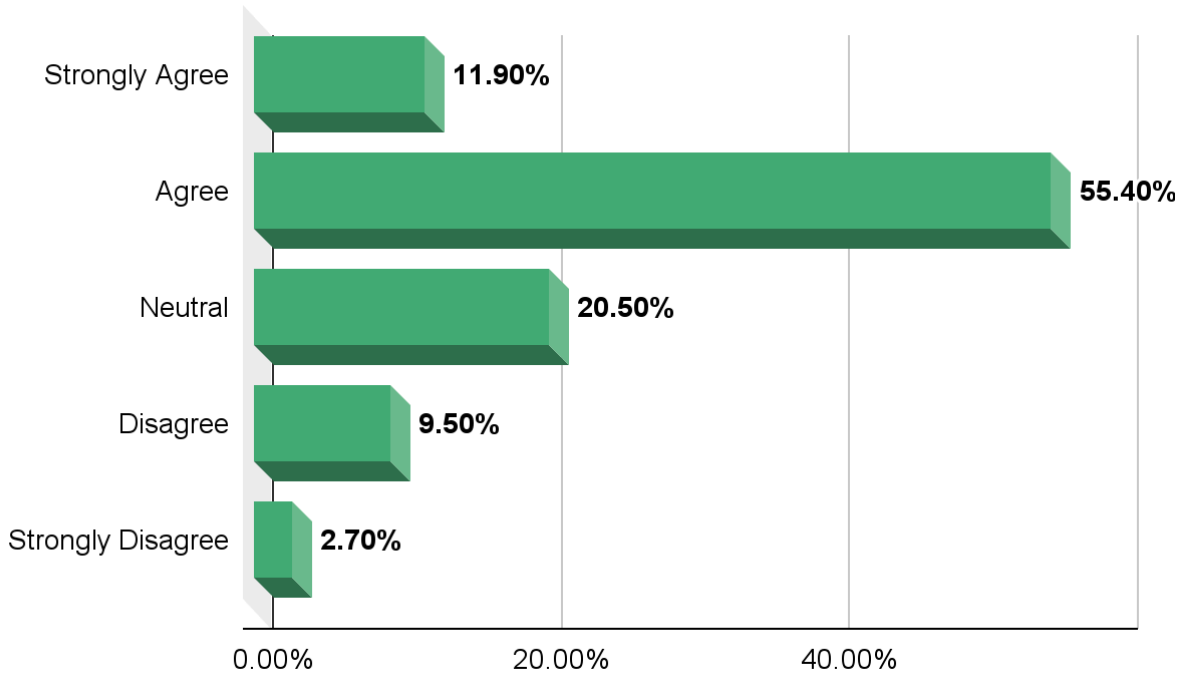
This community is a safe place to live.



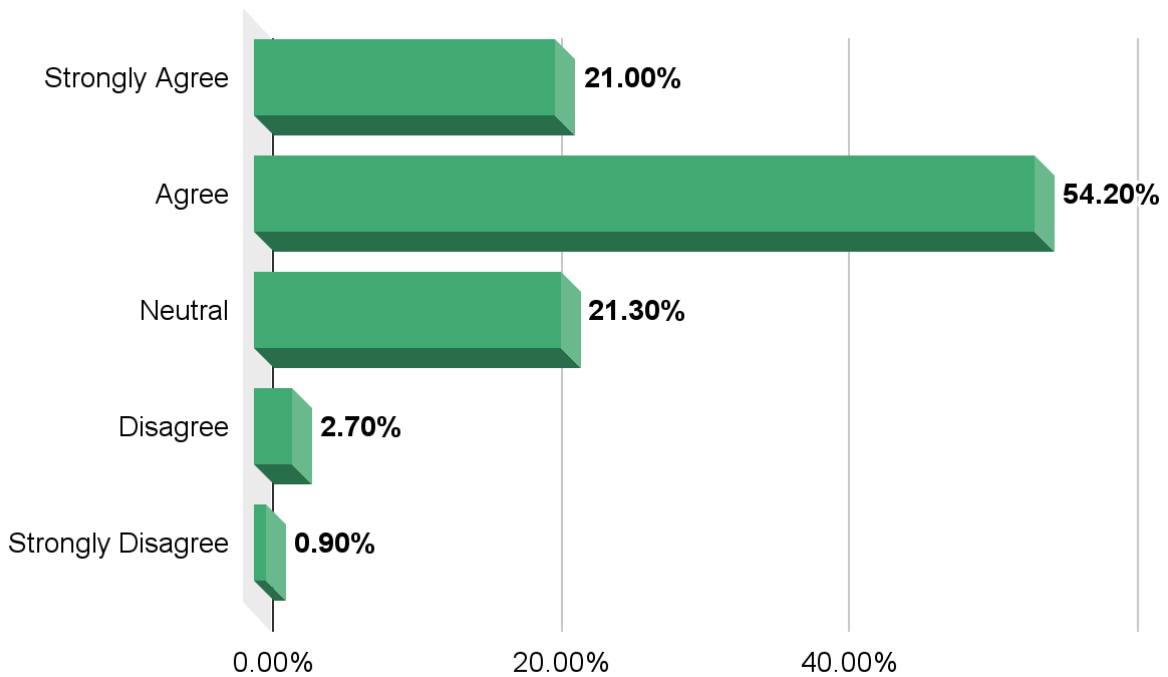
This community is a good place to raise children.



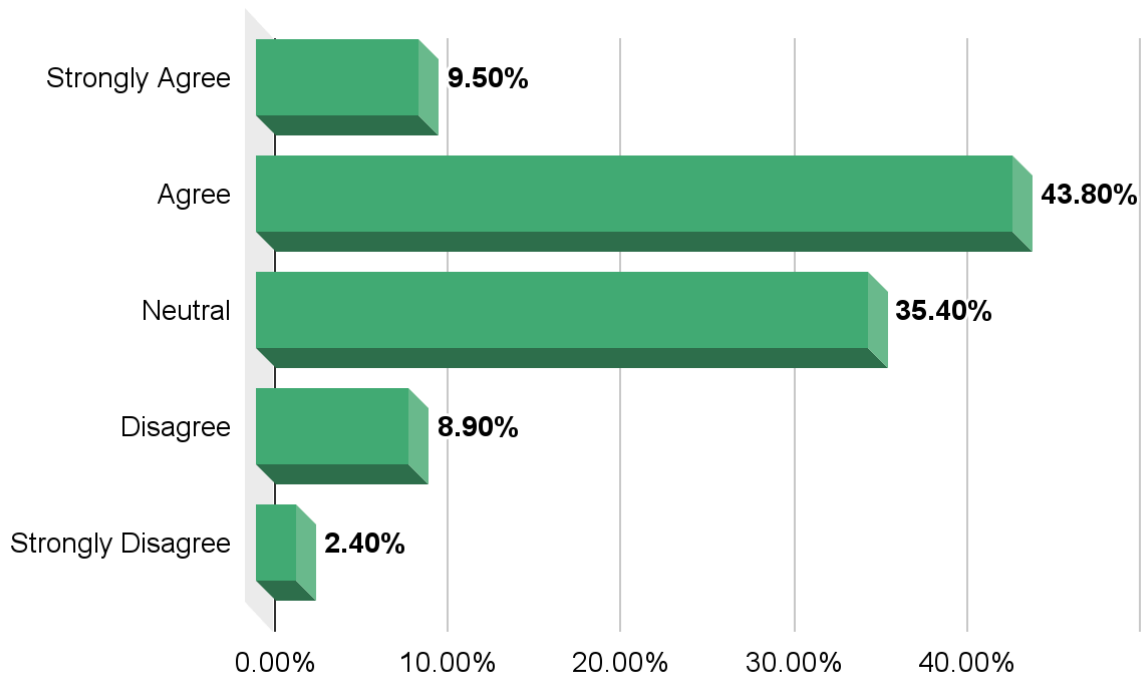
This community is a good place to grow old.



I believe I can work with others to make the community a better place to live.



The people who provide health services in our community coordinate to meet needs.



Forces of Change

The Forces of Change Assessment focuses on identifying upcoming changes that can affect the community and its public health system. These changes can be new laws, technology, industry shifts, and many others. **202 community members responded to open-ended questions about changes they think will have an impact on future health.** Responses were analyzed using Content Analysis, a technique for systematically identifying certain words, themes, and concepts within texts (Berelson, 1952; Hsieh & Shannon, 2005). Key categories within which the text can be organized (for example, presidential election or environmental regulations) are called code categories. The code categories that emerged in analysis are reported after each question.

Upcoming Changes

Is there anything happening now or in the next year that you think will affect the health of our community? These can be local, regional, national, or global changes. List or describe any changes that you think are happening or will happen.

Code Categories - Anticipated Changes

Presidential Election

Potential Changes to Laws

Particularly Women's Rights & Trans Rights

Concern for Negative Political Climate (e.g. Bullying, Division)

Cost of Living

Increased Cost of Basic Necessities (Food, Housing, Utilities) Outpacing Income

Increase in Minimum Wage

Mental Health

Increased Stressors Due to Cost of Living, Law Changes, Technology Use
Increased Rates of Depression
Increased Substance Use Problems
Legalization of Marijuana = Increased Youth Access

Environmental Changes

Stronger Environmental Protection Agency Regulations for Water Quality
Climate Change
New Water Treatment Plant in Lowell to Improve Water Quality
Air Pollution from Plants in Area

Funding Changes

Post COVID Changes to Funding (Loss of Funding to Programs, Organizations, and Families)
Ohio Medicaid Changes to Offer Better Dental Care
Reduction of Funding from City
 Reduced Funding of Police and Fire Services
 Elimination of Funding for the Marietta/Belpre Health Department
 Potential Consolidation of City and County Health Departments
 Loss of Recreation Opportunities
Reduction of Faculty & Programs at Marietta College

Immigration

Increased Concern for Strain on Economy
Increased Concern for Spread of Viral Infections from Unvaccinated Immigrants
Increased Concern for Drugs and Crime to Enter United States

Vaccines

More Experimental Vaccines
Vaccine Hesitancy

Farmers Market

Addition of New Market in Belpre

Homeless Shelter

First Overnight Homeless Shelter Opening

Pediatric Emergency Care

New Pediatric Emergency Room Opening on Belpre Medical Campus

Life Expectancy

Increased Length of Life

Health Outcomes of Changes

How do you think the changes you listed in the last question will impact health in our community?

Code Categories - Health Outcomes

Presidential Election

Political Polarization
Negatively Impacted Relationships
Changes in Rights, Particularly for Women

Cost of Living

Increased Stress
Unmet Medical Needs
Poorer Nutrition
Unsafe Housing

Mental Health

Increased Stress
Increased Rates of Depression
Increased Rates of Self-Harm and Suicide
Increased Substance Use Problems

Increased Domestic Violence
Increased Adverse Childhood Experiences
Increased Grandparents as Caregivers

Environmental Changes

Better Protections from EPA to Improve Air and Water Quality
Shifts in Immunity
Improvements to Water Quality in Lowell
More Lung Disease and Cancers from Exposure to Chemicals in Air and Water in Unregulated Plants

Funding Changes

Loss of Health Programs
Decreased Vaccination Rates
Better Dental Care for Medicaid Patients
Slower Local Response Times to Police and Fire Calls
 Increases in Crime
 Increases in Deaths
Consolidation of City and County Health Departments
 Loss of Some Services
 More Effective Delivery of Services Overall
Fewer Collaborations with and Volunteers from Marietta College

Immigration

Increased Strain on Economy
Increased Spread of Viral Infections from Unvaccinated Immigrants
Increased Drugs and Crime

Vaccines

Risky Vaccine Exposure
Resurgence of Viral Infections

Farmers Market

Better Access to Health Food

Homeless Shelter

Greater Opportunity to Assist People in Connecting with Support

Healthcare Services

Better Emergency Services for Children

Greater Reach of Health Services throughout County

Life Expectancy

Greater Need for Age in Place Support

Resources to Address Changes

What resources do we have in our community to address the changes you listed?

