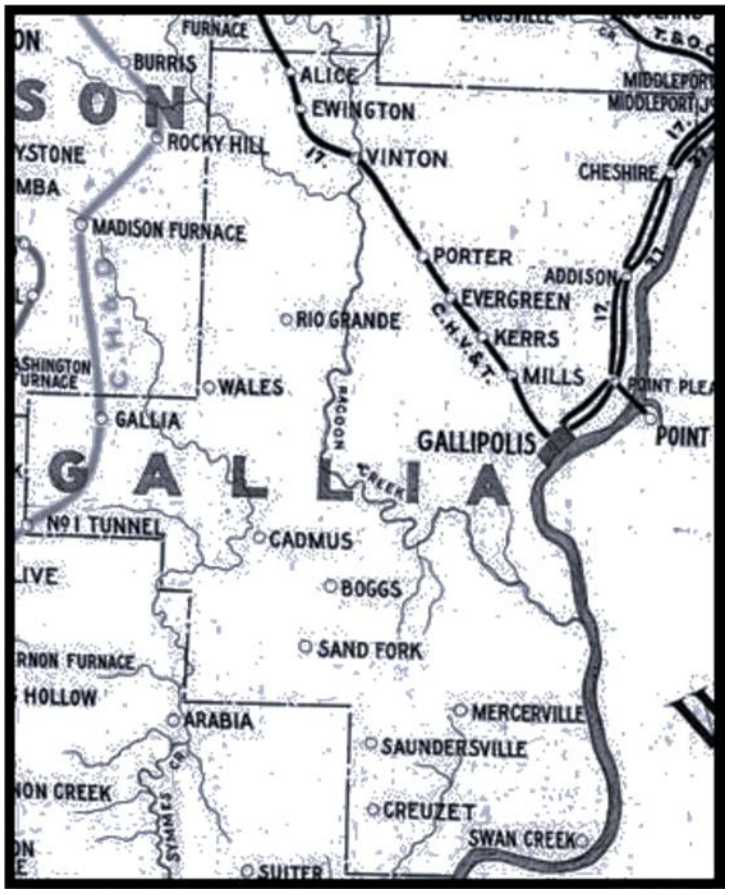


2019 Gallia County

Community Health Assessment

August 2019

Public Health
Prevent. Promote. Protect.

Gallia County
Health Department

Holzer

COLLEGE OF PUBLIC HEALTH
Center for Public Health Practice

The Ohio State University

Summary

In 2018, the Gallia County Health Department (GCHD), in partnership with Holzer Health System (Holzer), embarked on a comprehensive regional community health assessment with the surrounding counties of Vinton, Meigs, and Jackson. The region utilized a framework known as MAPP (Mobilizing for Action through Planning and Partnerships). MAPP is a nationally recognized best practice for community health assessment and community health improvement planning designed by the National Association of City and County Health Officials (NACCHO). MAPP features four distinct assessments that result in a comprehensive view of the health of a community. Below is a summary of the assessments.

Assessment	Question	Method(s)	Result(s)
Community Health Status Assessment (CHSA)	"What does the health status of our community look like?"	• Secondary Data Collection	Report follows
Community Themes and Strengths Assessment (CTSA)	"What is important to our community?"	• Focus Groups • Survey	• There is a lack of affordable opportunities to be healthy • Substance use and mental health are major community issues • There is an overall lack of awareness about available resources among residents
Local Public Health System Assessment (LPHSA)	"How are the Essential Services being provided to our community?"	• Survey • Facilitated community discussion	• Strongest scores in Essential Service 2, Diagnose and Investigate • Weakest scores in Essential Service 10, Research and Innovation • Identified need for more resources and need for better communication among community agencies
Forces of Change Assessment (FOCA)	"What is occurring or might occur that affects the health of our community or the local public health system?"	• Facilitated community discussion	• Community services are overwhelmed and under-resourced • High number of people at risk for mental health issues, especially among those in vulnerable populations • Community needs higher quality employment opportunities

Table of Contents

Part I: Process

Background

In 2018, the Gallia Health Department (GCHD) partnered with Holzer Health System (Holzer) and the counties of Vinton, Meigs, and Jackson (LHDs) to conduct a comprehensive assessment of the community's health to fulfill Gallia County's Community Health Assessment (CHA) and Holzer's Community Health Needs Assessment (CHNA) requirements. The group utilized a framework known as Mobilizing for Action through Planning and Partnerships (MAPP). MAPP is a nationally recognized, best practice, six-phase framework for community health assessment and improvement planning designed by the National Association of City and County Health Officials (NACCHO). The six phases of MAPP are represented in Figure 1. They are:

1. Organizing, when a group of stakeholders are convened to serve as the steering committee for the MAPP process.
2. Visioning, when a community identifies what a shared community vision is.
3. Assessments, when data about the health of the community is collected and analyzed. A description of the assessments is below.
4. Identify Strategic Issues, when the most pressing health priorities in a community are identified.
5. Formulate Goals and Strategies, when the action plan for addressing those strategic issues is drafted.
6. Action Cycle, when the strategies drafted in phase 5 are planned, implemented, and evaluated in a continuous cycle until the next MAPP begins.

Figure 1: The MAPP Framework. The phases descend the center of the image and the assessments surround the phases.

About the Assessments

The Gallia County Health Department met with Holzer and other local health departments, to conduct a series of monthly regional meetings to plan the assessments. A summary of the data collection methodology used during the assessment phase follows.

The Community Health Status Assessment (CHSA) identifies priority community health and quality of life issues. Questions answered include: "How healthy are our residents?" and "What does the health status of our community look like?" To conduct this assessment, the GCHD and the regional group determined the secondary data points to be collected. Holzer then populated a secondary data repository for their CHNA to serve as part of the CHSA . Sources of information for this assessment included the RWJF County Health Rankings, the US Census Bureau, Community Commons, and the United State Centers for Disease Control and Prevention. The data provided comparisons of Gallia County to the state of Ohio and the United States when applicable and available. A data trend with information to determine whether a particular data point was worsening or improving is also included.

The Community Themes and Strengths Assessment (CTSA) provides a deep understanding of the issues that residents feel are important by answering the questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?" To conduct this assessment, data collection was divided into two methods, a survey and a series of community focus groups. First, the GCHD and group created a survey and Holzer funded the survey distribution via mail. Surveys were mailed to a list of addresses generated by a computerized random sampling program. An addressed and stamped return envelope was included with the survey. After a low return rate, the surveys were distributed by random sample via online surveys. After considering the return rate for some of the counties, LHDs began distributing the surveys via convenience sample.

Concurrent with the surveying, a series of focus groups were held throughout the region. The GCHD organized four focus groups. Special efforts were made to assure that at-risk or vulnerable populations were targeted for the focus groups and each county offered incentives to increase participation.

The Local Public Health System Assessment (LPHSA) focuses on all of the organizations and entities that contribute to the public's health. The LPHSA answers the questions: "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?" To assess how well the community is ensuring that the Ten Essential Services of Public Health (ESPH) are being met, each LHD used the National Public Health Performance Standards tool. The tool was created by the United States Centers for Disease Control and Prevention (CDC) and is used by communities throughout the state

Figure 2: The Ten Essential Services of Public Health

of Ohio and the United States to conduct this assessment. To complete the tool, participants must rank the community's level of activity in each Performance Standard and Measures associated with the ESPH. Participants are then asked to identify strengths, weaknesses and opportunities associated with the Standards and Measures. A graphical representation of the ESPH is located in Figure 2.

The Forces of Change Assessment (FOCA) focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?" Each community conducted the Forces of Change independently. Community stakeholders were asked during a facilitated conversation to identify forces of change in the community and any threats and opportunities associated with those.

The assessment results can be found in Part II of this report. The CTSA, LPHSA, and FOCA have a separate report detailing the process and results of those assessments. The information gathered during those three assessments has been integrated where applicable and appropriate in the CHSA report.

Prioritization Process

Overview

To meet the needs of the GCHD, Holzer, and the LHDs, a multi-step prioritization process was used. The first step included participants from Holzer identifying a preliminary list of 10 priorities for the region. The GCHD and other LHDs then gathered community feedback on the preliminary priorities from Holzer. The third step involved representatives from the LHDs reviewing the community input and identifying three priorities to be used in community health improvement planning for the region. A more detailed description of the process can be found below, and the timeline of the prioritization can be found in Figure 3.

Figure 3: Prioritization Process Timeline

Holzer Prioritization

On May 21, 2019, Holzer convened a group of 25 stakeholders that represented different departments and staff levels from within the health system. A complete participant list can be found in Appendix A of this report. During that meeting, participants were given an opportunity to review, independently and in small groups, the assessment results provided by the LHDs. The meeting also allowed time for participants to ask questions, raise concerns, and get any needed clarification on the data.

Following the assessment review, participants worked in small groups to identify the top ten health priorities for the region. The groups were given the following criteria to use when determining which health issues to identify as priorities:

- Size: How many people are affected?
- SHIP alignment: Does this align with the SHIP priorities of Mental Health and Addiction, Chronic Disease, and Maternal and Infant Health?
- Seriousness: Does this cause a high number of deaths, hospitalizations, and/ or disability?
- Trends: Is it getting worse or better?
- Equity: Are there some groups affected more?
- Intervention: Is there a proven strategy?
- Values: Does our community care about it?

The small groups then each reported out their list of ten health priorities. This resulted in a list of approximately 25 health priorities. Following a facilitated discussion, the list was condensed down to ten priorities. The group then ranked the priorities on a scale of one to ten, with one being the most important and ten being the least important:

1. Access to care
2. Health Promotion (including prevention and health education)
3. Mental health (including depression and suicide)
4. Substance abuse
5. Economy (including poverty, unemployment, under-employment)
6. Education (including literacy and culture)
7. Access to food (including affordability and healthy options)
8. Transportation
9. Maternal and children healthcare
10. Access to opportunities for recreation and fitness

Following the prioritization portion of the meeting, participants identified assets and resources that exist within the community to address the health priorities. These assets and resources will be leveraged to plan initiatives during subsequent phases of MAPP. A complete list of assets and resources identified in the meeting can be found in Appendix B of this report.

Community Ranking Survey

An online survey containing an unranked list of the priorities was distributed via email to representatives from the LHDs on May 24, 2019. The survey was open for four weeks. The purpose of the survey was for the GCHD and others to gather community input on the priorities. The GCHD distributed the survey to their community partners. Each community partner was to rank the priorities based on the needs of their own community. The aggregate results of the survey were then used to guide the discussion during the LHD prioritization meeting.

LHD Prioritization

During a meeting held on June 28, 2019, the GCHD, Holzer, and other LHDs convened with the intention of identifying three to five regional health priorities to base subsequent community health improvement planning efforts. A complete participant list can be found in Appendix C of this report. Participants were given the opportunity to review the assessment results and the community ranking survey results. Following the review, participants were given time to ask questions, raise concerns, and get any needed clarification on the data.

After the assessment review, participants were asked to present their top five health priorities for their community. They were presented with the same criteria as the Hospital Prioritization meeting. Through a facilitated discussion, the group achieved consensus on the top four health priorities for the region:

- Substance Abuse and Mental Health
- Health Promotion / Chronic Disease
- Access to Opportunities for Recreation and Fitness
- Access to Care

Appendix A: Participants, Holzer Prioritization Meeting

Holzer Health System CHNA Prioritization Session

May 21, 2019

8am-12:30pm

Attendees:

Name	Title
MarJean Kennedy	Director – Business Development and Marketing
William Pfeifer	Manager – Infection Prevention and Control
Terri Kowalski	Director- Ambulatory
Cassie Edwards	Physician Liaison/Marketing representative – Marketing
Brenda Seagraves	Director- Population Health Service
Michael Hemphill	Manager & Wellness Coach – Holzer Therapy & Wellness Center
Matt Mossburg	Director – Population Health Services
Amanda Wray	Vice President – Post-Acute Care Services
Lisa Detty	Vice President – Chief Nursing Officer
Ashton Cale	Project Coordinator – Marketing/Business Development
Neil Creasey	Manager – Holzer Family Pharmacy
Rachel Harvey	Physician Liaison/Marketing Representative – Marketing
Audrey Burris	Manager- Regulatory Accreditation – Infection Prevention
Laurie Collins	Director – Quality Management
Sarah Harrigan	Director, Holzer Center for Cancer Care
Debra Mullins	Nurse Practitioner – Behavioral Health
Melissa Burris	Clinical Coordinator – Oncology
Sarah Waddell	Manager - Pediatrics
Trina Bressler	Director of Operations – Holzer Athens
Karen Deel	Site Manager – Holzer Point Pleasant and Holzer Meigs
Amity Wamsley	Oncology Nurse Navigator – Holzer Center for Cancer Care
Lori Cremeans	Director – Operations
Gwen Craft	Manager – Community Outreach
Jan Frazee	Director – Operations – Jackson Administration PBB
Johanna Brown	Manager – Clinical – Sycamore Administration PBB

Appendix B: Gallia County Assets and Resources, Holzer Prioritization Meeting

Access to Opportunities for Recreation and Fitness:

- Wellness Center
- Bossard Memorial Library Bikes
- Bike Trail – Gallia
- Raccoon Creek County Park
- University of Rio Grande Recreation Center
- Bossard Memorial Library – free yoga, art
- Gallipolis City Park
- Walk with a Doc
- Gallipolis City Pool
- CrossFit

Transportation:

- Private Transportation Companies ("Need a lift")
- Portsmouth Ambulance
- Senior Citizens Agency
- Paved Roads
- Gas Vouchers – Holzer

Education:

- PSO/CCP
- Gallipolis City Schools
- Gallia County Local Schools
- Buckeye Hills/Adult Ed/Vocational
- University of Rio Grande
- Bossard Memorial Library
- Ohio Valley Christian School

Economy

- Community is Behind Attracting Employers to Open Businesses
- Chamber of Commerce
- City Councils
- Community Reinvestment Act
- Tourism/Visitors Center

Access to Food

- Local Food Banks
- Farmers Markets
- Church Pantries
- School Backpack Programs
- AAA7 Meals on Wheels
- God's Hands at Work
- Senior Center

Maternal and Child Care

- OB/Peds Department at Holzer
- WIC
- Help Me Grow
- Holzer Prenatal Classes
- Gallia County Health Department
- VFC (vaccinations)

Access to Care

- AAA7 – Area Agency on Aging
- Holzer Health System
- Gallia County Health Department (Primary Care Clinic)
- Community Health Screenings
- Gallia County Family and Children First Council
- Local Private Physician and Nurse Practitioner Offices
- Health Services Advisory Group

Substance Abuse

- Hopewell Clinic
- Integrated Services
- Decrease Opioid Prescription Initiative – Statewide
- Holzer Behavioral Health and Recovery
- Gallia CPR
- ADAMHS board
- Field of Hope
- Holzer Opioid Committee
- Harm Reduction Program
- Health Recovery Services

Health Promotion

- Health Fairs
- Gallia County Health Department
- Elder Services – AAA7
- Help Me Grow
- Health Screenings
- Diabetic Classes
- Prevention and Promotion Education

Mental Health

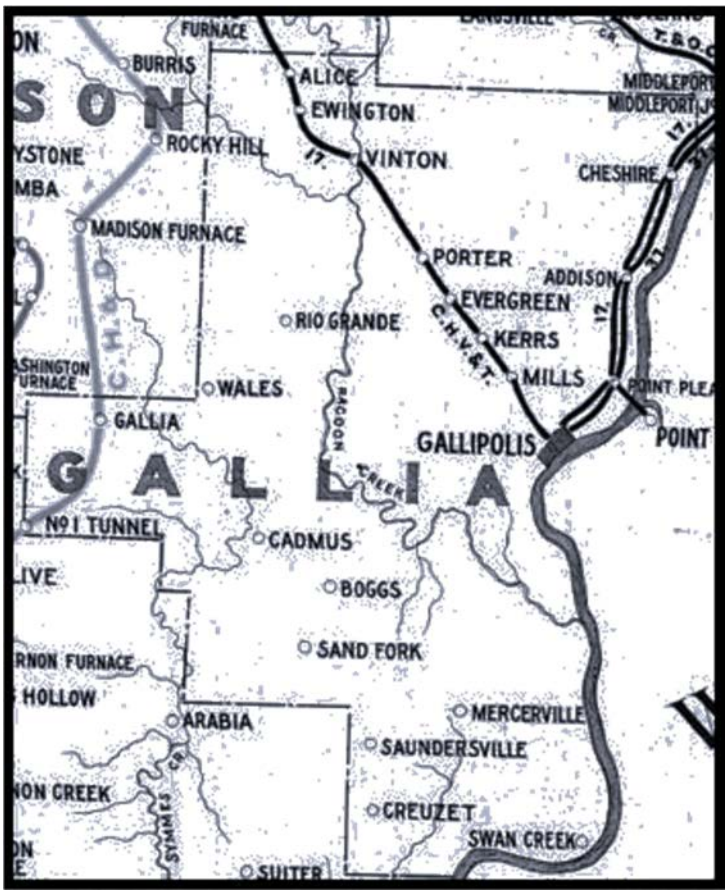
- Hopewell Crisis Units
- Integrated Services
- Gallia CPR
- HRS
- ADAMHS Board
- Suicide Prevention Walks – Rio Grande
- Suicide Hotline
- Private Psychiatrists
- School Counselors

Appendix C: Participants, Regional Prioritization Meeting

Holzer Health System
Community Health Prioritization Meeting
June 28, 2019 * 9:00 – 11:00 AM
Holzer Medical Center – Jackson
Davis Room
500 Burlington Road, Jackson, OH 45640

Name	Agency
Brittany Muncy	Gallia County Health Department
Tyler Schweickart	Gallia County Health Department
McKenzie Conley	Gallia County Health Department
Janelle McManis	Vinton County Health Department
Cassie Carver	Vinton County Health Department
Ian Blache	University of Rio Grande (Meigs County Health Department)
Kevin Aston	Jackson County Health Department
Mikie Strite	Jackson County Health Department
MarJean Kennedy	Holzer Health System
Ashton Cale	Holzer Health System
Gwen Craft	Holzer Health System
Kelly Bragg	OSU - Center for Public Health Practice (facilitator)
Austin Oslock	OSU – CPHP Student Worker

Part II: Assessments



2019 Gallia County MAPP

(Mobilizing for Action through Planning and Partnership)

Community Health Status Assessment Report

July 2019

Public Health
Prevent. Promote. Protect.

