Joint Township District Memorial Hospital
Community Health Needs Assessment
2022

Cynthia Berning, President and CEO
Grand Lake Health System
Joint Township District Memorial Hospital
200 St. Clair Street
St. Marys, Ohio 45885-2400
Auglaize County

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INTRODUCTION

Grand Lake Health System is a mission-driven nonprofit healthcare provider serving residents of the Grand Lake Region of West Central Ohio since 1953. From multiple centers of excellence and affiliated practices throughout the region – including Joint Township District Memorial Hospital (JTDMH) in St. Marys – we focus on creating personalized care experiences that emphasize communication, education, wellness and prevention to improve the health and quality of life of our families, friends and neighbors living in the community we serve.

Grand Lake Health System and its affiliated health centers are organized as a charitable, non-profit community health system offering a wide range of primary, acute and rehabilitative services to the residents of the Grand Lake region. The anchor of the Grand Lake Health System is JTDMH. JTDMH opened its doors on May 5, 1953 and today is the main cog of the Grand Lake Health System. JTDMH has grown to a state-of-the-art community hospital including over 800 medical professionals, 150+ physicians, 12 affiliates and 10 Centers of Excellence. JTDMH's commitment to providing exceptional quality medical care continues.

Our deep commitment to the community is demonstrated through a wide variety of sponsored outreach programs. It is the goal of Grand Lake Health System to promote good health and prevent illness. Such programs include, but are not limited to the following:

- Call A Nurse – puts you directly in touch with a friendly registered nurse specially trained to answer your health questions and if needed, find a doctor.
- Childbirth Education – educates the mother and her support person with options that are available during her stay.
- Diabetes Support Group – provides support to individuals living with diabetes and their families through education and friendship that empowers individuals to take control of their diabetes and enjoy a high quality of life.
- Grand Health Challenge – designed to transform thinking, and even more important, behavior with regard to the individual's health.
- JTDMH Wellness Fairs – free general health screenings and access to testing for specific health problems.
- Make Believe Hospital – a program that familiarizes young children with hospital procedures in a fun, relaxed way.
- Wellness Education and Screenings – Grand Lake Health System offers a variety of Wellness Education and Screenings.
- Prostate Screenings – free PSA screening offered in September to men between the ages of 55 – 75.
- Group Lifestyle Balance Program – assists people in making lasting changes to delay Type 2 Diabetes and lower heart disease.
- Sport Physicals – offered to students in grades 7th – 12th at St. Marys, New Bremen and Celina High Schools.
- Parkinson's Support Group – Physical and Speech Therapy Exercise program and support group for people who have Parkinson's Disease.
- Babysitting 101 – Babysitting training program offered to children in the 5th, 6th & 7th grades.

- Patient Centered Medical Home (PCMH) – A patient focused model of healthcare delivery that puts you and your doctor in control of your health and wellness.

JTDMH received the following certifications and was the recipient of the following awards in the past three years.

Birthing Center
2019 Gold Safe Sleep Champion Certification, National Safe Sleep Hospital
2019 Ohio First Steps for Healthy Babies, Two Star Award
2019 Anthem Q-HIP Maternity Measures – 100% Achievement
2020 Anthem Blue Distinction
2021 Anthem Blue Distinction
2021 Ohio First Steps for Healthy Babies, Three Star Award

Cardiac Rehab
2020 AACVPR Cardiac Rehab Reaccreditation
2021 Intensive Cardiac Rehab New Service

Community Outreach Awards
2019 Healthy Worksite Bronze Award Level
2020 Healthy Worksite Gold Award Level

Diabetic Education & Clinical Nutrition
2019-2023 Outpatient Diabetes Self-Management Education Certificate of Recognition for meeting national standards, from American Diabetes Association
2019-2023 CDC Full Recognition for Diabetes Prevention Program

Emergency Department
2019 DNV Acute Stroke Ready Certification – Deficiency Free Survey
2020 Acute Stroke Ready Certification: Deficiency Free

Geriatric Psychiatric Center
2020 CNV Survey: No Citations
2021 ODMHAS Survey – Deficiency Free Survey – Compliments and recognition received about program
2021 DNV Survey – Deficiency Free Survey

Home Health & Hospice Awards
2019 Home Care Elite, Decision Health & Ability

Medical Imaging
2018-2020 ACR Accreditation in 3D Mammography
2019-2021 ACR Reaccreditation in MRI
2019-2021 ACR Reaccreditation in CT

New Vision Medical Laboratory
2018-2021 Recertification by HFAP

Patient Center Medical Home (PCMH) – Level 3 (2017-2020)
    Miami & Erie Family Practice & Pediatrics
    Grand Lake Primary Care at St. Marys
    Grand Lake Primary Care at St. Marys – Wheatland
    Grand Lake Family Practice & Pediatrics
    Wapakoneta Primary Care

Pharmacy
    2019 Comprehensive Pharmacy Services Top 10%
    2019 Pharmacy of the Year Best Practice Award Winner
    2020 Comprehensive Pharmacy Services Top 10%
    2020 Comprehensive Pharmacy Best Practice Site Award
    2020 Comprehensive Pharmacy Service Glenn Etow President Award

Physician Practices
    2019 Certificate of Recognition for Exemplary Practice from the Great Lakes Practice Transformation Network
    2019 Letter of Commendation for high-quality, high-level care and improving the patient experience from The Centers for Medicare and Medicaid Services

Quality
    2020 Annual Accreditation: 0 Deficiencies
    2020 ISO Survey: 5/5 Score
    2021 5-Star Rating – Medicare Compare

Sleep
    2021 AASM Sleep Center Reaccreditation

Transitional Care Unit
    2019 Nursing Home Compare 4-Star Overall Rating and a 5-Star Rating for Quality Measures
    2019 National Nursing Home Quality Care Collaborative Quality Improvement Champion
    2020 5-Star Medicare Compare Facility
    2021 5-Star Medicare Compare Facility

Volunteers
    2020 Certified Director of Volunteer Services (CDVS)

Wound Care Center
    2019 Robert A Warriner III Center of Excellence Award
    2020 Robert A Warriner III Center of Excellence Award
    2020 Center of Distinction from Healogics
    2021 Robert A Warriner III, Clinical Excellence Award
    2021 Center of Distinction Award
    2021 President's Circle Award

JTDMH is pleased to present this Community Health Needs Assessment (CHNA) report to fulfill a requirement in the federal Patient Protection and Affordable Care Act, enacted in March 2010, requiring every tax-exempt hospital to conduct a CHNA to identify and prioritize the significant health needs of the community and develop an implementation strategy to address those significant

health needs identified. To conduct the 2022 CHNA, JTDMH solicited input from individuals who represent the broad interests of the community. We wish to thank our staff and community partners who participated in the process.

Written comments on this CHNA report and related Implementation Strategy may be submitted to Lesia Arnett, Executive Director of Development, Marketing & Outreach, Joint Township District Memorial Hospital, 200 St. Clair Street, St. Marys, Ohio 45885 or larnett@JTDMH.org. Any written comments received will be considered in conducting the next CHNA. You may contact Lesia Arnett at 419-394-6354 or larnett@JTDMH.org to obtain a copy of this CHNA report at no charge.

Cynthia Berning
President and Chief Executive Officer

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A. EXECUTIVE SUMMARY

Joint Township District Memorial Hospital (JTDMH), located at 200 St. Clair Street, St. Marys, Auglaize County, Ohio 45885, is a short-term acute care hospital. The community served by JTDMH is defined as Auglaize and Mercer Counties. In conducting this community health needs assessment (CHNA), we identified community data sources and solicited input from those representing the broad interests of the community. The CHNA steering committee met on June 23, 2022, to review information, identify significant health needs of the Auglaize County and Mercer County community, prioritize the significant health needs, and identify potential actions and resources to address the needs.

The following significant health needs were identified and prioritized.
1. Social determinants of health – specifically housing and homeless, diversity/equity/inclusion/culturally sensitive care, maternal and pediatric care
2. Access to care – specifically mental health providers, health screenings for adults and children, Medicaid providers of dental services, Alzheimer's/dementia units
3. Health behaviors to address obesity, heart disease and stroke – specifically tobacco/vaping, alcohol, diet/nutrition, physical activity
4. Mental health and addiction – specifically poor mental health and drug and alcohol addiction

B. COMMUNITY SERVED

JTDMH is located in a rural small town environment dominated by agriculture and small manufacturing. JTDMH's "community served" has been identified as residents of Auglaize and Mercer Counties, which include the following areas.

County Municipalities[1]	County ZIP Codes	2020 Hospital Admissions[2]	2021 Hospital Admissions[2]
Auglaize County		**907 / 46%**	**999 / 37%**
Buckland	45819		
Minster	45865		
New Bremen	45869		
New Hampshire	45870		
New Knoxville	45871		
Saint Johns	45884		
Saint Marys	45885		
Uniopolis	45888		
Wapakoneta	45895		
Waynesfield	45896		

County Municipalities[1]	County ZIP Codes	2020 Hospital Admissions[2]	2021 Hospital Admissions[2]
Mercer County		**569 / 29%**	**615 / 23%**
Burkettsville	45310		
Celina	45822		
Chickasaw	45826		
Coldwater	45828		
Fort Recovery	45846		
Maria Stein	45860		
Mendon	45862		
Montezuma	45866		
Rockford	45882		
Saint Henry	45883		
Total Admissions from Service Area		**1,476 / 76%**	**1,614 / 60%**
Total Hospital Admissions		**1,953**	**2,695**

[1]*Source: Zip Codes.Com. (n.d.). Retrieved from http://www.zip-codes.com/search.asp, on April 18, 2022. Includes only municipalities and ZIP codes where Auglaize or Mercer are the primary county.*

[2]*Source: Ohio Department of Health Hospital Registration Information (n.d.). Retrieved from https://publicapps.odh.ohio.gov/eid/Detail_AHR.aspx, on April 18, 2022.*

The Ohio Department of Health requires each hospital that is registered in Ohio to file an Annual Hospital Registration and Planning Report by March 1 of each year of data for the previous calendar year. A review of the patient origin data from the Annual Hospital Registration and Planning Report for JTDMH for 2020 and 2021 supports the definition of the "community served" as being the community and residents of Auglaize and Mercer Counties, Ohio. For 2020, 76% of admissions and for 2021, 60% of admissions reside in Auglaize and Mercer Counties at the time of admission.

C. DEMOGRAPHICS AND COMMUNITY RESOURCES

DEMOGRAPHICS

Population. In 2020, Auglaize County had a population of 46,422. The Auglaize County population is projected to decrease to 44,690 by 2030 and to 44,430 by 2040. In 2020, Mercer County had a population of 42,528. The Mercer County population is projected to decrease to 41,230 by 2030 and to 40,960 by 2040.

Race/Ethnicity. In 2020, among Auglaize County residents, 96.5% are White, 0.6% are African-American, 0.5% are Asian, 0.2% are Native American, 0% are Pacific Islander, 0.9% are from other races, 1.3% are from two or more races and 1.7% are Hispanic of any race. The total minority population is 4.4% or 1,993. In 2020, among Mercer County residents, 97.0% are White, 0.8% are African-American, 0.6% are Pacific Islander, 0.6% are Asian, 0% are Native American, 0.3% are from other races, 0.7% are from two or more races, and 1.9% are Hispanic of any race. The total minority population is 4.6% or 1,890.

Age. In 2020, among Auglaize County residents, 6.3% are under 5 years of age, 17.9% are 5 -17 years of age, 8.0% are 18-24 years of age, 22.5% are 25-44 years of age, 27.4% are 45-64 years of age, and 17.9% are 65 years of age or more. The median age was 41.1 years. In 2020, among Mercer County residents, approximately 7.1% are under 5 years of age, 18.6% are 5-17 years of age, 8.2% are 18-24 years of age, 21.9% are 25-44 years of age, 26.8% are 45-64 years of age, and 17.3% were 65 years of age or more. The median age was 39.6 years.

Income. In 2020, among Auglaize County residents, Median household income is $64,074 and 6.7% have family income below poverty level. Among Mercer County residents, median household income is $62,952 and 4.2% have family income below poverty level.

Education. In 2020, among Auglaize County residents, of persons 25 years of age and over, 7.3% have no high school diploma, 43.5% are a high school graduate, 19.3% have some college but no degree, 11.0% have an Associate degree, 11.7% have a Bachelor's degree, and 7.2% have a Master's degree or higher. Among Mercer County residents, of persons 25 years of age and over, 7.9% have no high school diploma, 45.3% are a high school graduate, 17.2% have some college but no degree, 11.3% have an Associate degree, 11.4% have a Bachelor's degree, and 6.9% have a Master's degree or higher.

Source for Auglaize County data: Ohio Department of Development. (n.d.). County Profiles. Retrieved at https://devresearch.ohio.gov/files/research/C1007.pdf on March 8, 2022. Data from 2021 Edition.

Source for Mercer County data: Ohio Department of Development. (n.d.). County Profiles. Retrieved at https://devresearch.ohio.gov/files/research/C1055.pdf on March 8, 2022. Data from 2021 Edition.

Refer to Appendix B for additional community demographic information.

COMMUNITY RESOURCES

The following identifies the total number of licensed and/or certified healthcare facilities, by type, which are available in Auglaize and Mercer Counties. Units not separately licensed and operating under JTDMHs registration and/or certification, such as ambulatory surgery, mental health services, and rehabilitation, are not identified by the data source as separate from the hospital facility and therefore are not identified in the list. See JTDMH Services, in this section, for a listing of hospital services available to the community:

Facility Type	Auglaize County Number of Active Facilities	Mercer County Number of Active Facilities
Ambulatory surgery center	0	0
Birthing center	0	0
CLIA laboratory	55	52
Community alternative home	0	0
Community mental health center	0	0
Comprehensive outpatient rehabilitation	0	0
Dialysis center	0	1

Facility Type	Auglaize County Number of Active Facilities	Mercer County Number of Active Facilities
End stage renal disease	1	1
Exempt facility birthing center	0	0
Federally qualified health center	0	0
Health maintenance organization	0	0
Home Health Agency	5	1
Hospice	1	0
Hospital	1	1
Intermediate care facility / IID	1	2
Maternity license	1	1
Nursing home	9	6
Outpatient physical therapy/speech pathology	0	0
Portable x-ray supplier	0	0
Rehabilitation center	0	0
Residential Care/Assisted Living	6	6
Rural health clinic	0	0

Source: Ohio Department of Health long-term care, non-long-term care, and CLIA Health Care Provider (2022). Retrieved from http://publicapps.odh.ohio.gov/eid/Provider_Search.aspx, on April 21, 2022.

The following table identifies the number of providers by provider type:

Provider Type	Auglaize County Active Providers	Mercer County Active Providers
Physician practice locations	22	23
Clinic	3	4
Physical therapy	1	0
Oncology clinic	1	1

Source: Ohio Department of Health Data Warehouse. (n.d.) Retrieved from https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/OhioOneSource, on April 21, 2022.

Mental health and substance abuse services:

Auglaize County[1]:
- Family Resource Center[1], 3 North Pine St. Wapakoneta, OH 45895, 567-271-3078. Provide specialized behavioral health service to children, adults, and families in our multicultural communities in order to strengthen family life and promote personal growth.
- Coleman Professional Services[2], 16 East Auglaize Street, Wapakoneta, Ohio 45895, 567-356-4400 and 720 Armstrong St., St. Marys, Ohio 45885, 419-300-7630. Comprehensive, whole person treatment to children, adults and families in the communities we serve – regardless of their ability to pay.

Mercer County[3]:

- Foundations Behavioral Health Services, 4761 OH-29, Celina, Ohio 45822, 419-584-1000. Outpatient mental health, addiction and psychiatry services.
- Family Crisis Network at Our Home FRC, 117 W. Fayette St., Celina, Ohio 45822, 419-586-1133. Assist victims of domestic violence and/or sexual assault and their children with temporary shelter, safety, planning and protection orders.
- Foundations Recovery Clubhouse, 221 S. Buckeye St., Celina, Ohio 45822, 419-586-4030. Peer support, social and recreational activities for persons seeking recovery from mental illness and substance abuse.
- OhioKAN, 8144-644-6525. Resources and support for family members providing care for minor children and other family members.
- The Trevor Project, 866-488-7386. Resources, crisis interventions and suicide prevention support for LGBTQ+ youth.
- Free Narcan by mail. On-line training and ordering at www.harmreductionohio.org.
- Additional resources at Mercer County Resource Handbook at http://www.ourhomefrc.com/handbook.pdf.