Code Categories - Resources

Local Organizations & Groups

Health Departments

Memorial Health System

Washington County Behavioral Health Board

Washington - Morgan County Community Action

Washington County Job & Family Services

Consultants

Dental Offices

Schools

Civic Organizations

Fitness Centers

Food Pantries

Pharmacies

Health Care Provider Offices

Senior Centers

Ely Chapman
Churches
Civic Groups
County Commissioners
Mayor's Office
Elected Officials
GoPacks
Women's Health Center
Planned Parenthood
Police Department
EMS
Fire Departments
Support Groups
Addiction Counselors
St. Joseph's Recovery Center
Drug Court
Boys & Girls Club
OSU Extension Office
Washington County Family & Children First

State/National Organizations & Groups

Environmental Protection Agency
Government - Elected Officials

Healthy Recreation Options

Walking/Bike Path
Trails

Government & Marketplace Funding

Medicaid
Medicare
Marketplace and Employer Health Insurance

Resources Needed

What resources are we missing, but should have to address these changes?

| Code Categories - Resources Needed |
|---|
| Housing <ul style="list-style-type: none">Affordable Housing OptionsShelters for Those Without Homes |
| Healthcare Services <ul style="list-style-type: none">More Mental Health ProvidersFree ClinicsMobile Clinics |
| Effective Leadership <ul style="list-style-type: none">Stronger Support from Local LeadersBetter Funds Management by Elected Officials |
| Culture Change <ul style="list-style-type: none">Shift in Approach to Health to Address Root Problems with Behavior and Environmental Changes |
| Funding <ul style="list-style-type: none">Federal, State, and Local Funding for Health Programs and Resources |
| Better Collaboration <ul style="list-style-type: none">More Connections Among Public Health System Partners to Boost ImpactIncreased Collaboration Among Local DentistsMore Collaboration Between Local Government and Local Agencies in Decision Making |

Communication & Education

Better Marketing of Resources Available
Destigmatizing of Vaccines Through Messaging
Better Guides to Navigate Systems
Education Classes on Preventative Care, Physical Activity, and Legislation that Impacts Health

Environment

Stronger Pollution Regulations on Local Companies
Better Transportation Options in Built Environment

Safe Social Spaces

More Places for Social and Physical Activities
Parenting Groups
Affordable Fitness or Gathering Places

Food

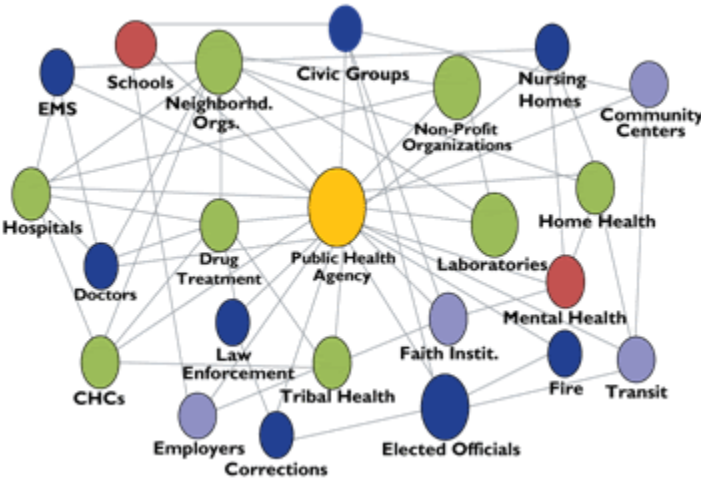
Incentives for Chain Stores to Donate Unused Food
Nutrition/Cooking Education

Local Public Health System Assessment (LPHSA)

Local Public Health System

Assessment (LPHSA)

The **Local Public Health System** (LPHS) is made up of all organizations (public, private, and voluntary) that contribute to the delivery of public health services within Washington County.



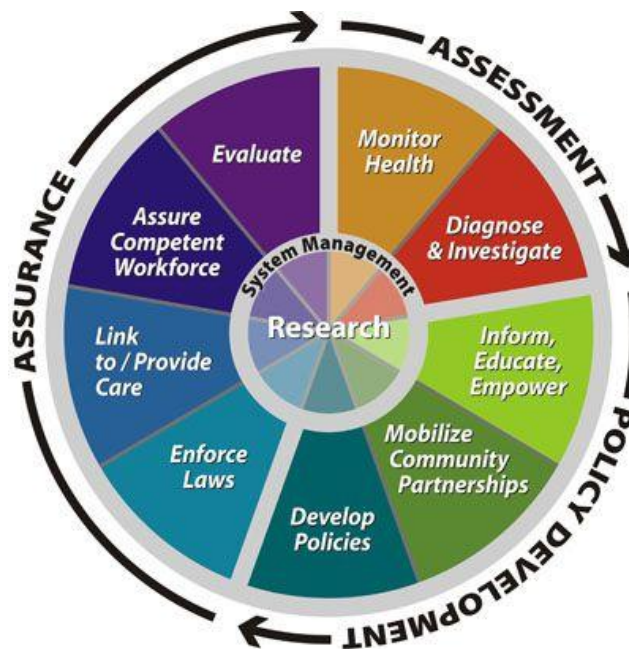
Local Public Health System Depiction, Source: CDC

The **Local Public Health System Assessment** (LPHSA) examines how well public health system partners collaborate to provide public health services based on nationally recognized performance standards. The LPHSA answers the question: **"How are the 10 Essential Services in Public Health being provided to our community?"**

The **10 Essential Public Health Services (EPHS)** that guide the assessment are listed below:

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.

5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.



Essential Public Health Services, Source: CDC

The LPHSA instrument is organized by the 10 Essential Public Health Services (EPHS) and has a series of questions related to each Essential Service for which people rate activity levels. From February to April 2024, community partners in Washington County were provided the online survey and asked to rate the level of activity in our local public health system (**demographic information in Appendix E**). For each statement, participants were asked to rate the LPHS measures on a sliding scale with values from 0-100 indicating the

level of activity demonstrated by the local health system. The results of this measure assess the functioning of the entire health system, not just one agency, and can be useful in strengthening interconnectedness amongst partners to improve public health. Each EPHS score can be interpreted as the overall degree to which the Washington County public health system meets the performance standards (quality indicators) for each Essential Service. The guidelines below are used to make sense of participants' scoring of each level of activity on the Performance Measures that make up each Essential Service:

Optimal Activity (76-100%) - Greater than 75% of the activity described within the question is met.

Significant Activity (51-75%) - Greater than 50% but no more than 75% of the activity described in the question is met.

Moderate Activity (26-50%) - Greater than 25% but no more than 50% of the activity described in the question is met.

Minimal Activity (1-25%) - Greater than zero but no more than 25% of the activity described within the question is met.

No Activity (0%) - 0% or absolutely no activity

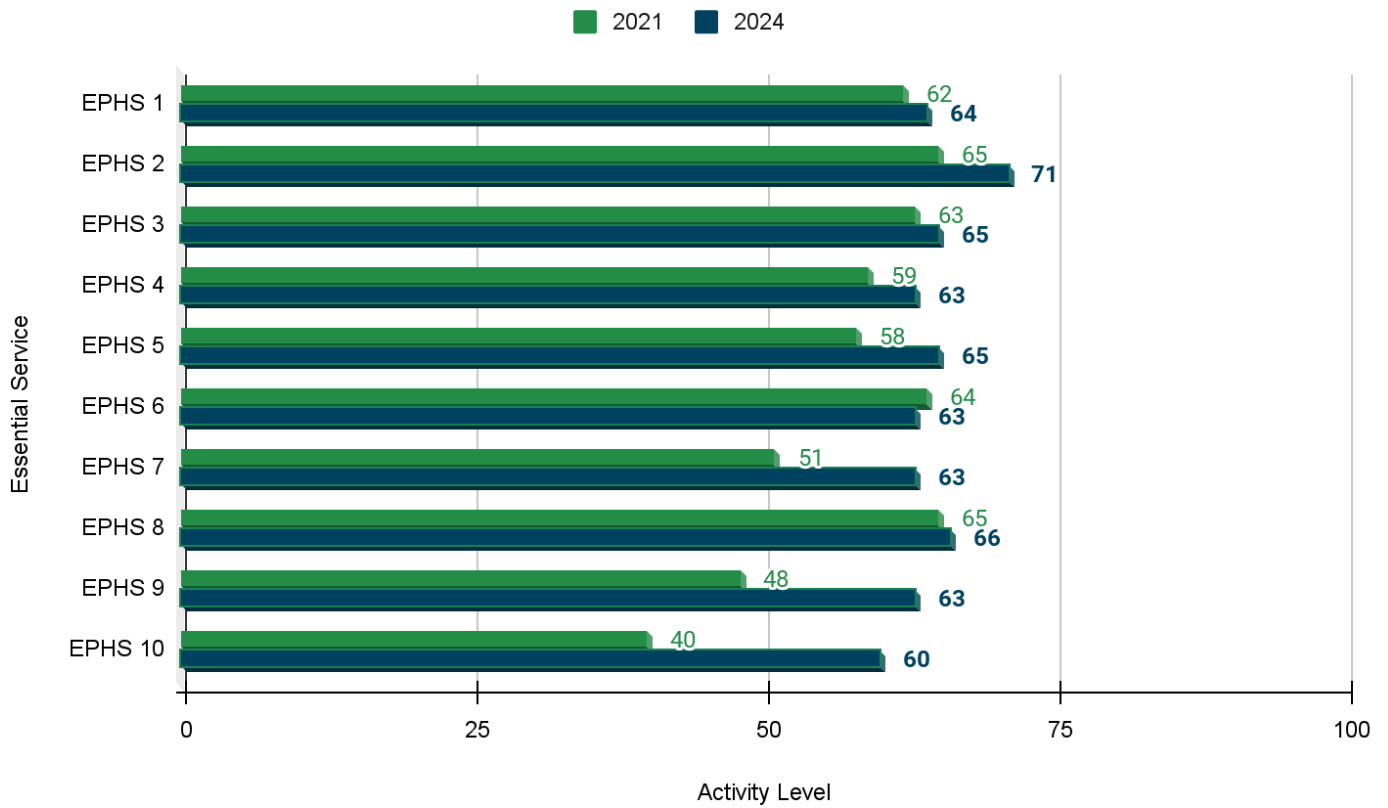
Local Public Health Assessment Results

The table below displays the average score for each EPHS in 2021 and 2024.

| 10 Essential Services Activity Level | | Average Score 2021 | Average Score 2024 |
|--------------------------------------|--|--------------------|--------------------|
| 1 | Monitor health status to identify community health problems. | 62% | 64%↑ |
| 2 | Diagnose and investigate health problems and health hazards in the community. | 65% | 71%↑ |
| 3 | Inform, educate, and empower people about health issues. | 63% | 65%↑ |
| 4 | Mobilize community partnerships to identify and solve health problems. | 59% | 63%↑ |
| 5 | Develop policies and plans that support individual and community health efforts. | 58% | 65%↑ |
| 6 | Enforce laws and regulations that protect health and ensure safety. | 64% | 63%↓ |
| 7 | Link people to needed personal health services and assure the provision of health care when otherwise unavailable. | 51% | 63%↑ |
| 8 | Assure a competent public health and personal health care workforce. | 65% | 66%↑ |
| 9 | Evaluate effectiveness, accessibility, and quality of personal and population-based health services. | 48% | 63%↑ |
| 10 | Research for new insights and innovative solutions to health problems. | 40% | 60%↑ |
| Overall Average Score | | 58% | 64%↑ |

The results show growth in all areas except EPHS 6 which decreased slightly. The greatest growth from 2021 to 2024 can be seen in EPHS 9 and EPHS 10. The graph below shows the same data as the chart above.