Gallia County
Health Department

Holzer

COLLEGE OF PUBLIC HEALTH
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Summary

In 2018, the Gallia County Health Department (GCHD), in partnership with Holzer Health System (Holzer), embarked on a comprehensive regional community health assessment with the surrounding counties of Vinton, Meigs, and Jackson. The region utilized a framework known as MAPP (Mobilizing for action through planning and partnerships). MAPP is a nationally recognized best practice for community health assessment and community health improvement planning designed by the National Association of City and County Health Officials (NACCHO). MAPP features four distinct assessments that result in a comprehensive view of the health of a community. This report focuses on the results of one of these assessments, the Community Health Status Assessment (CHSA).

The CHSA utilizes secondary data collection and identifies priority community health and quality of life issues. Questions answered include: "How healthy are our residents?" and "What does the health status of our community look like?" To conduct this assessment, the GCHD and the regional group determined the secondary data points to be collected. Holzer then populated a secondary data repository for their CHNA to serve as part of the CHSA . The data was collected from a variety of nationally validated secondary data sources including the County Health Rankings (University of Wisconsin Population Health Institute), National Center for Education Statistics, Community Commons, American Community Survey (US Census Bureau), Feeding America, Behavioral Risk Factor Surveillance System (United State Centers for Disease Control and Prevention), and others.

The GCHD and Holzer collected a vast amount of data throughout the course of this assessment. This report focuses on certain data points. A spreadsheet with all of the data collected can be found in Appendix A of this report. A table of contents to locate the specific topics found in this report is on page 17.

How to Read This Report

This report contains the data collected by the GCHD and Holzer's CHNA to create the Community Health Status Assessment Report. The Gallia County Health Department utilized the Center for Public Health Practice at the Ohio State University's College of Public Health to integrate the data from all assessments. Where applicable and appropriate, related data from the other MAPP assessments has been incorporated in the information presented here. Data points associated with the topics presented are indicated with the following colors:

- Data from the Community Themes and Strengths Assessment (focus groups or survey) is presented with a **BLUE** label ("**CTSA:**…").
- Data from the Local Public Health System Assessment is presented with a **GREEN** label ("**LPHSA:**…").
- Data from the Forces of Change Assessment is presented with a **PURPLE** label ("**FOCA:**…").

Community Profile

The following pages include information on the population and households in Gallia County.

		Gallia County	Ohio
Total Population[i]			
2018 Population Estimate		29,979	11,689,442
Percent change from 2010		-3.1%	+1.3%
Demographics[ii]			
Sex	Male	49.0%	49.0%
	Female	51.0%	51%
Age	Under 5 years	6.4%	6.0%
	5 – 9 years	6.6%	6.2%
	10 – 14 years	6.2%	6.4%
	15 – 19 years	6.3%	6.7%
	20 – 24 years	6.2%	6.7%
	25 – 34 years	12.0%	12.8%
	35 – 44 years	11.2%	12.0%
	45 – 54 years	13.3%	13.6%
	55 – 59 years	7.7%	7.2%
	60 – 64 years	6.4%	6.5%
	65 – 74 years	9.9%	9.0%
	75 – 84 years	5.5%	4.7%
	85 years and over	2.1%	2.2%
	Median age (years)	40.6	39.3
Race	One Race	98.6%	97.3%
	Two or More Races	1.4%	2.7%
	White	95.8%	81.9
	African American	3.5%	12.3%
	American Indian and Alaskan Native	1.0%	0.2%
	Asian	0.7%	2.0%
	Native Hawaiian and Other Pacific Islander	0.1%	0.0%
	Some other race	0.2%	0.9%
Ethnicity	Hispanic or Latino	1.3%	3.6%
	Not Hispanic or Latino	98.7%	96.4%

* Decimals rounded to the nearest tenths.

FOCA: One of the themes identified during the Forces of Change Assessment is that Gallia County is experiencing a shift in demographics, specifically around an aging population.

Households and Families[iii]

		Gallia County	Ohio
Total Households		11,520	5,174,838
Household Type	Family Households	68.3%	63.8%
	Nonfamily Households	31.7%	36.2%
Household Size	Average Household Size (people)	2.55	2.4
	Average Family Size (people)	3.10	3.04
Without a Vehicle		7.6%	8.3%
Built prior to 1980		43.5%	67.5%
Grandparents responsible for grandchildren		13.5%	12.5%

FOCA: Community members noted a growing number of grandparents being responsible for caring for their grandchildren and the impact that is having on both the mental and physical health of the aging population.

Community Health Data

The following pages include data that encompasses several factors that impact a community's health. The graphic in figure 1 illustrates how these factors impact the length and quality of people's lives. This model was designed by County Health Rankings and Roadmaps (CHR), a partnership between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute and is used to rank every county in the United States. The rankings help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors) [iv].

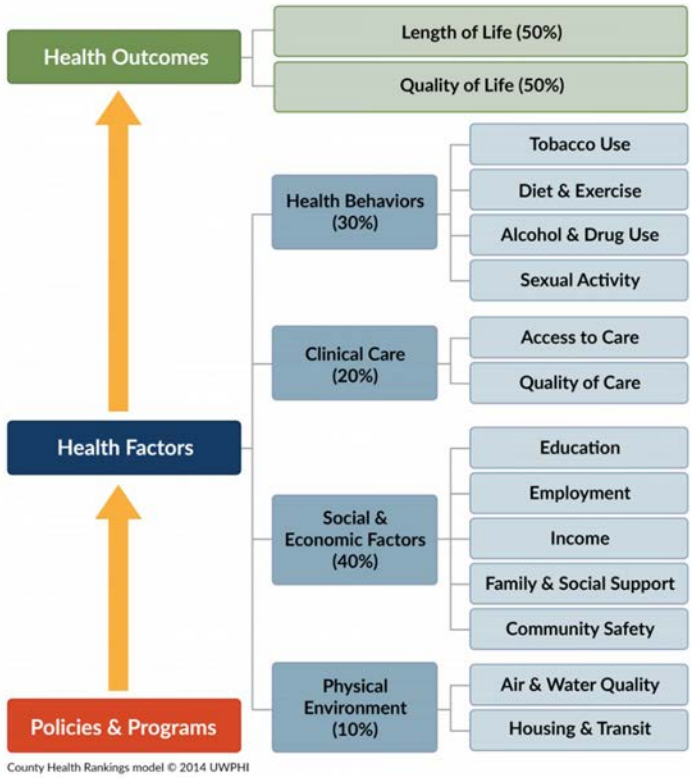

Figure 4: County Health Rankings Model (Source: County Health Rankings and Roadmaps)

Social & Economic Factors

Social and economic factors have a large impact on the health of a population. Factors based on where you live and not your health behaviors are known as the Social Determinants of Health (SDH). SDH are factors in a community that impact health outcomes. They include conditions such as socioeconomic status, education, neighborhood, and access to healthcare. Addressing these at the community level will impact health outcomes such as morbidity and mortality, healthcare expenditures, and health status.

Economic Factors[v]

CTSA: Focus group participants, particularly those representing people impacted by the opiate epidemic, reported that there is a great need for improved economic opportunity in Gallia County. Participants noted that jobs with better income would improve the community health and quality of life. 53.33% of survey respondents reported that economic challenges are one of the top three health concerns in the community.

FOCA: One of the major themes identified during the Forces of Change Assessment is Gallia County's economy, including the high poverty rate and underemployment. Community stakeholders noted that Gallia County needs better paying jobs that offer complete benefits and a livable wage.

		Gallia County	Ohio
Employment			
Employment Status	In labor force	52.6%	63.2%
	Not in labor force	47.4%	36.8%
Unemployment Rate		5.8%	6.5%
Income			
Household Income	Less than $10,000	9.3%	7.5%
	$10,000 to $14,999	5.9%	5.1%
	$15,000 to $24,999	14.9%	10.7%
	$24,999 to $34,999	12.7%	10.4%
	$40,000 to $49,999	13.7%	14.0%
	$50,000 to $74,999	16.1%	18.5%
	$75,000 to $99,999	12.2%	12.3%
	$100,000 to $149,999	11.3%	12.9%
	$150,000 to $199,999	2.6%	4.5%
	$200,000 or more	1.3%	4.0%
	Median household income	$42,002	$52,407

Income disparity

Income Disparity is a measure of income inequality that compares the concentrations of low-income households (household incomes less than $10,000 annually) to households with at least moderate financial means (household incomes greater than or equal to $50,000 annually)[vi]. Figure 2 shows the geographic distribution of income disparity among Gallia County residents. The higher the disparity number, the greater the disparity, with darker colors indicating more disparity.

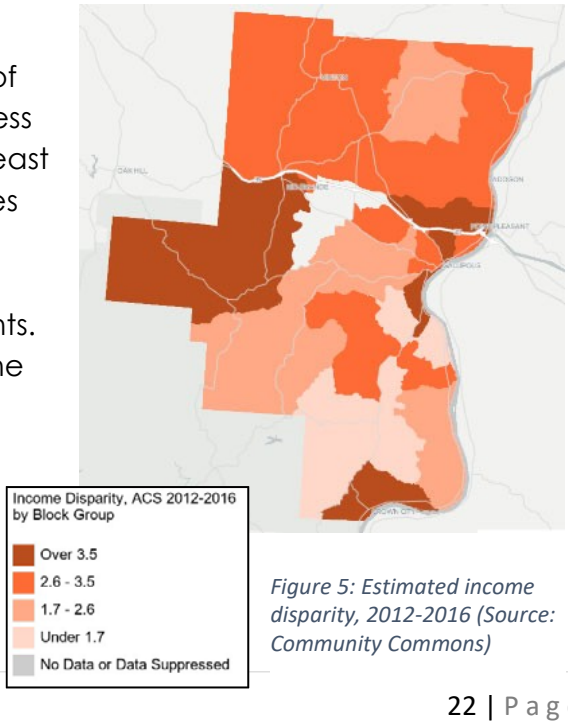

Figure 5: Estimated income disparity, 2012-2016 (Source: Community Commons)

Poverty[vii]

Poverty has a wide variety of impacts on the public's health. Poverty increases the risk for mental illness, chronic disease, higher mortality and lower life expectancy[viii]. Figure 3 includes data on the percent of residents with income below the poverty level within the past twelve months.

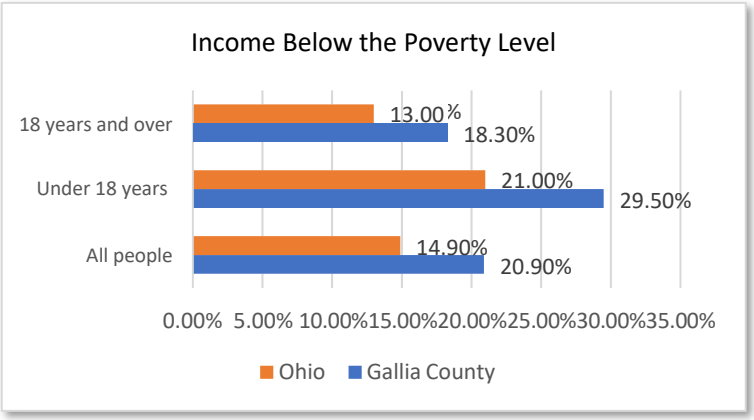

Figure 6: Estimates of the percent of residents with an income below the poverty level, 2012-2016

Families and Children in Poverty

Children in poverty face issues related to cognitive development, educational attainment and health outcomes. These issues can follow the child through adulthood[ix]. Figures 4 and 5 show the geographic distribution of poverty in Gallia County. The darker the color, the higher the poverty rate.

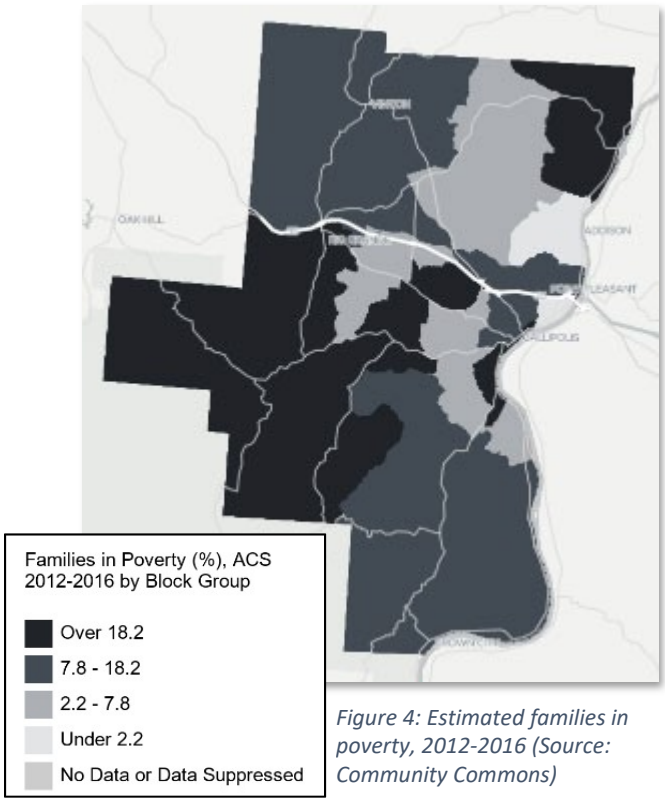

Figure 4: Estimated families in poverty, 2012-2016 (Source: Community Commons)

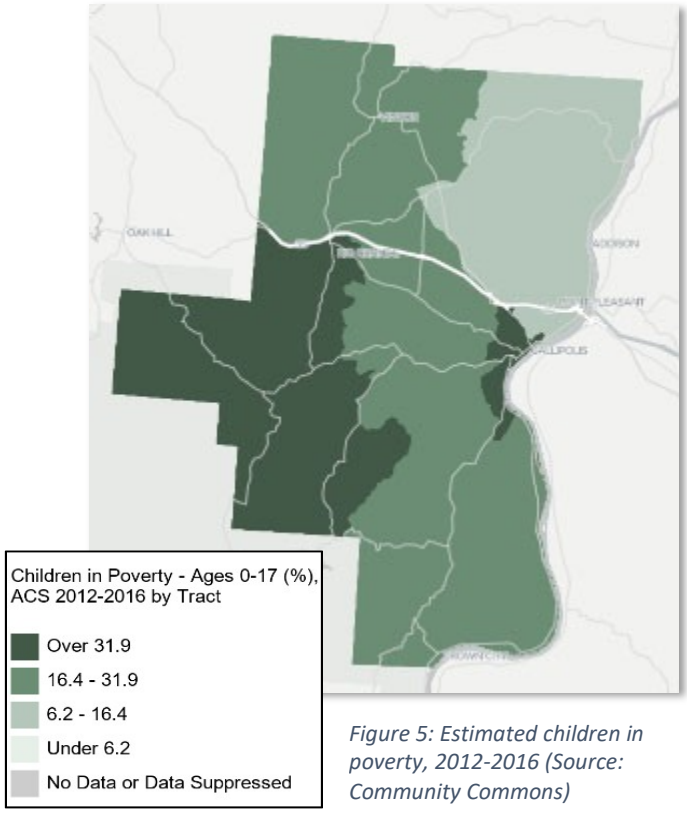

Figure 5: Estimated children in poverty, 2012-2016 (Source: Community Commons)

Children Eligible for Free and Reduced Lunch

The Federal Free and Reduced Lunch Program is a program that provides free school meals for children with household incomes at or below 130% of the federal poverty level and reduced-price school meals for children with household incomes between 130 and 185 percent of the federal poverty level[x]. The percent of Gallia County students eligible for the program increased from 58.6% in 2016 to 68.5% in 2019, which is a much greater increase than the state of Ohio, which had an increase from 44.6% to 44.9%, respectively[xi].

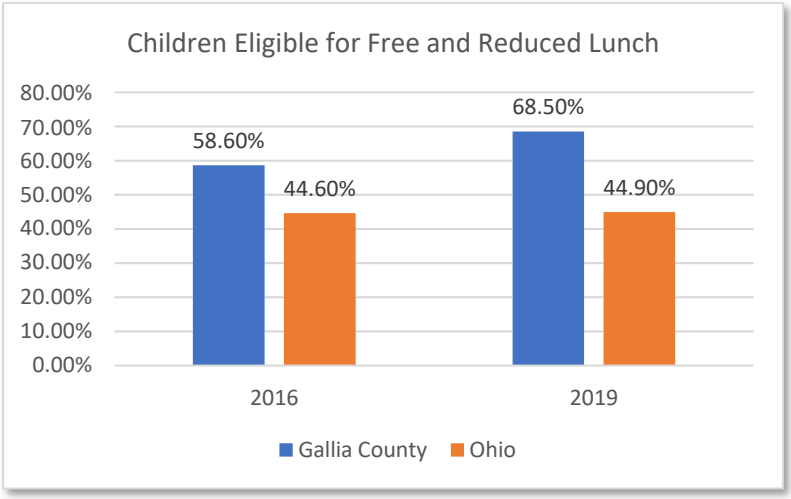

Figure 6: Estimated eligibility for free or reduced lunch, 2012-2016

Food Insecurity

Food insecurity is a metric developed by the USDA and is a measure of the lack of access to enough food for an active healthy life[xii]. According to Feeding America, in 2017 there were 4,750 food insecure people in Gallia County[xiii]. Between 2016 and 2019, the percent of food insecure households in Gallia County increased from 16.2% to 17.7%, while the rate for the state of Ohio decreased from 16.9% to 16.8%.

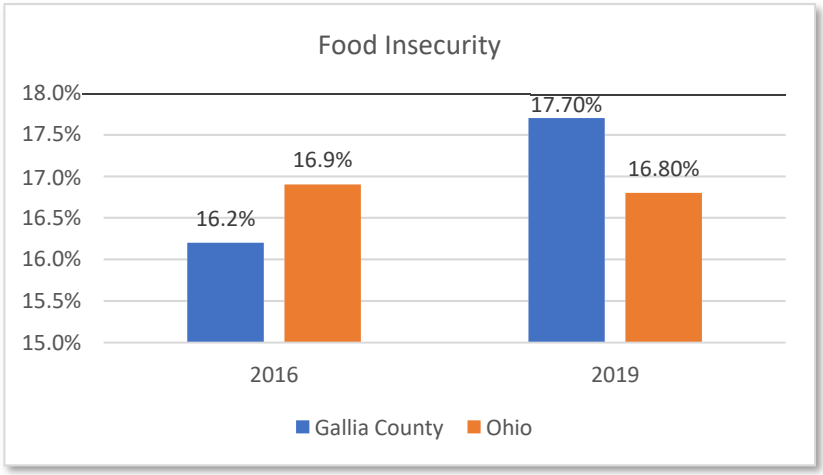

Figure 7: Food insecure households in Gallia County and Ohio, 2014 estimate (Source: Feeding America)

Educational Attainment

Educational attainment is correlated with health outcomes. People with higher educational attainment live longer, healthier lives. People without a high school diploma have a higher incidence of substance use, are at a higher risk of mental health problems and are less likely to have health insurance as an adult[xiv]. The map on this page (figure 8) shows the geographic distribution of high school graduation rates in Gallia County. The chart below (figure 9) includes data on educational attainment for residents age 25 years and over in Gallia County and Ohio[xv]. The darker the color, the higher percentage of residents with a high school diploma.