Source[1]: Family Resource Center of Northwest Ohio. (n.d.). Retrieved from http://www.frcohio.com/, on April 21, 2022.

Source[2]: Coleman Professional Services. (n.d.). Retrieved from https://www.colemanservices.org/, on April 21, 2022.

Source[3]: TriCounty ADAMHS – alcohol, drug, addiction, mental health service, (n.d.). Retrieved from https://tricountyadamhs.org/mercer-county-resources/, on April 21, 2022.

Health Professional Shortage Area designation:

Auglaize County is designated as a Health Professional Shortage Area for primary care (originally designated on September 12, 2016) and mental health (originally designated on December 15, 2011), with a designated need for .73 FTE primary care physicians and 3.37 FTE mental health professionals. The Auglaize County designation was updated September 8, 2021. Mercer County is designated as a Health Professional Shortage Area for Mental Health (originally designated on January 4, 2008) with a designated need for 5.04 FTE mental health professional. The Mercer County designation was updated on September 2, 2021.

Source: Health Resources and Services Administration Data Warehouse (n.d.). Retrieved from https://data.hrsa.gov/tools/shortage-area/hpsa-find, on April 27, 2022.

JTDMH services:

JTDMH provides a full range of acute and outpatient services including a 24-hour emergency room, surgical, and obstetrical and gynecological service. Other services include acute palliative care, anticoagulation clinic, birthing center, cardiac care, Clear Passage Geriatric Psychiatric Center, diabetes education, Heartburn Center, home health, hospice, inpatient rehabilitation, laboratory services, medical imaging, New Day Pain Management Center, observational status, occupational therapy services, outpatient center, pediatrics, physical therapy, sleep center, speech therapy, stroke support group, transitional care unit, urgent care, vein care, women's imaging, and wound care. JTDMH affiliates are listed below:

- Auglaize & Mercer Urology
  950 S. Main St., Suite 10 Celina, OH 45822
  Services: Urology

- Grand Lake Family Practice & Pediatrics at Celina Medical Center
  801 Pro Drive, Celina, Mercer County, Ohio 45822
  Services: Family practice

- Grand Lake Foot and Ankle Center
  1013 E. Spring St., St. Marys, Auglaize County, Ohio 45885
  123 Hamilton St., Celina, Ohio 45882
  Services: Foot and ankle

- Grand Lake OB/GYN
  1140 S. Knoxville Ave., Suite B, St. Marys, Auglaize County, Ohio 45885
  801 Pro Drive, Suite D3, Celina, Mercer County, Ohio 45822
  Services: OB/GYN

- Grand Lake Primary Care at St. Marys
  1140 S. Knoxville Ave., Suite A, St. Marys, Auglaize County, Ohio 45885
  Services: Family practice

- Miami & Erie Family Practice and Pediatrics
  04463 St. RT. 66, Minster, Auglaize County, Ohio 45865
  Services: Family practice

- Wapakoneta Primary Care
  812 Redskin Trail, Wapakoneta, Auglaize County, Ohio 45895
  Services: Family practice

- Grand Lake Hospice
  1122 E. Spring St., St. Marys, Auglaize County, Ohio 45895
  Services: Hospice

- Grand Lake Neurological Center
  200 St. Clair, St. Marys, Auglaize County, Ohio 45885
  Services: Neurology

- Auglaize and Mercer General Surgery
  1140 S. Knoxville Ave., Suite C, St. Marys, Auglaize County, Ohio 45885
  830 W. Main St., Suite E1A, Coldwater, Mercer County, Ohio 45828
  Services: General surgery

- Vanan ENT & Sinus Center
  801 Pro Drive, Suite D4, Celina, Mercer County, Ohio 45822
  812 Redskin Trail, Wapakoneta, Auglaize County, Ohio 45865
  Services: Ears, nose and throat

- Grand Lake Heartburn Center
  200 St. Clair Street, St. Marys, Auglaize County, Ohio 45885
  Services: Heartburn, Gerd, Acid Reflux

- Grand Lake Home Health
  1112 East Spring Street, St. Marys, Auglaize County, Ohio 45885
  Services: Home health

- Grand Lake Occupational Medicine
  200 St. Clair Street, St. Marys, Auglaize County, Ohio 45885
  Services: Occupational health

- Grand Lake Pediatrics
  1010 Hager St, St. Marys, Auglaize County, Ohio 45885
  801 Pro Dr., Celina, Mercer County, Ohio 45822
  812 Redskin Trail, Wapakoneta, Auglaize County, Ohio 45895
  Services: Pediatrics

- Urgent Care at JTDMH
  200 St. Clair Street, St. Marys, Auglaize County, Ohio 45885
  Services: Urgent care

- Grand Lake Sleep Center
  975 Hager Street, St. Marys, Auglaize County, Ohio 45885
  Services: Sleep management

- New Day Pain Management Center
  1165 South Knoxville Avenue, Suite 105, St. Marys, Auglaize County, Ohio 45885
  Services: Pain management

- Kemmler Orthopaedic Center
  123 Hamilton St., Celina, Mercer County, Ohio 45822
  140 Fox Rd., Suite 209, VanWert, VanWert County, Ohio 45891
  Services: Orthopaedic

- Grand Lake Rehabilitation Services (Outpatient)
  1065 Hager St., St. Marys, Auglaize County, Ohio 45885
  Services: Outpatient rehabilitation

- Grand Lake Pediatric Rehab
  1040 Hager Street, St. Marys, Auglaize County, Ohio 45885
  Services: Physical Therapy, Occupational Therapy & Speech Therapy

- Grand Lake Wound Care
  200 St. Claire St., St. Marys, Auglaize County, Ohio 45885
  Services: Wound care

- JTDMH Transitional Care Unit
  200 St. Clair Street, St. Marys, Auglaize County, Ohio 45885
  Services: Transitional care

- JTDMH Inpatient Rehab Unit
  200 St. Clair Street, St. Marys, Auglaize County, Ohio 45885
  Services: Inpatient rehabilitation

D. DESCRIPTION OF SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY

On June 23, 2022, JTDMH convened the CHNA Steering Committee to review data and information provided in this report, identify and prioritize significant health needs of the community, and identify actions and resources to address the needs. The significant health needs of the Auglaize and Mercer County community and description of those significant health needs are provided in the table below, in prioritized order (refer to Exhibit D for data sources and dates):

Social Determinants of Health #1

Community leaders identified social determinants of health, specifically housing/homeless, diversity/equity/inclusion/culturally sensitive care, and maternal and pediatric care, as the number one priority.

- High school graduation rate is 86.6% for Auglaize County (AC) and 91.6% for Mercer County (MC), compared to 87.3% for Ohio
- Preschool enrollment is 47.24% for AC and 49.72% for MC, compared to 45.49% for Ohio
- Unemployment rate is 2.5% for AC and 2.2% for MC, compared to 3.5% for Ohio
- Income inequality value is .40 for AC and .39 for MC, compared to .47 for Ohio (values 0-1 with 0 being perfect equality)
- Population below 100% poverty level is 8.38% for AC and 6.43% for MC, compared to 13.60% for Ohio
- Social vulnerability index is .05 for both AC and MC, compared to .44 for Ohio
- Children in poverty is 9% for both AC and MC, compared to 18% for Ohio
- Housing cost burden is 18% for both AC and MC, compared to 26% for Ohio
- Housing with one or more substandard conditions is 20% for both AC and MC, compared to 27% for Ohio
- Area of deprivation index (1-100 with 1 being least disadvantaged) is 59 for both AC and MC, compared to 62 for Ohio
- Population by race other than white is 3% for both AC and MC
- Preterm births (< 37 weeks) is 9.5% for AC and 8.4% for MC, compared to 10.4% for Ohio
- Infant mortality/1000 live births is 5.0 for AC and 5.7 for MC, compared to 7.2 for Ohio
- Pregnancy associated maternal morbidity is 2 (2008-2016) for AC and MC each, compared to 12.2 - 18.8 for Ohio

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Access to Care #2

Community leaders identified access to care, specifically mental health providers, screenings for adults and children, Medicaid providers of dental services, and Alzheimer's dementia units, as the number two priority.

- Uninsured population is 6% for both AC and MC, compared to 8% for Ohio
- Primary care physicians are 2,410:1 for AC and 2,160:1 for MC, compared to 1,300:1 for Ohio
- Dentists are 2,850:1 for AC and 3,170:1 for MC, compared to 1,560:1 for Ohio
- Mental health providers are 2,080:1 for AC and 1,110:1 for MC, compared to 380:1 for Ohio
- Mammography screenings are at 21% for AC and 31% for MC, compared to 33% for Ohio
- Diabetes management is 85.29% for AC and 84.49% for MC, compared to 88.12% for Ohio
- There are 9 nursing homes in AC and 6 in MC

Health Behaviors #3

Community leaders identified health behaviors, specifically tobacco/vaping, alcohol, diet/nutrition, and physical activity to address obesity, heart disease and stroke, as the number 3 priority.

- Adult smoking/tobacco use is 20.4% for AC and 20.6% for MC, compared to 21.3% for Ohio
- Obesity rate is 38.9% for AC and 30.7% for MC, compared to 33.1% for Ohio
- Food environment index (out of 10 being best) is 8.7 for AC and 8.9 for MC, compared to 6.8 for Ohio
- Food insecurity is 10% for AC and MC, compared to 14% for Ohio
- Physical inactivity is 23.4% for AC and MC, compared to 24.9% for Ohio
- Access to exercise opportunities is 78% for AC and 66% for MC, compared to 84% for Ohio
- Heavy alcohol consumption is 19.61% for AC and 21.18% for MC, compared to 18.48% for Ohio
- Medicare recipients with heart disease is 34% for AC and 29.6% for MC, compared to 27.5% for Ohio
- Coronary heart disease mortality/100,000 is 134.3 for AC and 217 for MC, compared to 103.2 for Ohio
- Chronic high blood pressure is 63% for AC and 59.7% for MC, compared to 59.5% for Ohio
- Stroke mortality/100,000 is 46.1 for AC and 37.6 for MC, compared to 41.8 for Ohio

Mental Health and Addiction #4

Community leaders identified mental health and addiction, specifically poor mental health and drug and alcohol addiction, as the number 4 priority.

- Poisoning mortality, especially from drug overdose/100,000 is 12.8 for AC and 12.3 for MC, compared to 39.4 for Ohio

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- Suicide mortality / 100,000 is 10.8 for AC and 10.5 for MC, compared to 14.6 for Ohio
- Poor mental health days is 4.5 for AC and 4.6 for MC, compared to 4.8 for Ohio
- Frequent mental distress is 15% for AC and MC, compared to 16% for Ohio
- Heavy alcohol consumption is 18.61% for AC and 21.18% for MC, compared to 18.48% for Ohio

E. PROCESS OF OBTAINING DATA

JTDMH contracted with INCompliance Consulting to assist in conducting their CHNA. INCompliance Consulting identified data sources and indicators which reflect a healthcare issue that is pertinent to the community and came from sources that are reliable and are likely to be available in the future. The consultant identified areas of concern from the data sources by comparing Auglaize County and Mercer County data to state and national data for the metric and health issues that were identified by multiple data sources.

The INCompliance Consultant utilized the American Hospital Association's Community Health Assessment Toolkit (the "Toolkit") in compiling the data. The Toolkit suggests that comprehensive community health assessments include a thorough review of the data regarding a range of population health indicators. Data should reflect clinical and non-clinical factors that impact health and provides suggested key metrics that can be found in the County Health Rankings & Roadmaps Model. The Data Analysis in Appendix D includes data for those key metrics as well as priority factors and outcomes identified in the 2020-2022 State Health Improvement Plan.

The INCompliance Consultant identified a lack of data on vaping and Alzheimer's/dementia units as data information gaps. However, members of the CHNA Steering Committee with experience in these areas recounted their involvement with and understanding of these health needs in the community.

The data summary in Appendix C and data analysis in Appendix D were provided to the CHNA Steering Committee on June 6, 2022. The CHNA Steering Committee members were asked to review the data and, based on their experience within the community, identify the top three community health needs impacting the health of the Auglaize and Mercer County community.

The results of votes were discussed during the June 23, 2022 Community Forum where the significant health needs of the community were identified and prioritized. A summary of data, with dates and sources, is provided in Appendix B, C and D.

F. PROCESS FOR IDENTIFYING AND PRIORITIZING SIGNIFICANT COMMUNITY HEALTH NEEDS AND RESOURCES TO MEET THE SIGNIFICANT COMMUNITY HEALTH NEEDS

The consultant from INCompliance Consulting identified demographic information and community data for Auglaize and Mercer Counties to be considered in determining the significant health needs of the community. The data summary (Appendix C) and data analysis

(Appendix D) were provided to the Steering Committee members on June 6, 2022. The Steering Committee were asked to review the data and, based on their experience within the community, identify the top three community health needs.

The results of the voting on the top community health needs are identified in the table below:

Votes	General Health Factor	Specific Community Health Needs
10	Access to care	Mental health providers Transportation Screenings Dental services Marketing for maternal and infant services Long-term care services for Medicaid recipients Long-term care ventilator units Long-term care Alzheimer's/dementia units Support for kinship care
5	Social determinants of health	Housing Diversity/equity/inclusion Maternal and pediatric care
5	Health behaviors to address obesity, heart disease and stroke	Tobacco Alcohol Diet/nutrition Physical activity
2	Mental health and addiction	Poor mental health Drug and alcohol addiction

IDENTIFY SIGNIFICANT COMMUNITY HEALTH NEEDS

The Steering Committee met on June 23, 2022. One member who was unable to attend in person participated via Zoom platform. The meeting opened with a review of the CHNA process. The top community health needs identified by the Steering Committee members prior to the meeting (table above) were discussed.

Through discussion, common themes were identified and significant health needs were chosen. In identifying the significant health needs of the community, the Steering Committee considered the following criteria:
- Most prevalent throughout the community
- Magnitude of the need – impact on the community
- Involvement of vulnerable populations

The following table identifies the significant community health needs for Auglaize and Mercer Counties:

General Significant Health Factor	Significant Community Health Need
Access to care	Mental health providers Screenings for adults and children

	Medicaid providers for dental services Alzheimer's/dementia units
Social determinants of health	Housing/homeless Diversity/equity/inclusion/culturally sensitive care Maternal and pediatric care
Health behaviors to address obesity, heart disease and stroke	Tobacco/vaping Alcohol Diet/nutrition Physical activity
Mental health and addiction	Poor mental health Drug and alcohol addiction

PRIORITIZING SIGNIFICANT COMMUNITY HEALTH NEEDS

The Steering Committee then prioritized the significant health needs using the following criteria:
- Severity or urgency of the health need
- Health disparities associated with the need
- Importance the community places on addressing the need

After discussion of the significant health needs and consideration of the impact that social determinants of health have on an individual's health and access to health care, the Steering Committee prioritized the significant health needs as follows:
1. Social determinants of health – specifically housing and homeless, diversity/equity/inclusion/culturally sensitive care, maternal and pediatric care
2. Access to care – specifically mental health providers, health screenings for adults and children, Medicaid providers of dental services, Alzheimer's/dementia units
3. Health behaviors to address obesity, heart disease and stroke – specifically tobacco/vaping, alcohol, diet/nutrition, physical activity
4. Mental health and addiction – specifically poor mental health and drug and alcohol addiction

RESOURCES TO MEET SIGNIFICANT COMMUNITY HEALTH NEEDS

During discussion of the potential actions to address the significant health needs, the steering committee identified existing and developing resources within the community potentially available to address the significant health needs.