Essential Services Activity Level Comparison 2021 to 2024



The table below displays all 10 Essential Services in rank order from highest performance to lowest based upon the average score for each EPHS in 2024.

| 10 Essential Services Rank-Ordered by Activity Level for 2024 | | Average Score 2021 | Level of Activity | Average Score 2024 | Level of Activity | Change from 2021 to 2024 |
|---|--|--------------------|-------------------|--------------------|-------------------|--------------------------|
| 2 | Diagnose and investigate health problems and health hazards in the community. | 65% | Sig | 71% | Sig | ↑ |
| 8 | Assure a competent public health and personal health care workforce. | 65% | Sig | 66% | Sig | ↑ |
| 3 | Inform, educate, and empower people about health issues. | 63% | Sig | 65% | Sig | ↑ |
| 5 | Develop policies and plans that support individual and community health efforts. | 64% | Sig | 65% | Sig | ↑ |
| 1 | Monitor health status to identify community health problems. | 62% | Sig | 64% | Sig | ↑ |
| 4 | Mobilize community partnerships to identify and solve health problems. | 59% | Sig | 63% | Sig | ↑ |
| 6 | Enforce laws and regulations that protect health and ensure safety. | 64% | Sig | 63% | Sig | ↓ |
| 7 | Link people to needed personal health services and assure the provision of health care when otherwise unavailable. | 51% | Sig | 63% | Sig | ↑ |
| 9 | Evaluate effectiveness, accessibility, and quality of personal and population-based health services. | 48% | Mod | 63% | Sig | ↑ |
| 10 | Research for new insights and innovative solutions to health problems. | 40% | Mod | 60% | Sig | ↑ |
| Overall Score | | 58% | Sig | 64% | Sig | ↑ |
| Key: Optimal Activity= Opt , Significant Activity= Sig , Moderate Activity= Mod , Minimal Activity= Min , No Activity= No | | | | | | |

Highest Ranked: EPHS 2 (Diagnose and investigate health problems and health hazards) was assessed as *Significant Activity* in 2024. This is the same activity level as the Washington County 2021 and 2017 LPHSA assessments. However, within that activity level, performance has improved from 65% in 2021 to 71% in 2024.

Lowest Ranked: EPHS 10 (Research for new insights and innovative solutions to health problems) was assessed as a *Significant Activity* level in 2024. Though it is the lowest ranked EPHS for activity level, this measure improved from the 2021 and 2017 Washington County LPHSA assessment levels in which it was rated at a *Moderate Activity* level. EPHS 10 shows the greatest growth with a 20% improvement from 2021.

Overall Performance: The average of all EPHS scores resulted in an assessment level of *Significant Activity*. There was a 6% increase in the overall average activity level of the local public health system from 2021 to 2024.

No EPHS scores reached the *Optimal Activity* level, which provides opportunity for further improvement. No EPHS scores were at the *Moderate*, *Minimal*, or *No Activity* levels which is favorable.

Discussion of Scores by Essential Public Health Service

This section provides more detail on each of the 10 EPHSs. For each EPHS, you will find more detail about each standard that makes up the EPHS and the scores for each.

Demographic data of respondents for each EPHS can be found in **Appendix E**.

Respondents were asked to comment on areas of strength and areas for improvement after rating activity levels for each EPHS. A summary of open-ended responses are provided after the tables. Open-ended responses were sorted into categories that share a common theme (for example, “informing the public”) (see Lindlof & Taylor, 2011, for more about coding). The summaries below each table highlight the key themes identified.

Essential Service 1: Monitor Health Status to Identify Community Health Problems

193 respondents rated activity levels for EPHS1. The results are provided below.

| Model Standard | Performance Measure | 2021 % Score | 2024 % Score |
|-------------------------------|--|--------------|--------------|
| 1.1 CHA | | 65% | 65% |
| | 1.1.1 Conduct regular (Community Health Assessments) CHAs? | 68 | 67 |
| | 1.1.2 Update the CHA with current information continuously? | 63 | 63 |
| | 1.1.3 Promote the use of the CHA among community members and partners? | 64 | 64 |
| 1.2 Current Technology | | 60% | 63% |
| | 1.2.1 Use the best available technology and methods to display data on the public's health? | 59 | 61 |
| | 1.2.2 Analyze health data, including geographic information, to see where health problems exist? | 60 | 64 |
| | 1.2.3 Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc)? | 60 | 63 |
| 1.3 Registries | | 62% | 63% |
| | 1.3.1 Collect timely data consistent with current standards on specific health concerns in order to provide the data to population health registries? | 63 | 63 |
| | 1.3.2 Use information from population health registries in CHAs or other analyses? | 61 | 63 |

Qualitative Responses

76 respondents recorded strengths and areas for improvement related to EPHS1.

Strengths

For the prompt “Please describe what our community does **well** for the services above,” the following themes emerged:

- Information sharing and linkages among local health system partners to meet community needs
- Public health screenings
 - Preventative services
 - Low cost wellness checks
 - Heart screenings
 - Blood drives
- Wellness education
 - Cooking classes
 - Breast cancer awareness initiatives
 - Pharmacy program in Sistersville
 - Health fairs
- Collaboration across multiple entities to conduct community health assessments regularly
 - Use of expertise and multi-party collaboration to update and design assessment approach (including Washington County and Marietta/Belpre Health Departments, Memorial Health Systems, Washington County Creating Healthy Communities Coalition partners, etc.)
 - Focused efforts to make community health assessments more accessible to everyone across the county
 - Use of community health assessment data to identify needs and develop services
 - Informing public of health issues impacting them related to community health assessment findings and additional data sources across local public health system partners

Areas for Improvement

For the prompt “Please describe how our community can improve upon the services above,” the following themes emerged:

- Increase marketing/advertising and education to public about health
 - Tailor messages to each local community/population
 - Ensure everyone is aware of the services that exist
 - Share findings with public in an understandable way
 - Make detailed information and educational materials about community health status easier to find for the public
- Ensure needs and services compliment each other
 - Continue to boost community engagement in assessing needs and developing services
 - Continue to strategize on needs/services related to individual circumstances (e.g. lack of funds for bed bug mitigation) and ongoing challenges (e.g. transportation, food insecurity, outreach for dental/vision care)
- Increase education of health system partners
 - Educate employees on importance of services available beyond their organizations
 - Educate public officials to ensure accurate understanding of health issues and policy/program needs
- Continue to engage health system providers and partners to ensure strong representation in health assessments and shared information
 - Conduct more consistent check-ins throughout the year with health system partners on priorities identified in Community Health Improvement Plan
 - Improve EMR communication
- Offer additional services
 - Offer more employee wellness screening and activities within local organizations
 - Offer more mobile health opportunities

Essential Service 2: Diagnosing and Investigating Health Problems and Health Hazards

189 respondents rated activity levels for EPHS2. The results are provided below.

| Model Standard | Performance Measure | 2021 % Score | 2024 % Score |
|--|---|--------------|--------------|
| 2.1 Identification and Surveillance | | 63% | 68% |
| | 2.1.1 Participate in a comprehensive surveillance system with national, state, and local partners to identify, monitor, and share information and understand emerging health problems and threats? | 61 | 66 |
| | 2.1.2 Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies, and emerging threats (natural and manmade)? | 66 | 71 |
| | 2.1.3 Ensure that the best available resources are used to support surveillance systems and activities including information technology, communication systems, and professional expertise? | 62 | 66 |
| 2.2 Emergency Response | | 66% | 72% |
| | 2.2.1 Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment? | 68 | 72 |
| | 2.2.2 Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters? | 70 | 70 |
| | 2.2.3 Designate a jurisdictional Emergency Response Coordinator? | 64 | 73 |
| | 2.2.4 Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines? | 72 | 74 |

| | | | |
|--|--|----|----|
| | 2.2.5 Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies? | 59 | 73 |
| | 2.2.6 Evaluate incidents for effectiveness and opportunities for improvements (such as After Action Reports, Improvement Plans, etc)? | 62 | 70 |

Qualitative Responses

53 respondents recorded strengths and areas for improvement related to the EPHS.

Strengths

For the prompt “Please describe what our community does **well** for the services above,” the following themes emerged:

- Education, information sharing, and data collection
- Plans, practice, and preparation drills for emergencies
- Quick and effective response to emergencies/outbreaks/disasters
 - Memorial Health System has an effective Infection Control program and Emergency Management program/director which maintains infectious disease and disaster protocols.
 - State and federal guidelines are maintained in hospital system to ensure safe patient care
 - Strong volunteer response through fire, EMS, church groups, and Red Cross in disaster response
 - COVID - 19 Response
 - Washington County Health Department regularly shared COVID 19 data

Areas for Improvement

For the prompt “Please describe how our community can improve upon the services above,” the following themes emerged:

- Continue to pool resources and clearly communicate with the public about what plans exist, where to find them, and how they can be prepared

-
- Include nursing homes and local schools
 - Improve technology used
 - Boost communication with Emergency Management personnel across community to ensure preparation across the entire system
 - Conduct more multi agency trainings and education to prepare

Essential Service 3: Informing, Educating, and Empowering People about Health Issues

182 respondents rated activity levels for EPHS3. The results are provided below.

| Model Standard | Performance Measure | 2021 % Score | 2024 % Score |
|---|--|--------------|--------------|
| 3.1 Health Education and Promotion | | 62% | 64% |
| | 3.1.1 Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies? | 60 | 62 |
| | 3.1.2 Coordinate health promotion and health education activities at the individual, interpersonal, community, and societal levels? | 64 | 68 |
| | 3.1.3 Engage the community throughout the process of setting priorities, developing plans, and implementing health education and health promotion activities. | 61 | 63 |
| 3.2 Health Communication | | 60% | 63% |
| | 3.2.1 Develop health communication plans for media, public relations, and for sharing information among our local public health system organizations? | 61 | 64 |
| | 3.2.2 Use relationships with different media providers (e.g. print, radio, television, the internet) to share health information, matching the message with the target audience? | 63 | 65 |
| | 3.2.3 Identify and train spokespersons on public health issues? | 55 | 59 |
| 3.3 Risk Communication | | 66% | 67% |
| | 3.3.1 Develop emergency communications plan for each stage of an emergency to allow for the effective dissemination of information? | 70 | 68 |

| | | | |
|--|---|----|----|
| | 3.3.2 Make sure resources are available for a rapid communication emergency response? | 68 | 70 |
| | 3.3.3 Provide risk communication training for employees and volunteers? | 60 | 64 |

Qualitative Responses

39 respondents recorded strengths and areas for improvement related to the EPHS.