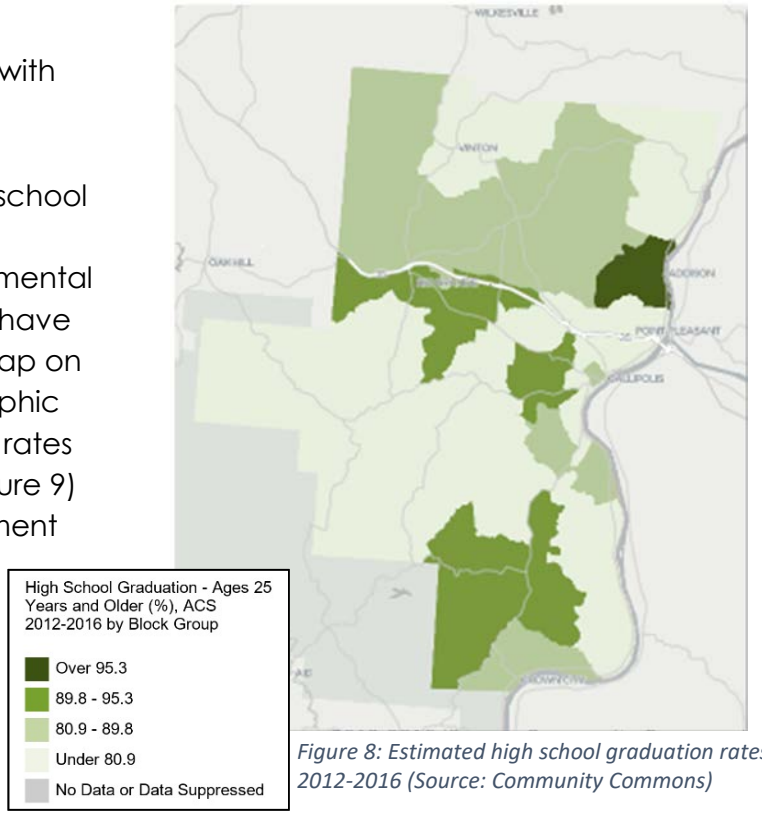

Figure 8: Estimated high school graduation rates, 2012-2016 (Source: Community Commons)

	Gallia County	Ohio
Less than 9th Grade	6.9%	2.9%
9th to 12th grade, no diploma	12.1%	7.3%
High school graduate, includes equivalency	40.0%	33.6%
Some College, no degree	15.6%	20.5%
Associate's Degree	9.2%	8.5%
Bachelor's Degree	9.7%	17.0%
Graduate or professional Degree	6.5%	10.2%

Figure 9: Estimated educational attainment by residents age 25 years and over, 2012-2016 (Source: US Census Bureau American Community Survey)

CTSA and **FOCA:** Focus group and FOCA participants noted that there is an issue with "brain drain" in Gallia County, where residents leave to attend college and don't return after they graduate due to a lack of job opportunities in the county.

Health Insurance

Uninsured adults are less likely to receive preventive health services and adults with health insurance are more likely to access needed health services. In addition, health insurance may reduce racial and ethnic disparities in health care access[xvi]. In Gallia County, the percentage of adults under the age of 65 with no health insurance decreased from 14.5% in 2016 to 9.0 % in 2019. Overall, Gallia County has a higher percentage of residents with no health insurance than the state of Ohio. Figure 10 shows the percentage of residents under the age of 65 in Gallia County and Ohio that had no health insurance in 2016 and 2019. Figure 11 shows the geographic distribution of uninsured residents in Gallia County. The darker colors represent a higher percentage of residents that have no health insurance.

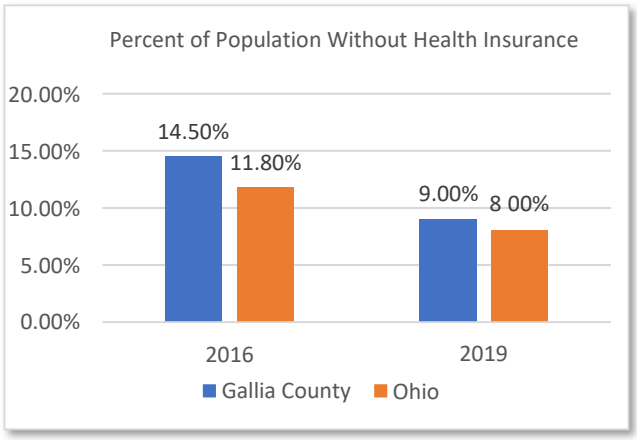

Figure 10: Estimated percent of residents under age 65 years with no health insurance, 2012-2016

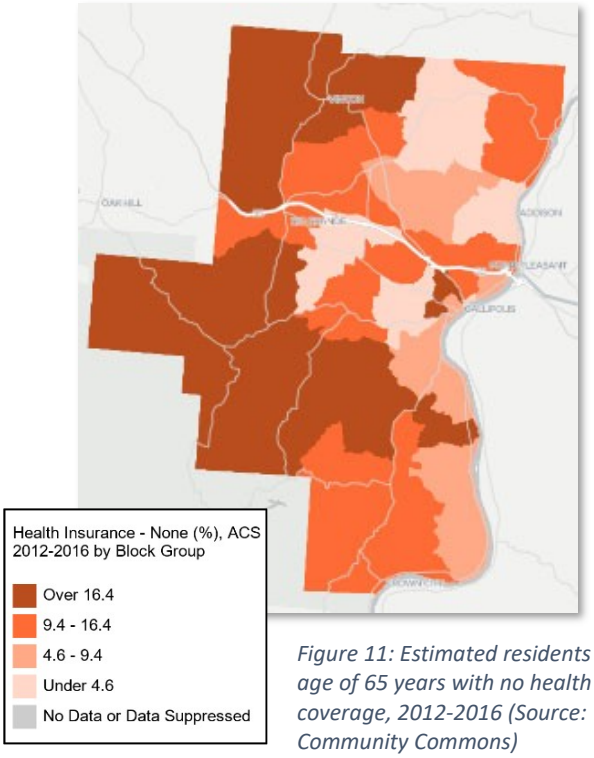

Figure 11: Estimated residents over the age of 65 years with no health insurance coverage, 2012-2016 (Source: Community Commons)

FOCA: Access to health care was identified as a major issue during the focus groups. Community stakeholders noted the problem of insufficient healthcare coverage as a factor in this issue. The impact of a lack of insurance on Gallia's most vulnerable residents was noted.

CTSA: 17.5% of survey respondents age 65 years and over identified cost as a barrier to receiving needed care. Almost 60 % of the respondents that reported living in zip code 45623 said that it would take them 40 or more minutes to access needed care.

Area Deprivation Index

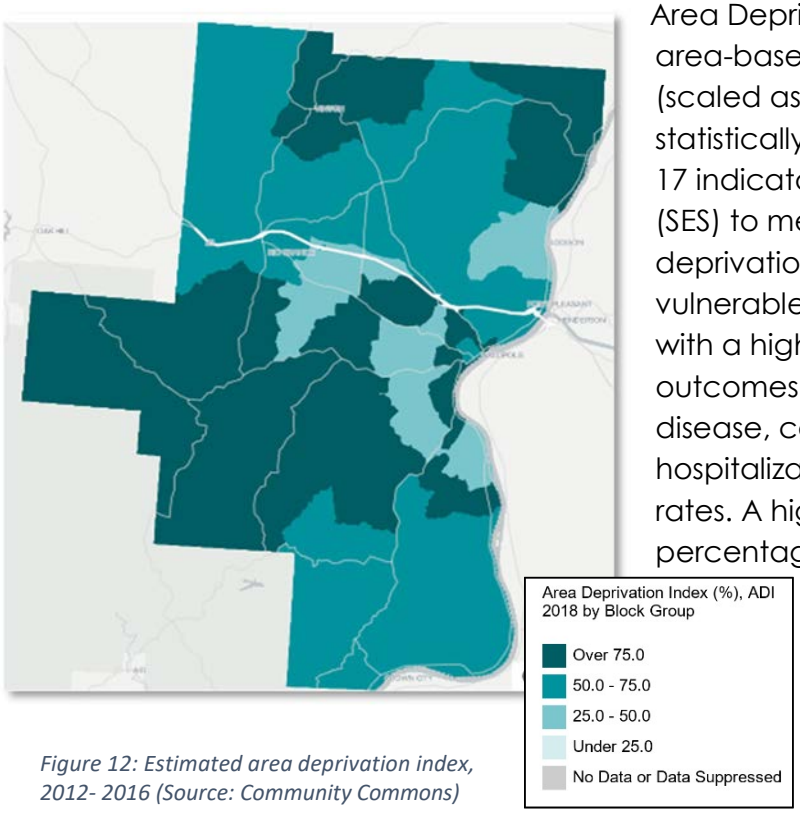

Figure 12: Estimated area deprivation index, 2012- 2016 (Source: Community Commons)

Area Deprivation Index (ADI) is an area-based single number score (scaled as a percentage) that is statistically validated and combines 17 indicators of socioeconomic status (SES) to measure an areas deprivation. The ADI identifies vulnerable populations with a higher risk of poor health outcomes, such as cardiovascular disease, cancer, increased hospitalizations, and higher mortality rates. A higher ADI score or percentage indicates higher deprivation[xvii]. Figure 12 shows the geographic distribution of the ADI in Gallia County.

CTSA: Focus group participants, particularly those representing people impacted by the opiate epidemic and the medically underserved, report that an overall lack of resources impacts the community's health in Gallia County. This includes poor internet connectivity and cell phone service.

FOCA: Technology issues, such as poor internet connectivity and lack of cell phone service were noted as an issue in the Forces of Change Assessment. The impact that this issue has on the economy was noted, as it effects educational and employment opportunities.

Physical Environment

The physical environment that someone lives in can greatly impact their health outcomes. Air quality, access to recreation facilities, and safety are all indicators of the quality of a community's physical environment. Gallia County's CHR ranking for physical environment was 30th out of Ohio's 88 counties in 2019, down from 17th in 2016.

CTSA: Focus group participants reported that substance abuse is a major issue in Gallia County and noted the impact that the issue has on crime and safety in the community. The groups also noted a lack of access to opportunities for recreation and fitness. Additionally, concern for air quality was noted due to the location of coal fired power plants.

Physical Environment Indicators, 2019[xviii]

*Indicators in **RED** have a rate worse than the state of Ohio.*

Indicator	Gallia County	Ohio	*Description*
Air Pollution - Particulate Matter	0.00%	0.09%	*% days exceeding standards*
Air Pollution - Ozone	0.82%	1.61%	*% days exceeding standards*
Air Pollution	10.90	11%	*Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)*
Liquor Store Access	**12.93**	7.1	*Liquor stores, rate (per 100,000 pop.)*
Recreation and Fitness Facility Access	**0.0**	9.5	*Recreation and Fitness Facilities, rate (per 100,000 population)*
Severe Housing Problems	15.0%	15.0%	*% of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities.*
Driving Alone to Work	**86%**	83%	*% of the workforce that usually drives alone to work. The numerator is the number of workers who commute alone. The denominator is the total workforce.*
Long Commute - Driving Alone	**35%**	30%	*Among workers who commute in their car alone, the percentage that commute more than 30 minutes.*
Social Associations	13.3	11.3	*Number of membership associations per 10,000 population.*
Violent Crime	110.0	290.0	*Number of reported violent crime offenses per 100,000 population.*
Injury Deaths	**86.0**	75.0	*Number of deaths due to injury per 100,000 population.*

Clinical Care[i]

Clinical care indicators represent health care access in a community. Provider availability, health care access, and health care utilization all impact the public's health. Gallia County's CHR ranking in clinical care was 22nd out of Ohio's 88 counties, an increase of 15 from 2016.

CTSA: Focus group participants noted a lack of medical providers in the community, specifically specialists and mental health providers. Over 66% of survey respondents indicated that it was somewhat or very difficult to get specialty care. Focus group participants also identified a lack of awareness among residents, which may lead to preventable hospital stays. According to the survey, the top three reasons that respondents report not accessing needed health care were that the cost is too high (30.59%), inability to take or afford time off of work (17.74%), and that the doctor's office was not accepting new patients (11.57%). 33% of respondents that reported living in zip code 45623 said that cost is a barrier to accessing dental care.

LPHSA: Gallia County scored high on essential service 7, link to needed health services.

Clinical Care Indicators, 2016 and 2019

Some data in this section is presented with a comparison to 2016 in order to show if a trend exists. If there was no data update between 2016 and 2019, the most recent rate is listed and should be considered the 2019 rate. Indicators in **RED** have a 2019 rate worse than the state of Ohio

Clinical Care Indicators, 2019

Indicator	Gallia County	Ohio	*Description*
Lack of Consistent Source of Primary Care	**34.7%**	18.7%	*% adults without any regular doctor*
Mental Health Providers	**92.1**	154.8	*Mental health care provider, rate (per 100,000 pop.)*
Pap Test	**78.4%**	78.7%	*% of adult females age 18 with regular pap test*
Sigmoidoscopy or Colonoscopy	66.4%	60.0%	*% of adults screened for colon cancer*
HIV Screenings	**77.1%**	68.3%	*% of adults never screened for HIV / AIDS*
Pneumonia Vaccination	75.0%	68.5%	*% of population age 65 with pneumonia vaccination*

Clinical Care Indicator, cont.	Gallia County	Ohio	*Description*
Dental Care Utilization	**27.8%**	27.6%	*% adults without recent dental exam*

Clinical Care Indicators, 2016 and 2019

Indicator	2016		2019		Change	*Description*
	Gallia Co.	Ohio	Gallia Co.	Ohio		
Primary Care Physicians	111	77.1	115.14	93.1	↑	*Primary care physicians, rate (per 100,000 pop.)*
Mammography	64.3%	58.3%	63.9%	61.2%	↓	*% of female Medicare enrollees ages 67-69 that receive mammography screening*
Preventable Hospital Events	101.8	71.7	**63.9**	59.8	↑	*Preventable hospital events, discharge rate (per 1,000 Medicare enrollees)*

Health Behaviors[xx]

Health behaviors are the things people choose to do that impact health outcomes. Though they have a relatively small impact on a community's overall health outcomes, they are an important factor in a community's health. In 2019, Gallia County's CHR ranking for health behaviors was 57th out of Ohio's 88 counties, a big improvement over the 2016 ranking of 80 out of Ohio's 88 counties.

CTSA: Focus group participants noted that overweight and obesity are major issues in Gallia County. They reported that this is due to a lack of access to healthy foods and opportunities for physical activity. The groups also noted the effects that the opiate epidemic has on disease rates, such as Hepatitis C. 13% of survey respondents age 65 years and over reported there is no place in their neighborhood to buy healthy foods. 12% of the same population reported that places to be physically active are not accessible to them and 40 % said there are not enough safe places for children to play.

LPHSA: Gallia County scored high on essential service 2, diagnose and investigate.

Health Behavior Indicators, 2019

Indicators in RED have a rate worse than the state of Ohio.

Indicator	Gallia County	Ohio	*Description*
Physical Inactivity	**30.9%**	25.5%	*% of adults aged 20 and over reporting no leisure-time physical activity*
Alcohol Consumption	18.2%	18.4%	*Estimated adults drinking excessively*
Tobacco Use	**31.6%**	21.7%	*% of population smoking cigarettes*
Tobacco Usage - Quit Attempt	**48%**	55%	*% Smokers with quit attempt in past 12 months*
Overweight	33%	36%	*% Adults overweight*
STI - Chlamydia	235.13	474.10	*Chlamydia Infection Rate (per 100,000 pop.)*
STI - Gonorrhea	13.06	140.30	*Gonorrhea Infection Rate (per 100,000 pop.)*
STI - HIV	50.84	200.53	*HIV/AIDS Rate (per 100,000 pop.)*

Health Outcomes

Health outcomes reflect the overall physical and mental health of a community in its current state. They correlate with both length and quality of life.

CTSA: Substance abuse and mental health were noted as major health issues in Gallia County in both the focus groups and the survey. Access to dental care emerged as a major health concern in the survey. The poor physical health and poor mental health days indicators are considered metrics to measure quality of life. When asked about the quality of life in Gallia County, those who work with vulnerable and at-risk populations used words and phrases that indicate a poor quality of life. Finally, related to poor or fair health, a lack of awareness about health resources was noted as a major concern in the focus groups. 15% of survey respondents over age 65 years reported that it is very difficult to receive dental care. 56.5% of the same population reported that it would take them 20 or more minutes to access needed emergency care.

Health Outcome Indicators, 2016 and 2019

Some data in this section is presented with a comparison to 2016 in order to show if a trend exists. If there was no data update between 2016 and 2019, the most recent rate is listed and should be considered the 2019 rate. Indicators in **RED** have a 2019 rate worse than the state of Ohio.