Resources potentially available to address the significant health needs are listed in the following table:

Social determinants of health – specifically housing and homeless, diversity/equity/inclusion/culturally sensitive care, maternal and pediatric care
• Grand Lake Resource Guide – available for distribution and on Grand Lake's web site to provide listing of resources available to the community

- Possible development of 211 call number or other source to provide information on resources based on ZIP code (currently available in Lima and Allen Counties)
- Candle of Hope – Coalition to develop a mobile app for providers to identify Auglaize County resources available for referral to address homelessness
- Mercer County Resource Guide
- FindHelp.org – resources available by ZIP code
- Local Help Now – Tri County ADAMHS Board
- Local food pantries
- Mercy Unlimited – food bank
- Community Action Life Line (CALL) – Mercer County food pantry
- Agape Ministries – food bank

Access to care – specifically mental health providers, health screenings for adults and children, Medicaid providers of dental services, Alzheimer's/dementia units

- JTDMH – community health fair, school, and employer health screenings (including cancer and diabetes) and education on nutrition and food choices
- JTDMH speaker bureau – education to the community through speaking engagements, events, web site, and social media outlets
- JTDMH discounted lab work, vendors, and dentists
- JTDMH Wellness Program
- JTDMH distribution of colorectal screening kits
- JTDMH Women's Preventative Health
- JTDMH Grand Health Challenge – making healthy lifestyle choices
- JTDMH incentives for completion of prevention screening
- Health observances – days or months devoted to the observance of healthy lifestyle choices promoted by the Auglaize County Health Department and Grand Lake Health System through social media
- Grand Lake Physician Practice reminder letters for child wellness and teen immunizations
- Immunization education provided by the Auglaize County Health Department and Grand Lake Health System through social media
- Auglaize County and Mercer County Health Departments
- The Ohio State University Extension Office
- The Navigator in-home newsletter
- Free prostate screening
- Veterans Service Center
- Employer sponsored health fairs
- Area Agency on Aging for long-term care services and supports
- Elder Abuse Program at Area Agency on Aging

Health behaviors to address obesity, heart disease and stroke – specifically tobacco/vaping, alcohol, diet/nutrition, physical activity

- JTDMH Chronic Care Program to help patients with chronic care health needs to maintain a healthy lifestyle and prevent exacerbation of health condition

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- Total Care Management – Grand Lake Physician Practice patient follow-up after discharge
- IMind Program – child referrals by schools and parents for sessions on vaping and substance abuse prevention offered through Prevention Awareness Support Services in Auglaize County
- Auglaize County Health Department education on tobacco cessation
- JTDMH Wellness Center for those 50 years of age and older and students
- The Auglaize and Mercer Counties Drug Coalition – review drug activity statistics, propose methods of prevention, and provide education to the community
- DARE education – teaching students decision making for safe and healthy living
- DARE / Auglaize County Task Force on vaping specific behaviors
- Grand Lake Health System Healthsmart
- Access to healthy food through community gardens and farmers markets
- JTDMH Grand Health Challenge
- Road to Fitness
- Mercer Health 5K Challenge
- Mercer Weight Management Clinic
- St. Rita's Weight Management Program in Allen County
- JTDMH diabetes and pre-diabetes support groups
- Area Agency on Aging educational classes and individual nutrition assessments
- Local pediatrician offices – education on proper portion size
- JTDMH speaking engagements on food labels and portion control
- Wellness Programs through local businesses
- Grand Lake Wellness Center
- Fitness Hub– fitness training
- YMCA
- SNAP Fitness
- Wapak Athletic Club
- JTDMH Cardiac Wellness Program

Mental health and addiction – specifically poor mental health and drug and alcohol addiction

- ETHOS for tele-mental health services
- Ohio Rise Program – support for children on Medicaid with education and provider information/referral for behavioral health services
- JTDMH mental health training/certification
- Auglaize County evidence based substance abuse and prevention in schools
- Mercer County Prevention Coalition – dedicated to the prevention and treatment of alcohol, tobacco and other drug abuse problems.
- Bright Heart Health – coordinated efforts with JTDMH, the Department of Mental Health and Substance Abuse, and other organizations to provide a network of providers to ensure appropriate care is received
- Family Resource Center

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- Ohio Mental Health and Addiction Services' (Ohio MHAS), News Now, promoting Wellness and Recovery
- Mental Health Recovery Service Board
- Drug Abuse Resistance Education (DARE)
- Horizon Health for inpatient geriatric psychiatry program referrals
- Foundations Behavioral Health Services – community based behavioral health center providing professional counseling and support services to local residents
- House of Hope – provides alcohol and other drug treatment services to those who are most in need
- Local church support
- Screening, brief intervention, and referral to treatment (SBIRT) in primary care settings – an evidence based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and other illicit drugs
- JTDMH emergency department screening goals and incentives
- JTDMH outreach in schools to educate on drug abuse programs
- Grand Lake Health System Rehabilitation Wellness Center
- Geropsychiatric unit at JTDMH
- Mental Health First Aide (MHFA) training – teaches how to identify, understand, and respond to signs of mental illnesses and substance use disorders in the community
- Coleman Behavioral Health – provides behavioral health services to adults
- Schools – Gate Keepers/mental health professionals/Social Counselors – providing direct service or appropriate referrals to mental health services
- Catholic Social Services
- JTDMH Employee Assistance Program
- Employee assistance programs of local businesses
- Pastoral counseling
- Centers for Personal Wellness – Counseling Services
- Bereavement support group and one on one counseling

G. PROCESS FOR CONSULTING WITH PERSONS REPRESENTING THE COMMUNITY INTERESTS

Persons representing the broad interests of the community, including those with knowledge of or expertise in public health, participated in the CHNA process as members of the CHNA steering committee. Please refer to Appendix A for participating organizations, the groups represented by each organization, and type of input provided. Section F describes how the persons representing the community's interests were consulted.

Community input was obtained from all required sources.

No written comments were received on the previously conducted CHNA.

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H. EVALUATION OF IMPACT OF ACTIONS IN PRIOR CHNA

The 2019 CHNA for JTDMH identified drug and alcohol abuse, mental health, obesity, education, prevention and health promotion, and socioeconomic factors – transportation, housing and nutritional needs as the significant health needs of the community served. JTDMH chose to address all significant needs in the 2019 Implementation Strategy covering 2020, 2021, and 2022. Please refer to Appendix E for an evaluation of the impact of actions taken in addressing these significant health needs.

I. COLLABORATING PARTNERS

JTDMH collaborating with organizations represented on the CHNA Steering Committee identified in Appendix A to conduct this CHNA.

JTDMH engaged Bricker & Eckler LLP/INCompliance Consulting, located at 100 South Third Street, Columbus, Ohio, to prepare this CHNA report. Jim Flynn is a partner with Bricker & Eckler's Health Care group, where he has practiced for 31 years. His general healthcare practice focuses on health planning matters, certificate of need, non-profit and tax-exempt healthcare providers, and federal and state regulatory issues. Mr. Flynn has provided consultation to healthcare providers, including non-profit and tax-exempt healthcare providers and public hospitals on community health needs assessments. Christine Kenney is the director of Regulatory Services with INCompliance Consulting, an affiliate of Bricker & Eckler LLP. Ms. Kenney has over 42 years of experience in healthcare planning, policy development, federal and state regulations, certificate of need, and Medicare and Medicaid certification. She provides expert testimony on community need and offers presentations and educational sessions regarding community health needs assessments. She has been conducting community health needs assessments in accordance with the affordable care act requirements since 2012.

J. SOLICIT WRITTEN COMMENTS

Written comments concerning this CHNA report and related Implementation Strategy may be submitted to Lesia Arnett, Executive Director of Development, Marketing & Outreach, Joint Township District Memorial Hospital, 200 St. Clair Street, St. Marys, Ohio 45885 or larnett@JTDMH.org. Any written comments received will be considered in conducting the next CHNA. You may contact Lesia Arnett at 419-394-6354 or larnett@JTDMH.org to obtain a copy of this CHNA report at no charge.

K. ALIGNMENT WITH OHIO DEPARTMENT OF HEALTH 2020-2022 STATE HEALTH IMPROVEMENT PLAN

The Ohio Department of Health (ODH) identified three priority factors and three priority health outcomes in the 2020-2022 State Health Improvement Plan (SHIP):

SHIP Priority Factor	SHIP Priority Health Outcome
Community Conditions	Mental Health and Addiction
• Housing affordability and quality	• Depression

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• Poverty	• Suicide
• K-12 student success	• Youth drug use
• Adverse childhood experiences	• Drug overdose deaths
Health Behaviors	Chronic Disease
• Tobacco/nicotine use	• Heart disease
• Nutrition	• Diabetes
• Physical Activity	• Childhood conditions (asthma, lead)
Access to Care	Maternal and Infant Health
• Health insurance coverage	• Preterm births
• Local access to health care providers	• Infant mortality
• Unmet need for mental health care	• Maternal morbidity

As part of the alignment process, ODH encourages hospitals and local health districts to select priority factors and outcomes from the SHIP to address in the collaborative community health improvement plan/implementation strategy. However, the final priority health needs selected by the hospitals and local health districts should be guided by the needs identified through the data collection and analysis for the community served. As such, the CHNA steering committee, through review of the data and discussion, identified the following significant health need for Auglaize and Mercer Counties that align with the ODH SHIP priorities:

JTDMH Significant Health Need	Alignment with SHIP Priority
Social determinants of health – housing	Community conditions – housing affordability and quality
Social determinants of health – maternal and pediatric care	Maternal and infant health – preterm births, infant mortality, maternal morbidity
Access to care – mental health providers, Medicaid providers for dental services	Access to care – local access to healthcare providers, unmet need for mental health care
Health behaviors impacting heart disease and stroke	Chronic disease – heart disease
Health behaviors – tobacco/vaping, diet/nutrition, physical activity	Health behaviors – tobacco/nicotine use, nutrition, physical activity
Mental health and addiction – poor mental health, drug addiction	Mental health and addiction – depression, suicide, youth drug use, drug overdose deaths

APPENDIX A

Member Organizations of the JTDMH CHNA Steering Committee

Organization/Participants	Populations Represented	Pre-meeting Input on Health Needs	Attended June 23, 2022 Steering Committee Meeting
Grand Lake Health System	All populations of Auglaize and Mercer Counties, including the medically underserved, low-income, and minority populations		
Cindy Berning – CEO		X	X
Lana Hinders – Chief Nursing Officer		X	X
Julie Jacobs – Director of Foundation			X
Holly Jacomet – VP of Quality and Physician Practices			X
Katherine Tester – Performance Improvement Specialist		X	X
Heather Jurosic – PCMH Health Coordinator			X
Jenna Fonseca			X
Lesia Arnett			X
Stefanie Lowry			X
Amber Mustard			X
Auglaize County Health Department*	All populations of Auglaize County, including the medically underserved, low-income, and minority populations		
Oliver Fisher – Health Commissioner			X
Caitlin Decker – Community Outreach Coordinator			X
Natalie Hicks – Emergency Response Coordinator			X
Mercer County Health District*	All populations of Mercer County, including the medically underserved, low-income, and minority populations		
Jason Menchhofer – Health Commissioner			X
St. Marys City Schools	Serving the parents and students of St. Marys City Schools		

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Organization/Participants	Populations Represented	Pre-meeting Input on Health Needs	Attended June 23, 2022 Steering Committee Meeting
Bill Ruane - Superintendent			X
Auglaize County Job & Family Services	All populations of Auglaize County, including the medically underserved, low-income, and minority populations		
Amy Freymuth – Director of Workforce Development & Self-Sufficiency		X	X
Celina Schools	Serving the parents and students of Celina Schools		
Ken Schmiesing – Superintendent		X	
Vancrest of St. Marys	Regional full service senior health care provider		
Sara Vordermark		X	X
Prevention Awareness Support Services (PASS)	Prevention Awareness Support Services offers mental wellness and prevention programming to varied audiences throughout West Central Ohio. Under contracts with Mental Health and Recovery Services Boards or alcohol, drugs and mental health boards (ADAMH), and state, federal, and private funders, PASS staff present evidence-based programs to meet specific outcomes. School-based programs focus on substance use prevention, pro-social emotional learning, and suicide prevention. Programming for adults who are parenting children from newborn through adolescence is also offered.		
Rick Skilliter – Executive Director			X

*Expertise in public health

Ohio County Profiles

Source for Auglaize County and Mercer County data: Ohio Department of Development. (2021). County Profiles. Retrieved at https://devresearch.ohio.gov/reports_countytrends_map.htm on June 13, 2022.

Ohio County Profiles

Prepared by the Office of Research   2021 Edition

Ohio

Auglaize County

Established:	Act - February 14, 1848
2020 Population:	46,422
Land Area:	401.3 square miles
County Seat:	Wapakoneta City
Named for:	French: "Eau" meaning water and "Glaise" meaning clay
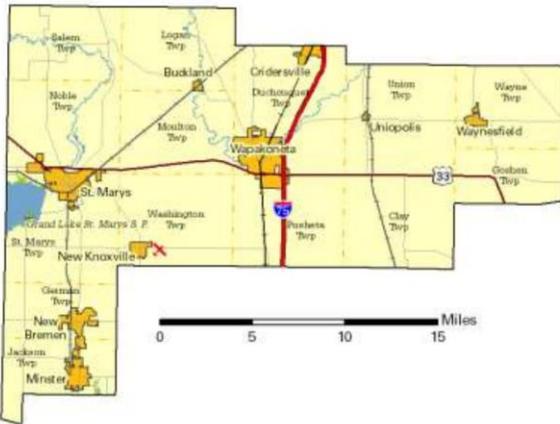
Taxes

Taxable value of real property	$1,077,270,130
Residential	$679,349,950
Agriculture	$236,398,160
Industrial	$61,230,270
Commercial	$100,291,750
Mineral	$0
Ohio income tax liability	$29,294,222
Average per return	$1,306.20

Land Use/Land Cover

	Percent
Developed, Lower Intensity	7.79%
Developed, Higher Intensity	1.23%
Barren (strip mines, gravel pits, etc.)	0.06%
Forest	7.30%
Shrub/Scrub and Grasslands	0.51%
Pasture/Hay	2.17%
Cultivated Crops	79.17%
Wetlands	0.47%
Open Water	1.30%

Largest Places

	Census 2020	Census 2010
Wapakoneta city	9,957	9,867
St. Marys city	8,397	8,332
St. Marys twp UB	3,344	3,194
Minster vil. (part)	3,046	2,805
New Bremen vil.	3,034	2,978
Duchouquet twp UB	3,019	2,876
Cridersville vil.	1,791	1,852
Union twp	1,746	1,902
Moulton twp UB	1,585	1,654
Pusheta twp UB	1,227	1,245

UB: Unincorporated balance.

Total Population

Census

1800		1910	31,246	
1810		1920	29,527	
1820		1930	28,034	
1830		1940	28,037	
1840		1950	30,637	
1850	11,338	1960	36,147	
1860	17,187	1970	38,602	
1870	20,041	1980	42,554	
1880	25,444	1990	44,585	
1890	28,100	2000	46,611	
1900	31,192	2010	45,949	

2020	46,422

Projected

2030	44,690
2040	44,430

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Auglaize County
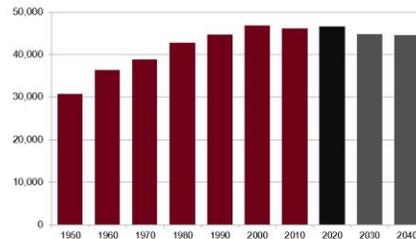
Population by Race

Population by Race	Number	Percent
ACS Total Population	45,729	100.0%
White	44,142	96.5%
African-American	292	0.6%
Native American	95	0.2%
Asian	216	0.5%
Pacific Islander	3	0.0%
Other	400	0.9%
Two or More Races	581	1.3%
Hispanic (may be of any race)	770	1.7%
Total Minority	1,993	4.4%

Educational Attainment

Educational Attainment	Number	Percent
Persons 25 years and over	31,012	100.0%
No high school diploma	2,275	7.3%
High school graduate	13,482	43.5%
Some college, no degree	5,994	19.3%
Associate degree	3,409	11.0%
Bachelor's degree	3,633	11.7%
Master's degree or higher	2,219	7.2%

Family Type by Employment Status

Family Type by Employment Status	Number	Percent
Total Families	13,038	100.0%
Married couple, husband and wife in labor force	6,166	47.3%
Married couple, husband in labor force, wife not	1,673	12.8%
Married couple, wife in labor force, husband not	732	5.6%
Married couple, husband and wife not in labor force	1,752	13.4%
Male householder, in labor force	843	6.5%
Male householder, not in labor force	136	1.0%
Female householder, in labor force	1,214	9.3%
Female householder, not in labor force	522	4.0%

Household Income

Household Income	Number	Percent
Total Households	18,888	100.0%
Less than $10,000	797	4.2%
$10,000 to $19,999	1,348	7.1%
$20,000 to $29,999	1,666	8.8%
$30,000 to $39,999	1,678	8.9%
$40,000 to $49,999	1,645	8.7%
$50,000 to $59,999	1,597	8.5%
$60,000 to $74,999	2,277	12.1%
$75,000 to $99,999	2,980	15.8%
$100,000 to $149,999	3,359	17.8%
$150,000 to $199,999	948	5.0%
$200,000 or more	593	3.1%
Median household income	$64,074	

Percentages may not sum to 100% due to rounding.