Strengths

For the prompt “Please describe what our community does **well** for the services above,” the following themes emerged:

- Use of various media platforms (e.g. radio, television, news, social media) to communicate with the public about
 - Community health status issues
 - Community health clinics and services
 - Health education activities
 - Access to health care information
- Use of various media platforms (e.g. interorganizational alert systems, emails, MARCS (Multi-Agency Communication Systems) radios, telephone/texts alerts) to communicate across local entities about health related activities and emergencies
- Emergency operation plan and systems
- Conducting and assessing health screenings, fairs, classes, trainings, and informational sessions
- Connecting with policymakers to provide accurate public health information

Areas for Improvement

For the prompt “Please describe how our community can improve upon the services above,” the following themes emerged:

- Continue to coordinate health promotion and health education activities at the individual, interpersonal, community and societal levels across partners
 - Share toolkits with other partners to increase effectiveness and efficiency

-
- Expand emergency preparedness planning to communicate more about the plans with the public so they know what to expect and how they can support the plan
 - Do more education about health and resources available with an intentional focus on
 - Starting with school age children
 - Reaching those who live on the edges of the county or in rural areas without internet access
 - Using word of mouth methods in addition to traditional marketing approaches
 - Working more closely with churches, community centers, post offices, food pantries and other community hubs
 - Making information understandable to those with low literacy levels

Essential Service 4: Mobilizing Community Partnerships to Identify and Solve Health Problems

173 respondents rated activity levels for EPHS4. The results are provided below.

| Model Standard | Performance Measure | 2021 % Score | 2024 % Score |
|-------------------------------------|---|--------------|--------------|
| 4.1 Constituency Development | | 58% | 65% |
| | 4.1.1 Maintain a complete and current directory of community organizations? | 59 | 65 |
| | 4.1.2 Follow an established process for identifying key constituents related to overall public health interests and particular health concerns? | 53 | 63 |
| | 4.1.3 Encourage constituents to participate in activities to improve community health? | 63 | 67 |
| 4.2 Community Partnerships | | 59% | 62% |
| | 4.2.1 Create forums for communication of public health issues? | 55 | 60 |
| | 4.2.1.1 Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community? | 67 | 67 |
| | 4.2.1.2 Establish a broad-based community health improvement committee? | 61 | 60 |
| | 4.2.1.3 Assess how well community partnerships and strategic alliances are working to improve community health? | 52 | 60 |

Qualitative Responses

28 respondents recorded strengths and areas for improvement related to the EPHS.

Strengths

For the prompt “Please describe what our community does **well** for the services above,” the following themes emerged:

- Community organizations and groups are willing to be partners for identifying needs, implementing programs, connecting people to services, and preparing for emergencies
- Memorial Health System provides community offerings and partners with outside organizations (e.g. Mayo Clinic, Akron Children’s Hospital)
- A directory of community organizations is available
- 211 is available

Areas for Improvement

For the prompt “Please describe how our community can improve upon the services above,” the following themes emerged:

- Boost communication county-wide to ensure partnerships are evaluated and continually improved
- Partners should meet more often to initiate plans based upon survey results and other studies used to assess partnerships and impact of efforts
- Boost knowledge of community partnerships amongst Marietta Health System leaders/employees
- Increase support and collaboration on addressing issues related to transportation, mental health, and individual situations that negatively impact health
- Increase visibility of partnerships in community

Essential Service 5: Developing Plans and Policies that Support Individual and Community Health Efforts

173 respondents rated activity levels for EPHS5. The results are provided below.

| Model Standard | Performance Measure | 2021 % Score | 2024 % Score |
|------------------------------------|---|--------------|--------------|
| 5.1 Governmental Presence | | 54% | 63% |
| | 5.1.1 Support the work of the local health department (or other governmental local public health entity) to make sure the 10 essential public health services are provided? | 52 | 67 |
| | 5.1.2 See that the local health department is accredited through PHAB's voluntary, national public health department accreditation program? | 58 | 62 |
| | 5.1.3 Ensure that the local health department has enough resources to do its part in providing essential health services? | 51 | 59 |
| 5.2 Policy Development | | 58% | 65% |
| | 5.2.1 Contribute to public health policies by engaging in activities that inform the policy development process? | 55 | 62 |
| | 5.2.2 Alert policy makers and the community of the possible public health effects (both intended and non-intended) from current and/or proposed policies? | 56 | 61 |
| | 5.2.3 Review existing policies at least every 3-5 years? | 63 | 71 |
| 5.3 CHIP/Strategic Planning | | 56% | 63% |
| | 5.3.1 Establish a Community Health Improvement Plan with broad-based diverse participation, that uses information from the Community Health Assessment, including the perceptions of community members? | 63 | 63 |

| | | | |
|---------------------------|---|------------|------------|
| | 5.3.2 Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps? | 52 | 62 |
| | 5.3.3 Connect organizational strategic plans with the Community Health Improvement Plan? | 52 | 63 |
| 5.4 Emergency Plan | | 67% | 71% |
| | 5.4.1 Support a work group to develop and maintain emergency preparedness and response plans? | 68 | 72 |
| | 5.4.2 Test the plan through regular drills and revise the plan as needed, at least every 2 years? | 65 | 70 |

Qualitative Responses

31 respondents recorded strengths and areas for improvement related to the EPHS.

Strengths

For the prompt “Please describe what our community does **well** for the services above,” the following themes emerged:

- Emergency Preparedness
 - Teams/work groups meet regularly to develop plans and practice drills to prepare for emergencies
- Development of Community Health Assessment and Community Health Improvement Plan
- Inclusion of Community Health Improvement Plan in organizational strategic planning
- Health Department has strong community focus tied to stakeholder needs

Areas for Improvement

For the prompt “Please describe how our community can improve upon the services above,” the following themes emerged:

-
- Boost collaboration and communication (across partners/government) to ensure everyone is receiving necessary information and prepared to respond effectively to emergencies and other health issues
 - Make more people aware of the plans that are in place and each entity's role
 - Conduct more drills
 - Increase education in the community about the plans
 - Improve health department facilities to include on-site meeting space where the community and partners could engage related to plans/drills and collaborative planning

Essential Service 6: Enforcing Laws and Regulations that Protect Health and Ensure Safety

172 respondents rated activity levels for EPHS6. The results are provided below.

| Model Standard | Performance Measure | 2021 % Score | 2024 % Score |
|-------------------------|---|--------------|--------------|
| 6.1 Review Laws | | 70% | 66% |
| | 6.1.1 Identify public health issues that can be addressed through laws, regulations, or ordinances? | 63 | 63 |
| | 6.1.2 Stay up-to-date with current laws, regulations, and ordinances that prevent health problems or that promote or protect public health on the federal, state, and local levels? | 71 | 67 |
| | 6.1.3 Review existing public health laws, regulations, and ordinances at least once every three to five years? | 71 | 67 |
| | 6.1.4 Have access to legal counsel for technical assistance when reviewing laws, regulations, and ordinances? | 73 | 68 |
| 6.2 Improve Laws | | 59% | 59% |
| | 6.2.1 Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances? | 63 | 60 |
| | 6.2.2 Participate in changing existing laws, regulations, and ordinances and/or creating new laws, regulations, and ordinances to protect and promote public health? | 59 | 59 |
| | 6.2.3 Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances? | 55 | 58 |
| 6.3 Enforce Laws | | 62% | 63% |

| | | | |
|--|--|----|----|
| | 6.3.1 Identify organizations that have the authority to enforce public health laws, regulations, and ordinances? | 63 | 63 |
| | 6.3.2 Ensure that a local health department has the authority to act in public health emergencies? | 63 | 66 |
| | 6.3.3 Ensure that all activities related to public health codes are done within the law? | 66 | 65 |
| | 6.3.4 Educate individuals and organizations about relevant laws, regulations, and ordinances? | 61 | 60 |
| | 6.3.5 Evaluate how well local organizations comply with public health laws? | 57 | 60 |

Qualitative Responses

18 respondents recorded strengths and areas for improvement related to the EPHS.

Strengths

For the prompt “Please describe what our community does **well** for the services above,” the following themes emerged:

- Knowledgeable sanitarians
- Legal counsel is helpful in reviewing laws, regulations, and ordinances
- Laws are enforced
- Local agencies educate the public well on matters of law/code that apply to their specific situation
- In emergency situations, appropriate agencies act on behalf of public health system

Areas for Improvement

For the prompt “Please describe how our community can improve upon the services above,” the following themes emerged:

- Improve lawmakers and enforcers understanding of how public health is affected by laws and policies
- Use forward thinking about laws and policies to address public health issues

-
- Improve community education about laws and regulations that protect health and ensure safety
 - Communicate about how public can find information on local laws and if they are being enforced

Essential Service 7: Linking People to Needed Personal Health Services and Ensuring the Provision of Healthcare when Otherwise Unavailable

170 respondents rated activity levels for EPHS7. The results are provided below.

| Model Standard | Performance Measure | 2021 % Score | 2024 % Score |
|---------------------------|--|--------------|--------------|
| 7.1 Personal Needs | | 51% | 62% |
| | 7.1.1 Identify groups of people in the community who have trouble accessing or connecting to personal health services? | 52 | 63 |
| | 7.1.2 Identify all personal health service needs and unmet needs through the community? | 52 | 62 |
| | 7.1.3 Define partner roles and responsibilities to respond to the unmet needs of the community? | 47 | 60 |
| | 7.1.4 Understand the reasons that people do not get the care they need? | 52 | 63 |
| 7.2 Assure Linkage | | 51% | 65% |
| | 7.2.1 Connect or link people to organizations that can provide the personal health services they may need? | 50 | 65 |
| | 7.2.2 Help people access personal health services in a way that takes into account the unique needs of different populations? | 47 | 64 |
| | 7.2.3 Help people sign up for public benefits that are available to them (e.g. Medicaid, or medical and prescription assistance programs)? | 57 | 67 |
| | 7.2.4 Coordinate the delivery of personal health and social services so that everyone in the community has access to the care they need? | 48 | 63 |

Qualitative Responses

26 respondents recorded strengths and areas for improvement related to the EPHS.

Strengths

For the prompt “Please describe what our community does **well** for the services above,” the following themes emerged:

- Collaborating across agencies effectively to connect people with services
 - Providing wrap-around services
 - Identifying people who need help and supporting them in finding assistance
 - Reaching low-income populations
- Using data from partners to identify Social Determinants of Health needs and enhancing community services accordingly
- Offering education/classes in different locations to provide people the knowledge they need to navigate health needs and system
- Getting education/information to underserved populations through local EMS

Areas for Improvement

For the prompt “Please describe how our community can **improve** upon the services above,” the following themes emerged:

- Improve reach of information and services to underserved populations including
 - Transportation support
 - Communication about health and health services at an appropriate literacy level
 - Address stigma related to vaccines/healthcare
- Communicate
 - Increase awareness of many services available
 - Reducing stigma related to vaccines and healthcare
 - Educating public about who is eligible for services and encourage them to use services for which they are eligible
- Address gaps

-
- Some people exceed income requirements for services, but cannot afford the services without support (need to evaluate service guidelines)
 - Vision and dental care services are costly and lead to additional health costs when care isn't sought
 - Improve transportation options
 - Ensure people are efficiently linked with services and not passed around the system without services being met
 - Attend to unique individual challenges
 - Attention to needs of citizens with disabilities
 - Workforce development
 - Invest in retention of staff in public health agencies and groups through improved pay and/or volunteer support
 - Increase health workforce to be able to serve all the people who need services

Essential Service 8: Ensuring a Competent Public and Personal Healthcare Workforce

173 respondents rated activity levels for EPHS8. The results are provided below.

| Model Standard | Performance Measure | 2021 % Score | 2024 % Score |
|---------------------------------|--|--------------|--------------|
| 8.1 Workforce Assessment | | 67% | 61% |
| | 8.1.1 Complete a workforce assessment, a process to track the numbers and types of Local Public Health System jobs – both public and private sector – and the associated knowledge, skills and abilities required of the jobs? | 66 | 61 |
| | 8.1.2 Review the information from the workforce assessment and use it to identify and address gaps in the Local Public Health System workforce? | 68 | 61 |
| | 8.1.3 Provide information from the workforce assessment to other community organizations and groups, including government bodies and public and private agencies, for use in their organizational planning? | 66 | 60 |
| 8.2 Workforce Standards | | 67% | 68% |
| | 8.2.1 Ensure that all members of the local public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and comply with legal requirements? | 69 | 71 |
| | 8.2.2 Develop and maintain job standards and position descriptions based on the core knowledge, skills, and abilities needed to provide the 10 Essential Public Health Services? | 67 | 68 |
| | 8.2.3 Base the hiring and performance review of members of the public health workforce on public health competencies? | 65 | 66 |
| 8.3 Continuing Education | | 63% | 67% |

| | | | |
|-----------------------------------|--|------------|------------|
| | 8.3.1 Identify education and training needs and encourage the public health workforce to participate in available education and training? | 71 | 68 |
| | 8.3.2 Provide ways for public health workers to develop core skills related to the 10 Essential Public Health Services? | 62 | 65 |
| | 8.3.3 Develop incentives for workforce training, such as tuition reimbursement, time off for attending class, and pay increases? | 60 | 66 |
| | 8.3.4 Create and support collaboration between organizations within the Local Public Health System for education and training? | 56 | 67 |
| | 8.3.5 Continually train the public health workforce to deliver services in a culturally competent manner and understand the social determinants of health? | 64 | 67 |
| 8.4 Leadership Development | | 66% | 66% |
| | 8.4.1 Provide access to formal and informal leadership development opportunities for employees at all organizational levels? | 63 | 67 |
| | 8.4.2 Create a shared vision of community health and Local Public Health System welcoming all leaders and community members to work together? | 62 | 66 |
| | 8.4.3 Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources? | 63 | 65 |
| | 8.4.4 Provide opportunities for the development of leaders who represent the diversity of the community? | 75 | 66 |

Qualitative Responses

17 respondents recorded strengths and areas for improvement related to the EPHS.