Health Outcome Indicators, 2019

Indicator	Gallia County	Ohio	*Description*
High Cholesterol (Adult)	**43.5%**	38.7%	*% of adults with high cholesterol*
Heart Disease	3.4%	5.1%	*% of adults with heart disease*
High Blood Pressure	**35.5%**	28.8%	*% of adults with high blood pressure*
Asthma Prevalence	**20.7%**	13.8%	*% of adults with asthma*
Poor Dental Health	**31.6%**	18.7%	*% of adults with poor dental health*
Poor or Fair Health	**17.9%**	15.3%	*% of adults reporting fair or poor health*
Low Birth Weight	**8.9%**	8.6%	*% of live births with low birth weight (<2500 grams)*

Health Outcome Indicator, cont.	Gallia County	Ohio	*Description*
Mortality - Ischemic Heart Disease	**140.1**	119.8	*Age-adjusted death rate (per 100,000 pop.)*
Infant Mortality	**8.3**	7.7	*Age-adjusted death rate (per 100,000 pop.)*
Poor Physical Health	**4.4**	4	*Average # of physically unhealthy days reported in past 30 days*

Health Outcome Indicators, 2016 and 2019

Indicator	2016		2019		Change	*Description*
	Gallia Co.	Ohio	Gallia Co.	Ohio		
Diabetes (Adult)	11.3%	10.1%	**12.5%**	10.4%	↑	*Population with diagnosed diabetes*
Adult Obesity	31.0%	30.0%	**32.0%**	30.9%	↑	*% of adults that report a BMI > or = 30*
Cancer Incidence - Breast	91.1	120.5	77.8	122.9	↓	*Cancer incidence rate (per 100,000 pop.)*
Cancer Incidence - Colon and Rectum	46.0	43.0	35.4	41.2	↓	*Cancer incidence rate (per 100,000 pop.)*
Cancer Incidence - Lung	90.1	71.6	**82.3**	69.5	↓	*Cancer incidence rate (per 100,000 pop.)*
Cancer Incidence - Prostate	92.5	127.1	103.0	111.8	↑	*Cancer incidence rate (per 100,000 pop.)*
Premature Death	11,002	7,562	**10,713**	7,908	↓	*Years of potential life lost before age 75 per 100,000 population*
Mortality - Cancer	200.4	184.6	**213.3**	177.29	↑	*Age-adjusted death rate (per 100,000 pop.)*

Health Outcome Indicator, cont.	2016		2019		Change	*Description*
	Gallia Co.	Ohio	Gallia Co.	Ohio		
Mortality - Heart Disease	236.7	189.6	**123.9**	110.63	↓	*Age-adjusted death rate (per 100,000 pop.)*
Mortality - Lung Disease	71.2	50.7	**76.6**	49.04	↑	*Age-adjusted death rate (per 100,000 pop.)*
Mortality - Stroke	38.9	41.4	**53.4**	40.49	↑	*Age-adjusted death rate (per 100,000 pop.)*
Mortality - Suicide	21.3	12.1	**21.6**	13.29	↑	*Age-adjusted death rate (per 100,000 pop.)*
Mortality - Drug Overdose	18.0	21.0	26.0	26.66	↑	*Age-adjusted death rate (per 100,000 pop.)*
Poor Mental Health Days	4.5	4.3	4.4	4.3	↓	*Average # of mentally unhealthy days reported in past 30 days*

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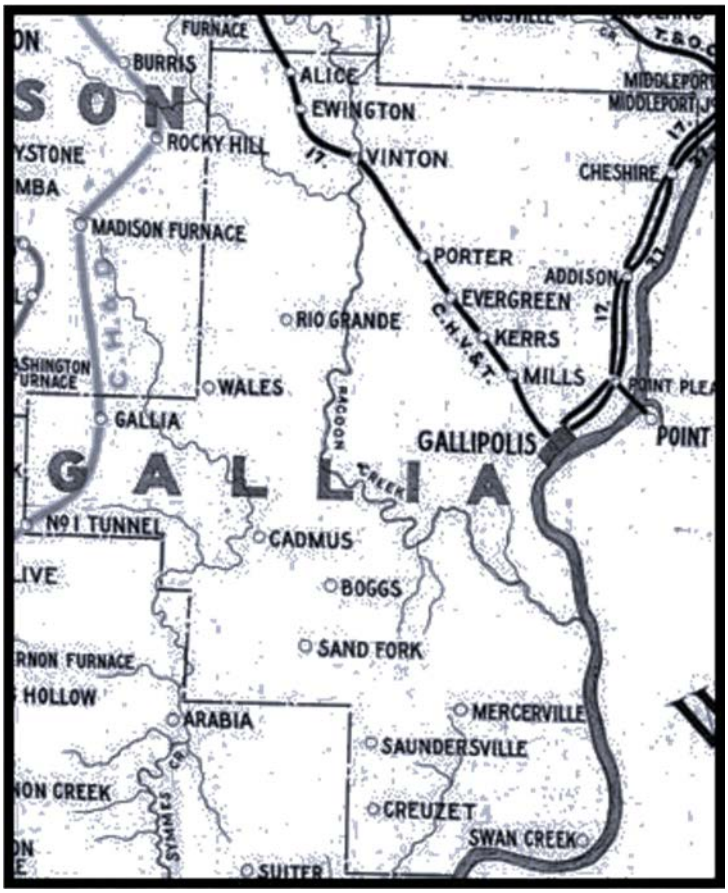
Appendix A-CHSA: CHNA Data

2019 CHNA County Health Ranking Measures and Comparison (Health factor groupings compared to 2016 CHNA data)

Measure	Description	Athens, OH	Gallia, OH	Jackson, OH	Lawrence, OH	Meigs, OH	Vinton, OH	OHIO	Mason, WV	West Virginia	US Median	Healthy People 2020 Target	Goal	Leading Health Indicator	Source	DataStatus Compared to 2016 Assessment
Health Factors		*56 of 88 (+4)*	*57 of 88 (+20)*	*84 of 88 (Static)*	*78 of 88 (-2)*	*75 of 88 (+8)*	*83 of 88 (+2)*		*38 of 55 (-6)*							Updated
Social & Economic Factors		*60 of 88 (+6)*	*74 of 88 (+9)*	*78 of 88 (+3)*	*70 of 88 (-2)*	*82 of 88 (Static)*	*84 of 88 (Static)*		*24 of 55 (+9)*						http://www.countyhealthrankings.org/app/ohio/2018/compare/snapshot?counties=39_009%2B39_053%2B39_079%2B39_087%2B39_105%2B39_163	Updated
Children Eligible for Free/Reduced Price Lunch	% free/reduced price lunch eligible	57.0%	68.5%	68.5%	63.4%	63.9%	78.2%	44.9%	51.3%	49.4%	52.6%				National Center for Education Statistics, NCES - Common Core of Data. 2015-16. Source geography: Address	Updated
SNAP Benefits	% households receiving SNAP Benefits	19.66%	22.21%	20.63%	22.07%	26.12%	25.60%	14.80%	20.49%	16.40%	13.05%				US Census Bureau, American Community Survey. 2012-16. Source geography: Tract	New
Food Insecurity	% of population with food insecurity	19.8%	16.1%	17.7%	15.1%	16.9%	16.7%	16.8%	15.5%	15.3%	14.9%	6.0%	↓		Feeding America. 2014. Source geography: County	Updated
High school graduation	% of ninth-grade cohort that graduates in four years	92.3%	92.5%	94.2%	95.6%	85.6%	87.0%	90.1%	90.1%	89.9%	86.1%	87.0%	↑	LHI	US Department of Education, EDFacts. Accessed via DATA.GOV. Additional data analysis by CARES. 2015-16. Source geography: School District	Updated
Households with no motor vehicle	% of households with no motor vehicle	8.4%	8.0%	8.1%	7.0%	6.6%	8.7%	8.4%	9.7%	8.8%	9.0%				US Census Bureau, American Community Survey. 2012-16. Source geography: Tract	Updated
Uninsured	% of population under age 65 without health insurance	9.0%	9.0%	9.0%	8.0%	9.0%	9.0%	8.0%	7.0%	7.0%	15.5%	0.0%	↓	LHI	US Census Bureau, Small Area Health Insurance Estimates. 2016. Source geography: County *National Data=Data: Commonwealth Fund Affordable Care Act Tracking Surveys	Updated
Lack of Social or Emotional Support	% adults without adequate social /emotional support	33.8%	20.2%	32.0%	29.3%	18.4%	22.9%	19.5%	28.4%	19.0%	20.7%				Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County	Updated
Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	6.2%	6.7%	7.8%	6.4%	8.3%	7.0%	4.9%							Bureau of Labor Statistics	NEW
Poverty	% population with income at or below 200% FPL	50.9%	42.3%	46.3%	40.2%	44.3%	44.2%	33.3%	44.6%	39.4%	33.6%				US Census Bureau, American Community Survey. 2012-16. Source geography: Tract	Updated
Children in Poverty	Small Area Income and Poverty Estimates	25%	30%	27%	27%	28%	32%	20%								NEW
Children in Single-Parent Households	Percentage of children that live in a household headed by single parent.	36%	32%	38%	35%	35%	32%	36%							American Community Survey, 5-year estimates	NEW
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	6.9	4.6	4.9	5.1	5.0	4.8	4.8							American Community Survey, 5-year estimates	NEW
Teen births		13.9	50.4	55.1	48.8	45.3	52.3	36.0	47.5	45.4	36.6	36.2	↓		US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12. Source geography: County	Updated
Housing Cost Burden	The US Census Bureau	34.20%	23.32%	26.83%	25.72%	24.64%	26.14%	28.28%	20.49%	21.47%	32.89%				US Census Bureau, American Community Survey. 2012-16. Source geography: Tract	New
Public Assistance Income	% households with Public Assistance Income	4.20%	3.31%	3.68%	3.41%	3.80%	4.53%	3.18%	2.97%	2.33%	2.67%				US Census Bureau, American Community Survey. 2012-16. Source geography: Tract	New
Insurance - Medicaid	% of insured pop. Receiving Medicaid	23%	31%	30.93%	27.75%	32.58%	36.44%	20.83%	30.43%	2.80%	21.62%				US Census Bureau, American Community Survey. 2012-16. Source geography: Tract	New
Insurance - Uninsured Adults	% population age 18-64 without Medical Insurance	10.47%	8.77%	8.68%	8.25%	9.27%	8.92%	7.80%	7.10%	7.96%	12.08%				US Census Bureau, Small Area Health Insurance Estimates. 2016. Source geography: County	New
Population with Associate's Degree or Higher	% Population age 25 with Associate's Degree or Higher	38.84%	24.18%	25.42%	24.38%	23.74%	18.14%	35.06%	18.92%	26.33%	38.49%				US Census Bureau, American Community Survey. 2012-16. Source geography: Tract	New
Physical Environment		*51 of 88 (-38)*	*30 of 88 (-13)*	*20 of 88 (+35)*	*24 of 88 (-16)*	*7 of 88 (+5)*	*78 of 88 (-31)*		*44 of 55 (+1)*							Updated
Air pollution - particulate matter	% days exceeding standards	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.09%	0.00%	0.00%	0.10%				Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2012. Source geography: Tract	Static
Air pollution - Ozone	% days exceeding standards	0.69%	0.82%	0.82%	0.97%	0.77%	0.76%	1.61%	0.90%	0.44%	1.24%				Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2012.	Static
Air Pollution	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	10.70	10.90	10.90	11.00	11.00	10.80	11%							CDC's National Environmental Public Health Tracking Network	NEW
Liquor store access	Liquor stores, rate (per 100,000 pop.)	7.72	12.93	9.03	11.21	0	0	7.1	0	3.3	10.5				Source geography: Tract	Updated
Recreation and Fitness Facility Access	Recreation and Fitness Faciltiies, rate (per 100,000 population)	1.5	0.0	6.0	4.8	0.0	0.0	9.5	0.0	6.3	11.0				US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. Source geography: ZCTA	Updated
Drinking Water Violations		Yes	No	No	No	No	Yes								The Safe Drinking Water Information System (SDWIS)	NEW
Severe Housing Problems	% of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities.	24.0%	15.0%	13.0%	13.0%	11.0%	13.0%	15%							The U.S. Department of Housing and Urban Development (HUD) Comprehensive Housing Affordability Strategy (CHAS) data	NEW
Driving Alone to Work	% of the workforce that usually drives alone to work. The numerator is the number of workers who commute alone. The denominator is the total workforce.	70%	86%	86%	87%	82%	89%	83%							American Community Survey, 5-year estimates	New
Long Commute - Driving Along	Among workers who commute in their car alone, the percentage that commute more than 30 minutes.	22%	35%	36%	28%	42%	50%	30%							American Community Survey, 5-year estimates	New
Social Associations	Number of membership associations per 10,000 population.	10.0	13.3	15.0	10.5	14.2	5.4	11.3							County Business Patterns provides data on the total number of establishments, number of establishments by nine employment-size classes by detailed industry, mid- March employment, and first quarter and annual payroll for all counties in the United States and the District of Columbia.	NEW
Violent Crime	Number of reported violent crime offenses per 100,000 population.	94	110	113	155	105	95	290.00							Uniform Crime Reporting - FBI	NEW
Injury Deaths	Number of deaths due to injury per 100,000 population.	59	86	90	85	96	94	75.00							CDC WONDER mortality data	NEW
Clinical Care		*34 of 88 (+6)*	*22 of 88 (+15)*	*77 of 88 (-2)*	*75 of 88 (+3)*	*68 of 88 (+9)*	*65 of 88 (+18)*		*29 of 55 (-10)*							Updated
Primary Care Physicians	Primary care physicians, rate (per 100,000 pop.)	92.72	115.14	45.8	51.93	17.14	15.11	93.1	55.52	91.7	87.8				US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014. Source geography: County	Updated
Lack of consistent source of primary care	% adults without any regular doctor	18.9%	34.7%	25.6%	34.1%	30.3%	31.8%	18.7%	23.9%	23.9%	22.1%	16.1%	↓	LHI	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data	Static
Dentists	Dentists, rate (per 100,000 pop.)	23.2	32.7	24.4	27.5	29.8	22.6	57.3	25.8	48.4	63.2				analysis by CARES. 2011-12. Source geography: County	
Mental Health Providers	Mental health care provider, rate (per 100,000 pop.)	237.9	92.1	64.1	58.4	51.4	15.1	154.8	11.1	110	202.8				University of Wisconsin Population Health Institute, County Health Rankings. 2018. Source geography: County	Static
Cancer screening - mammography	% of female Medicare enrollees ages 67-69 that receive mammography screening	61.9%	63.9%	53.3%	56.8%	64.8%	54.3%	61.2%	60.3%	58.6%	63.1%	81.1%	↑		Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2014. Source geography: County	Updated
Cancer screening - pap test	% of adult females age 18 with regular pap test	73.5%	78.4%	73.3%	78.9%	83.0%	suppressed	78.7%	72.2%	76.6%	78.5%	93.0%	↑		Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County	Static
Cancer screening - Sigmoidoscopy or Colonoscopy	% of adults screened for colon cancer	53.5%	66.4%	63.5%	60.8%	62.6%	53.4%	60.0%	49.1%	53.7%	61.3%	70.5%	↑	LHI	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the	Static
HIV screenings	% of adults never screened for HIV / AIDS	66.5%	77.1%	76.1%	73.1%	71.0%	84.5%	68.3%	69.9%	71.1%	62.8%	26.4%	↓		Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County	Static
Pneumonia Vaccination	% of population age 65 with pneumonia vaccination	77.5%	75.0%	62.0%	72.6%	59.5%	suppressed	68.5%	73.3%	66.2%	67.5%	90.0%	↑		Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse.2006-12. Source geography: County	Static
Diabetes Management	% Medicare enrollees with diabetes with annual exam	86.0%	88.9%	87.8%	79.4%	84.9%	92.8%	84.4%	87.6%	84.1%	84.6%				Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source	
Dental Care Utilization	% adults without recent dental exam	47.7%	27.8%	47.1%	31.8%	45.9%	38.2%	27.600%	39.0%	39.1%	30.2%	49.0%	↑		Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10. Source geography: County	Updated
Preventable Hospital Events	Preventable hospital events, discharge rate (per 1,000 Medicare enrollees)	63.9	63.9	72.9	81.1	65.7	72	59.8	74.7	71.9	49.9%					Updated
Health Behaviors		*62 of 88 (+10)*	*57 of 88 (+23)*	*87 of 88 (-2)*	*86 of 88 (-8)*	*74 of 88 (+12)*	*76 of 88 (+8)*		*48 of 55 (-9)*							Updated
Physical inactivity	% of adults aged 20 and over reporting no leisure-time physical activity	26.3%	30.9%	35.0%	35.8%	31.6%	29.1%	25.5%	36.2%	30.7%	22.6%	32.6%	↓		Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Source geography: County	Updated
Alcohol Consumption	Estimated adults drinking excessively	10.3%	18.2%	supressed	13.2%	supressed	suppressed	18.4%	10.9%	11.0%	16.9%	25.4%	↓		Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County	Updated
Tobacco Use	% of population smoking cigarettes	30.0%	31.6%	27.1%	26.2%	39.1%	20.9%	21.7%	36.1%	27.6%	18.1%	12.0%	↓	LHI	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County	Updated
Tobacco Usage - Quit Attempt	% Smokers with quit attempt in past 12 months	52%	48%	31%	43%	38%	79%	55%	43%	52%	60%				Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County	NEW
Overweight	% Adults overweight	24%	33%	31%	31%	33%	37%	36%	34%	36%	36%					NEW
STI - Chlamydia	Chlamydia Infection Rate (per 100,000 pop.)	664.80	235.13	179.97	239.03	191.52	165.71	474.10	162.21	474.10	456.08				US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2014. Source geography: County	NEW
STI - Gonorrhea	Gonorrhea Infection Rate (per 100,000 pop.)	37.11	13.06	3.05	48.45	25.54	22.60	140.30	3.69	45.40	110.73				US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2014. Source geography: County	NEW
STI - HIV	HIV/AIDS Rate (per 100,000 pop.)	67.86	50.84	40.45	80.68	45.48	no data	200.53	30.33	105.23	353.16				US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2013. Source geography: County	NEW
Health Outcomes		*71 of 88 (-5)*	*84 of 88 (+2)*	*86 of 88 (-2)*	*83 of 88 (-1)*	*80 of 88 (-1)*	*85 of 88 (Static)*		*39 of 55 (+1)*							Updated
Diabetes (Adult)	Population with diagnosed diabetes	11.9%	12.5%	12.6%	13.6%	14.3%	15.0%	10.4%	10.9%	11.6%	9.2%				Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Source geography: County	Updated
High Cholesterol (Adult)	% of adults with high cholesterol	53.3%	43.5%	53.3%	32.7%	57.4%	39.0%	38.7%	44.5%	40.5%	38.5%				Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County	Static
Heart Disease	% of adults with heart disease	4.6%	3.4%	7.5%	4.8%	3.5%	8.3%	5.1%	7.3%	7.6%	4.4%					Static