Population by Age

Population by Age	Number	Percent
ACS Total Population	45,729	100.0%
Under 5 years	2,864	6.3%
5 to 17 years	8,197	17.9%
18 to 24 years	3,656	8.0%
25 to 44 years	10,274	22.5%
45 to 64 years	12,552	27.4%
65 years and more	8,186	17.9%
Median Age	41.1	

Family Type by Presence of Own Children Under 18

Family Type by Presence of Own Children Under 18	Number	Percent
Total Families	13,086	100.0%
Married-couple families with own children	3,778	28.9%
Male householder, no wife present, with own children	523	4.0%
Female householder, no husband present, with own children	1,127	8.6%
Families with no own children	7,658	58.5%

Poverty Status of Families By Family Type by Presence Of Related Children

Poverty Status of Families By Family Type by Presence Of Related Children	Number	Percent
Total Families	13,086	100.0%
Family income above poverty level	12,204	93.3%
Family income below poverty level	882	6.7%
Married couple, with related children	89	0.7%
Male householder, no wife present, with related children	96	0.7%
Female householder, no husband present, with related children	519	4.0%
Families with no related children	178	1.4%

Ratio of Income To Poverty Level

Ratio of Income To Poverty Level	Number	Percent
Population for whom poverty status is determined	45,036	100.0%
Below 50% of poverty level	1,705	3.8%
50% to 99% of poverty level	2,068	4.6%
100% to 124% of poverty level	1,921	4.3%
125% to 149% of poverty level	988	2.2%
150% to 184% of poverty level	2,726	6.1%
185% to 199% of poverty level	1,065	2.4%
200% of poverty level or more	34,563	76.7%

Geographical Mobility

Geographical Mobility	Number	Percent
Population aged 1 year and older	45,029	100.0%
Same house as previous year	39,989	88.8%
Different house, same county	2,638	5.9%
Different county, same state	2,056	4.6%
Different state	332	0.7%
Abroad	14	0.0%

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Travel Time To Work

	Number	Percent
Workers 16 years and over	22,487	100.0%
Less than 15 minutes	9,023	40.1%
15 to 29 minutes	8,962	39.9%
30 to 44 minutes	3,039	13.5%
45 to 59 minutes	806	3.6%
60 minutes or more	657	2.9%
Mean travel time	19.6 minutes	

Housing Units

	Number	Percent
Total housing units	19,902	100.0%
Occupied housing units	18,888	94.9%
Owner occupied	14,304	75.7%
Renter occupied	4,584	24.3%
Vacant housing units	1,014	5.1%

Year Structure Built

	Number	Percent
Total housing units	19,902	100.0%
Built 2014 or later	255	1.3%
Built 2010 to 2013	287	1.4%
Built 2000 to 2009	1,620	8.1%
Built 1990 to 1999	2,446	12.3%
Built 1980 to 1989	2,032	10.2%
Built 1970 to 1979	3,301	16.6%
Built 1960 to 1969	1,752	8.8%
Built 1950 to 1959	2,225	11.2%
Built 1940 to 1949	1,114	5.6%
Built 1939 or earlier	4,870	24.5%
Median year built	1970	

Value for Specified Owner-Occupied Housing Units

	Number	Percent
Specified owner-occupied housing units	14,304	100.0%
Less than $20,000	311	2.2%
$20,000 to $39,999	176	1.2%
$40,000 to $59,999	293	2.0%
$60,000 to $79,999	1,339	9.4%
$80,000 to $99,999	2,048	14.3%
$100,000 to $124,999	1,572	11.0%
$125,000 to $149,999	1,586	11.1%
$150,000 to $199,999	2,984	20.9%
$200,000 to $299,999	2,505	17.5%
$300,000 to $499,999	1,135	7.9%
$500,000 to $999,999	310	2.2%
$1,000,000 or more	45	0.3%
Median value	$147,300	

House Heating Fuel

	Number	Percent
Occupied housing units	18,888	100.0%
Utility gas	9,337	49.4%
Bottled, tank or LP gas	3,229	17.1%
Electricity	4,734	25.1%
Fuel oil, kerosene, etc	293	1.6%
Coal, coke or wood	794	4.2%
Solar energy or other fuel	378	2.0%
No fuel used	123	0.7%

Percentages may not sum to 100% due to rounding.

Gross Rent

	Number	Percent
Specified renter-occupied housing units	4,584	100.0%
Less than $100	23	0.5%
$100 to $199	16	0.3%
$200 to $299	91	2.0%
$300 to $399	200	4.4%
$400 to $499	355	7.7%
$500 to $599	479	10.4%
$600 to $699	752	16.4%
$700 to $799	510	11.1%
$800 to $899	610	13.3%
$900 to $999	451	9.8%
$1,000 to $1,499	498	10.9%
$1,500 or more	209	4.6%
No cash rent	390	8.5%
Median gross rent	$729	
Median gross rent as a percentage of household income	23.3	

Selected Monthly Owner Costs for Specified Owner-Occupied Housing Units

	Number	Percent
Specified owner-occupied housing units with a mortgage	8,678	100.0%
Less than $400	35	0.4%
$400 to $599	298	3.4%
$600 to $799	1,094	12.6%
$800 to $999	1,758	20.3%
$1,000 to $1,249	1,707	19.7%
$1,250 to $1,499	1,593	18.4%
$1,500 to $1,999	1,375	15.8%
$2,000 to $2,999	536	6.2%
$3,000 or more	282	3.2%
Median monthly owners cost	$1,169	
Median monthly owners cost as a percentage of household income	17.1	

Vital Statistics

	Number	Rate
Births / rate per 1,000 women aged 15 to 44	529	67.7
Teen births / rate per 1,000 females 15-19	25	47.3
Deaths / rate per 100,000 population	519	1,136.8

Domestic Migration
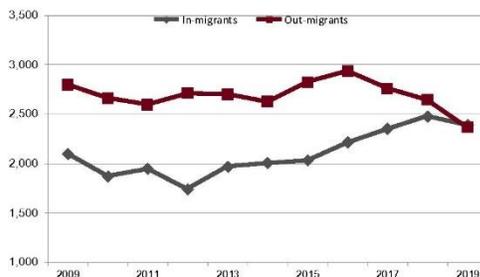
Agriculture

Land in farms (acres)	210,018
Number of farms	976
Average size (acres)	215
Total cash receipts	$206,904,000
Per farm	$211,992
Receipts for crops	$98,009,000
Receipts for livestock/products	$108,895,000

Education

Traditional public schools buildings	17
Students	7,424
Teachers (Full Time Equivalent)	500.7
Expenditures per student	$8,589
Graduation rate	96.1
Community/charter schools buildings	0
Students	0
Teachers (Full Time Equivalent)	0.0
Expenditures per student	
Graduation rate	
Private schools	1
Students	154
4-year public universites	0
Regional campuses	0
2-year public colleges/satellites	0
Ohio Technical Centers	0
Private universities and colleges	0
Public libraries (Districts / Facilities)	2 / 7

Transportation

Registered motor vehicles	63,299
Passenger cars	36,212
Noncommercial trucks	10,572
Total license revenue	$1,827,950.52
Permissive tax revenue	$1,014,800.00
Interstate highway miles	12.52
Turnpike miles	0.00
U.S. highway miles	29.35
State highway miles	170.53
County, township, and municipal road miles	821.85
Commercial airports	1

Health Care

Physicians	41
Registered hospitals	1
Number of beds	131
Licensed nursing homes	9
Number of beds	518
Licensed residential care	6
Number of beds	451
Persons with health insurance (Aged 0 to 64)	94.1%
Adults with insurance (Aged 18 to 64)	93.4%
Children with insurance (Aged Under 19)	95.6%

Communications

Television stations	0
Radio stations	0
Daily newspapers	2
Circulation	7,900
Average monthly unique visitors	36,000
Weekly newspapers	2
Circulation	12,482
Average monthly unique visitors	0
Online only	0
Average monthly unique visitors	0

Crime

Total crimes reported in Uniform Crime Report	468
Violent crime	23
Property crime	445

Finance

FDIC insured financial institutions (HQs)	3
Assets (000)	$980,965
Branch offices	18
Institutions represented	9

Transfer Payments

Total transfer payments	$417,219,000
Payments to individuals	$407,034,000
Retirement and disability	$164,424,000
Medical payments	$198,256,000
Income maintenance (Supplemental SSI, family assistance, food stamps, etc)	$20,073,000
Unemployment benefits	$2,602,000
Veterans benefits	$12,351,000
Federal education and training assistance	$5,533,000
Other payments to individuals	$3,795,000
Total personal income	$2,273,148,000
Depedency ratio	18.4%
(Percent of income from transfer payments)	

Voting

Number of registered voters	32,489
Voted in 2020 election	25,940
Percent turnout	79.8%

State Parks, Forests, Nature Preserves, Scenic Waterways, And Wildlife Areas

Areas/Facilities	3
Acreage	2,893

Per Capita Personal Income

Civilian Labor Force
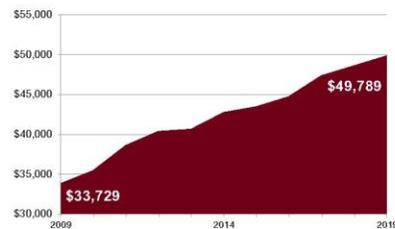
Civilian Labor Force	2020	2019	2018	2017	2016
Civilian labor force	24,700	25,100	24,700	24,800	24,700
Employed	23,000	24,300	23,900	23,900	23,800
Unemployed	1,700	800	800	900	900
Unemployment rate	6.9	3.0	3.3	3.7	3.8

Establishments, Employment, and Wages by Sector: 2019

Industrial Sector	Number of Establishments	Average Employment	Total Wages	Average Weekly Wage
Private Sector	968	19,885	$920,381,230	$890
Goods-Producing	203	9,754	$590,832,578	$1,165
Natural Resources and Mining	13	95	$3,148,593	$637
Construction	96	926	$50,590,371	$1,051
Manufacturing	94	8,733	$537,093,614	$1,183
Service-Providing	765	10,132	$329,548,652	$626
Trade, Transportation and Utilities	223	3,379	$134,405,962	$765
Information	12	204	$9,280,728	$876
Financial Services	96	500	$22,849,724	$880
Professional and Business Services	101	712	$29,638,933	$800
Education and Health Services	116	2,781	$88,679,322	$613
Leisure and Hospitality	116	1,781	$26,041,751	$281
Other Services	101	775	$18,546,182	$460
Federal Government		94	$4,750,257	$975
State Government		99	$5,833,320	$1,129
Local Government		1,992	$82,367,411	$795

Private Sector total includes Unclassified establishments not shown.

Change Since 2013

Private Sector	4.3%	10.5%	29.8%	17.6%
Goods-Producing	6.8%	13.9%	29.9%	14.0%
Natural Resources and Mining	8.3%	11.8%	16.4%	3.6%
Construction	3.2%	13.5%	40.3%	23.6%
Manufacturing	10.6%	14.0%	29.1%	13.2%
Service-Providing	3.7%	7.3%	29.8%	21.1%
Trade, Transportation and Utilities	1.4%	4.8%	28.0%	22.2%
Information	33.3%	-1.9%	18.1%	20.7%
Financial Services	-5.9%	26.3%	40.4%	11.4%
Professional and Business Services	8.6%	13.2%	38.5%	22.3%
Education and Health Services	8.4%	4.5%	27.8%	22.1%
Leisure and Hospitality	12.6%	11.0%	38.6%	24.9%
Other Services	-2.9%	8.2%	21.6%	12.2%
Federal Government		10.6%	12.8%	2.7%
State Government		2.1%	25.3%	22.6%
Local Government		-6.5%	8.8%	16.4%

Residential Construction

	2020	2019	2018	2017	2016
Total units	176	117	110	193	113
Total valuation (000)	$34,259	$28,316	$25,895	$33,509	$25,448
Total single-unit bldgs	119	108	106	120	101
Average cost per unit	$238,313	$245,418	$244,288	$220,910	$242,507
Total multi-unit bldg units	57	9	4	73	12
Average cost per unit	$103,509	$201,222	$0	$95,890	$79,583

Ohio

Mercer County

Established:	Act - April 1, 1820
2020 Population:	42,528
Land Area:	463.3 square miles
County Seat:	Celina City
Named for:	General Hugh Mercer, Revolutionary War
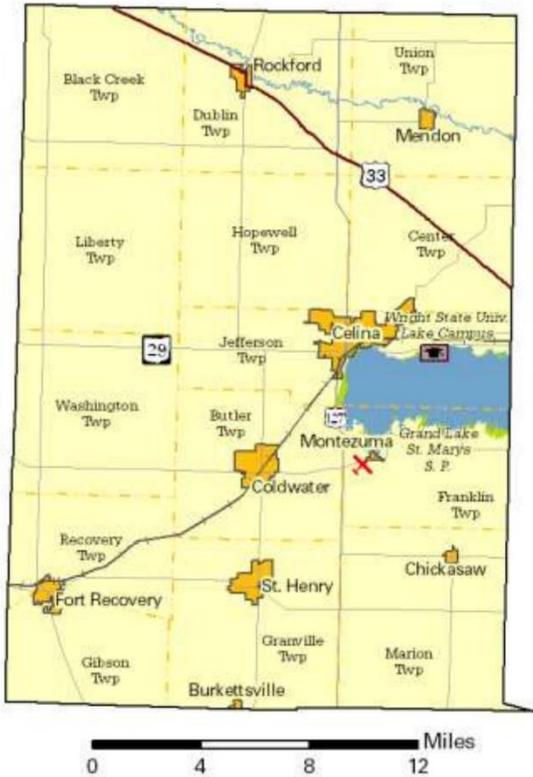
Taxes

Taxable value of real property	$1,093,310,630
Residential	$679,713,580
Agriculture	$309,603,890
Industrial	$32,835,540
Commercial	$71,153,450
Mineral	$4,170
Ohio income tax liability	$24,798,725
Average per return	$1,184.67

Land Use/Land Cover

	Percent
Developed, Lower Intensity	6.55%
Developed, Higher Intensity	1.08%
Barren (strip mines, gravel pits, etc.)	0.07%
Forest	4.62%
Shrub/Scrub and Grasslands	0.34%
Pasture/Hay	0.79%
Cultivated Crops	81.96%
Wetlands	0.99%
Open Water	3.59%

Largest Places

	Census 2020	Census 2010
Celina city	10,935	10,400
Coldwater vil.	4,774	4,427
Marion twp UB	2,964	2,680
Jefferson twp UB	2,930	2,766
St. Henry vil.	2,596	2,427
Franklin twp UB	2,359	2,120
Butler twp UB	1,879	1,918
Fort Recovery vil.	1,501	1,430
Granville twp UB	1,428	1,433
Washington twp	1,201	1,190

UB: Unincorporated balance.

Total Population

Census

Year	Pop.	Year	Pop.
1800		1910	27,536
1810		1920	26,872
1820	95	1930	25,096
1830	1,110	1940	26,256
1840	8,277	1950	28,311
1850	7,712	1960	32,559
1860	14,104	1970	35,265
1870	17,254	1980	38,334
1880	21,808	1990	39,443
1890	27,220	2000	40,924
1900	28,021	2010	40,814

2020	42,528

Projected

2030	41,230
2040	40,960

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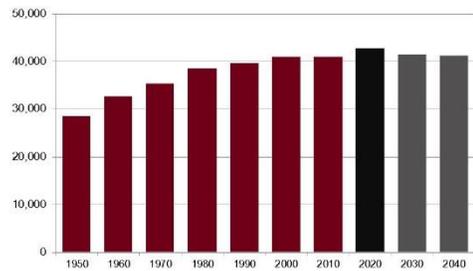
Population by Race

	Number	Percent
ACS Total Population	40,884	100.0%
White	39,658	97.0%
African-American	335	0.8%
Native American	0	0.0%
Asian	228	0.6%
Pacific Islander	236	0.6%
Other	135	0.3%
Two or More Races	292	0.7%
Hispanic (may be of any race)	788	1.9%
Total Minority	**1,890**	**4.6%**

Educational Attainment

	Number	Percent
Persons 25 years and over	27,005	100.0%
No high school diploma	2,123	7.9%
High school graduate	12,233	45.3%
Some college, no degree	4,641	17.2%
Associate degree	3,065	11.3%
Bachelor's degree	3,067	11.4%
Master's degree or higher	1,876	6.9%

Family Type by Employment Status

	Number	Percent
Total Families	11,432	100.0%
Married couple, husband and wife in labor force	5,638	49.3%
Married couple, husband in labor force, wife not	1,162	10.2%
Married couple, wife in labor force, husband not	666	5.8%
Married couple, husband and wife not in labor force	1,823	15.9%
Male householder, in labor force	841	7.4%
Male householder, not in labor force	148	1.3%
Female householder, in labor force	943	8.2%
Female householder, not in labor force	211	1.8%

Household Income

	Number	Percent
Total Households	16,234	100.0%
Less than $10,000	518	3.2%
$10,000 to $19,999	934	5.8%
$20,000 to $29,999	1,648	10.2%
$30,000 to $39,999	1,448	8.9%
$40,000 to $49,999	1,672	10.3%
$50,000 to $59,999	1,450	8.9%
$60,000 to $74,999	2,211	13.6%
$75,000 to $99,999	2,578	15.9%
$100,000 to $149,999	2,708	16.7%
$150,000 to $199,999	669	4.1%
$200,000 or more	398	2.5%
Median household income	**$62,952**	

Percentages may not sum to 100% due to rounding.