Strengths

For the prompt “Please describe what our community does **well** for the services above,” the following themes emerged:

-
- Identify training and education needs
 - Connect public health workforce with education and training opportunities in the surrounding area for growth
 - Employment of qualified individuals

Areas for Improvement

For the prompt “Please describe how our community can **improve** upon the services above,” the following themes emerged:

- Training
 - Offer more trainings locally
 - Bring in outside agencies to train local partners
 - Better connect ongoing training to advancement
 - Incentivize training particularly in professions that have increasing demand and fewer individuals qualified
- Leadership/Mentoring
 - Grow leaders within the community and in our own health system
 - Invest in those who demonstrate leadership potential and promote based on ability to job (not personal connection)
 - Grow diversity of workforce and increase cultural sensitivity
- Communication
 - Share information from workforce assessments more widely across groups to be used in organizational planning including
 - Governing bodies
 - Public and private agencies
 - Local groups
 - Connect rural populations with internet services to improve access to information/knowledge
 - Link more information with social media outlets

Essential Service 9: Evaluating Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

168 respondents rated activity levels for EPHS9. The results are provided below.

| Model Standard | Performance Measure | 2021 % Score | 2024 % Score |
|--|---|--------------|--------------|
| 9.1 Evaluation of Population Health | | 49% | 62% |
| | 9.1.1 Evaluate how well population-based health services are working, including whether the goals that were set for programs and services were achieved? | 51 | 63 |
| | 9.1.2 Assess whether community members, including vulnerable populations, are satisfied with the approaches taken toward promoting health, and preventing disease, illness, and injury? | 53 | 60 |
| | 9.1.3 Identify gaps in the provision of population-based health services? | 46 | 62 |
| | 9.1.4 Use evaluation findings to improve plans, processes, and services? | 45 | 62 |
| 9.2 Evaluation of Personal Health | | 49% | 64% |
| | 9.2.1 Evaluate the quality, accessibility, and effectiveness of personal health services? | 44 | 62 |
| | 9.2.2 Compare the quality of personal health services to established guidelines? | 49 | 63 |
| | 9.2.3 Measure user satisfaction with personal health services? | 52 | 65 |
| | 9.2.4 Use technology, like the internet or electronic health records, to improve quality of care? | 51 | 67 |
| | 9.2.5 Use evaluation findings to improve services and program delivery? | 48 | 65 |

| 9.3 Evaluation of LPHS | | 46% | 63% |
|------------------------|---|-----|-----|
| | 9.3.1 Identify all public, private, and volunteer organizations that contribute to the delivery of the 10 Essential Public Health Services? | 47 | 64 |
| | 9.3.2 Evaluate how well our Local Public Health System activities meet the needs of the community at least every 3-5 years, using guidelines that describe a model Local Public Health System and involving all entities contributing to the delivery of the 10 Essential Public Health Services? | 49 | 65 |
| | 9.3.3 Assess how well the organizations in the Local Public Health System are communicating, connecting, and coordinating services? | 43 | 61 |
| | 9.3.4 Use the results from the evaluation process to improve our Local Public Health System? | 44 | 62 |

Qualitative Responses

16 respondents recorded strengths and areas for improvement related to the EPHS.

Strengths

For the prompt “Please describe what our community does **well** for the services above,” the following themes emerged:

- Assessing the local public health system regularly including the monitoring of regulations and requirements, and programs
- Increasing focus of primary care clinics on population health approaches including ensuring gaps of care are addressed and closed

Areas for Improvement

For the prompt “Please describe how our community can **improve** upon the services above,” the following themes emerged:

- Consistently and collectively use the public health assessments to make decisions based on data

-
- Improve engagement with public and overcome access to care challenges in outlying areas of county
 - Dissemination of information, findings, and action plans
 - Improve EMR system to be more inclusive

Essential Service 10: Researching New Insights and Innovative Solutions to Health Problems

170 respondents rated activity levels for EPHS10. The results are provided below.

| Model Standard | Performance Measure | 2021 % Score | 2024 % Score |
|-------------------------------|---|--------------|--------------|
| 10.1 Foster Innovation | | 42% | 59% |
| | 10.1.1 Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work? | 31 | 56 |
| | 10.1.2 Suggest ideas about what currently needs to be studied in public health to organizations that conduct research? | 41 | 59 |
| | 10.1.3 Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health? | 51 | 61 |
| | 10.1.4 Encourage community participation in research, including deciding what will be studied, conducting research, and sharing results? | 45 | 59 |
| 10.2 Academic Linkages | | 43% | 62% |
| | 10.2.1 Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together? | 44 | 63 |
| | 10.2.2 Partner with colleges, universities, or other research organizations to conduct public health research, including community-based participatory research? | 44 | 62 |
| | 10.2.3 Encourage colleges, universities, and other research organizations to work together with our Local Public Health Systems organizations to develop projects, including field training and continuing education? | 41 | 62 |

| 10.3 Research Capacity | | 37% | 59% |
|------------------------|--|-----|-----|
| | 10.3.1 Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies? | 43 | 59 |
| | 10.3.2 Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources? | 39 | 58 |
| | 10.3.3 Share findings with public health colleagues and the community broadly, through journals, website, community meetings, etc.? | 31 | 59 |
| | 10.3.4 Evaluate Public Health Systems research efforts throughout all stages of work, from planning to effect on local public health practice? | 34 | 58 |

Qualitative Responses

15 respondents recorded strengths and areas for improvement related to the EPHS.

Strengths

For the prompt “Please describe what our community does **well** for the services above,” the following themes emerged:

- Strong community partnerships support the improvement of health including
 - linkages between schools, universities, and the community around health issues
 - strategic alliances in public health system to improve health
 - collaboration to ensure information and services to improve health are well communicated to the public
 - awareness of current best practices at local, state, and national levels

Areas for Improvement

For the prompt “Please describe how our community can **improve** upon the services above,” the following theme emerged:

-
- Better funding capacity for research
 - Stronger community engagement
 - More collaboration across organizations in the area
 - More collaboration with local colleges and universities including
 - connecting to students earlier to grow their interest in the field
 - stronger communication and collaboration on research that impacts the local health system and community health

References

American Cancer Society, Cancer Facts & Figures

<https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/2024-cancer-facts-figures.html>

American Heart Association

<https://www.heart.org/en/health-topics/high-blood-pressure>

America's Health Rankings

<https://www.americashealthrankings.org/learn/reports/2023-annual-report>

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>

Berelson, Bernard. *Content Analysis in Communication Research*. New York: Free Press, 1952.

Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. *What Is Health Equity? And What Difference Does a Definition Make?* Princeton, NJ: Robert Wood Johnson Foundation, 2017.

https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2017/rwjf437393

Bureau of Health Workforce, Health Resources and Services Administration [HRSA], U.S. Department of Health & Human Services, Designated Health Professional Shortage Areas Statistics: Designated HPSA Quarterly Summary, as of November 1, 2023.

Centers for Disease Control and Prevention, About Adverse Childhood Experiences

<https://www.cdc.gov/aces/about/index.html>

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance

https://www.cdc.gov/brfss/data_documentation/index.htm

Centers for Disease Control and Prevention, Data & Statistics

<https://www.cdc.gov/DataStatistics/>

Centers for Disease Control and Prevention, Environmental Health Tracking Network

<https://ephtracking.cdc.gov/>

Centers for Disease Control and Prevention, FluVax Interactive

<https://www.cdc.gov/flu/fluvoxview/interactive.htm>

Centers for Disease Control and Prevention, Interactive Atlas of Heart Disease and Stroke

<https://www.cdc.gov/dhdsp/maps/atlas/index.htm>

Centers for Disease Control and Prevention, About Mental Health

<https://www.cdc.gov/mentalhealth/learn/index.htm>

Dartmouth Atlas of Healthcare
<https://www.dartmouthatlas.org/data/>

Environmental Protection Agency
<https://www.epa.gov/>

Federal Bureau of Investigation, Crime in the United States
<https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/home>

Health Policy Institute of Ohio, Adverse Childhood Experiences (ACEs)
<https://www.healthpolicyohio.org/our-work/publications/adverse-childhood-experiences-aces-health-impact-of-aces-in-ohio>

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved from
<https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

Hsieh HF & Shannon SE. (2005). Three Approaches to Qualitative Content Analysis. *Qualitative Health Research*,15(9): 1277-1288.

Johns Hopkins University, ESRI, CARES
<https://coronavirus.jhu.edu/>

Kaiser Family Foundation, State Health Facts
<https://www.kff.org/statedata/>

Lindlof, T., & Taylor, B. (2011). *Qualitative Communication Research Methods*. 3rd Ed. Sage: Thousand Oaks, CA.

National Cancer Institute
<https://www.cancer.gov/>

National Institute on Alcohol Abuse and Alcoholism
<https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/binge-drinking>

Nemeth, J. M., Padamsee, T. J., & the Needs Assessment Writers' Team. (2020). Ohio's COVID-19 Populations Needs Assessment: Minimizing the Disparate Impact of the Pandemic and Building Foundations for Health Equity. The Ohio State University College of Public Health. Retrieved from <https://go.osu.edu/inequitable-burdens-covid-19>.