High Blood Pressure	% of adults with high blood pressure	19.6%	35.5%	41.3%	26.5%	30.3%	suppressed	28.8%	36.2%	32.5%	28.2%				Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County	Static
Adult Obesity	% of adults that report a BMI > or = 30	28.5%	32.0%	37.0%	38.9%	33.7%	33.0%	30.9%	36.3%	34.7%	27.5%	30.5%	↓	LHI	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Source geography: County	Updated
Asthma Prevalence	% of adults with asthma	20.8%	20.7%	13.2%	23.8%	21.6%	18.3%	13.8%	11.3%	12.3%	13.4%				Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County	Static
Poor Dental Health	% of adults with poor dental health	21.6%	31.6%	28.0%	24.1%	27.7%	35.6%	18.7%	32.6%	30.7%	15.7%				Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10. Source geography: County	Static
Poor or fair health	% of adults reporting fair or poor health	16.6%	17.9%	21.7%	27.9%	22.6%	19.0%	15.3%	20.9%	21.5%	16.0%				Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County	Static
Cancer Incidence - Breast	Cancer incidence rate (per 100,000 pop.)	120.0	77.8	98.5	112.8	113.8	103.4	122.9	89.4	114.8	123.4				State Cancer Profiles. 2010-14. Source geography: County	Updated
Cancer Incidence - Colon and Rectum	Cancer incidence rate (per 100,000 pop.)	49.4	35.4	46.1	44.3	43.0	34.4	41.2	42.1	46.6	39.8	38.7	↓	LHI	State Cancer Profiles. 2010-14. Source geography: County	Updated
Cancer Incidence - Lung	Cancer incidence rate (per 100,000 pop.)	73.9	82.3	91.7	79.1	73.0	111.1	69.5	84.8	80.4	61.2				State Cancer Profiles. 2010-14. Source geography: County	Updated
Cancer Incidence - Prostate	Cancer incidence rate (per 100,000 pop.)	103.4	103.0	87.4	88.5	85.4	61.3	111.8	117.5	99.6	114.8				State Cancer Profiles. 2010-14. Source geography: County	Updated
Low birth weight	% of live births with low birth weight (<2500 grams)	7.5%	8.9%	9.3%	10.9%	9.7%	9.6%	8.6%	10.6%	9.4%	8.2%	7.8%	↓	LHI	US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12. Source geography: County	Static
Premature death	Years of potential life lost before age 75 per 100,000 population	8,115	10,713	10,942	10,363	9,521	11,671	7,908	10,669	10,011	7,222				University of Wisconsin Population Health Institute, County Health Rankings. 2014-16. Source geography: County	Updated
Mortality - Cancer	Age-adjusted death rate (per 100,000 pop.)	180.2	213.3	198.9	221.5	202.9	200	177.29	195.3	190.01	160.9	160.6	↓	LHI	Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County	Updated
Mortality - Heart Disease	Age-adjusted death rate (per 100,000 pop.)	114.5	123.9	193.8	129.9	111.9	146.4	110.63	134.2	123.6	99.6				Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County	Updated
Mortality - Ischemic Heart Disease	Age-adjusted death rate (per 100,000 pop.)	125.2	140.1	192.4	148.4	151.6	154.6	119.8	153.9	132.3	109.5	103.4	↓	LHI		Static
Mortality - Lung Disease	Age-adjusted death rate (per 100,000 pop.)	56.7	76.6	84.1	71.4	71.2	72.4	49.04	65.8	63.32	41.3				Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County	Updated
Mortality - Stroke	Age-adjusted death rate (per 100,000 pop.)	41.9	53.4	36.2	53.3	54.5	49.8	40.49	56.7	43.84	36.9	33.8	↓	LHI	Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County	Updated
Mortality - Suicide	Age-adjusted death rate (per 100,000 pop.)	12.7	21.6	18	16.7	24.3	suppressed	13.29	suppressed	17.67	13	10.2	↓	LHI	Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County	Updated
Mortality - Drug Overdose	Age-adjusted death rate (per 100,000 pop.)	18.70	26.00	28.90	28.10	22.60	suppressed	26.66	36.10	38.52	15.60	10.20	↓		Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County	not comparable to prior assessment data
Infant Mortality	Age-adjusted death rate (per 100,000 pop.)	5.7	8.3	8.2	9.1	9.2	8.2	7.7	11.7	7.5	6.5	6	↓	LHI	US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2006-10. Source geography: County	Static
Quality of Life		*87 of 88 (-10)*	*84 of 88 (-9)*	*86 of 88 (-5)*	*78 of 88 (-9)*	*85 of 88 (-5)*	*73 of 88 (+12)*		*39 of 55 (+3)*							Updated
Poor physical health	Average # of physically unhealthy days reported in past 30 days	4.7	4.4	4.5	4.1	4.3	4.2	4	5.4	5	3.7				http://www.countyhealthrankings.org/app/ohio/2018/compare/snapshot?counties=39_009%2B39_053%2B39_087%2B39_105%2B39_163%2B39_079	Updated
Poor mental health days	Average # of mentally unhealthy days reported in past 30 days	4.7	4.4	4.5	4.5	4.3	4.3	4.3	5.1	4.7	3.7				http://www.countyhealthrankings.org/app/ohio/2018/compare/snapshot?counties=39_009%2B39_053%2B39_087%2B39_105%2B39_163%2B39_079	Updated



2019 Gallia County MAPP

(Mobilizing for Action through Planning and Partnership)

Community Themes and Strengths Assessment

January 2019 Focus Groups Report

Public Health
Prevent. Promote. Protect.

Gallia County
Health Department

Holzer

COLLEGE OF PUBLIC HEALTH
Center for Public Health Practice
The Ohio State University

Summary

In 2018, the Gallia County Health Department (GCHD), in partnership with Holzer Health System, embarked on a comprehensive regional community health assessment with the surrounding counties of Vinton, Meigs, and Jackson. The region utilized a framework known as MAPP (Mobilizing for action through planning and partnerships). MAPP is a nationally recognized best practice for community health assessment and community health improvement planning designed by the National Association of City and County Health Officials (NACCHO). MAPP features four distinct assessments that result in a comprehensive view of the health of a community. This report focuses on the results of one of these assessments, the Community Themes and Strengths Assessment (CTSA).

To conduct the CTSA, GCHD contracted with the Center for Public Health Practice at the Ohio State University (CPHP) to conduct a series of focus groups utilizing a standard question set (see below). Several populations were targeted with these focus groups to gauge what the most pressing health issues in Gallia County are. Participants were given the opportunity to voice their opinions and concerns about community assets, resources, gaps, and needs. Twenty-four individuals participated in sessions held in Gallipolis, Ohio.

Across the four sessions, three general themes emerged. In Gallia County, there is:

- An overall lack of affordable opportunities to be healthy.
- A prevalence of substance abuse and mental health issues.
- A large lack in awareness of health resources and information in the community.

Methodology

A total of four focus groups were conducted over two weeks in January 2019. A total of 24 people participated. As the purpose of these focus groups was to gather information about all residents of Gallia County, the focus groups were open to all residents that wished to participate. The only screening done for eligibility was a verbal assurance that participants were residents of Gallia County.

Two focus groups were targeted groups that feature adults who work with vulnerable, underserved and/or otherwise at-risk people. The Family and Children First Council is a community coalition that aims to coordinate systems and services and engage families in Gallia County. Gallia Citizens for Prevention and Recovery is a coalition of representatives from social service organizations focused on reducing substance misuse in Gallia County. Both of these focus groups were conducted in conjunction with each coalition's regular meeting time. No incentives were offered to participants.

The remaining two focus groups sought to collect information from the community at large and were advertised to the entire community via Facebook and newspaper advertising. Gift cards to local restaurants were offered as an incentive for participating using funds provided by Holzer Health System. Three of the focus groups were held at the Gallia County Health Department and one was held at Holzer Health System in Gallipolis.

Focus Group Procedures/Protocol

At the beginning of each focus group, participants were greeted and given a brief overview of the purpose of the focus groups and an overview of the process for the session. Verbal consent to be recorded was obtained from participants. They were reassured that their responses would remain confidential. Each focus group utilized a standard script to assure that the groups were asked the same questions. Questions were designed to objectively collect responses without bias. The complete script utilized can be found in Appendix A of this report.

The focus groups were scheduled for two hours to allow adequate time for all responses to be generated. Focus groups lasted between 75 and 115 minutes and covered the following questions:

Health

1. What do you think are the most important health concerns in your community?
2. What's happening in your neighborhood and community that influences the health of you and your family?

3. What keeps you and your family healthy? What keeps you from being healthy?

Resources

1. If you needed help for some reason who and where would you turn to?
2. What resources or activities would you like to see in your community that would impact health in a positive way?
3. What makes it hard for people to get health information and care?

Quality of Life

1. What 1-2 words would you use to describe quality of life in Gallia County?
2. What does Gallia County need more of?

Closing:

1. Of everything that we talked about today, which one issue or item is the most important for your community to address?

During the focus groups, one note taker captured the conversation using a pre-developed note-taking template. An audio recording of the session was made for backup purposes. The transcripts of the focus groups were read, analyzed, and coded based on identified themes.

Findings

The following is a summary of the responses to the above questions given during the focus groups.

Question #1: What do you think are the most important health concerns in your community?

Responses to this question primarily fell into three major themes: access to care related responses, chronic disease related responses, and substance abuse and mental health related responses. Access to care related responses included comments about how residents delay seeking care when they need it and that overall access to care is an issue. Chronic disease related responses primarily had to do with access to healthy foods and opportunities for physical activity. Substance abuse and mental health related responses focused on both the use of substances, including methamphetamines, opioids, marijuana, alcohol, tobacco, and the impact that they have on the community, including the impact on children and families and an increase in blood borne pathogen diseases. The incidence of suicide and depression were also noted, including an increased incidence of depression in youth.

Other responses included concerns about air quality due to the location of coal-fired power plants, generalized hopelessness, and a distrust of people not from Gallia County.

Question #2: What's happening in your neighborhood and community that influences the health of you and your family?

Overall, the responses to this question focused on the resources in the community in three ways, resource availability, gaps in resources, and community awareness of what is available. Available resources included the library's free programs and the Holzer fitness center. Gaps in resources included a lack of opportunity to purchase healthy foods and a lack of opportunities for people to be physically active. Also mentioned were the gaps in available technology, including internet connectivity and cell phone towers. There was a lot of discussion surrounding people not being aware of the resources that are available, including parents, and the need for a central hub to connect the services in a more efficient and obvious way.

Other responses included concerns related to substance misuse, including needles in parks, secondhand smoke, spread of diseases related to needle use, and impaired drivers. An overall lack of empathy among citizens was noted as well.

Question #3: What keeps you and your family healthy? What keeps you from being healthy?

The majority of responses to this question focused on two themes, health behaviors, including nutrition and physical activity related responses, and access to care. Again, the lack of availability of healthy, affordable foods was noted, as well as the lack of opportunity for safe, affordable physical activity. One community focus group overwhelmingly felt that these were the biggest drivers of health status for Gallia County.

Residents being able to access the health care system was a consistent response across the focus groups sessions, including primary care, mental healthcare and dental care. In addition to concerns about the expense of healthcare, including an issue of underinsurance, people also noted that residents do not seek care due to the stigma of asking for help. The health department's services were noted as an asset in Gallia County, including the availability of vaccinations and Narcan.

Other responses to this question included a strong social support network, parents modeling poor behaviors to their children and unsafe housing.

Question #4: If you needed help for some reason who and where would you turn to?

This question raised community concerns about the availability of quality healthcare in Gallia County. Participants responded that they felt more comfortable traveling to Columbus or Huntington for routine medical care and would only seek care from the local hospital in case of emergency. Delays in the emergency department were noted as well as an overall shortage of specialists, specifically concerning children born addicted to drugs.

Other responses to this question included faith-based organizations, family, friends, Jobs and Family Services, the Veteran's Center, and Law Enforcement.

Question #5: What resources or activities would you like to see in your community that would impact health in a positive way?

Overwhelmingly, the desire for an inclusive health center, such as a YMCA, was identified as a desire in Gallia County. Participants noted the range of programming options, affordability, and facilities that a YMCA brings. People noted an overall lack of health education and awareness classes, as well as a lack of family friendly events throughout the year.

In addition to a YMCA, people indicated that they want more social support programs. This includes support for people addicted to substances and their families. Suggestions included peer recovery support; NA, AA, and AL anon groups and expanding the mental health services provider base. In addition, better support for school students to navigate the system was noted as a need, including a need for more afterschool activities at all levels, programming for higher achieving children at all levels and education on trade skills education and higher education grant and scholarship availability for high school students.

Other responses to this question included a need for more employment opportunities and workforce development, and the need for more arts and culture.

Question #6: What makes it hard for people to get health information and care?

A lack of access to information was noted as a barrier to receiving health care and information in Gallia County. The county's rural location was identified as a driver of this, as well as the lack of internet connectivity and cell phone service in much of the county. Lack of access to reliable transportation was also identified as a contributor to the issue. In addition, the high number of people employed in jobs they cannot afford to take leave from was reported as a reason that people do not receive the care they need.

An overall lack of public awareness was noted as an issue in Gallia County. Participants reported wanting more information easily accessible either in physical advertisements (the electronic sign in front of the Health Department) or in a web-based format (a more easily navigable website with resources and education).

Many participants identified issues with the health care system, including lack of specialists, providers being out of network and long wait times as a reason they did not seek care in Gallia County.

Question #7: What 1-2 words would you use to describe quality of life in Gallia County?

The responses to this question were very polarized, depending on the respondent pool. The sessions targeted towards those working with vulnerable and at-risk populations used words and phrases that indicated a poor quality of life in Gallia County, such as disconnected, entitled, selfish, empathy, fatigue, impoverished, struggling, adversarial, and cynical. The community groups used words and phrases that indicated a much different quality of life, including good, average, and wonderful place to retire. The community group did note that the community is a little slower, with a lack of activities from younger adults.

Question #8: What does Gallia County need more of?

There were several themes that emerged from the responses to this question. Participants noted a need for an improved economy, including more industry and jobs, better economic opportunities, more small businesses, better workforce development, and better internet connectivity. Better engagement from the community and elected officials was identified as a need, including more progressive officials, engaged parents, more communication from elected officials, and an overall need for people to be more open-minded and engaged. A need for more community events was noted. In addition, more resources for schools and law enforcement were identified as a need.

Other responses to this question included healthier food outlets, more sidewalks, and more specialists.

Question #9: Of everything that we talked about today, which one issue or item in the most important for your community to address?

The substance abuse issue was the top response to this question, followed by better facilities for health classes and physical activity, such as a YMCA. Internet connectivity was the third most mentioned response to this. Finally, the economy was mentioned by several participants.

Other responses to this question included awareness of resources and collaboration between elected officials and community members.

Discussion

While participants identified a variety of quality of life related issues in Gallia County, several themes stood out across all questions. The most pressing health issues in Gallia County are seen as obesity, substance abuse, and lack of awareness. Participants identified several contributors to those issues and how they impact the health of the community.

Lack of opportunities for healthy eating and active living were identified as contributors to the obesity issues. The community overwhelmingly reported needing an affordable community resource, such as a YMCA to address this gap. In addition, healthier food options such as a consistent farmers market and a reduction in the number of fast food outlets were noted as ways to combat this.

The substance abuse issues and its impact on the community was another theme that emerged throughout the sessions. In addition to the drug use itself, participants noted its impact on the work force, the health of families, the burden on social resources, and the increase in disease transmission as factors that increase the severity of the substance abuse issue.

Lack of awareness due to gaps in technology were noted in each focus group as well. Lack of internet connectivity and poor cell phone service were identified as contributors to the health status of the community. People not being able to access health information or be aware of community resources are results of this.

The results in this report have several limitations. While every effort was made to recruit participants to have a representative sample of Gallia County residents, one focus group was predominantly health department employees, which resulted in a lot of responses indicating disease transmission via needle sharing as a major issue in the community. In addition, while the FCFC and CPR groups were targeted specifically to gather information about vulnerable and at-risk populations, they are groups made up of people that work with those populations, not members of the populations themselves.

APPENDIX A – Focus Groups: SCRIPT

Opening

Thank you for taking the time to meet with us for this discussion group. We know your time is valuable and we appreciate your participation.

My name is _____ and I a program manager at the Center for Public Health Practice at Ohio State University. I am working with the Gallia County Health Department to complete their community health assessment. (Intro student if necessary)

Purpose

Every 3 years Gallia County does a Community Health Assessment in which they try to identify what's working and what needs improving in the community. This time, we're interviewing various groups – other people like you – to gain a better understanding of what they think the health issues in the community are. The information you provide will be used by the Gallia County Health Department and other community groups to improve current health programs and plan new ones.

Confidentiality

Here's what will happen today:

During the next hour, I'm going to ask you some questions and you'll have the opportunity to respond.

Anything you say in this room will remain confidential. The information you provide will be summarized in reports, but your name will not be used, and you will not be identified in any way. We do that so you will feel completely comfortable being open and honest with us. Sharing your opinions truthfully is the most important thing you can do.

_____ will be taking notes to capture your responses today. We will also be audio taping the conversation. Your input is important, and we want to make sure that we get it right. After we're finished with the community health assessment, the tapes will be stored at the Gallia County Health Department, but again there will be no way to identify you. That's why we're going to use first names only today.

Once we've gathered all the information and written our summary report, a copy will be sent to the state health department, who is funding this work, and various partner agencies in Gallia County. It will also be available on the health department's website.

Does anyone have any questions or concerns about the confidentiality of today's session or how the answers will be used? (scan room for concern)

Ground Rules

1. You are not required to answer any question you may not wish to answer.

2. If at any time while we are talking you do not feel comfortable, you do not need to respond.
3. Please speak clearly, listen to the responses of other participants, and do not interrupt others.
4. There are no right or wrong answers; it's ok to have a different opinion than the others.
5. Do not discuss the responses of the people in this discussion with others when you leave here today.

Does everyone agree to the ground rules? (get verbal/nodding approval from everyone!)

Self-introduction

Let's get started by introducing ourselves. Very briefly, tell us your name and one thing you love about Gallia County. (*Keep this short*)

Health

4. What do you think are the most important health concerns in your community?
5. What's happening in your neighborhood and community that influences the health of you and your family?
6. What keeps you and your family healthy? What keeps you from being healthy?

Resources

4. If you needed help for some reason who and where would you turn to?
5. What resources or activities would you like to see in your community that would impact health in a positive way?
6. What makes it hard for people to get health information and care?

Quality of Life

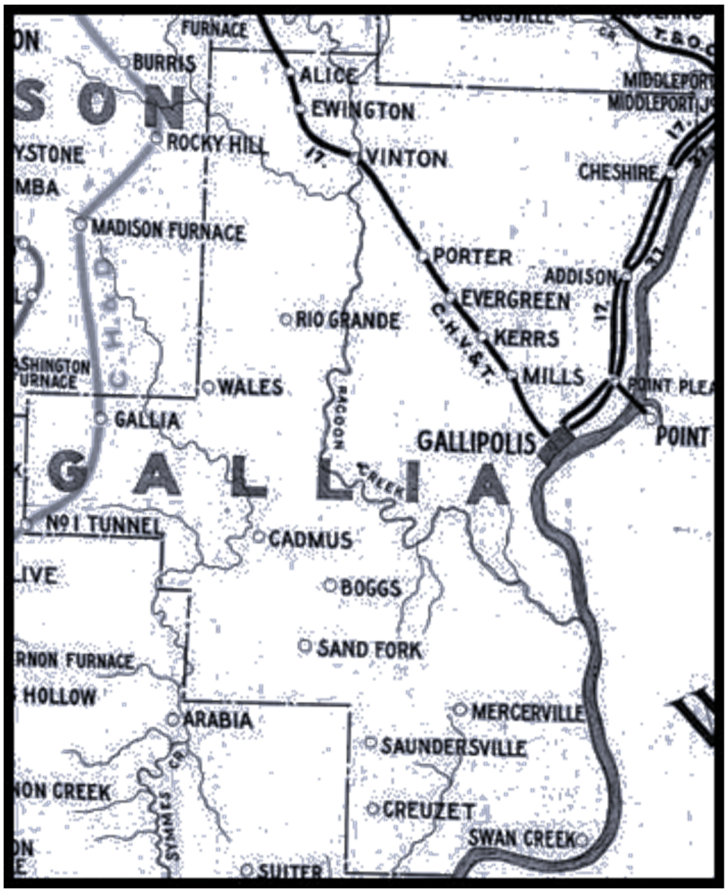
3. What 1-2 words would you use to describe quality of life in Gallia County?
4. What does Gallia County need more of?