Population by Age

	Number	Percent
ACS Total Population	40,884	100.0%
Under 5 years	2,905	7.1%
5 to 17 years	7,618	18.6%
18 to 24 years	3,356	8.2%
25 to 44 years	8,956	21.9%
45 to 64 years	10,975	26.8%
65 years and more	7,074	17.3%
Median Age	**39.6**	

Family Type by Presence of Own Children Under 18

	Number	Percent
Total Families	11,461	100.0%
Married-couple families with own children	3,521	30.7%
Male householder, no wife present, with own children	402	3.5%
Female householder, no husband present, with own children	742	6.5%
Families with no own children	6,796	59.3%

Poverty Status of Families By Family Type by Presence Of Related Children

	Number	Percent
Total Families	11,461	100.0%
Family income above poverty level	10,982	95.8%
Family income below poverty level	479	4.2%
Married couple, with related children	56	0.5%
Male householder, no wife present, with related children	32	0.3%
Female householder, no husband present, with related children	265	2.3%
Families with no related children	126	1.1%

Ratio of Income To Poverty Level

	Number	Percent
Population for whom poverty status is determined	40,301	100.0%
Below 50% of poverty level	964	2.4%
50% to 99% of poverty level	1,627	4.0%
100% to 124% of poverty level	1,353	3.4%
125% to 149% of poverty level	2,223	5.5%
150% to 184% of poverty level	2,186	5.4%
185% to 199% of poverty level	839	2.1%
200% of poverty level or more	31,109	77.2%

Geographical Mobility

	Number	Percent
Population aged 1 year and older	40,191	100.0%
Same house as previous year	36,223	90.1%
Different house, same county	2,307	5.7%
Different county, same state	1,094	2.7%
Different state	453	1.1%
Abroad	114	0.3%

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Travel Time To Work

	Number	Percent
Workers 16 years and over	20,324	100.0%
Less than 15 minutes	9,218	45.4%
15 to 29 minutes	6,977	34.3%
30 to 44 minutes	2,611	12.8%
45 to 59 minutes	868	4.3%
60 minutes or more	650	3.2%
Mean travel time	18.7 minutes	

Housing Units

	Number	Percent
Total housing units	18,032	100.0%
Occupied housing units	16,234	90.0%
Owner occupied	12,503	77.0%
Renter occupied	3,731	23.0%
Vacant housing units	1,798	10.0%

Year Structure Built

	Number	Percent
Total housing units	18,032	100.0%
Built 2014 or later	363	2.0%
Built 2010 to 2013	367	2.0%
Built 2000 to 2009	1,808	10.0%
Built 1990 to 1999	2,378	13.2%
Built 1980 to 1989	1,657	9.2%
Built 1970 to 1979	2,874	15.9%
Built 1960 to 1969	1,628	9.0%
Built 1950 to 1959	2,469	13.7%
Built 1940 to 1949	1,128	6.3%
Built 1939 or earlier	3,360	18.6%
Median year built	1971	

Value for Specified Owner-Occupied Housing Units

	Number	Percent
Specified owner-occupied housing units	12,503	100.0%
Less than $20,000	419	3.4%
$20,000 to $39,999	290	2.3%
$40,000 to $59,999	415	3.3%
$60,000 to $79,999	856	6.8%
$80,000 to $99,999	1,486	11.9%
$100,000 to $124,999	1,267	10.1%
$125,000 to $149,999	1,324	10.6%
$150,000 to $199,999	2,253	18.0%
$200,000 to $299,999	2,566	20.5%
$300,000 to $499,999	1,289	10.3%
$500,000 to $999,999	231	1.8%
$1,000,000 or more	107	0.9%
Median value	$153,800	

House Heating Fuel

	Number	Percent
Occupied housing units	16,234	100.0%
Utility gas	7,620	46.9%
Bottled, tank or LP gas	3,036	18.7%
Electricity	4,334	26.7%
Fuel oil, kerosene, etc	456	2.8%
Coal, coke or wood	400	2.5%
Solar energy or other fuel	201	1.2%
No fuel used	187	1.2%

Percentages may not sum to 100% due to rounding.

Gross Rent

	Number	Percent
Specified renter-occupied housing units	3,731	100.0%
Less than $100	0	0.0%
$100 to $199	20	0.5%
$200 to $299	52	1.4%
$300 to $399	170	4.6%
$400 to $499	354	9.5%
$500 to $599	526	14.1%
$600 to $699	753	20.2%
$700 to $799	419	11.2%
$800 to $899	497	13.3%
$900 to $999	208	5.6%
$1,000 to $1,499	327	8.8%
$1,500 or more	48	1.3%
No cash rent	357	9.6%
Median gross rent	$679	
Median gross rent as a percentage of household income	21.5	

Selected Monthly Owner Costs for Specified Owner-Occupied Housing Units

	Number	Percent
Specified owner-occupied housing units with a mortgage	6,546	100.0%
Less than $400	55	0.8%
$400 to $599	310	4.7%
$600 to $799	834	12.7%
$800 to $999	1,190	18.2%
$1,000 to $1,249	1,346	20.6%
$1,250 to $1,499	1,206	18.4%
$1,500 to $1,999	960	14.7%
$2,000 to $2,999	573	8.8%
$3,000 or more	72	1.1%
Median monthly owners cost	$1,164	
Median monthly owners cost as a percentage of household income	18.1	

Vital Statistics

	Number	Rate
Births / rate per 1,000 women aged 15 to 44	622	90.9
Teen births / rate per 1,000 females 15-19	11	17.7
Deaths / rate per 100,000 population	397	964.2

Domestic Migration

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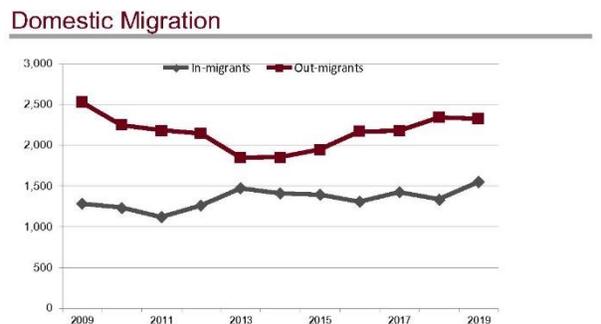
Agriculture

Land in farms (acres)	268,958
Number of farms	1,231
Average size (acres)	218
Total cash receipts	$631,612,000
Per farm	$513,088
Receipts for crops	$123,310,000
Receipts for livestock/products	$508,302,000

Education

Traditional public schools buildings	19
Students	7,625
Teachers (Full Time Equivalent)	538.4
Expenditures per student	$9,928
Graduation rate	95.5
Community/charter schools buildings	0
Students	0
Teachers (Full Time Equivalent)	0.0
Expenditures per student	
Graduation rate	
Private schools	1
Students	109
4-year public universites	0
Regional campuses	1
2-year public colleges/satellites	0
Ohio Technical Centers	0
Private universities and colleges	0
Public libraries (Districts / Facilities)	4 / 7

Transportation

Registered motor vehicles	61,207
Passenger cars	31,693
Noncommercial trucks	10,411
Total license revenue	$2,229,481.98
Permissive tax revenue	$796,355.00
Interstate highway miles	0.00
Turnpike miles	0.00
U.S. highway miles	44.70
State highway miles	165.78
County, township, and municipal road miles	950.48
Commercial airports	1

Health Care

Physicians	44
Registered hospitals	1
Number of beds	88
Licensed nursing homes	6
Number of beds	394
Licensed residential care	6
Number of beds	308
Persons with health insurance (Aged 0 to 64)	92.8%
Adults with insurance (Aged 18 to 64)	91.8%
Children with insurance (Aged Under 19)	94.8%

Communications

Television stations	0
Radio stations	3
Daily newspapers	1
Circulation	8,200
Average monthly unique visitors	125,000
Weekly newspapers	0
Circulation	0
Average monthly unique visitors	0
Online only	0
Average monthly unique visitors	0

Crime

Total crimes reported in Uniform Crime Report	193
Violent crime	10
Property crime	183

Finance

FDIC insured financial institutions (HQs)	3
Assets (000)	$1,080,002
Branch offices	21
Institutions represented	9

Transfer Payments

Total transfer payments	$341,546,000
Payments to individuals	$332,354,000
Retirement and disability	$145,927,000
Medical payments	$146,334,000
Income maintenance (Supplemental SSI, family assistance, food stamps, etc)	$17,493,000
Unemployment benefits	$2,128,000
Veterans benefits	$11,979,000
Federal education and training assistance	$4,994,000
Other payments to individuals	$3,499,000
Total personal income	$2,145,298,000
Depedency ratio	15.9%
(Percent of income from transfer payments)	

Voting

Number of registered voters	29,398
Voted in 2020 election	23,907
Percent turnout	81.3%

State Parks, Forests, Nature Preserves, Scenic Waterways, And Wildlife Areas

Areas/Facilities	6
Acreage	11,493

Per Capita Personal Income

Mercer County

Civilian Labor Force
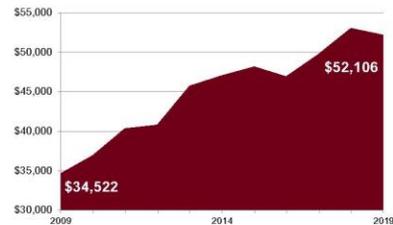
Civilian Labor Force	2020	2019	2018	2017	2016
Civilian labor force	23,500	23,600	23,700	23,600	23,500
Employed	22,300	22,900	23,000	22,900	22,700
Unemployed	1,300	600	700	700	800
Unemployment rate	5.4	2.6	2.7	3.1	3.3

Establishments, Employment, and Wages by Sector: 2019

Industrial Sector	Number of Establishments	Average Employment	Total Wages	Average Weekly Wage
Private Sector	1,011	17,592	$722,267,154	$790
Goods-Producing	257	8,339	$400,534,560	$924
Natural Resources and Mining	46	604	$24,703,663	$787
Construction	113	1,100	$59,294,564	$1,037
Manufacturing	98	6,635	$316,536,333	$918
Service-Providing	754	9,254	$321,732,594	$669
Trade, Transportation and Utilities	276	4,069	$162,325,368	$767
Information	9	133	$5,225,872	$758
Financial Services	81	658	$35,695,960	$1,044
Professional and Business Services	93	624	$26,668,113	$822
Education and Health Services	92	1,643	$57,599,130	$674
Leisure and Hospitality	102	1,389	$17,971,420	$249
Other Services	102	739	$16,246,731	$423
Federal Government		95	$5,212,342	$1,055
State Government		174	$7,893,072	$874
Local Government		2,421	$97,241,026	$772

Private Sector total includes Unclassified establishments not shown.

Change Since 2013

Private Sector	4.3%	8.8%	22.2%	12.4%
Goods-Producing	8.9%	9.8%	18.2%	7.7%
Natural Resources and Mining	4.5%	23.8%	41.9%	14.7%
Construction	10.8%	15.7%	32.7%	14.7%
Manufacturing	8.9%	7.7%	14.4%	6.3%
Service-Producing	2.7%	7.9%	27.5%	18.2%
Trade, Transportation and Utilities	4.2%	11.4%	27.9%	14.8%
Information	-18.2%	-21.3%	-6.4%	19.6%
Financial Services	-6.9%	-3.8%	20.4%	25.2%
Professional and Business Services	13.4%	7.4%	38.4%	28.8%
Education and Health Services	8.2%	2.6%	30.8%	27.4%
Leisure and Hospitality	3.0%	11.4%	30.0%	16.9%
Other Services	-1.9%	15.5%	24.7%	7.9%
Federal Government		0.0%	8.2%	8.7%
State Government		19.2%	18.6%	0.0%
Local Government		-0.9%	12.7%	13.7%

Residential Construction

	2020	2019	2018	2017	2016
Total units	113	60	138	94	67
Total valuation (000)	$27,762	$18,575	$19,979	$21,807	$15,484
Total single-unit bldgs	76	60	71	70	54
Average cost per unit	$308,381	$309,584	$260,613	$289,419	$265,059
Total multi-unit bldg units	37	0	67	24	13
Average cost per unit	$116,892		$22,015	$64,500	$90,031

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Data Summary

Ohio Department of Development County Profiles

County Profile	Auglaize County	Mercer County
Total Population		
2010 census	45,949	40,814
2020 census	46,422	42,528
2030 projected	44,690	41,230
2040 projected	44,430	40,960
Population by Race		
White	97.5%	97.0%
African American	.6%	.8%
Native American	.2%	0.0%
Asian	.5%	.6%
Pacific Islander	0.0%	.6%
Other	.9%	.3%
2 or more races	1.3%	.7%
Hispanic any race	1.7%	1.9%
Total minority	4.4%	4.6%
Population by Age		
<5	6.3%	7.1%
5-17	17.9%	18.6%
18-24	8.0%	8.2%
25-44	22.5%	21.9%
45-64	27.4%	26.8%
65 and older	17.9%	17.3%
Educational Attainment		
No high school diploma	7.3%	7.9%
High school graduate	43.5%	45.3%
Some college, no degree	19.3%	17.2%
Associate degree	11.0%	11.3%
Bachelor's degree	11.7%	11.4%
Master's degree or higher	7.2%	6.9%
Poverty Status		
Family income below poverty level	6.7%	4.2%
Vital Statistics		
Births /rate per 1,000 women aged 15-44	529 / 67.7	622 / 90.9
Teen births /rate per 100,000 population	25 / 47.3	11 / 13.0
Health Status		
Physicians	41	44
Registered hospitals / number of beds	1 / 131	1 / 88
Licensed nursing homes / number of beds	9 / 518	6 / 394

County Profile	Auglaize County	Mercer County
Licensed residential care / number of beds	6 / 451	6 / 308
Persons with health insurance (Aged 0-64)	94.1%	92.8%
Adults with insurance (Aged 18-64)	93.4%	91.8%
Children with insurance (Aged under 19)	95.6%	94.8%
Income		
Per capita personal income 2018	$49,789	$52,106
Median household income	$64,074	$62,952

Source for Auglaize County: Ohio Department of Development. (2021). County Profiles. Retrieved at https://devresearch.ohio.gov/files/research/C1007.pdf on March 8, 2022. Data from 2021 Edition.

Source for Mercer County: Ohio Department of Development. (2021). County Profiles. Retrieved at https://devresearch.ohio.gov/files/research/C1055.pdf on March 8, 2022. Data from 2021 Edition.

County Health Rankings and Roadmaps

The following table of metrics from County Health Rankings & Roadmaps includes key metrics, including identified areas to explore, worsening trends, and areas of strength. While the focus is on 2022 data, 2019 data is included for comparison.

Red indicates areas to explore.

Purple indicates worsening trends.

Blue indicates areas of strength.

Auglaize and Mercer Counties are ranked among the healthiest counties in Ohio for Health Outcomes and Health Factors.