North American Industry Classification System
<https://www.census.gov/naics/?99967>

Ohio Cancer Surveillance System, Ohio Department of Health
<https://odh.ohio.gov/know-our-programs/ohio-cancer-incidence-surveillance-system>

Ohio Department of Health, Data and Statistics
<https://odh.ohio.gov/explore-data-and-stats>

Ohio Department of Health, Online State Health Assessment
<https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-Online-State-Health-Assessment>

Ohio Department of Job and Family Services
<https://jfs.ohio.gov/>

Ohio Department of Medicaid
<https://medicaid.ohio.gov/>

Ohio Public Health Data Warehouse
<https://data.ohio.gov/wps/portal/gov/data/home>

Ohio Healthy Youth Environments Survey (OHYES!). (2020). OHYES! Report for Washington County Behavioral Health Board - 2019-2020. Ohio Department of Mental Health and Addiction Services. Retrieved from <https://ohyes.ohio.gov/Results>

Ohio Youth Behavioral Risk Survey/Youth Tobacco Survey, Ohio Department of Health
Retrieved from
<https://odh.ohio.gov/know-our-programs/tobacco-use-prevention-and-cessation/media/yrb-s-yts>

Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute, County Health Rankings. Retrieved from <https://countyhealthrankings.org>

Substance Abuse and Mental Health Services Administration (SAMHSA), 2022 National Survey on Drug Use and Health in the United States. Retrieved from
<https://www.samhsa.gov/data/release/2022-national-survey-drug-use-and-health-nsduh-releases>

Substance Abuse and Mental Health Services Administration. (2023). Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.
<https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report>

Swedo, E., Aslam M., Dahlberg L., et al. (2023). Prevalence of Adverse Childhood Experiences Among U.S. Adults — Behavioral Risk Factor Surveillance System, 2011–2020. MMWR Morbidity and Mortality Weekly Report, 72:707–715. DOI:
<http://dx.doi.org/10.15585/mmwr.mm7226a2>

Tolber, J., Drake, P., and Damico, A. (December, 2023). Key Facts About the Uninsured Population. Kaiser Family Foundation Issue Brief. Retrieved from
<https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/>

Townhall Election Results
<https://townhall.com/election/>

United States Bureau of Labor Statistics
<https://www.bls.gov/>

United States Census Bureau
<https://www.census.gov/>

United States Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator. Retrieved from <https://www.fns.usda.gov/snap/retailer-locator>

United States Department of Health & Human Services, Centers for Medicare & Medicaid Services, National Plan and Provider Enumeration System. Retrieved from <https://www.nber.org/research/data/national-plan-and-provider-enumeration-system-npps>

U.S. News and World Report. *Healthiest Communities: How They Were Ranked*. Retrieved from https://www.usnews.com/news/healthiest-communities/articles/methodology?int=top_nav
[Methodology](#)

Washington County Coordinated Transit Plan 2020-2024. Retrieved from <https://www.transportation.ohio.gov/programs/transit/transit-repository-coordination/washington+county+coordinated+plan>

Washington County Department of Job and Family Services, Children Services Report, 2023

Cover Image Credits

Marciniechotos, A. "Healthcare Icons," Getty Images. Retrieved from Canva Pro, 2024.

Grafe, R. "Ohio Countryside," Getty Images Pro. Retrieved from Canva Pro, 2024.

Pecik V. "Spring Family Walk," Getty Images Signature. Retrieved from Canva Pro, 2024.

Willington, J. "Vegetables on a Basket," Pixabay. Retrieved from Canva Pro, 2024.

Appendix A

Alignment with Requirements

Hospital Requirements - Internal Revenue Service (IRS)

This assessment fulfills national mandated requirements for hospitals in the county. The H.R. 3590 Patient Protection and Affordable Care Act (ACA), enacted in March 2010, added new requirements in Part V, Section B, on 501 (c)(3) organizations that operate one or more hospital facilities. Each 501 (c)(3) hospital organization must conduct a Community Health Needs Assessment and adopt an implementation strategy at least once every three years in order to maintain tax-exempt status. To meet these requirements, the hospital shifted their definition of “community” to encompass the entire county, and collaboratively completed the Community Health Assessment. This approach increased collaboration and resource sharing between local public health and local hospital systems.

Public Health Accreditation Board (PHAB) Requirements

This assessment fulfills requirements from Ohio Revised Code (ORC) and the Public Health Accreditation Board (PHAB) requirement that Tribal, state, local, and territorial public health departments be assessed regularly. The Public Health Accreditation Board requires that Community Health Assessments be completed at least every five years, however, Ohio Revised Code (ORC 3701.981) requires that health departments and non-profit hospitals collaborate to create a Community Health Assessment every 3 years. The CHA is the measurement of health department performance against a set of nationally recognized, evidence-based standards. The goal of the national accreditation program is to improve and protect the health of the public by advancing the quality and performance of public health departments.

Appendix B

Community Health Survey Demographics

A total of 333 people provided demographic information.

Zip Code

Residents from across Washington County are represented in the data. Additionally, people who work in or visit Washington County for services are included though they may live in another zip code (i.e. Vienna [26105], Williamstown [26187], Zanesville [43701]).

| | | | |
|---------|--|--------|-----|
| ▼ 45750 | | 54.88% | 180 |
| ▼ 45714 | | 6.40% | 21 |
| ▼ 45715 | | 4.88% | 16 |
| ▼ 45784 | | 2.74% | 9 |
| ▼ 26187 | | 2.74% | 9 |
| ▼ 45768 | | 2.74% | 9 |
| ▼ 45742 | | 2.44% | 8 |
| ▼ 45744 | | 2.13% | 7 |
| ▼ 45786 | | 2.13% | 7 |
| ▼ 45788 | | 1.52% | 5 |
| ▼ 45729 | | 1.52% | 5 |
| ▼ 45745 | | 1.22% | 4 |
| ▼ 45724 | | 1.22% | 4 |
| ▼ 45767 | | 1.22% | 4 |
| ▼ 43701 | | 0.91% | 3 |
| ▼ 26105 | | 0.91% | 3 |

Age

| ANSWER CHOICES | RESPONSES | |
|-----------------------|-----------|------------|
| Under 18 years of age | 0.9% | 3 |
| 18-25 | 12.3% | 41 |
| 26-35 | 12.3% | 41 |
| 36-45 | 18.9% | 63 |
| 46-55 | 20.1% | 67 |
| 56-65 | 17.1% | 57 |
| 66-75 | 12.9% | 43 |
| 76 and older | 5.4% | 18 |
| Prefer not to say | 0.0% | 0 |
| TOTAL | | 333 |

Ethnicity/Race

| ANSWER CHOICES | RESPONSES | |
|------------------------------------|--------------------------------|-----|
| White/Caucasian | 95.5% | 319 |
| Black/African American | 1.2% | 4 |
| Hispanic or Latino | 0.6% | 2 |
| Asian or Pacific Islander | 0.6% | 2 |
| Native American | 0.6% | 2 |
| Prefer not to say | 2.7% | 9 |
| Another ethnicity (please specify) | Responses 0.6% | 2 |
| Total Respondents: 334 | | |

Gender

| ANSWER CHOICES | RESPONSES | |
|------------------------|--------------------------------|------------|
| Female | 70.0% | 233 |
| Male | 27.3% | 91 |
| Non-binary | 0.9% | 3 |
| Prefer not to say | 1.2% | 4 |
| Other (please specify) | Responses 0.6% | 2 |
| TOTAL | | 333 |

Marital Status

| ANSWER CHOICES | RESPONSES | |
|---------------------|-----------|------------|
| ▼ Married | 60.4% | 201 |
| ▼ Not Married | 36.3% | 121 |
| ▼ Prefer not to say | 3.3% | 11 |
| TOTAL | | 333 |

Education

| ANSWER CHOICES | RESPONSES | |
|--|--------------------------------|------------|
| ▼ 8th grade or less | 0.0% | 0 |
| ▼ Some high school | 1.5% | 5 |
| ▼ High School Diploma or GED | 9.0% | 30 |
| ▼ Some college or technical school | 22.8% | 76 |
| ▼ Associate's degree | 14.7% | 49 |
| ▼ Bachelor's degree | 28.5% | 95 |
| ▼ Master's , doctorate, or professional degree | 21.6% | 72 |
| ▼ Prefer not to say | 0.6% | 2 |
| ▼ Other (please specify) | Responses 1.2% | 4 |
| TOTAL | | 333 |

Household Income Each Year (Gross Income)

| ANSWER CHOICES | RESPONSES | |
|---------------------------------|-----------|------------|
| ▼ Under \$25,000 | 9.9% | 33 |
| ▼ Between \$26,000 and \$39,999 | 9.0% | 30 |
| ▼ Between \$40,000 and \$59,999 | 12.6% | 42 |
| ▼ Between \$60,000 and \$79,999 | 15.3% | 51 |
| ▼ Between \$80,000 and \$99,999 | 10.5% | 35 |
| ▼ Over \$100,000 | 28.5% | 95 |
| ▼ Prefer not to say | 14.1% | 47 |
| TOTAL | | 333 |

Number of People in Household

There was an average of 2.8 people living in each household of respondents.

Health Insurance (Choose All That Apply)

| ANSWER CHOICES | | RESPONSES | |
|--|---------------------------|-----------|-----|
| ▼ No health insurance | | 3.9% | 13 |
| ▼ Insurance through employer | | 63.3% | 212 |
| ▼ Insurance through health insurance marketplace | | 5.1% | 17 |
| ▼ Medicaid | | 9.3% | 31 |
| ▼ Medicare | | 21.5% | 72 |
| ▼ Children with medical handicaps | | 0.9% | 3 |
| ▼ MediShare | | 0.3% | 1 |
| ▼ Prefer not to say | | 3.9% | 13 |
| ▼ Other (please specify) | Responses | 6.0% | 20 |
| Total Respondents: 335 | | | |

*Other: Medicare Supplement most common response

Appendix C

Community Health Survey Results

Top 3 Most Important Factors for a Healthy Community

| ANSWER CHOICES | RESPONSES | |
|--|-----------|-----|
| ▼ Access to Healthy Food | 41.55% | 155 |
| ▼ Access to Affordable Healthcare | 34.58% | 129 |
| ▼ Clean Air & Water | 24.13% | 90 |
| ▼ Good Jobs & Economy | 23.32% | 87 |
| ▼ Affordable Housing | 21.98% | 82 |
| ▼ Assistance for Those in Need (Housing, Food, & Healthcare) | 19.84% | 74 |
| ▼ Low Crime/Safe Neighborhoods | 18.50% | 69 |
| ▼ Quality Schools | 17.69% | 66 |
| ▼ Healthy Behaviors & Lifestyle | 16.89% | 63 |
| ▼ Strong Health Departments/Hospitals/Clinics | 16.35% | 61 |
| ▼ Strong Public Safety Services (ex. Law Enforcement, Fire, EMS, etc.) | 10.72% | 40 |
| ▼ Access to Parks, Trails, & Recreation | 9.65% | 36 |
| ▼ Strong Family/Friend Support | 9.65% | 36 |
| ▼ Access to Transportation, Safe Streets, & Sidewalks | 9.38% | 35 |
| ▼ Fair Treatment for All (Regardless of Race, Age, Gender, or Ability) | 8.04% | 30 |
| ▼ Religious or Spiritual Values | 7.51% | 28 |
| ▼ Quality, Affordable Child Care | 6.97% | 26 |
| ▼ Low Death & Disease Rates | 6.70% | 25 |
| ▼ Support Programs & Centers | 6.70% | 25 |
| ▼ Access to Health Education/Information | 5.36% | 20 |
| ▼ Abuse/Violence Free Relationships & Homes | 4.02% | 15 |
| ▼ Coordination Among Health/Safety Service Providers | 3.22% | 12 |
| Total Respondents: 373 | | |