Priority:

2. Of everything that we talked about today, which one issue or item in the most important for your community to address?

Closing:

Thank you so much for your time! As a reminder, this will be used as part of a larger assessment to identify the most pressing health issues in Gallia County. Please contact the health department with questions or concerns.



2019 Gallia County MAPP

(Mobilizing for Action through Planning and Partnership)

Community Themes and Strengths Assessment

March 2019 Community Survey Report

Public Health
Prevent. Promote. Protect.

Gallia County
Health Department

Holzer

College of Public Health
Center for Public Health Practice
The Ohio State University

Summary

In 2018, the Gallia County Health Department (GCHD), in partnership with Holzer Health System (Holzer), embarked on a comprehensive regional community health assessment with the surrounding counties of Vinton, Meigs, and Jackson (LHDs). The region utilized a framework known as MAPP (Mobilizing for Action through Planning and Partnerships). MAPP is a nationally recognized best practice for community health assessment and community health improvement planning designed by the National Association of County and City Health Officials (NACCHO). MAPP features four distinct assessments that result in a comprehensive view of the health of a community. This report focuses on the results of one of these assessments, the Community Themes and Strengths Assessment (CTSA).

The CTSA aims to collect information about quality of life in a community, as well as the resources available to residents that would positively impact their health. To conduct this assessment, data collection was divided into two methods, a survey and a series of community focus groups. To conduct the survey portion of the CTSA, the GCHD and group created and distributed a quality of life survey. The survey was distributed via mail, email, and in person collection using a combination of random and convenience sampling. A total of 445 surveys were collected in Gallia County.

Methodology

In 2018, the Gallia County Health Department (GCHD), in partnership with Holzer Health System (Holzer), embarked on a comprehensive regional community health assessment with the surrounding counties of Vinton, Meigs, and Jackson. The region utilized a framework known as MAPP (Mobilizing for action through planning and partnerships).

MAPP is a nationally recognized best practice for community health assessment and community health improvement planning designed by the National Association of City and County Health Officials (NACCHO). MAPP features four distinct assessments that result in a comprehensive view of the health of a community. This report focuses on the results of one of those assessments, the Community Themes and Strengths Assessment (CTSA).

To conduct the CTSA, data collection was divided into two data collection techniques: focus groups and a survey. This report focuses on the survey results. Information on and analysis of the focus groups can be found in a separate report.

To conduct the survey, the GCHD, Holzer, and the other LHDs crafted a questionnaire that aimed to collect information on access to healthy produce, access to areas for safe recreation, barriers to receiving care, and demographic data. Complete survey results can be found in Appendix A of this report.

The survey was distributed with Holzer funding, via USPS (mail) using a computerized random sample of addresses in the assessment area. Effort was made to assure appropriate distribution based on county population size. When the return rate was not high enough to assure statistically significant responses in some of the counties, email distribution was used to resend the survey to a random sample. With return rates still low, the GCHD, Holzer and other LHDs decided to begin gathering survey responses via convenience sample. Each LHD was responsible for collecting additional surveys for their county through a combination of in-person and email surveys. Any in-person or mail surveys were entered into Survey Monkey for analysis.

The Gallia County Health Department collected surveys via community partners and staff through a variety of methods including social media, email, and paper at community functions. The GCHD also specifically targeted a high-risk population through the Syringe Service Program to gather data. Gallia County had a total of 445 respondents to the survey. This sample size represents a 95% confidence interval and 4.5% margin of error based on the 2018 population estimate of 29,979.

[1] American FactFinder: Gallia County, OH. (2019, May 24). Retrieved from https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml?src=bkmk

Findings

The questions in the survey focused primarily on access to resources, including food, recreation, and health care. While information on the focus groups can be found in a separate report, comparisons between the survey results and the focus group results are provided in this report when appropriate and applicable.

89.89% of respondents reported that they had access to a place to purchase healthy foods. This is similar to the LHD regional rate of 87.32%. During the focus group sessions, participants expressed concerns about the availability of these foods. 61.98% of respondents reported that areas for physical activity are moderately or very accessible, while 50.00% reported that there are enough safe places for children to play in the community, compared to a regional rate of 55.37% and 53.90% respectively. During the focus group sessions, a prevailing theme was the need for more recreation outlets. Some participants noted concerns with safety in the existing parks. A high incidence of substance abuse in the community was attributed to those safety issues.

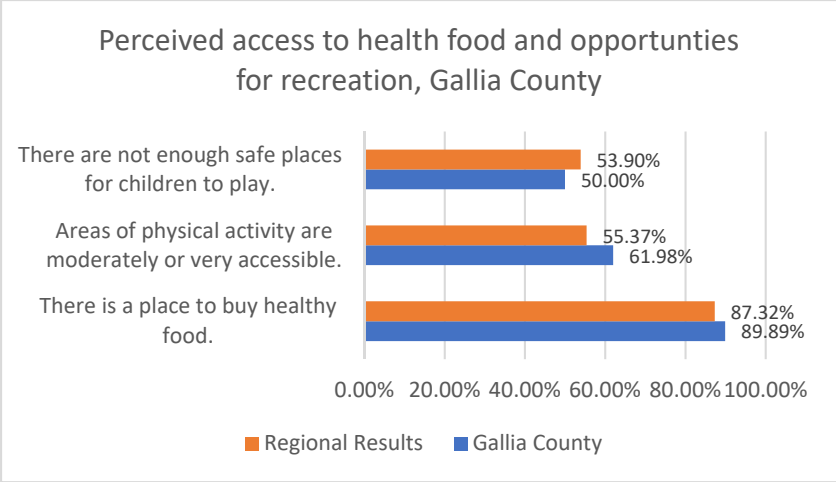


Figure 7: How Gallia County compares to the region concerning perceived access to healthy food and areas for safe recreation.

In response to a question asking what the top three health problems in the community are (Figure 2), 83.67% of Gallia County respondents reported that drug and/or alcohol abuse is the top health problem, followed by poor health behavior (including smoking, poor diet, limited exercise) at 64.63% and economic challenges (including unemployment, poverty, education levels) at 46.49%. These are the same health conditions that rose to the top in the regional results. During the focus group sessions, substance

Biggest health problem in the community		
	Gallia County	Regional Results
Drug and/or Alcohol Abuse	83.67%	80.27%
Poor Health Behavior	64.63%	64.44%
Economic Challenges	46.49%	49.48%

Figure 8: Top three perceived health issues in Gallia County and the Region

abuse, including drugs and/or alcohol were noted as a community concern, as well as economic challenges in the community.

When asked about accessing certain types of care (Figure 3), many respondents reported having a very or somewhat difficult time receiving mental health care (46.92%), addiction services (42.49%), primary care (27.17%) specialty care (56.19%), and dental care (41.32%). Given this, 79.23% of respondents reported having a regular healthcare provider, which is lower than the regional rate of 81.69%.

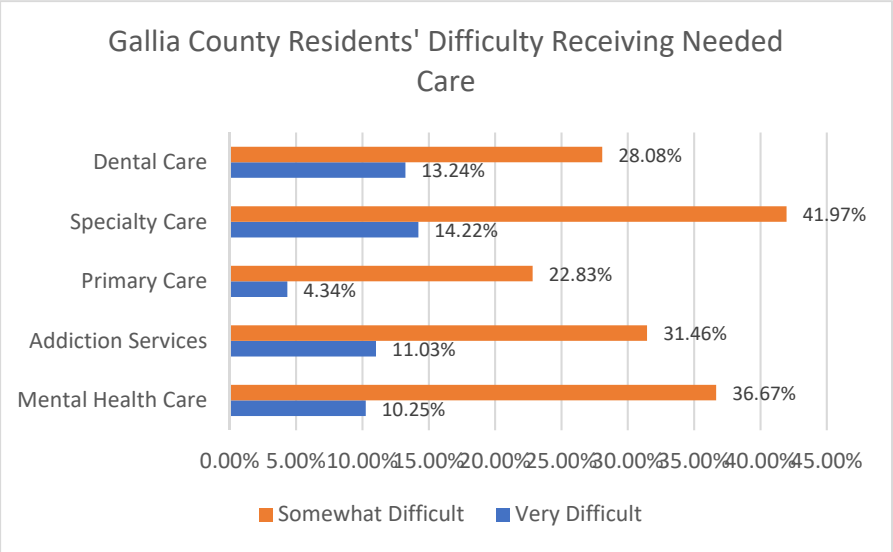


Figure 9: Perceived ease of access to care.

The top three reasons that respondents report not accessing needed health care were that the cost was too high (30.59%), inability to take or afford time off work (17.74%), and the doctor's office was not accepting new patients (11.57%). This underscores the results of the focus group sessions, where access to healthcare was noted as a reason for concern in the community due to the fact that many residents of Gallia County are under-insured, meaning that the benefits they have are not sufficient for receiving routine and preventive care.

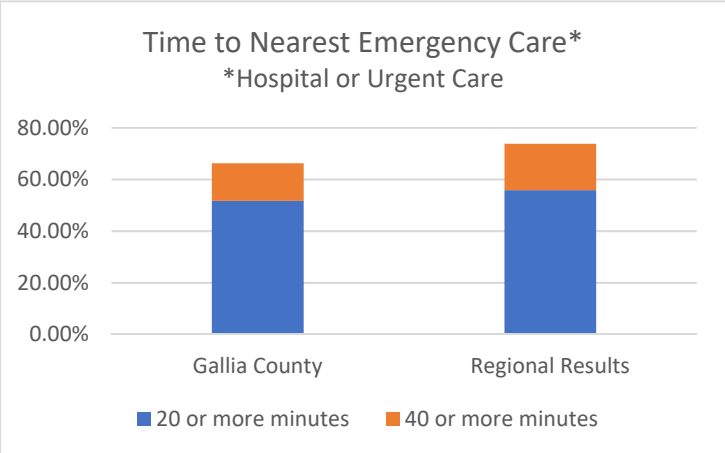


Figure 10: Travel time to nearest emergency care.

28.57% of Gallia County respondents could not afford to get a needed prescription filled due to cost, while 27.36% of Gallia County respondents could not afford needed dental care due to cost, compared to 23.90% and 26.50% for the region, respectively.

Access to emergency services was an issue for Gallia County respondents (Figure 4). 51.71% of Gallia County respondents reported that it would take them 20 or more minutes to get to a hospital, urgent care, or emergency room if seriously injured. 14.58% reported that it would take 40 or more minutes.

When asked specifically about seeking mental health care, respondents reported that awareness, stigma, and cost were the biggest barriers to care. 30.40% reported that most people with a mental health issue do not know that they have a problem, 24.23% reported that fear of others finding out is a barrier, and 18.76% reported that the cost of treatment is too high.

Discussion

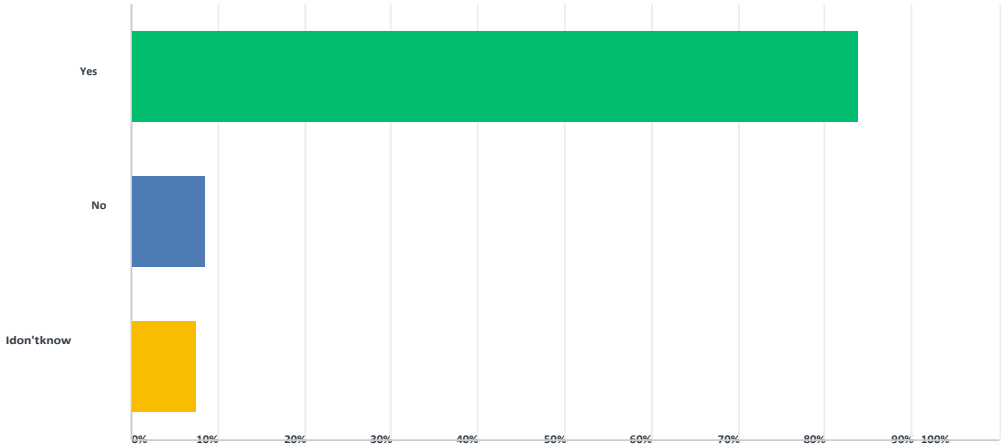
Overall, survey results show that lack of access to care and substance use are pressing health issues in Gallia County. This underscored the results of the focus groups. Specialty care, mental health care, and dental care were noted as big gaps in access for Gallia County survey respondents. Focus group participants noted a gap in access to mental health care and dental care, specifically. In addition, the focus groups showed an overall distrust in local health providers, which may impact the survey respondents' perceived access to available care.

Substance use was also identified as a top health concern by Gallia County survey respondents. This paralleled the focus group results, which indicated that drug and/or alcohol use is one of the top three biggest health problems in the county. Gallia County respondents also indicated a lack of access to addiction services, which aligns with the focus group results of needing more addiction support services. Only half of survey respondents reported that there were enough safe places for children to play, this sentiment was shared by focus group participants. During the focus groups, it was noted that this may be related to the substance use issue, as safety issues in parks were attributed to prevalent drug use.

The place the survey and focus group results differed was in perceived access to opportunities for physical activity and healthy food. Focus group respondents noted that some of Gallia County's major needs were more recreation areas and better healthy food options. The majority of survey respondents reported that they had adequate access to both of these.

Q1 Is there a place within your community where you can buy healthy foods, such as fresh produce?

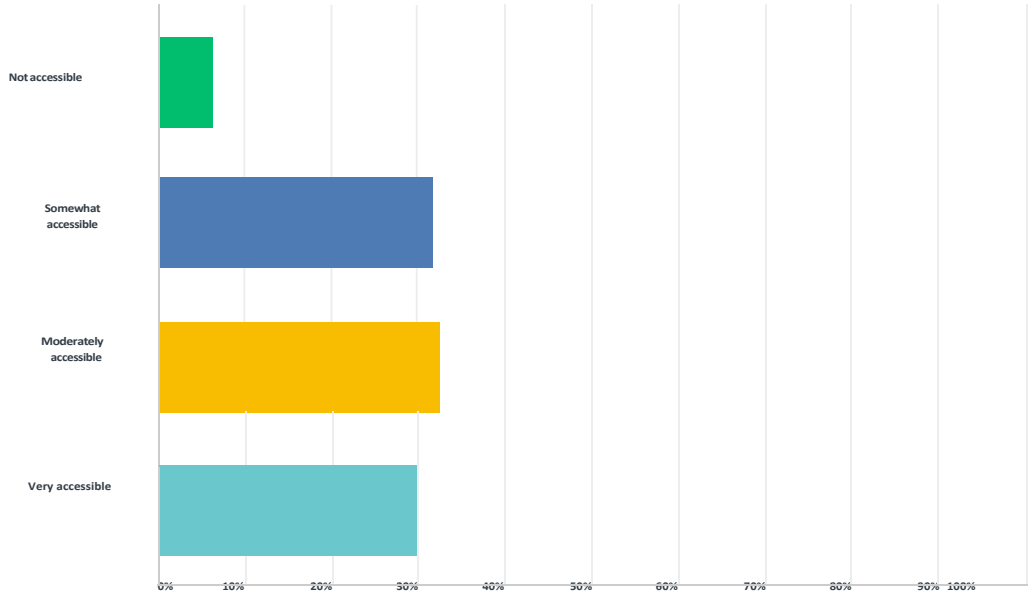
Answered: 441 Skipped: 4



ANSWER CHOICES	RESPONSES	
Yes	83.90%	370
No	8.62%	38
I don't know	7.48%	33
TOTAL		441

Q2 How accessible are areas to be physically active in your community?

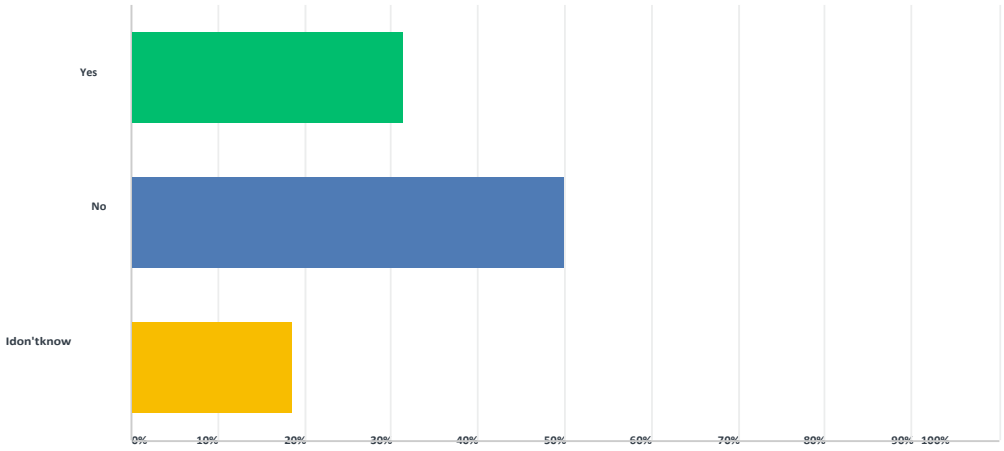
Answered: 438 Skipped: 7



ANSWER CHOICES	RESPONSES	
Not accessible	6.39%	28
Somewhat accessible	31.74%	139
Moderately accessible	32.65%	143
Very accessible	29.22%	128
TOTAL		438

Q3 Do you think that there are enough safe places for children to play within your community?