Measure (Dates of data for 2022)	Auglaize County 2019	Auglaize County 2022	Mercer County 2019	Mercer County 2022	Ohio 2019	Ohio 2022
Length of Life						
Premature death before age 75 /100,000 (2017-2019)	6,300	5,700	6,800	5,800	8,500	8,500
Quality of Life						
Poor or fair health (2018)	14%	16%	14%	16%	17%	18%
Poor physical health days (2018)	3.6	3.8	3.4	3.9	4	4.1
Poor mental health days (2018)	3.7	4.5	3.7	4.6	4.3	4.8
Low birthweight (2013-2019)	7%	7%	5%	5%	9%	9%
Life expectancy (2017-2019)	79.5	79.5	79.1	80	77.0	77.0
Child mortality under 18/100,000 (2016-2019)	50	70	50	50	60	60
Infant mortality within 1 year /1,000 live births (2013-2019)	5	6	5	5	7	7
Frequent mental distress (2018)	15%	15%	15%	15%	16%	16%
Diabetes prevalence adults 20 and above (2017)	12%	11%	12%	11%	12%	12%

C-3

Measure (Dates of data for 2022)	Auglaize County 2019	Auglaize County 2022	Mercer County 2019	Mercer County 2022	Ohio 2019	Ohio 2022
HIV prevalence age 13 and above /100,000 (2018)	53	42	30	51	213	228
Health Behaviors						
Adult smoking (2018)	19%	23%	16%	22%	23%	21%
Adult obesity (2017)	35%	35%	32%	34%	32%	34%
Food environment index (out of 10 being best) (2015 & 2018)	8.7	8.7	8.9	8.9	6.7	6.8
Physical inactivity (2015)	30%	30%	25%	27%	25%	26%
Access to exercise opportunities (2010 & 2018)	78%	78%	68%	66%	84%	84%
Excessive drinking (2018)	20%	20%	20%	21%	19%	18%
Alcohol-impaired driving deaths (2015-2019)	18%	7%	19%	29%	33%	32%
Sexually transmitted infections newly diag/100,000 (2018)	270.3	253.4	185.5	173.7	520.9	542.3
Food insecurity (2018)	10%	10%	10%	10%	15%	14%
Drug overdose deaths / 100,000 (2017-2019)	12	N/D	14	10	37	38
Motor vehicle crash deaths/ 100,000 (2013-2019)	11	11	11	11	10	10
Clinical Care						
Uninsured (2018)	5%	6%	6%	6%	7%	8%
Primary care physician (2018)	2,550:1	2,410:1	2,270:1	2,160:1	1,300:1	1,300:1
Dentists (2019)	2,860:1	2,850:1	3,410:1	3,170:1	1,620:1	1,560:1
Mental health providers (2020)	2,410:1	2,080:1	1,240:1	1,110:1	470:1	380:1

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Measure (Dates of data for 2022)	Auglaize County 2019	Auglaize County 2022	Mercer County 2019	Mercer County 2022	Ohio 2019	Ohio 2022
Preventable hospital stays (2018)	5,439	4,967	4,696	5,536	5,135	4,901
Mammography screening (2018)	38%	42%	39%	40%	51%	43%
Flu vaccinations (2018)	42%	48%	47%	50%	55%	51%
Social and Economic Factors						
High school completion (2015-2019)	97%	93%	96%	92%	85%	90%
Unemployment (2019)	3.7%	3.0%	3.1%	2.6%	5.0%	4.1%
Children in poverty (2019)	12%	9%	10%	9%	20%	18%
Income inequality (ratio of house-hold income in 80th percentile to that in 20th percentile) (2015-2019)	3.8	3.7	3.8	3.5	4.8	4.7
Children in single-parent house-holds (2015-2019)	25%	20%	21%	16%	36%	27%
Social associations / 10,000 (2018)	15.9	15.1	14.2	11.7	11.0	11.0
Violent crimes / 100,000 (2014 & 2016)	58	58	83	83	293	293
Injury deaths / 100,000 (2015-2019)	56	52	63	57	82	91
Residential segregation – black/white with higher values = greater segregation (2015-2019)	N/A	82	74	77	69	69
Residential segregation – non-white/white (2015-2019)	26	35	33	52	58	58

Measure (Dates of data for 2022)	Auglaize County 2019	Auglaize County 2022	Mercer County 2019	Mercer County 2022	Ohio 2019	Ohio 2022
Suicide / 100,000 (2015-2019)	N/D	11	N/D	10	N/D	15
Physical Environment						
Air pollution particulate matter (2016)	12.4	9.5	12.5	9.4	11.5	9.0
Drinking water violations (2019)	No	No	No	No		
Severe housing problems- % of homes with at least 1 of 4: overcrowding, high cost, lack of kitchen, lack of plumbing (2013-2017)	11%	10%	9%	9%	15%	14%
Traffic volume / meter (2019)	N/A	87	N/A	75	N/A	404
Homeownership (2015-2019)	76%	76%	77%	77%	66%	66%
Severe housing cost burden (2015-2019)	9%	8%	7%	6%	13%	12%
Broadband access (2015-2019)	N/A	85%	N/A	84%	N/A	82%

Source: County Health Rankings and Roadmaps. (2022). Retrieved at https://www.countyhealthrankings.org/app/ohio/2021/rankings/auglaize/county/outcomes/overall/snapshot on February 2, 2022. Dates for 2019 data available on web site.

Source: County Health Rankings and Roadmaps. (2022). Retrieved at https://www.countyhealthrankings.org/app/ohio/2021/rankings/mercer/county/outcomes/overall/snapshot, on February 2, 2022. Dates for 2019 data available on web site.

Community Commons Community Indicator Report

Red indicates the total county population is performing worse than state average.

Blue indicates the total county population is performing better than state average.

Indicator	Auglaize County	Mercer County	Ohio	U.S.
Population				
Total population (2015-2019)	45,729	40,884	11,655,397	324,697,795
Total population by gender: male/female (2015-2019)	49.62% / 50.38%	50.56% / 49.44%	49.01% / 50.99%	49.24% / 50.76%
Total population by race and ethnicity (2015-2019)				
White non-Hispanic	95.64%	95.38%	78.91%	60.70%
Black non-Hispanic	.64%	.82%	12.23%	12.31%
Asian non-Hispanic	.36%	.56%	2.20%	5.45%
Native American or Alaska Native non-Hispanic	.21%	0.0%	.15%	.67%
Native Hawaiian or Pacific Islander non-Hispanic	.01%	.58%	.03%	.17%
Some other race non-Hispanic	.24%	.03%	.17%	.24%
Multiple race	1.27%	.71%	2.88%	3.32%
Hispanic or Latino	1.68%	1.93%	3.8%	18.01%
Population change (2010-2020) Significant positive or negative change impacts healthcare providers and utilization of community resources.	473 / 1.03%	1,714 / 4.20%	2.28%	7.13%
Urban / rural population (2010)	60.86% / 39.14%	38.64% / 61.36%	77.92% / 22.08%	80.89% / 19.11%
Median age (2015 – 2019)	41.1	39.6	39.4	38.1
Population under age 18	24.19%	25.74%	22.35%	22.61%
Population age 18-64 (2015-2019)	57.91%	56.96%	60.99%	61.74%
Population age 65+ (2015-2019)	17.90%	17.30%	16.66%	15.64%
Population with any disability (2015-2019) Disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.	10.81%	10.33%	13.98%	12.62%
Any disability under age 18	3.01	3.79%	5.0%	4.21%
Any disability age 18-64	8.37%	7.68%	11.91%	10.25%
Any disability age 65+	30.12%	29.62%	34.23%	34.48%
Population with limited English proficiency by ethnicity alone (2015-2019)				
Hispanic or Latino	8.74%	13.98%	20.28%	29.69%
Not Hispanic or Latino	.29%	.28%	1.86%	3.88%
Population with limited English proficiency by race alone (2015-2019)				
White	.18%	.32%	1.50%	5.75%
Black or African American	0.0%	0.0%	.31%	.54%
Native American or Alaska Native	0.0%	0.0%	.02%	.09%

C-7

Indicator	Auglaize County	Mercer County	Ohio	U.S.
Asian	.14%	0.0%	.87%	2.49%
Native Hawaiian or Pacific islander	0.0%	.25%	0.0%	0.03%
Some other race	.12%	0.0%	.30%	2.36%
Multiple race	0.0%	0.0%	.10%	.26%
Income and economics				
Unemployment rate (2021) Unemployment creates financial instability and barriers to access including insurance, health services, healthy food, and other necessities that contribute to poor health status.	610 / 2.5%	486 / 2.2%	3.5%	3.9%
Income inequality (GINI index) values 0-1 with 0 being perfect equality (2015-2019)	.40	.39	.47	.48
Median household income (2015-2019)	$64,074	$62,952	$56,602	$62,843
Median household income by race/ethnicity (2015-2019)				
Non-Hispanic White	$64,984	$63,414	$61,427	$68,785
Black	No data	$60,848	$33,158	$41,935
Some other race	$63,806	No data	$41,634	$49,221
Multiple race	$40,873	$26,875	$41,007	$59,184
Hispanic or Latino	$57,083	$43,654	$44,500	$51,811
Income per capita (2015-2019)	$31,197	$29,764	$31,552	$34,102
Population below 100% FPL (2015-2019) Poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.	8.38%	6.43%	13.60%	12.05%
Population in poverty by ethnicity alone (2015-2019)				
Hispanic or Latino	28.31%	20.43%	24.72%	19.64%
Not Hispanic or Latino	8.03%	6.15%	13.60%	12.05%
Population in poverty by race (2015-2019)				
White	8.18%	6.21%	11.10%	11.15%
Black or African American	26.98%	20%	29.65%	23.04%
Native American or Alaska Native	3.16%	No data	25.28%	24.86%
Asian	1.85%	.94%	13.19%	10.94%
Native Hawaiian or Pacific islander	100.0%	8.9%	32.90%	17.51%
Some other race	9.0%	2.96%	25.97%	21.04%
Multiple race	18.09%	25.87%	26.06%	16.66$
Education				
Preschool enrollment age 3-4 (2015-2019) Identifies where pre-school opportunities are either abundant or lacking.	47.24%	49.72%	45.49%	48.32%
High school graduation (2018-2019)	86.6%	91.6%	87.3%	87.7%
Population with no high school diploma by ethnicity alone (2015-2019)				
Hispanic or Latino	18.99%	15.38%	23.80%	31.33%

Indicator	Auglaize County	Mercer County	Ohio	U.S.
Not Hispanic or Latino	7.18%	7.75%	9.20%	8.57%
Population with no high school diploma by race alone (2015-2019)				
White	6.94%	7.69%	8.69%	10.10%
Black or African American	17.79%	18.18%	14.14%	14.03%
Native American or Alaska Native	78.67%	No data	19.17%	19.69%
Asian	38.04%	0.0%	12.68%	12.88%
Native Hawaiian or Pacific Islander	0.0%	11.83%	18.30%	13.01%
Some other race	6.16%	14.61%	28.39%	37.31%
Multiple race	3.90%	23.35%	11.51%	11.53%
Housing and families				
Non-family households (2015-2019)	10.72%	29.40%	36.85%	34.48%
Eviction rate (2016)	1.82%	1.39%	3.49%	2.34%
Housing cost burden (30% or more of total income (2015-2019)	18.29%	18.06%	25.94%	30.85%
Other social and economic factors				
Area deprivation index national percentile based on neighborhoods nationwide (1-100 with 1 being lowest level or least disadvantaged) (2021) Based on measures relating to education, income & employment, housing and household characteristics.	59	59	62	No data
Households with no motor vehicle (2015-2019)	4.39%	3.60%	7.95%	8.61%
Uninsured population (2015-2019) Lack of insurance is a primary barrier to healthcare access including primary care, specialty care, and other health services that contributes to poor health status.	3.62%	3.48%	6.12%	8.84%
Uninsured population by ethnicity alone (2015-2019)				
Hispanic or Latino	7.79%	21.33%	15.11%	18.22%
Not Hispanic or Latino	3.55%	3.13%	5.76%	6.77%
Uninsured population by race (2015-2019)				
White non-Hispanic	3.48%	3.02%	5.41%	5.94%
Black or African American	1.13%	7.35%	7.74%	10.07%
Native American or Alaska Native	3.16%	No data	10.01%	19.23%
Asian	0.0%	0.0%	6.43%	6.73%
Native Hawaiian or Pacific Islander	0.0%	22.88%	15.84%	10.63%
Some other race	8.75%	0.0%	19.53%	20.38%
Multiple race	8.03%	0.0%	6.74%	7.67%
Population receiving SNAP (2017)	6.1%	4.7%	12.3%	12.5%
Social vulnerability index (high poverty, low% of vehicle access, crowded households, etc.) (2018)	.05	.05	.44	.40

Indicator	Auglaize County	Mercer County	Ohio	U.S.
Teen births female age 15-19 / 1,000 (2013-2019)	22.8	18.2	22.3	20.9
Violent crime /100,000 (2014-2016)	74.80	86.20	290.70	416.0
Air & water quality- days exceeding standards (2016) Poor air quality contributes to respiratory issues and overall poor health.	0	0	0	0
Broadband access (2020)	98.74%	100%	99.04%	97.54%
Recreation and fitness facility access / 100,000 (2019)	13.06	Suppressed	10.22	12.23
Food desert census tracts / population (2019)	0 / 0	1/ 4,602	421/ 1,504,341	9,293/ 39,074,974
SNAP authorized food stores / rate per 10,000 (2021)	35 / 7.66	26 / 6.30	9,878 / 8.45	248,526 / 7.47
Clinical care and prevention				
Cancer screening – mammogram female Medicare enrollees (2019)	21%	31%	33%	33%
Diabetes management – hemoglobin A1c test Medicare enrollees with diabetes (2017) Engaging in preventive behaviors allows for early detection and treatment of health problems. 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.	85.29%	84.89%	88.12%	87.31%
Health behaviors				
Heavy alcohol consumption (2018) Alcohol use is a behavioral health issue that is also a risk factor for a number of negative health outcomes, including physical injuries related to motor vehicle accidents, stroke, chronic diseases and mental health conditions.	19.61%	21.18%	18.48%	19.17%
Physical inactivity (2019) Current behaviors are determinants of future health and may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.	23.4%	23.4%	24.9%	22.0%
STI – chlamydia incidence/100,000 (2018)	253.4	173.7	542.3	539.9
STI – HIV prevalence / 100,000 (2018)	42.1	51.0	227.7	372.8
Tobacco use – current smokers (2019)	20.4%	20.6%	21.3%	15.3%
Insufficient sleep < 7 hours (2018)	36.6%	37.7%	39.5%	35.7%
Health outcomes				
Cancer incidence – all sites / 100,000 (2014-2018)	437.1	454.6	467.5	448.6
Chronic asthma, Medicare enrollees (2018)	2.8%	2.1%	4.8%	5.0%

C-10

Indicator	Auglaize County	Mercer County	Ohio	U.S.
Chronic adult diabetes age adjusted (2019) Diabetes is a prevalent problem and may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.	8%	8.5%	9.8%	9.0%
Heart disease – Medicare enrollees (2018)	34%	29.6%	27.5%	26.8%
Chronic high blood pressure – Medicare enrollees (2018)	63%	59.7%	59.5%	57.2%
Low birth weight (2013-2019)	7.1%	5.4%	8.6%	8.2%
Cancer mortality age-adjusted death rate /100,000 (2015-2019) Cancer is a leading cause of death in the U.S.	152.2	161.4	169.5	152.3
Coronary heart disease mortality age-adjusted rate /100,000 (2015-2019) Coronary heart disease is a leading cause of death in the U.S.	134.3	217.0	103.2	92.6
Poisoning Mortality / 100,000 (2015-2019) Poisoning deaths, especially from drug overdose, are a national public health emergency	12.8	12.3	39.4	21.6
Lung disease mortality age-adjusted death rate /100,000 (2015-2019) Lung disease is a leading cause of death in the U.S.	42.5	30.8	48.1	40.2
Motor vehicle crash mortality / 100,000 (2015-2019) Motor vehicle crash deaths are preventable and are a cause of premature death	11.1	11.8	10.2	11.3
Premature death mortality /100,000 (2017-2019) Measure of premature death can provide a unique and comprehensive look at overall health status	5,718	5,756	8,555	6,943
Stroke mortality age-adjusted death rate /100,000 (2015-2019) Stroke is a leading cause of death in the U.S.	46.1	37.6	41.8	37.3
Suicide mortality age-adjusted death rate/100,000 (2015-2019) Suicide is an indicator of poor mental health	10.8	10.5	14.6	13.8
Unintentional injury mortality age-adjusted death rate /100,000 (2015-2019) Accidents are a leading cause of death in the U.S.	37.9	42.6	65.8	47.5
Obesity adults with BMI>30 (2019) Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues	38.9%	30.7%	33.1%	27.6%
Poor or fair health (2019)	18.9%	19.0%	20.3%	18.6%

Indicator	Auglaize County	Mercer County	Ohio	U.S.
COVID-19 mortality death rate /100,000 as of 02/02/2022 (2022)	344.95	280.77	286.86	267.86
COVID-19 fully vaccinated adults as of 02/01/2022 (2022)	48.7%	48.4%	66.1%	71.7%

Source: Community Commons. (n.d.). Community Indicator Standard Report. Retrieved from https://sparkmap.org/report/ on February 2, 2022.