Top 3 Biggest Health Problems in Our Community

| ANSWER CHOICES | RESPONSES | |
|---|---------------------------------|-----|
| Substance Use Problems (Tobacco, Alcohol, Illicit Drugs, or Misuse of Prescription Drugs) | 69.25% | 259 |
| Mental Health Problems | 62.83% | 235 |
| Cancers | 49.73% | 186 |
| Agīng Problems (ex. Arthritis, Hearing/Vision Loss, Mobility Loss, Cognitive Decline) | 22.46% | 84 |
| Child Abuse/Neglect | 19.52% | 73 |
| Diabetes | 17.65% | 66 |
| Heart Disease/Stroke | 14.97% | 56 |
| Domestic Violence | 10.16% | 38 |
| Suicide | 7.75% | 29 |
| Respiratory/Lung Disease | 6.15% | 23 |
| Other (please specify) | Responses 5.08% | 19 |
| Dental Problems | 4.28% | 16 |
| Self-Harm | 3.48% | 13 |
| Infectious Disease (ex. Hepatitis, TB, Coronavirus, Sexually Transmitted Diseases) | 3.21% | 12 |
| Preventable Accidents (ex. Falls, Workplace Injuries, etc.) | 1.60% | 6 |
| Motor Vehicle Crashes | 1.34% | 5 |
| Firearm Related Injuries | 1.34% | 5 |
| Unwanted Pregnancy | 1.07% | 4 |
| Homicide | 0.53% | 2 |
| Infant/Child Death | 0.00% | 0 |
| Total Respondents: 374 | | |

Top 3 Biggest Barriers to Health in Washington County

| ANSWER CHOICES | RESPONSES | |
|---|-----------|-------|
| Low income | 58.45% | 218 |
| Addiction | 36.73% | 137 |
| Low Motivation to Engage in Healthy Behaviors | 35.12% | 131 |
| Lack of Affordable Health Insurance | 27.35% | 102 |
| Not Aware of Resources Available | 23.86% | 89 |
| Lack of Knowledge About Health | 20.64% | 77 |
| Unstable Families (ex. Loss of Parental Figure) | 17.69% | 66 |
| Lack of Healthy Food | 15.01% | 56 |
| Lack of Access to Health Care Specialists | 11.53% | 43 |
| Lack of Transportation | 10.72% | 40 |
| Unstable/Unsafe Housing | 9.92% | 37 |
| Distrust of Health & Safety Service Providers | 9.65% | 36 |
| Lack of Quality Child Care | 5.63% | 21 |
| Distrust of Vaccines | 5.36% | 20 |
| Lack of Access to Safe Recreation Options | 3.22% | 12 |
| Unsafe Neighborhoods | 2.95% | 11 |
| Other (please specify) | Responses | 2.68% |
| Laws that Govern Health Decision Making | 2.41% | 9 |
| Lack of Protection from Public Safety Services (ex. Law Enforcement, Fire, EMS, etc.) | 2.14% | 8 |
| Unsafe Roadways | 1.61% | 6 |
| Discrimination | 1.07% | 4 |
| Unsafe Schools | 0.54% | 2 |
| Total Respondents: 373 | | |

Top 3 Most Useful Resources to Be Healthy

| ANSWER CHOICES | | RESPONSES | |
|---|-----------|-----------|-----|
| ▼ Money to Pay for Healthcare/Insurance | | 30.25% | 111 |
| ▼ Social Support (Neighbors, Friends, Family) | | 27.25% | 100 |
| ▼ Affordable Access to Doctors/Specialists | | 24.80% | 91 |
| ▼ Safe Parks, Sidewalks, Trails, & Recreation | | 24.80% | 91 |
| ▼ Grocery Stores/Farmers Markets | | 24.25% | 89 |
| ▼ Gym/Fitness Facilities | | 21.25% | 78 |
| ▼ Health Department Programs/Services | | 20.44% | 75 |
| ▼ Hospital Clinics/Services | | 19.62% | 72 |
| ▼ Pharmacies | | 12.26% | 45 |
| ▼ Local Activities, Groups, or Festivals | | 11.44% | 42 |
| ▼ Educational Opportunities | | 10.35% | 38 |
| ▼ Food Pantries/Programs | | 9.26% | 34 |
| ▼ Safe Housing | | 8.45% | 31 |
| ▼ Government Aid for Those in Need | | 8.45% | 31 |
| ▼ Community Organizations | | 8.45% | 31 |
| ▼ Quality Schools | | 5.72% | 21 |
| ▼ Other (please specify) | Responses | 5.18% | 19 |
| ▼ Social Service Organizations | | 4.09% | 15 |
| ▼ Older Adult Programs | | 3.81% | 14 |
| ▼ Support Groups | | 3.54% | 13 |
| ▼ Access to Holistic Medical Care | | 3.54% | 13 |
| ▼ Transportation Options | | 2.72% | 10 |
| ▼ Public Safety Services | | 2.72% | 10 |
| ▼ Youth Development Programs | | 2.45% | 9 |
| ▼ Quality Child Care | | 2.18% | 8 |
| Total Respondents: 367 | | | |

Appendix D

Resources Identified at CHA Kick-Off Workshop

In February of 2024, more than 40 community partners/members participated in identifying resources in Washington County, Ohio that could be used to conduct a meaningful CHA and improve health outcomes.

Resources

| | |
|---|--|
| Facility space | School system administrators and superintendents |
| Connections with individuals/families/community members | School system nurses |
| Shared funding | Students - All public school districts in Wash.Co. |
| Strong peer communication | Marietta College |
| Ability to create collaborative opportunities | Washington State Community College |
| Mental Health Agencies | Fort Frye Schools Food & Wellness Programs (farm to table, etc.) |
| CMH | Go Packs |
| Lead poisoning testing | District Advisory Council members (representing townships) |
| Local farmers | Mayor of Marietta Ohio |
| WIC/CAP | Mayor of Belpre Ohio |
| Home visits | Mayor of Beverly Village |
| Alice Data - United Way | County Commissioners |
| HAPCAP - Food pantry information | City dashboards |
| Canva (tool for making designed media) | State data through Ohio Department of Health |
| Wash. Co. Resource Team | Census Reporter - Census demographic data |
| Buckeye Hills Regional Council | Data from Dept. of Job and Family Services |
| Local coalitions | Ohio Data Warehouse - Publicly available health and vital stats data via ODH |
| Medical library and librarian at Memorial Health System | Youth tobacco presentations |
| Government Officials | Quit Tobacco cards |
| Early childhood groups | Present vaping presentations |
| MHS Providers | Resources from ODH (i.e. education, awards, posters, flyers, social media posts). |
| Devola Multi Use Trail | Social media platforms through partners |
| Court Systems | SAMHSA |
| COAD | NIDA |
| Local non-profit organizations and leaders | Health assessments |
| Non-Profits LEAD at Marietta College | OIPP - Ohio Injury Prevention Partnership |
| Community Health Worker | Ohio Department of Health |
| Office of Community Engagement at Marietta College | Ohio Department of Mental Health & Addiction |
| Community Action | Mental health and substance use data |
| Huntington Bank | Archived environmental health data including permits, food recalls (OSH, ODA), private water system permits, operators in all license programs |
| Ohio MHAS | Dental health data through schools, nurses, students, ODH, and dental community |
| OACBHA | Healthcare system state health plans and county and state health rankings |
| Wash. Co. Job and Family Services | Fall prevention data on older adults through ODH |
| Family and Children First Council | All social service agency directors |
| Ohio Department of Development | |
| Behavioral health providers | |
| Harm Reduction Ohio | |
| People with lived experience | |
| Marietta Belpre Health Department Board of Health | |
| Washington County Health Department Board of Health | |
| Marietta and Belpre town council members | |

B&W Growth Revitalization
Veritas Classical Academy (school, parents, and students)
Creating Healthy Communities Coalition
Nourishing Networks
Washington County Health Department (staff, clients, board)
Regional funding partners
Appalachian Children Coalition
Appalachian Ohio Manufacturers Coalition
OASA RSVP
Dental community
O'Neill Center
Belpre Senior Center
Harvest of Hope
Newport EMS
Memorial Health System
OSU
AmeriCorps RSVP
Belpre Senior Center
L & P Services
Hopewell
Integrated Services
GoPacks
Foodbanks
Newport Food Pantry
Mid-Ohio Valley Ballet Academy
Franciscan Meals
Grandparent Foster Program
Members of Early Childhood Committee
Camden
Allstate Health Plans
Reno and Marietta EMS/Fire
Community Health Workers
Jobs & Hope
SUD Collaborative
Hope in Action
Washington County Government
Food Service - Restaurants, Retail Sales, Schools, Senior
Centers, Daycare Facilities
Schools - Administration and kitchen staff
Politicians - State and local
Private water system contractors
Public pool operators
Septic installers
OSU Extension
JFS - SNAP Enrollment
ODE Free and Reduced Lunch in Washington County Public
Schools
Real estate agents
Bankers
Attorneys
CPAs
Belpre Chamber of Commerce Board of Directors
United Way
Ritchie EDA
Wood EDA - Community Service
BDD
Rescue and Restore

Rural Action
Businesses (intern host sites, job shadowing)
Educators - school districts, colleges, administrators
State-Wide: Ohio Teen Institute, Youth 2 Youth International,
Prevention Action Alliance, CRUSH
Council's Red Resource Book (MCS has a similar one too)
United Way of the MOV
SE Ohio Foods (food boxes/commodity boxes)
Foundation Directors
Pastors
Wash. Co. Families and Children First Council
Hopewell
Legal Aid
Families that participate in Mid Ohio Valley Taekwondo
Academy
Marietta College Health Services
Belpre Women's Club
Belpre Chamber of Commerce
Belpre City Council President
City of Belpre Departments, Police, Street, Water
St. Ambrose Catholic Church
Washington County Women's Club
Belpre Senior Center
Belpre Fire Dept.
Morgan County Health Department
Belmont County HD
Noble Co. HD
Monroe Co. HD
Washington County HD
Huntington Bank Community Relations Specialist
County school nurses (Fort Frye, Frontier, Waterford)
City school nurses
Marietta College Health Services
Washington County Career Center - Medical and other
programs
Washington County Home
WIC Clinic
Memorial Health System
Masonic Lodge - New Matamoras, Lowell Branches
Ely Chapman Education Foundation
MHS Wellness Center members
Youth Running Club Sternwheel Festival Committee
BSA - Scouts of America
Marietta Junior High (high school/middle school
cheerleading)
Giant Eagle staff
CrossFit community
Outreach Screenings
Marietta Brewing Co.
Sunday Running Group (adults)
Marietta Adventure Company
Regional and local agriculture and farming (Ohio, WV)
Exercise groups
Rivers Trails & Ales Festival Committee
GoPacks
Many area churches

Schools from top down (MCS and WSCC) and departments, clubs, etc. (Farmer's market)
Museums in area
Youth organizations - dance studios, music, sports clubs, etc.
Churches - mentoring programs, tutoring programs, music programs
Civic groups in Marietta - Rotary, Lions, Civitans, Kiwanis, etc.
Businesses - Restaurants, grocery stores, downtown stores
Girl Scouts
Local bands/musicians
Equestrian groups/teams/stables
Nonprofits in MOV
Amber Gossett-Bailey:
Marietta College - Amy Elliot (Nonprofit LEAD), Rosie Brown (Nonprofit LEAD)
Belpre Senior Center - Bonnie McGowan
Belpre Chamber - Karen Waller
Public safety connections including all county fire departments/EMS providers
Counselors at various mental health and substance abuse agencies (Ohio & WV)
Captains in each sector of law enforcement
School officials in several schools
Washington County Board of Developmental Disabilities
School Districts
Red Cross
Marietta College
Career Center
Community Action
YMCA
Solvay
ODJFS/Ohio Means Jobs
Family and Children First/Help Me Grow
Agency Providers (WASCO, RHDD)
Ladies Civitan Group
People First Advocacy Council
House of Hope
Mayor's Partnership for Progress (Southeast Ohio Mayors)
Beverly Waterford Ministerial Association
Waterford Church of the Nazarene
Fort Frye School District
Beverly Fire
Beverly PD
Chamber
Creating Healthy Communities Coalition
Village Council
Village of Beverly Employees
Village of Beverly Community Members
People in recovery from mental health/addiction
Homeless - Drop in center
Re-entry
Low-income
Support group leaders (NA, AA, etc.)
Peer Recovery Support Specialist
Behavioral Health Support Specialist