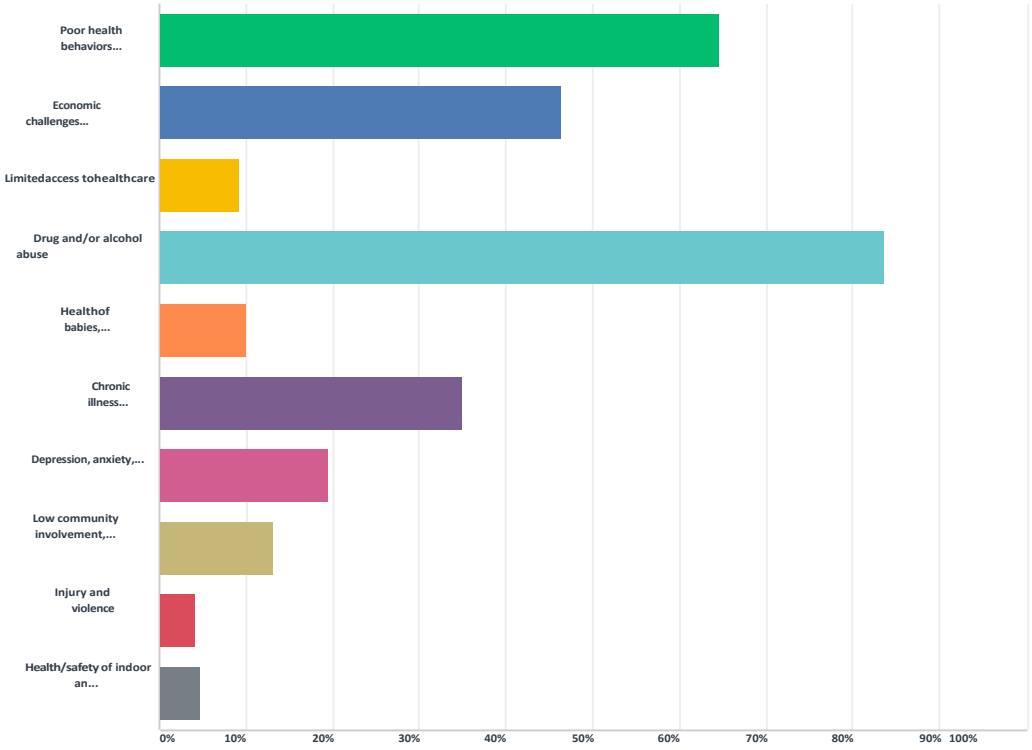
Answered: 440 Skipped: 5



ANSWER CHOICES	RESPONSES	
Yes	31.36%	138
No	50.00%	220
I don't know	18.64%	82
TOTAL		440

Q4 What do you feel is the biggest health problem in yourcommunity? (Select top 3)

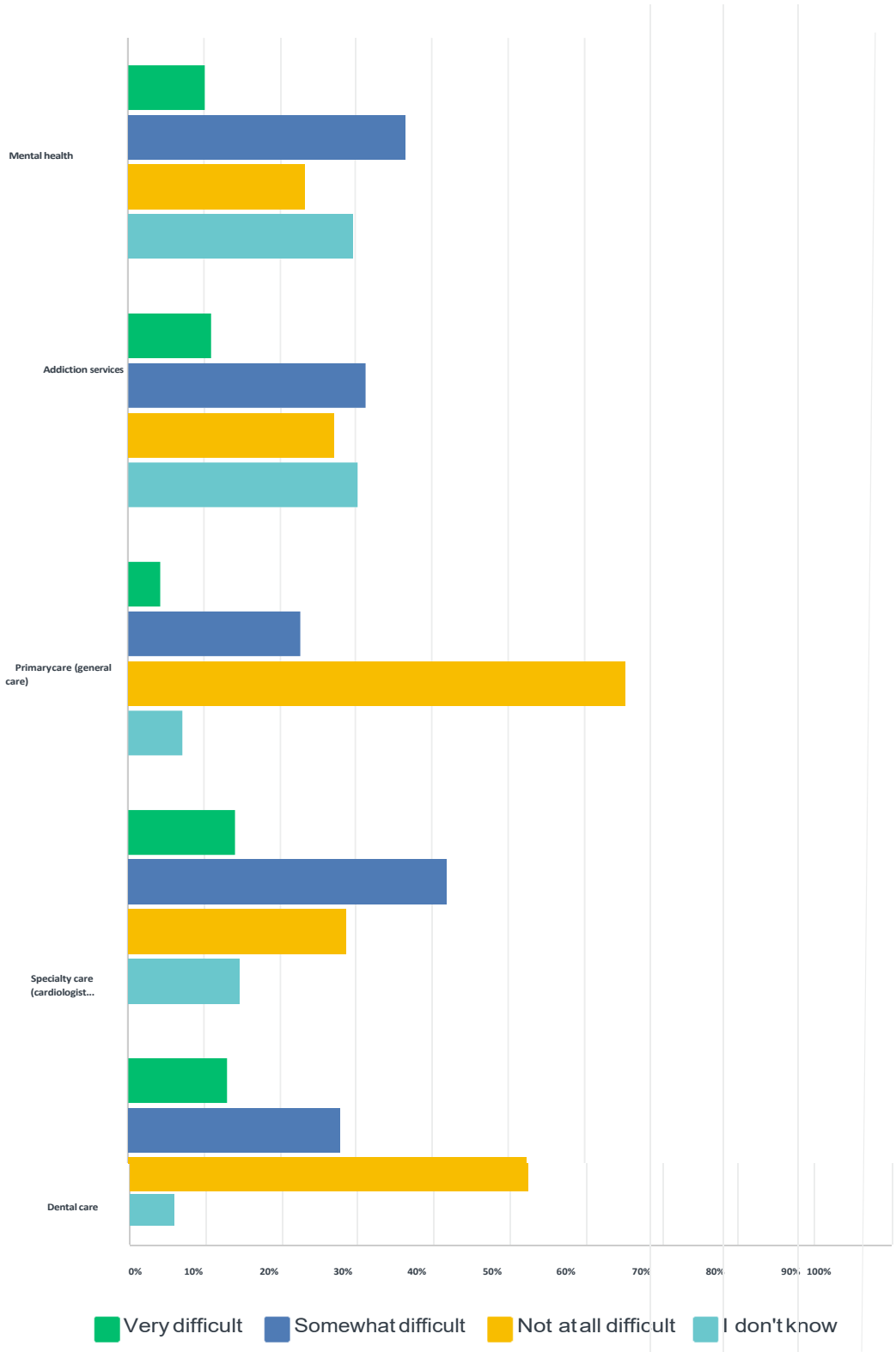
Answered: 441 Skipped: 4



ANSWER CHOICES	RESPONSES	
Poor health behaviors (Smoking, poor diet, limited exercise)	64.63%	285
Economic challenges (unemployment, poverty, education levels)	46.49%	205
Limited access to health care	9.30%	41
Drug and/or alcohol abuse	83.67%	369
Health of babies, mothers, and children (teen pregnancy, childhood obesity, prenatal care)	9.98%	44
Chronic illness (diabetes, cancer, obesity, ongoing pain)	34.92%	154
Depression, anxiety, stress, people feeling judged for seeking mental health treatment	19.50%	86
Low community involvement, hopelessness, apathy	13.15%	58
Injury and violence	4.08%	18
Health/safety of indoor and outdoor spaces	4.76%	21
Total Respondents: 441		

Q5 How difficult is it to receive the following services within your community?

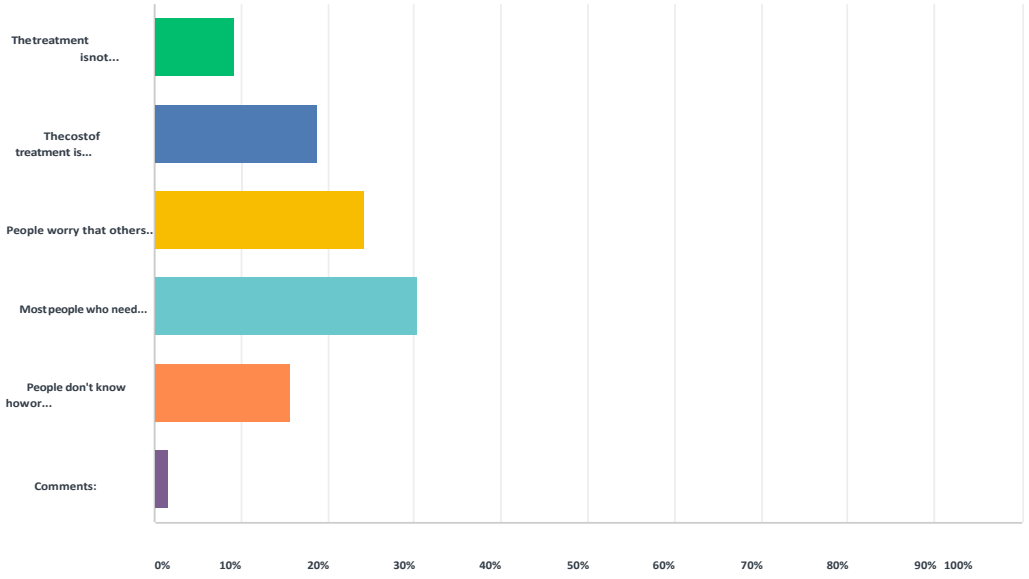
Answered: 444 Skipped: 1



	VERY DIFFICULT	SOMEWHAT DIFFICULT	NOT AT ALL DIFFICULT	I DON'T KNOW	TOTAL
Mental health	10.25% 45	36.67% 161	23.46% 103	29.61% 130	439
Addiction services	11.03% 47	31.46% 134	27.23% 116	30.28% 129	426
Primary care (general care)	4.34% 19	22.83% 100	65.53% 287	7.31% 32	438
Specialty care (cardiologist, podiatrist, etc.)	14.22% 62	41.97% 183	28.90% 126	14.91% 65	436
Dental care	13.24% 58	28.08% 123	52.51% 230	6.16% 27	438

Q6 Some people choose not to seek help for mental health issues.What do you think is the primary reason people in your community mightavoid getting help for mental health issues? (Select ONE)

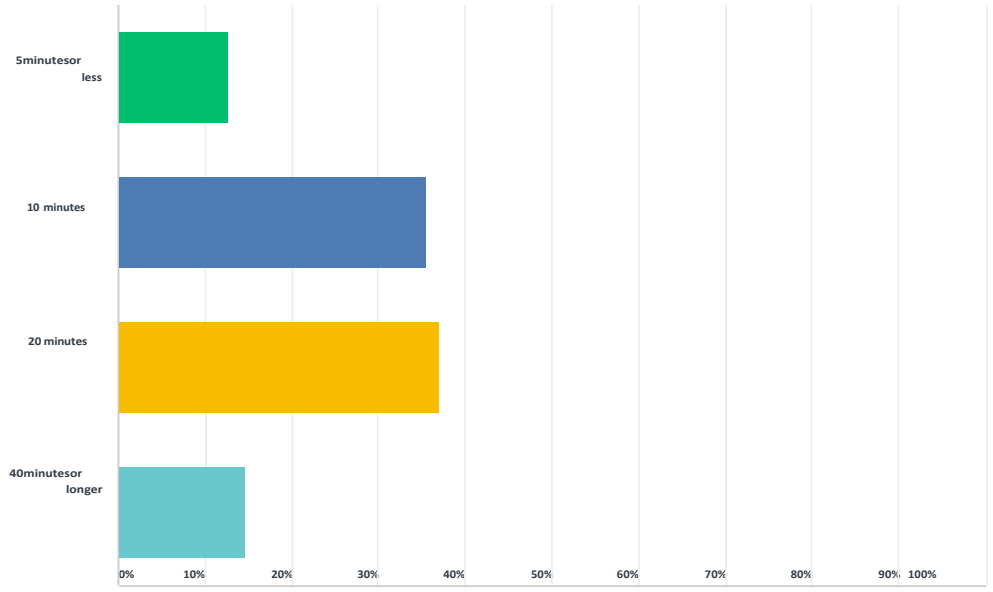
Answered: 421 Skipped: 24



ANSWER CHOICES	RESPONSES	
The treatment is not available or is too far away	9.26%	39
The cost of treatment is too high	18.76%	79
People worry that others will find out about the issue and/or treatment	24.23%	102
Most people who need treatment do not believe they have a problem	30.40%	128
People don't know how or where to get this type of treatment	15.68%	66
Comments:	1.66%	7
TOTAL		421

Q7 If you were seriously injured, how long would it take you to get to a hospital, urgent care, or emergency room for treatment?

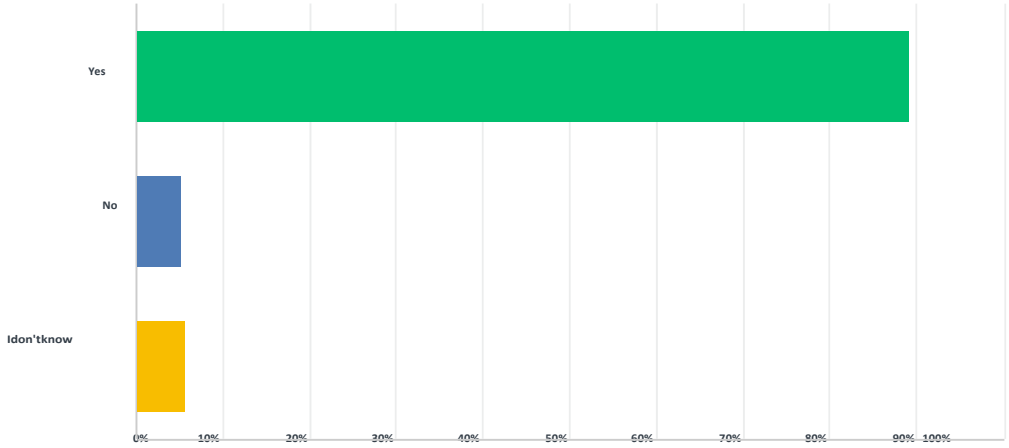
Answered: 439 Skipped: 6



ANSWER CHOICES	RESPONSES	
5 minutes or less	12.76%	56
10 minutes	35.54%	156
20 minutes	37.13%	163
40 minutes or longer	14.58%	64
TOTAL		439

Q8 Do you consider yourself hopeful?

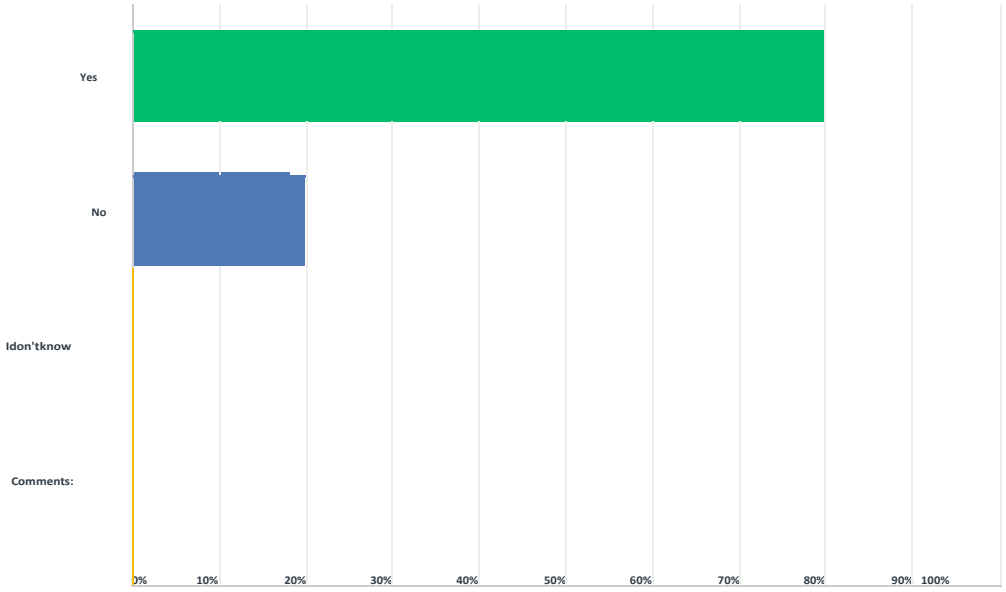
Answered: 439 Skipped: 6



ANSWER CHOICES	RESPONSES	
Yes	89.07%	391
No	5.24%	23
I don't know	5.69%	25
TOTAL		439

Q9 Do you have someone that you consider your regular healthcare provider?

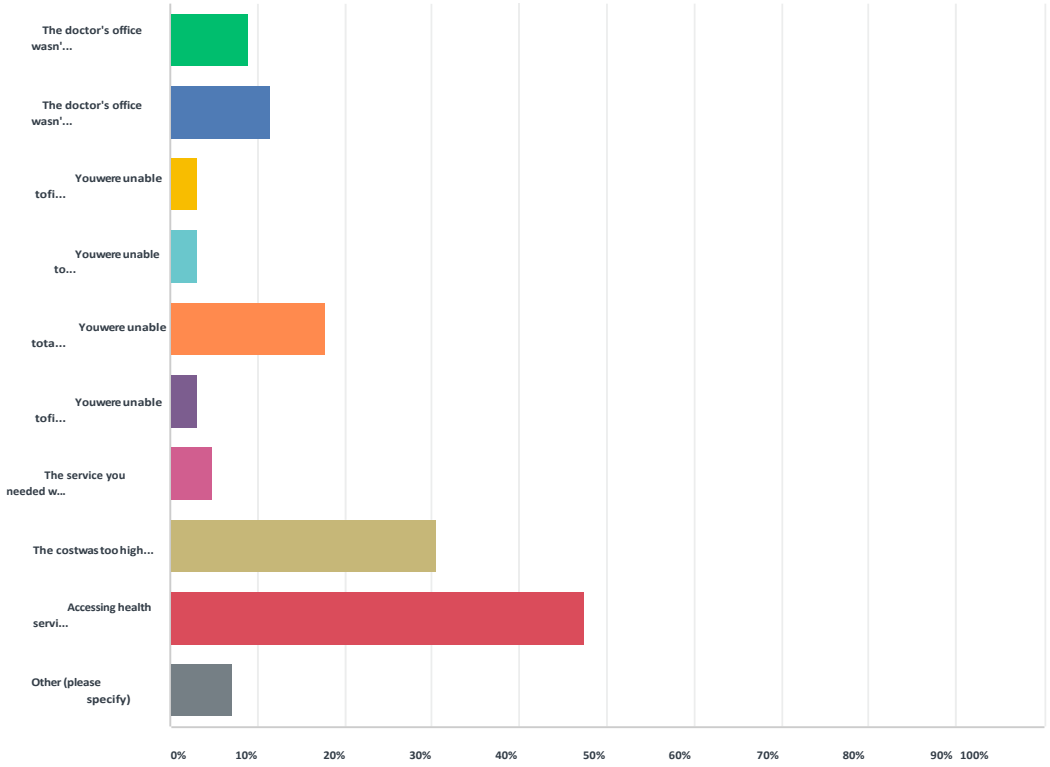
Answered: 443 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	79.23%	351
No	18.51%	82
I don't know	2.03%	9
Comments:	0.23%	1
TOTAL		443

Q10 Please indicate if any of the following issues prevented you from accessing health care in the past year (please select all that apply):