C-12

Maternal and Infant Health

Metric	Auglaize County	Mercer County	Ohio	U.S.
Preterm births < 37 weeks gestation, percentage[1] (2017)	9.5%	8.4%	10.4%	9.9%
Infant mortality /1000 live births	5.0[1] (2013-2017)	5.7[1] (2013-2017)	7.2[1] (2013-2017)	5.6[2] (2019)
Maternal morbidity /100,000 (rates for values <10 not calculated as unreliable)[3]	Live births = 5,058 Pregnancy associated = 2 Pregnancy related = 0 (2008-2016)	Live births = 5,025 Pregnancy associated = 2 Pregnancy related = 0 (2008-2016)	12.2 (2012-2014) 18.8 (2015-2017)[4]	17.0 (2012-2014) 17.1 (2015-2017)[4]

[1]*2019 Online State Health Assessment. (2019). Retrieved from https://odh.ohio.gov/explore-data-and-stats/interactive-applications/2019-Online-State-Health-Assessment, on March 15, 2022.*

[2]*Centers for Disease Control and Prevention. (n.d.). Retrieved from https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm, on March 15, 2022.*

[3]*The Center for Community Solutions. (n.d). Retrieved from https://www.communitysolutions.com/status-ohios-women-maternal-mortality/ on March 15, 2022.*

[4]*The Ohio Department of Health. (n.d.). Retrieved from https://odh.ohio.gov/know-our-programs/pregnancy-associated-mortality-review/Reports/PAMR-Reports, on March 15, 2022. These data were provided by the Ohio Department of Health. The Department specifically disclaims responsibility for any analysis, interpretations or conclusion.*

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Community Assessment for Auglaize and Mercer Counties in Ohio 2019

Prepared by West Ohio Community Action Partnership

Information summarized according to the data strategy from the American Hospital Association Community Health Improvement's Community Health Assessment Toolkit.

Red indicates that the county is performing worse than state average.

Metric	Measure	Auglaize County	Mercer County	Ohio
Health Outcomes				
Length of Life	Median age (2013-2017)	41.1	39.8	39.3
	Age 65 and over (2013-2017)	17%	16.59%	15.89%
	Drug poisoning/100,000 (2012-2016)	10.8	Suppressed	26.22
	Motor vehicle crash /100,000 (2013-2017)	10.7	13.4	9.84
	Suicide /100,000 (2013-2017)	13.5	11.3	13.63
Quality of Life	Population with any disability (2013-2017)	11.24%	10.25%	13.84%
	Poor general health (2006-2012)	16.3%	22.6%	16.1
Health Factors				
Healthy Behaviors	Tobacco use (2006-2012)	17.7%	14.6%	21.7%
	Diet – obesity % adults BMI>30 (2016)	38.6%	34.7%	32.1%
	Exercise – physical inactivity (2016)	29.5%	25.4%	25.4%
	Alcohol & drug use – heavy alcohol consumption (2006-2012)	20.1%	29.9%	18.4%
	Sexual activity – female 15-19 teen births /1,000 (2006-2012)	34.4	25.4	36
Clinical Care	Access to care – uninsured (2013-2017)	4.27%	4.83%	7.41%
	Access to dentist /100,000 (2015)	37.06	29.29	59.1
	Access to mental health – MH provider /100,000 (2017)	41.8	80.7	212.2
	Access to primary care – PCP / 100,000 (2014)	36.22	44	76.7
Social and Economic Factors	Education-Bachelor's degree or higher (2013-2017)	18.48%	16.62%	27.24%
	High school graduation rate (2016-2017)	95.6%	95.5%	90.6%
	Head Start Program rate /10,000 children (2019)	6.48	6.9	8.55
	Employment – unemployment rate (2019)	3.1%	2.7%	4.2%
	Income – median household (2013-2017)	$70,661	$70,167	$71,119
	Income inequality (values between 0 and 1 with 0=perfect equality) (2013-2017)	.39	.41	.46
	Children below 100% federal poverty level (2013-2017)	12.4%	8.3%	21.34%
	Population below 100% federal poverty level (2013-2017)	9.04%	7.43%	14.92%
	Family households (2013-2017)	69.73%	70.12%	63.81%
	Social support – SNAP benefits (2015)	7.6%	5.6%	14%

C-14

Metric	Measure	Auglaize County	Mercer County	Ohio
	Community safety – violent crime (2014-2016)	74.8	86.2	290.7
Physical environment	Housing – renter occupied (2013-2017)	24.2%	22.58%	33.94%
	Housing cost burden (2013-2017)	19.67%	20.26%	27.35%
	Housing with 1 or more substandard conditions (2013-2017)	20.32%	20.14%	27.39%
	Broadband access (2018)	94.7%	99.95%	94.96%
	Transit – households with no motor vehicle (2013-2017)	4.81%	4.0%	8.29%

Data Analysis

The American Hospital Association's Community Health Assessment Toolkit[1] suggests that comprehensive community health assessments include a thorough review of the data regarding a range of population health indicators. Data should reflect clinical and non-clinical factors that impact health and provides suggested key metrics that can be found in the County Health Rankings & Roadmaps Model. The following table includes those key metrics as well as priority factors and outcomes identified in the 2020-2022 State Health Improvement Plan. Data is provided from multiple sources, as available.

KEY
Data Sources:
County Health Rankings and Roadmaps: "RR"
Community Commons Community Indicator Report: "CC"
2019 on-line State Health Assessment: "SHA"
Ohio Department of Health: "ODH"
Centers for Community Solutions: "CS"
Community Assessment for Auglaize and Mercer Counties in Ohio 2019: "CA"
Highlights: Improvement needed / area to explore
Red: Adverse compared to Ohio
* Metric identified in the Ohio 2020-2022 State Health Improvement Plan (SHIP)

Key Metric	Description	Data Source / Year	Auglaize County	Mercer County	Ohio	U.S.
Health Outcomes						
Length of life *Positive*	Premature death / 100,000	CC: 2017-2019 RR: <75, 2017-2019	5,718 5,700	5,756 5,800	8,555 8,500	6,943
	Life expectancy	RR: 2017-2019	79.5	80.0	77.0	
	Unintentional injury mortality / 100,000	CC: 2015-2019	37.9	42.6	65.8	47.5
	Child mortality under 18 / 100,000	RR: 2016-2019	70	50	60	
Quality of Life *Positive*	Poor or fair health	CC: 2019 RR: 2018 CA: 2006-2012	18.9% 16% 16.3%	19.0% 16% 22.6%	20.3% 18% 16.1%	18.6%
	Population with any disability	CC:2015-2019 CA: 2013-2017	10.81% 11.24%	10.33% 10.25%	13.98% 13.84%	12.62%
Health Factors						
Tobacco use*	Adult smoking / Tobacco use – *Area to explore*	CC: 2019 RR: 2018 CA: 2006-2012	20.4% 23% 17.7%	20.6% 22% 14.6%	21.3% 21% 21.7%	15.3%

Key Metric	Description	Data Source / Year	Auglaize County	Mercer County	Ohio	U.S.
Diet*	Obesity rate – *Area to explore*	CC: 2019 RR: 2017 CA: 2016	38.9% 35% 38.6%	30.7% 34% 34.7%	33.1% 34% 32.1%	27.6%
	Food environment index out of 10 being best - *Area of strength*	RR: 2015&2018	8.7	8.9	6.8	
	Food insecurity	RR: 2018	10%	10%	14%	
Exercise* *Improving*	Physical inactivity	CC: 2019 CA: 2016 RR: 2015	23.4% 29.5% 30%	23.4% 25.4% 27%	24.9% 25.4% 26%	22.0%
	Access to exercise opportunities	RR: 2010&2018	78%	66%	84%	
Alcohol use *Improvement needed*	Heavy alcohol consumption – *Area to explore*	CC: 2018 RR: 2018 CA: 2006-2012	19.61% 20% 20.1%	21.18% 21% 29.9%	18.48% 18% 18.4%	19.17%
Drug use* *Positive*	Drug overdose* deaths / 100,000	RR: 2017-2019	N/D	10	38	
	Poisoning mortality especially from drug overdose /100,000	CC: 2015-2019 CA: 2012-2016	12.8 10.8	12.3 N/D	39.4 26.22	21.6
Sexual activity *Positive*	Sexually transmitted infections / 100,00 *Area of strength*	RR: 2018	253.4	173.3	542.3	
	STI – chlamydia / 100,000	CC: 2018	253.4	173.7	542.3	539.9
	STI – HIV prevalence / 100,000	CC: 2018	42.1	51.0	227.7	372.8
Clinical care						
Access to care* *Improvement needed for PCP, dentist, and MH providers*	Uninsured population* *Area of strength*	CC: 2015-2019 RR: 2019 CA: 2013-2017	3.62% 6% 4.27%	3.48% 6% 4.83%	6.12% 8% 7.41%	8.84%
	Primary care physician*	RR: 2018 CA: /100,000, 2014	2,410:1 36.22	2,160:1 44.0	1,00:1 76.7	
	Dentist*	RR: 2019 CA: / 100,000, 2015	2,850:1 36.05	3,170:1 29.29	1,560:1 59.1	
	Mental health provider*	RR: 2020 CA: /100,000, 2017	2,080:1 41.8	1,110:1 80.7	380:1 212.2	

D-2

Key Metric	Description	Data Source / Year	Auglaize County	Mercer County	Ohio	U.S.
Health screening *Improvement needed*	Mammography	CC: 2019 RR: 2018	21% 42%	31% 40%	33% 43%	33%
	Diabetes management*	CC: 2017	85.29%	84.89%	88.12%	87.31%
Mental health * *Positive*	Suicide mortality* / 100,000	CC: 2015-2019 RR: 2015-2019 CA: 2013-2017	10.8 11 13.5	10.5 10 11.3	14.6 15 13.65	13.8
	Poor mental health days	RR: 2018	4.5	4.6	4.8	
	Frequent mental distress	RR: 2018	15%	15%	16%	
Heart disease* *Improvement needed* *Area to explore*	Heart disease Medicare	CC: 2018	34%	29.6%	27.5%	26.8%
	Coronary heart disease mortality / 100,000	CC: 2015-2019	134.3	217.0	103.2	92.6
	Chronic high blood pressure Medicare	CC: 2018	63%	59.7%	59.5%	57.2%
Stroke *Area to explore*	Stroke mortality / 100,000	CC:2015-2019	46.1	37.6	41.8	37.3
Diabetes* *Positive*	Chronic adult diabetes	CC: 2019 RR: 2017	8% 11%	8.5% 11%	9.8% 12%	9.0%
Cancer *Positive*	Incidence all sites / 100,000	CC: 2014-2018	437.1	454.6	467.5	448.6
	Cancer mortality / 100,000	CC: 2015-2019	152.2	161.4	169.5	152.3
Lung disease *Positive*	Mortality / 100,000	CC: 2015-2019	42.5	30.8	48.1	40.2
Childhood conditions (asthma and lead)* *Not enough information*	Chronic asthma Medicare No information for children.	CC: 2018	2.8%	2.1%	4.8%	5.0%
Quality of care	Not available					
Maternal and infant health						
Preterm births* *Positive*	< 37 weeks	SHA: 2017	9.5%	8.4%	10.4%	9.9%
	Low birthweight	CC: 2013-2019 RR: 2013-2019	7.1% 7%	5.4% 5%	8.6% 9%	8.2%
Infant mortality* *Positive*	/1,000 live births	RR: 2013-2019 SHA:2013-2017	6 5.0	5 5.7	7 7.2	5.6 (2019)

D-3

Key Metric	Description	Data Source / Year	Auglaize County	Mercer County	Ohio	U.S.
Maternal morbidity* *Positive*	/100,000 live births Rates for values <10 not calculated as unreliable	CS: 2008-2016 ODH for OH and U.S: 2015-2017	2 of 5,059 live births	2 of 5,025 live births	18.8	17.1
Social and economic factors						
Education (K-12 success)*	High school graduation rates - *Area of strength*	CC: 2018-2019 RR: 2015-2019 CA: 2016-2017	86.6% 93% 95.6%	91.6% 92% 95.5%	87.3% 90% 90.6%	87.7%
	No high school diploma by race - *Improvement needed for certain minority race populations* White Black or AA N Amer or AK Asian N HI or P Island Some other Multiple	CC: 2015-2019	6.94% 17.79% 78.67% 38.04% 0.0% 6.16% 3.90%	7.69% 18.18% N/D 0.0% 11.83% 14.61% 23.35%	8.69% 14.14% 19.17% 12.68% 18.30% 28.39% 11.51%	10.10% 14.03% 19.69% 12.88% 13.02% 37.31% 11.53%
	No high school diploma by ethnicity Hispanic/Latino Not His/Latino	CC: 2015-2019	18.99% 7.18%	15.38% 7.75%	23.80% 9.20%	31.33% 8.57%
	Preschool enrollment	CC: 2015-2019	47.24%	49.72%	45.49%	48.32%
Employment *Positive*	Unemployment rate – *Area of strength*	CC: 2021 RR: 2019 CA: 2019	2.5% 3.0% 3.1%	2.2% 2.6% 2.7%	3.5% 4.1% 4.2%	3.9%
Income (poverty)* *Positive*	Income inequality values 0-1 with 0 being perfect equality – *Area of strength*	CC: 2015-2019 CA: 2013-2017	.40 .39	.39 .41	.47 .46	.48
	Population below 100% poverty level	CC: 2015-2019 CA: 2013-2017	8.38% 9.04%	6.43% 7.43%	13.60% 14.92%	12.05%
	Children in poverty *Area of strength*	RR: 2019 CA: 2013-2017	9% 12.4%	9% 8.3%	18% 21.34%	
	Median household income	CC: 2015-2019 CA: 2013-2017	$64,074 $70,661	$62,952 $70,167	$56,602 $71,119	$62,843
Family and social support *Positive*	Non-family households	CC: 2015-2019	10.72%	29.40%	36.85%	34.48%
	Children in single parent households- *Area of strength*	RR: 2015-2019	20%	16%	27%	
	Social vulnerability index	CC: 2018	.05	.05	.44	.40
	Social associations / 10,000	RR: 2018	15.1	11.7	11.0	

D-4

Key Metric	Description	Data Source / Year	Auglaize County	Mercer County	Ohio	U.S.
Adverse childhood experiences* *Positive*	SNAP authorized food stores / 10,000	CC: 2021	7.66	6.30	8.45	7.47
	SNAP benefits	CA: 2015	7.6%	5.6%	14%	
	Children in poverty *Area of strength*	RR: 2019 CA: 2013-2017	9% 12.4%	9% 8.3%	18% 21.34%	
Teen births *Positive*	Female age 15-19 / 1,000	CC: 2013-2019 CA: 2006-2012	22.8 34.4	18.2 25.4	22.3 36	20.9
Community safety – P*ositive*	Violent crime / 100,000	CC:2014-2016 RR: 2014&2016	74.8 58	86.2 83	290.7 293	416.0
	Motor vehicle mortality / 100,000	CC: 2015-2019 RR: 2013-2019	11.1 11	11.8 11	10.2 10	11.3
	Injury deaths / 100,000	RR: 2015-2019	52	57	91	
	Alcohol impaired driving deaths	RR: 2015-2019	7%	29%	32%	
Physical environment						
Air and water quality *Positive*	Days exceeding standards	CC: 2016)	0	0	0	0
	Drinking water violations	RR: 2019	0	0		
	Air particulate matter	RR: 2016	9.5	9.4	9.0	
Housing* (affordability and quality) *Positive*	Housing cost burden Severe housing cost burden	CC:2015-2019 CA: 2013-2017 RR: 2018-2019	18.29% 19.67% 8%	18.06% 20.26% 6%	25.94% 27.34% 12%	30.85%
	Severe housing problems- *Area of strength*	RR: 2013-2017	10%	9%	14%	
	Housing with 1 or more substandard conditions	CA: 2013-2017	20.32%	20.14%	27.39%	
	Eviction rate	CC: 2016	1.82%	1.39%	3.49%	2.34%
	Residential segregation non-white/white Higher values = greater segregation	RR: 2015-2019	35	52	58	