Harm Reduction
School system admins
St. Vincent de Paul Society
Marietta Homeless Shelter
Food pantry
Memorial Health System
Movement Fitness
Belpre City Schools
Marietta City Schools
Boys and Girls Club
Witten Farm Market
MHS Pediatrics
Dale Leeper
WSCC
YMCA Running Club
Humane Society of the Ohio Valley
Habitat for Humanity
Marietta Belpre Health Department
Trustees for some townships
Marietta and Belpre City Councils
Marietta and Belpre City Schools
Marietta and Belpre Chambers of Commerce
Restaurants in Marietta and Belpre
OSU Extension - Agricultural
House of Hope
WCBHB
WCDD Board
Ohio Pro
SE Food Bank
Harvest of Hope
Community Action Transportation
L&P Services
Southeast Ohio Counseling
Marietta Community Foundation
McDonough Foundation
Food pantries throughout the county
Community Food Initiatives
O'Neill Senior Center
Belpre Senior Center
Marietta City Schools Truancy Programs
Veterans Services/JFS

Appendix E

Local Public Health Assessment Demographics

Essential Service 1

| ANSWER CHOICES | RESPONSES | |
|---|-----------|-----|
| Belpre (live, work, or serve here) | 19.17% | 37 |
| Marietta (live, work, or serve here) | 46.63% | 90 |
| Washington County (live, work, or serve here) | 48.19% | 93 |
| Behavioral Health | 2.59% | 5 |
| Business | 3.63% | 7 |
| Community Member | 15.54% | 30 |
| Education | 5.70% | 11 |
| Faith-Based | 6.22% | 12 |
| Government | 6.74% | 13 |
| Healthcare provider/Hospital | 77.20% | 149 |
| Law Enforcement | 0.52% | 1 |
| Media | 0.52% | 1 |
| Non-Profit/Advocacy (other than hospital) | 7.77% | 15 |
| Other (please specify) | 3.11% | 6 |
| Total Respondents: 193 | | |

Essential Service 2

| ANSWER CHOICES | RESPONSES | |
|---|-----------|-----|
| Belpre (live, work, or serve here) | 18.72% | 35 |
| Marietta (live, work, or serve here) | 51.87% | 97 |
| Washington County (live, work, or serve here) | 42.25% | 79 |
| Behavioral Health | 1.07% | 2 |
| Business | 3.21% | 6 |
| Community Member | 12.30% | 23 |
| Education | 2.67% | 5 |
| Faith-Based | 4.81% | 9 |
| Government | 4.81% | 9 |
| Healthcare provider/Hospital | 82.35% | 154 |
| Law Enforcement | 0.53% | 1 |
| Media | 0.00% | 0 |
| Non-Profit/Advocacy (other than hospital) | 5.35% | 10 |
| Other (please specify) | 1.60% | 3 |
| Total Respondents: 187 | | |

Essential Service 3

| ANSWER CHOICES | RESPONSES | |
|---|-----------|-----|
| Belpre (live, work, or serve here) | 18.78% | 34 |
| Marietta (live, work, or serve here) | 46.96% | 85 |
| Washington County (live, work, or serve here) | 44.75% | 81 |
| Behavioral Health | 3.31% | 6 |
| Business | 2.21% | 4 |
| Community Member | 12.71% | 23 |
| Education | 4.42% | 8 |
| Faith-Based | 4.97% | 9 |
| Government | 6.08% | 11 |
| Healthcare provider/Hospital | 81.22% | 147 |
| Law Enforcement | 0.55% | 1 |
| Media | 0.00% | 0 |
| Non-Profit/Advocacy (other than hospital) | 6.08% | 11 |
| Other (please specify) | 2.21% | 4 |
| Total Respondents: 181 | | |

Essential Service 4

| ANSWER CHOICES | RESPONSES | |
|---|-----------|-----|
| Belpre (live, work, or serve here) | 18.86% | 33 |
| Marietta (live, work, or serve here) | 49.71% | 87 |
| Washington County (live, work, or serve here) | 42.29% | 74 |
| Behavioral Health | 0.57% | 1 |
| Business | 1.71% | 3 |
| Community Member | 12.00% | 21 |
| Education | 4.00% | 7 |
| Faith-Based | 4.57% | 8 |
| Government | 4.57% | 8 |
| Healthcare provider/Hospital | 83.43% | 146 |
| Law Enforcement | 0.00% | 0 |
| Media | 0.00% | 0 |
| Non-Profit/Advocacy (other than hospital) | 6.29% | 11 |
| Total Respondents: 175 | | |

Essential Service 5

| ANSWER CHOICES | RESPONSES | |
|---|-----------|-----|
| Belpre (live, work, or serve here) | 18.13% | 31 |
| Marietta (live, work, or serve here) | 46.78% | 80 |
| Washington County (live, work, or serve here) | 41.52% | 71 |
| Behavioral Health | 1.17% | 2 |
| Business | 2.34% | 4 |
| Community Member | 10.53% | 18 |
| Education | 2.34% | 4 |
| Faith-Based | 3.51% | 6 |
| Government | 4.09% | 7 |
| Healthcare provider/Hospital | 84.21% | 144 |
| Law Enforcement | 1.17% | 2 |
| Media | 0.00% | 0 |
| Non-Profit/Advocacy (other than hospital) | 5.85% | 10 |
| Total Respondents: 171 | | |

Essential Service 6

| ANSWER CHOICES | RESPONSES | |
|---|-----------|-----|
| Belpre (live, work, or serve here) | 18.71% | 32 |
| Marietta (live, work, or serve here) | 47.95% | 82 |
| Washington County (live, work, or serve here) | 40.94% | 70 |
| Behavioral Health | 1.17% | 2 |
| Business | 2.92% | 5 |
| Community Member | 10.53% | 18 |
| Education | 2.92% | 5 |
| Faith-Based | 4.68% | 8 |
| Government | 4.09% | 7 |
| Healthcare provider/Hospital | 81.29% | 139 |
| Law Enforcement | 1.17% | 2 |
| Media | 0.00% | 0 |
| Non-Profit/Advocacy (other than hospital) | 7.02% | 12 |
| Other (please specify) | 1.75% | 3 |
| Total Respondents: 171 | | |

Essential Service 7

| ANSWER CHOICES | RESPONSES | |
|---|-----------------|-----|
| ▼ Belpre (live, work, or serve here) | 19.28% | 32 |
| ▼ Marietta (live, work, or serve here) | 46.39% | 77 |
| ▼ Washington County (live, work, or serve here) | 42.17% | 70 |
| ▼ Behavioral Health | 1.20% | 2 |
| ▼ Business | 3.01% | 5 |
| ▼ Community Member | 12.05% | 20 |
| ▼ Education | 4.22% | 7 |
| ▼ Faith-Based | 4.82% | 8 |
| ▼ Government | 5.42% | 9 |
| ▼ Healthcare provider/Hospital | 81.93% | 136 |
| ▼ Law Enforcement | 1.20% | 2 |
| ▼ Media | 0.00% | 0 |
| ▼ Non-Profit/Advocacy (other than hospital) | 6.63% | 11 |
| ▼ Other (please specify) | Responses 1.81% | 3 |
| Total Respondents: 166 | | |

Essential Service 8

| ANSWER CHOICES | RESPONSES | |
|---|-----------------|-----|
| ▼ Belpre (live, work, or serve here) | 19.05% | 32 |
| ▼ Marietta (live, work, or serve here) | 47.02% | 79 |
| ▼ Washington County (live, work, or serve here) | 42.26% | 71 |
| ▼ Behavioral Health | 0.60% | 1 |
| ▼ Business | 2.38% | 4 |
| ▼ Community Member | 10.71% | 18 |
| ▼ Education | 2.98% | 5 |
| ▼ Faith-Based | 4.76% | 8 |
| ▼ Government | 4.76% | 8 |
| ▼ Healthcare provider/Hospital | 83.33% | 140 |
| ▼ Law Enforcement | 0.60% | 1 |
| ▼ Media | 0.00% | 0 |
| ▼ Non-Profit/Advocacy (other than hospital) | 5.95% | 10 |
| ▼ Other (please specify) | Responses 1.19% | 2 |
| Total Respondents: 168 | | |

Essential Service 9

| ANSWER CHOICES | RESPONSES | |
|---|-----------|-----|
| Belpre (live, work, or serve here) | 20.00% | 33 |
| Marietta (live, work, or serve here) | 44.85% | 74 |
| Washington County (live, work, or serve here) | 41.82% | 69 |
| Behavioral Health | 1.21% | 2 |
| Business | 3.03% | 5 |
| Community Member | 13.33% | 22 |
| Education | 3.64% | 6 |
| Faith-Based | 3.64% | 6 |
| Government | 4.24% | 7 |
| Healthcare provider/Hospital | 83.64% | 138 |
| Law Enforcement | 0.00% | 0 |
| Media | 0.00% | 0 |
| Non-Profit/Advocacy (other than hospital) | 7.88% | 13 |
| Other (please specify) | 1.21% | 2 |
| Total Respondents: 165 | | |

Essential Service 10

| ANSWER CHOICES | RESPONSES | |
|---|-----------|-----|
| Belpre (live, work, or serve here) | 17.96% | 30 |
| Marietta (live, work, or serve here) | 47.31% | 79 |
| Washington County (live, work, or serve here) | 42.51% | 71 |
| Behavioral Health | 1.20% | 2 |
| Business | 2.99% | 5 |
| Community Member | 11.38% | 19 |
| Education | 3.59% | 6 |
| Faith-Based | 3.59% | 6 |
| Government | 4.19% | 7 |
| Healthcare provider/Hospital | 82.63% | 138 |
| Law Enforcement | 0.00% | 0 |
| Media | 0.00% | 0 |
| Non-Profit/Advocacy (other than hospital) | 6.59% | 11 |
| Other (please specify) | 1.20% | 2 |
| Total Respondents: 167 | | |

Acknowledgements

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Key Partners

Many organizations and individuals have graciously donated their time and expertise to support the development and completion of this assessment. The organizations with which key partners are affiliated are listed below. A heartfelt thank you to each individual within these organizations who stepped up to assist.

Belpre Chamber of Commerce
Beverly Volunteer Fire Department
Buckeye Hills Regional Council
Building Bridges to Careers
City of Belpre
City of Marietta
Community Food Initiatives
Ely Chapman
Fort Frye Local Schools
Frontier Local Schools

GoPacks
House of Hope
Huntington Bank
Marietta Adventure Company
Marietta/Belpre Health Department
Marietta Community Foundation
Marietta Fire Department
Marietta City Schools
Marietta College
Marietta Family YMCA
Memorial Health System
Muskingum Valley Beverly-Waterford Chamber of Commerce
Newport Community Food Pantry
OSU Extension, Washington County
O'Neill Center
Retired Senior Volunteer Program of Washington County
The Right Path for Washington County
River Valley Mountain Bike Association
Sisters Health Foundation
Village of Beverly
Village of Matamoras
Washington County Creating Healthy Communities Coalition
Washington County Behavioral Health Board
Washington County Board of Developmental Disabilities
Washington County Career Center
Washington County Family and Children First
Washington County Harvest of Hope
Washington County Health Department
Washington County Healthcare Coalition
Washington County Job and Family Services
Washington County Public Library
Washington-Morgan Community Action
Washington State College of Ohio

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The 2024 Washington County Community Health Assessment is available on the following websites:

Washington County Health Department
<https://www.washingtongov.org/137/Health-Department>

Marietta/Belpre Health Department
<https://mariettabelprehealth.org/>

Memorial Health System
<https://www.mhsystem.org/community/health-needs-assessment/>

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