D-5

Key Metric	Description	Data Source / Year	Auglaize County	Mercer County	Ohio	U.S.
	Residential segregation black/white Higher values = greater segregation *Improvement needed*	RR: 2015-2019	82	77	69	
	Area of deprivation index (1-100 with 1 being least disadvantaged)	CC: 2021	59	59	62	N/D
	Home ownership	RR: 2015-2019	76%	77%	66%	
	Broadband access	RR: 2015-2018 CA: 2018	85% 94.7%	84% 99.95%	82% 94.96%	
Traffic *Positive*	Traffic volume / meter	RR: 2019	87	75	404	
	Households with no motor vehicle	CC: 2015-2019 CA: 2013-2017	4.39% 4.81%	3.60% 4.0%	7.95% 8.29%	8.61%

[1]*American Hospital Association Community Health Assessment Toolkit. (n.d.). Retrieved from https://www.healthycommunities.org/resources/community-health-assessment-toolkit on March 4, 2022.*

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Evaluation of JTDMH 2020-2022 Implementation Strategy Actions

COMMUNITY HEALTH NEEDS ASSESSMENT
Implementation Strategy
2020 – 2022
December 2022 Progress Update

Health Need	Action/Programs/ Resources	Expectations	Evaluation Plan	Partners	2020 -22 Progress Update
Drug & Alcohol Abuse **Karen/Lana**	• Provide support to the Medication Assistance Treatment Program (MATP)	• Reduced heroin-related incarcerations	• Review reports provided by county courts to identify changes. • Review of new program referrals & jail assessments completed by JTDMH social worker	• Auglaize County court system – Karen Rowland Grant Administrator	• JTDMH continues to support the MATP program – a letter of support for 2019 grant application was provided to the Auglaize County Common Pleas Court and Behavioral Health agencies in May 2019. • JTDMH has not received an annual program progress report in 2019 or 2020, although we do continue to receive patient referrals to the program. • New referrals 2019 = 8; 15 jail assessments completed by Amy Bruns, LISW • MATP clinics 2019 = 30 • MATP visits 2019 = 52 • MATP clinics 2020 = 16 • MATP visits 2020 = 18 • **MATP clinics 2021= 8** • **MATP visits 2021 = 7** • **New referrals 2021 = 1; One jail assessment completed by Amy Bruns, LISW** • **Summary of 2021 visits – 1 new referral in June 2021. Patient had 6 of the 7 visits; 1 patient with only 1 visit in early 2021.**

Health Need	Action/Programs/ Resources	Expectations	Evaluation Plan	Partners	2020 -22 Progress Update
					• **JTDMH provided continued support to MATP program in 2021 by providing the physician exercising administrative supervision to the program and a social worker to complete the diagnostic assessment for each prospective participant in the program.** • **JTDMH submitted a letter of support for continued funding via JRIG grant in June 2021 at the request of Program Administrator.** • **Per Karen Rowland, Grant Administrator as of 8.17.2021 and last communication from Karen, the program was still in the review process for grant renewal. No update since.** • **JTDMH has not received an annual program progress report in 2019, 2020, 2021, or 2022****.**
Megan	• Collaborate with Coleman to provide peer counselor in ED	• Increase access to and awareness of resources to assist with reducing risky behaviors	• Continue with telemedicine and response times within 1 hour	• Coleman Behavioral Health • Coleman Behavioral Health • Bright Heart Health • Foundations	• Coleman moved to virtual screening. If patient cannot participate then an in-person evaluation will occur. • In 2020 we had 115 Coleman responses. • **In 2021 we had 113 Coleman responses.** • **2022 YTD through October is 107.**

E-2

Health Need	Action/Programs/Resources	Expectations	Evaluation Plan	Partners	2020 -22 Progress Update
Megan	• Screen for alcohol and substance abuse in ED and refer to programs as appropriate	• Increase access to and awareness of resources to assist with reducing risky behaviors	• Per Lori Acerro at Coleman there is a plan to start the Quick Response Team again to respond to ODs. (no current timeline provided)		• SIRT alcohol screening added to ED triage note and asking if people would like Bright Heart Health services provided (telehealth service) • **Continue to have Bright Heart Health Services** • **New tablet sent in 2021** • **No recent referrals** • **Coleman still operates the quick response team; same procedure would be to call the Hopeline**
Mental Health **Brenda/Megan**	• Continue partnering with Coleman Behavioral Health to increase access to mental health services	• Increase access to Mental Health services.	• Continue with telemedicine and response times within 1 hour	• Coleman Behavioral Health	• Coleman moved to virtual screening. If patient cannot participate then an in-person evaluation will occur.

Lana / Jody	• Continue partnering with Horizon Health for inpatient geriatric psychiatry program referrals	• Increase access to Mental Health services	• Review of ADC data and admissions statistics
			• Track # of geriatric psych patients appropriate for Intensive Outpatient Programming
			• Track # of general inquiries to the unit staff regarding mental health resources
				• Horizon Health	• **Year over year admissions:**
					  2018 = 210
					  2019 = 217
					  2020 = 169
					  2021 = 209
					  2022 = 172
					• **Inpatient average daily census (ADC) on Clear Passage Unit in 2021 is 7.2 (budgeted at 8.0); compared to 5.7 in 2020.** Lower ADC for 2020 attributed to COVID

E-3

Health Need	Action/Programs/ Resources	Expectations	Evaluation Plan	Partners	2020 -22 Progress Update
			available in the community		**impact and temporary closure of unit.** • **Inpatient average daily census (ADC) on Clear Passage through Nov 30, 2022, is 6.34 (We are budgeted at 8.0), compared to 2021 ADC of 7.2. We had challenges throughout the year with COVID outbreaks on the unit which had impacts on census.** • **Since Sep 2020 238 of the 428 patients were appropriate for and intensive outpatient program following discharge.** • Since Sep 2020, 134 of 267 patients were appropriate for intensive outpatient program following discharge. Clear Passage Behavioral Health Unit signed a MOU with the Area Agency on Aging 3 Behavioral Health Program (Stages) for Outpatient Behavioral Health Counseling following discharge to ensure access to outpatient services. • **In 2021, a total of 444 inquiries for services; and 209 admissions (47% conversion rate)** • **Year over year general inquiries re: mental health services (decrease attributed to increased community awareness of**

Health Need	Action/Programs/ Resources	Expectations	Evaluation Plan	Partners	2020 -22 Progress Update
					our program via CAC building relationships). • **Jan 1, 2022, through Nov 2022 we have received 444 inquiries for services and 172 of them have been admitted with a 38.7% conversion rate. Throughout the year we had several inquiries that patients were accepted for admission however during medical clearance they were identified to be COVID positive which we then could not admit. The 172 only reflects patient that were admitted.** 2019 = 10 2020 = 27 **2021 = 3** **2022 = 5** • **The Clinical Assessment Intake Coordinator added to staff mix in 2021 has positively impacted referral rates, ADC, and community relationships. Expect referral growth and positive impact to ADC.** • **Adding the Clinical Assessment Intake Coordinator in 2021 has built strong relationships with referral sources.**

Health Need	Action/Programs/Resources	Expectations	Evaluation Plan	Partners	2020 -22 Progress Update
Lesia/Stefanie	• Provide outreach in schools to educate on drug abuse programs	• Increase awareness of mental health resources available in the community and improve the mental health status of those individuals accessing these resources	• Contacted the schools to review current plan. • Educate students • Educate local employers of Mental Health options	• GLHS Community Outreach Local School Systems	• 8/28/20 Sara Hess spoke to 30 New Knoxville teachers on taking care of themselves – mentally and physically. • 9/8/2020 Dr. Torres spoke with school superintendents at ESC on behalf of the Health Dept. regarding mental health for the students. • **5/21/21 Provided alcohol awareness education to the students at Fort Recovery Middle School.** • **5/16/22 Auglaize Co D.A.R.E officer provided drug awareness to New Bremen 3rd graders.** • **5/20/22 Auglaize Co D.A.R.E officer provided drug awareness to New Knoxville 7th graders. Don Baumer provided alcohol awareness & safety to NK 8th graders.** • **5/24/22 Mercer Co D.A.R.E officer provided drug awareness to Fort Recovery 7th graders. Don Baumer provided alcohol awareness and safety to 8th graders.**
Obesity **Shelly (Primary)** **Karen (Secondary)**	• Support the HealthSmart Program to improve biometrics	• Improve Biometrics for program/activity participants	• Compare data collection to prior years in major categories.	• UMR Aggregate Report Findings	• Summary of Health Smart program and screenings for 2020 • 671 screenings were completed including employees and spouses on the GLHS health plan • 285 members included in coaching participation

E-6

Health Need	Action/Programs/ Resources	Expectations	Evaluation Plan	Partners	2020 -22 Progress Update
					throughout 2020 with 62.6% engagement
					• General health showed 63.8% of our health insurance members in a low risk category, 28.2% in moderate risk, 8.0% high risk.
					• Body Mass Index results showed slight improvement. 20.6% are considered at a healthy level, compared to 19.3% last year. In the extreme obesity category, our percentage dropped from 11.0% to 10.7%.
					• Blood pressure risk levels worsened substantially with 28.3% falling in the "Too High" category. Our blood pressure values are also significantly worse than the UMR book of business normal.
					• Data reflects a higher amount (68.0%) in the low stress category, compared to last year (64.9%).
					• 1 member stopped tobacco usage during coaching for an average of $5816 savings.
					• Estimated savings from weight coaching totaled $24,664.
					• **The 2021 Summary of Health Smart program and screenings**
					• **681 screenings were completed including**

Health Need	Action/Programs/ Resources	Expectations	Evaluation Plan	Partners	2020 -22 Progress Update
					employees and spouses on the GLHS health plan. 282 Males & 399 Females.
					• Offered a new program called Real Appeal for members which included weight loss and health coaching. 82 participants enrolled and found 74 of those to be in the "At Risk" area.
					• General health showed 72.8% of our health insurance members in a low risk category, 21.7% in moderate risk, 5.6% high risk.
					• Body Mass Index results showed slight increase. 21.9% are considered at a healthy level, compared to 20.6% last year. In the extreme obesity category, our percentage dropped from 10.7% to 9.3%.
					• Levels showed a slight decrease substantially with blood pressure risk dropping to 26.0% from 28.3%. Our blood pressure values are also significantly worse than the UMR book of business normal.
					• Data reflects a higher amount (65.3%) in the low stress category, compared to last year (68.0%). UMR's national average compares at (53.7%).

E-8

Health Need	Action/Programs/ Resources	Expectations	Evaluation Plan	Partners	2020 -22 Progress Update
					• **Currently we still have a few tobacco users (3.5%). This is a slight increase from 2020 of 3.1%. UMR's national average is 6.0%** • **2022 aggregate report has not been received from our insurance (UMR). Employee health screenings were completed in Oct/Nov.**
Stefanie	• Continue the Grand Health Challenge to promote positive food choices in food and exercise	• Improve awareness of positive choices in food, exercise, and biometrics • Improve participation in community health-related events • Increase use of the Wellness Center	• Utilization of beginning and end participant surveys. • Tracking feedback	• GLHS Community Outreach County Health Depts YMCA	• 2020 GHC – 465 participants began challenge in January. 112 participants completed the challenge in May 2020. • **2021 GHC – 282 participants began the challenge in January. 168 participants completed the challenge in May 2021.** • **2022 GHC – 263 participants started the challenge, 187 completed the challenge in May 2022.** • In the last 15 years (2020)– 5,826 people have participated losing a total of 47,805.9 lbs. • **In the last 16 years (2021)– 6,108 people have participated losing a total of 49,301.6 lbs.** • **In the last 17 years (2022) – 6,344 people participated losing a total of 50,992.30 lbs.**

Health Need	Action/Programs/ Resources	Expectations	Evaluation Plan	Partners	2020 -22 Progress Update
Krissy/Sue	• Offer diabetes and pre-diabetes interventions and support	• Improve participation in diabetes and pre-diabetes programs	• Track referrals and participants that received diabetes education, attend pre-diabetes class, or participate in Group Lifestyle Balance Program for pre-diabetes	• UMR covers diabetes education and Group Lifestyle Balance program for GLHS employees	• In 2020, 256 people received outpatient Diabetes education. Since 2009, a total of 2,945 people have received diabetes education. • **221 people have received outpatient diabetes education so far in 2022. From 2020 – 2022, a total of 706 people have received outpatient diabetes education.** • **Outpatient diabetes self-management program also facilities process of getting supplies and provides training on various continuous glucose monitors, including Dexcom and Libre, and insulin pumps, including Tandem, Medtronic, and Omnipod (including initial starts for Omnipod).** • **Pre-Diabetes 2016 – 2021 119 people have received education, with 17 alone in 2021.** • **Prediabetes Classes: 2016-2022 with 128 people receiving education (9 of which were in 2022).** • **GLB (Group Lifestyle Balance) approved in 2017 just started the 7th Cohort group in 2021. A total of 41 people have been through**

Health Need	Action/Programs/Resources	Expectations	Evaluation Plan	Partners	2020 -22 Progress Update
					the program. Class average is 5-7 participants • **GLB (Group Lifestyle Balance) just started the 8th Cohort group in 2021. A total of 46 people have been through the program.**
Education/ Prevention/ Health Promotion **Stefanie**	• Provide health screenings to the community through Health Fairs, County Fairs, Rotary Blood Screenings, and employers	• Increase screening participation over previous year.	• Review/compare participant records as percent screened each year compared to prior year.	• GLHS Community Outreach YMCA County Health Depts Local Schools Multiple Community Organizations Employer Groups	• 2020 Provided 37 blood pressure screening events to 561 participants; 3 osteoporosis screening events to 113 participants; 1 derma scan event to 56 participants; 2 glucose screening events to 108 participants in 2020 • **2021 Provided 70 blood pressure screening events to 1,559 participants; 3 osteoporosis screening events to 92 participants; 2 glucose screening events to 85 participants in 2021** • **2022 (Jan-Nov 14.) provided 72 blood pressure screening events to 2,215 participants. 2 glucose screening events to 83 participants & 3 osteo screenings to 30 community members.**
	• Distribute colorectal screening kits	• Increase the number of kits provided over previous year	• Review/compare distribution volumes compared to prior year.	• GLHS Community Outreach YMCA Agape	• 28 colorectal kits were distributed to the community at two events in February 2020.

Health Need	Action/Programs/ Resources	Expectations	Evaluation Plan	Partners	2020 -22 Progress Update
					• **28 colorectal kits were distributed at the February 2021 health fair.** • **42 colorectal kits were distributed at the November 2022 Fall Health Fair.**
	• Educate the community on Grand Lake offerings through speaking engagements, events, website, and social media outlets	• Increase awareness of offerings	• Provide/review surveys to participants. Monitoring feedback/ engagements through social media.	• GLHS Community Outreach	• **Maintained WCSM radio interviews providing various awareness month information and Covid-19 updates.** • **Social media channels provided education and informational videos/posts on awareness month and COVID-19 information.** • **Continue WCSM radio interviews providing various awareness month information and hospital updates.** • **Social media channels provided education and informational videos & posts of national awareness months.** • **Continue to provide flu and COVID-19 information**

Socio-economic Factors – Transportation, Housing, Nutritional Needs
 	
Amber/Lesia
	• Maintain Grand Lake Resource Guide – link to support for housing, transportation, and nutritional needs	• Improve access to services
		• Improve use of resources
			• Work with county organizations to provide the best resources.	• County Health Depts
				  Council on Aging
				  Local Schools
				  YMCA
				  Area Agency on Aging
				  Multiple Community
				   Agencies
				  United Way
				  Local Businesses
					• Resource guide updated on a yearly basis. It is hosted on the GLHS website and distributed to various area agencies.
					• **Updated in February of 2021 and distributed to various agencies. Working with EMA Director, Troy**

Health Need	Action/Programs/Resources	Expectations	Evaluation Plan	Partners	2020 -22 Progress Update
				GLHS Community Outreach	**Anderson and ACCA regarding a possible 211 Call Line for the area.** • **Updated May 2022 Mercer County Resource Handbook maintained by Our Home Family Resource Center** • **Updated Grand Lake Resource Guide in July 2022.** • **Provided Welcome Packets to community members improving access to services**