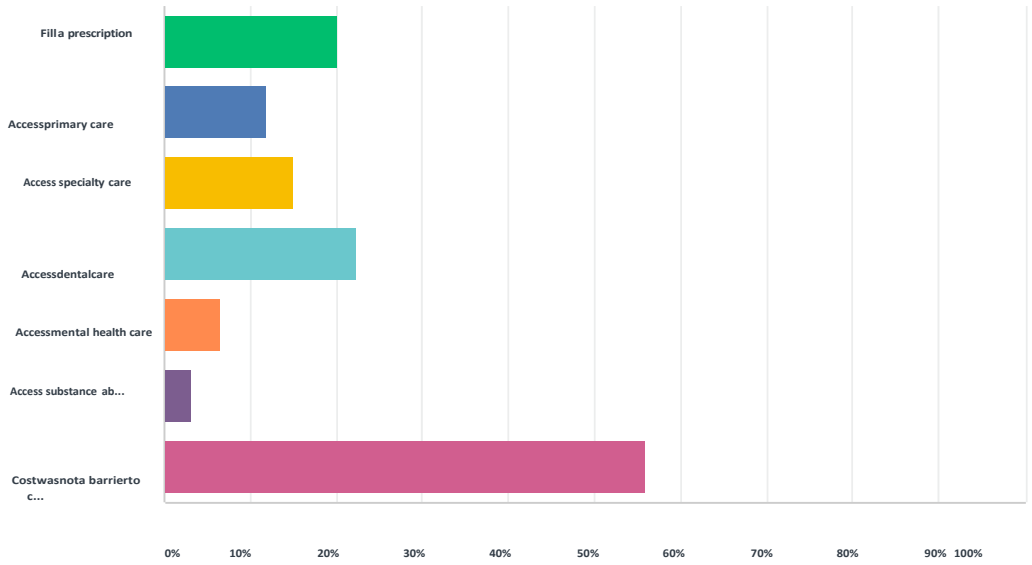
Answered: 389 Skipped: 56



ANSWER CHOICES	RESPONSES	
The doctor's office wasn't accepting your health insurance	9.00%	35
The doctor's office wasn't accepting new patients	11.57%	45
You were unable to find transportation	3.08%	12
You were unable to afford transportation	3.08%	12
You were unable to take or afford time off from work	17.74%	69
You were unable to find necessary childcare	3.08%	12
The service you needed was too far to access	4.88%	19
The cost was too high (insurance deductible, co-pay, lab costs, prescriptions)	30.59%	119
Accessing health services was not an issue for me in the past year	47.56%	185
Other (please specify)	7.20%	28
Total Respondents: 389		

Q11 Please let us know if you or someone in your family were unable to do any of the following within the last year due to the inability to afford the service (please select all that apply):

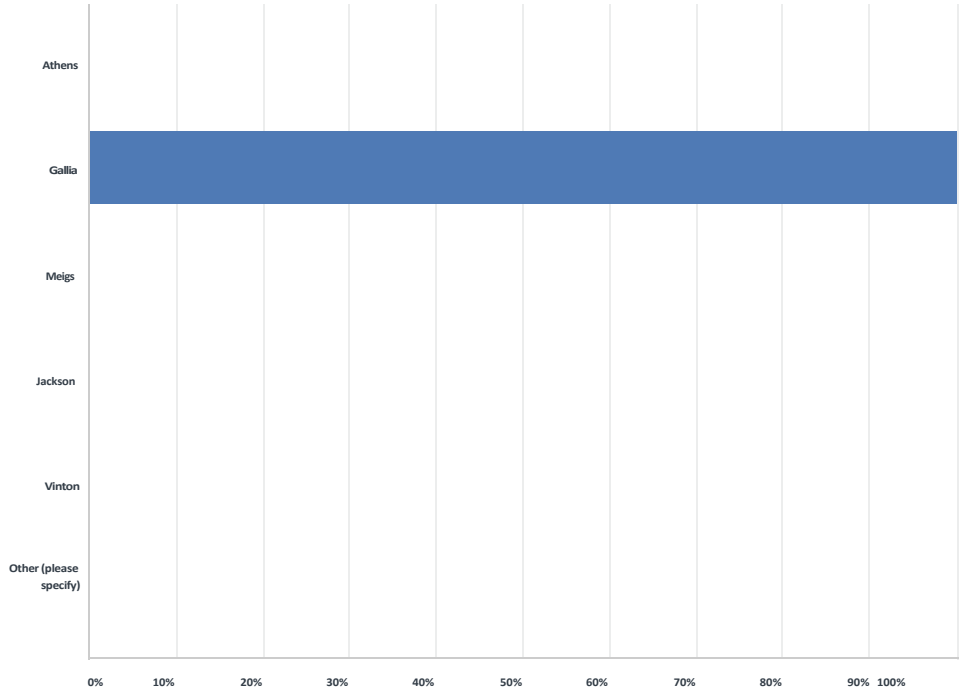
Answered: 372 Skipped: 73



ANSWER CHOICES	RESPONSES	
Fill a prescription	20.16%	75
Access primary care	11.83%	44
Access specialty care	15.05%	56
Access dental care	22.31%	83
Access mental health care	6.45%	24
Access substance abuse services	3.23%	12
Cost was not a barrier to care for me or my family in the past year	55.91%	208
Total Respondents: 372		

Q12 What county do you live in?

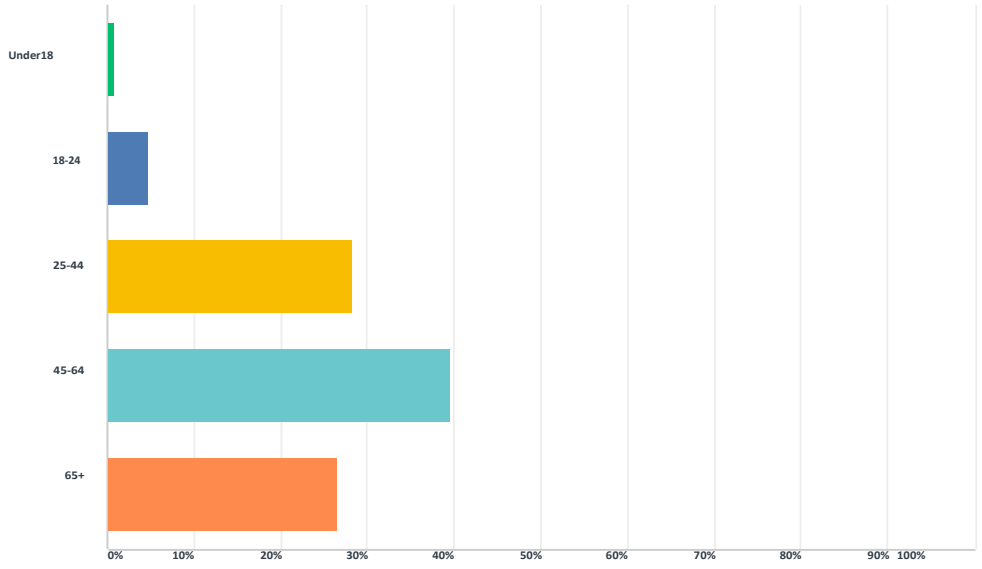
Answered: 445 Skipped: 0



ANSWER CHOICES	RESPONSES	
Athens	0.00%	0
Gallia	100.00%	445
Meigs	0.00%	0
Jackson	0.00%	0
Vinton	0.00%	0
Other (please specify)	0.00%	0
TOTAL		445

Q14 Please tell us your age:

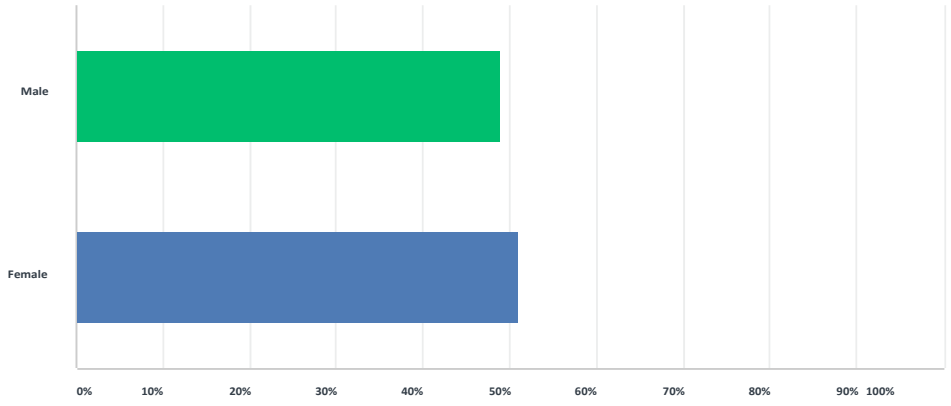
Answered: 444 Skipped: 1



ANSWER CHOICES	RESPONSES	
Under 18	0.90%	4
18-24	4.73%	21
25-44	28.15%	125
45-64	39.64%	176
65+	26.58%	118
TOTAL		444

Q15 Please tell us your sex:

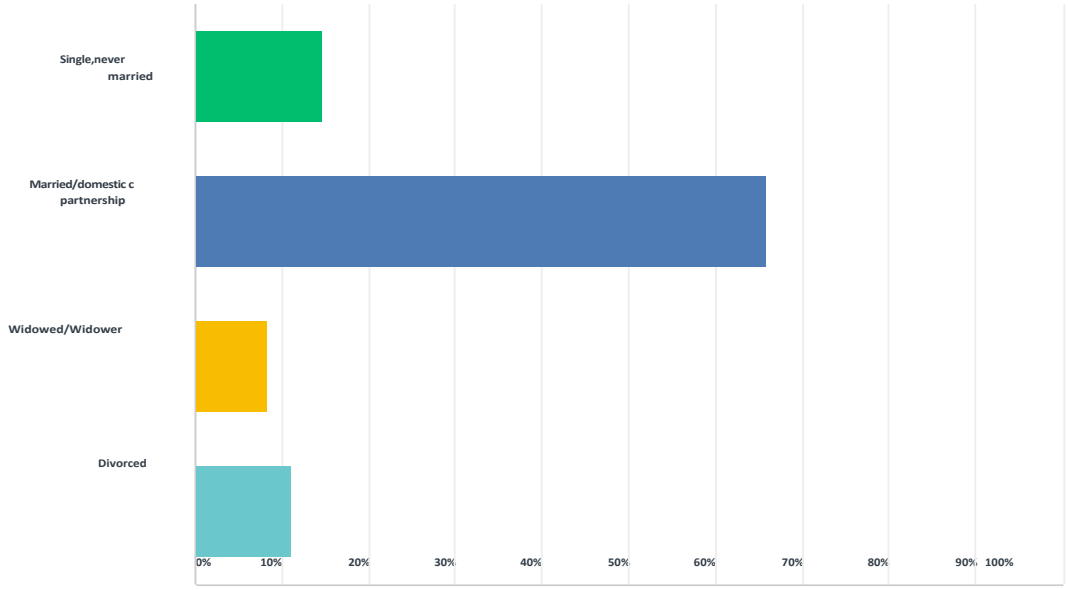
Answered: 419 Skipped: 26



ANSWER CHOICES	RESPONSES	
Male	48.93%	205
Female	51.07%	214
TOTAL		419

Q16 What is your marital status?

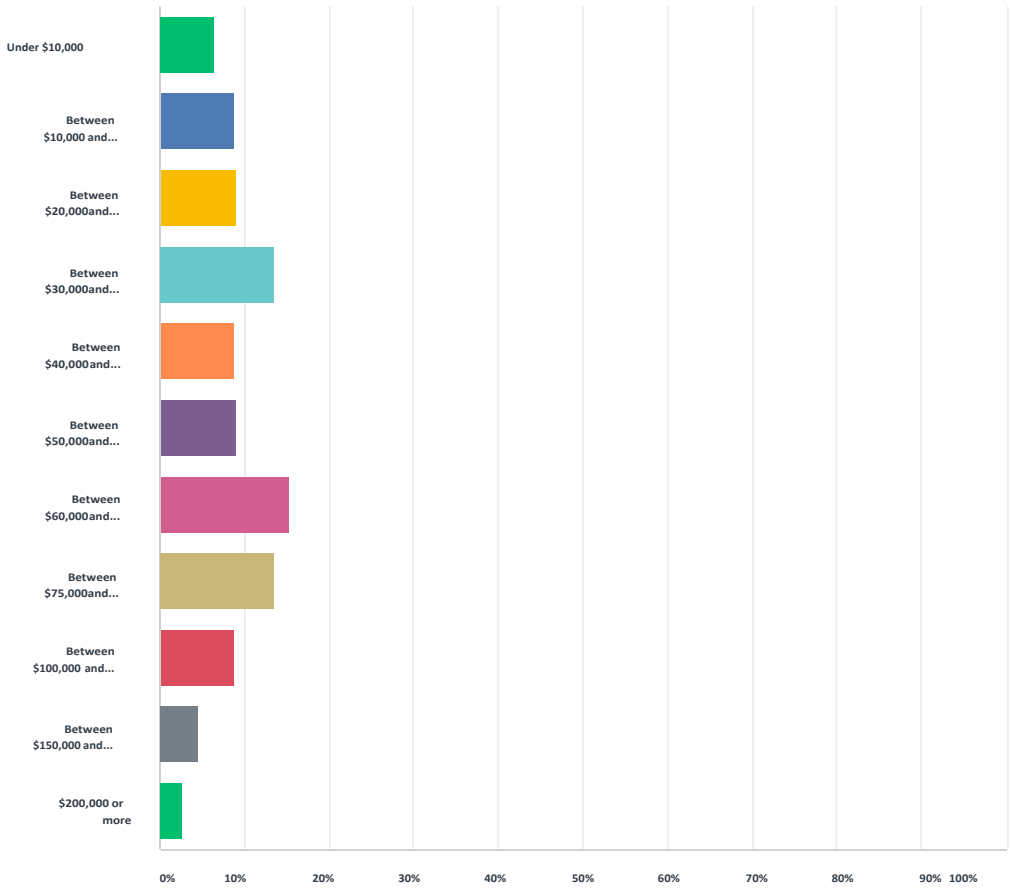
Answered: 432 Skipped: 13



ANSWER CHOICES	RESPONSES	
Single, never married	14.58%	63
Married/domestic partnership	65.97%	285
Widowed/Widower	8.33%	36
Divorced	11.11%	48
TOTAL		432

Q17 What is your average yearly household income?

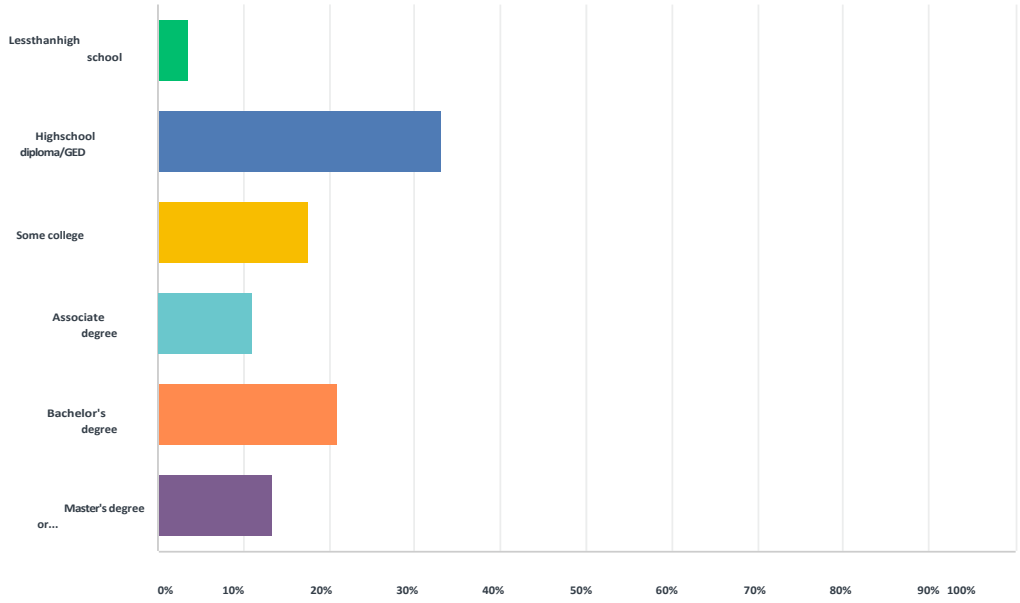
Answered: 414 Skipped: 31



ANSWER CHOICES	RESPONSES	
Under $10,000	6.52%	27
Between $10,000 and $19,999	8.70%	36
Between $20,000 and $29,999	8.94%	37
Between $30,000 and $39,999	13.53%	56
Between $40,000 and $49,999	8.70%	36
Between $50,000 and $59,999	8.94%	37
Between $60,000 and $74,999	15.22%	63
Between $75,000 and $99,999	13.53%	56
Between $100,000 and $149,999	8.70%	36
Between $150,000 and $199,999	4.59%	19
$200,000 or more	2.66%	11
TOTAL		414

Q18 What is your highest level of education?

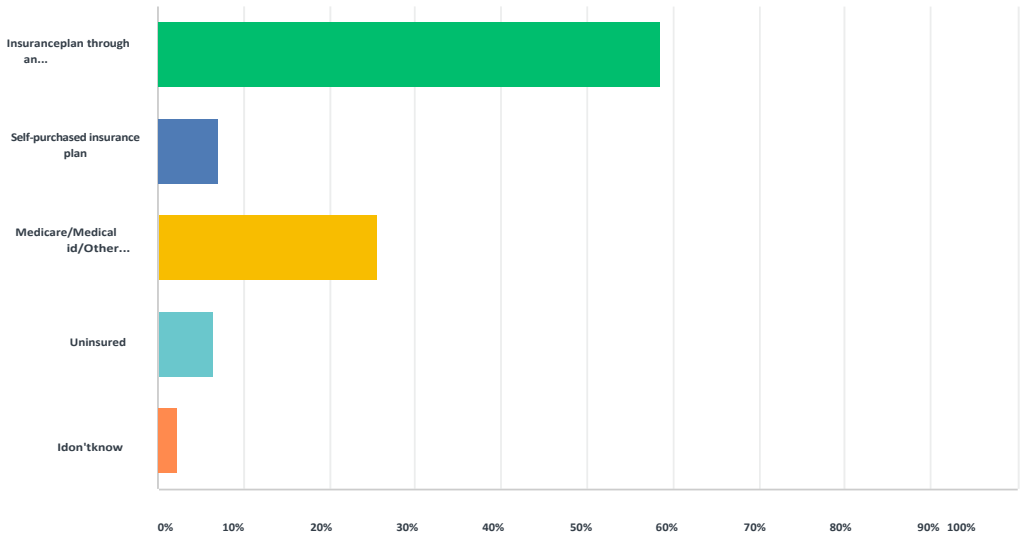
Answered: 438 Skipped: 7



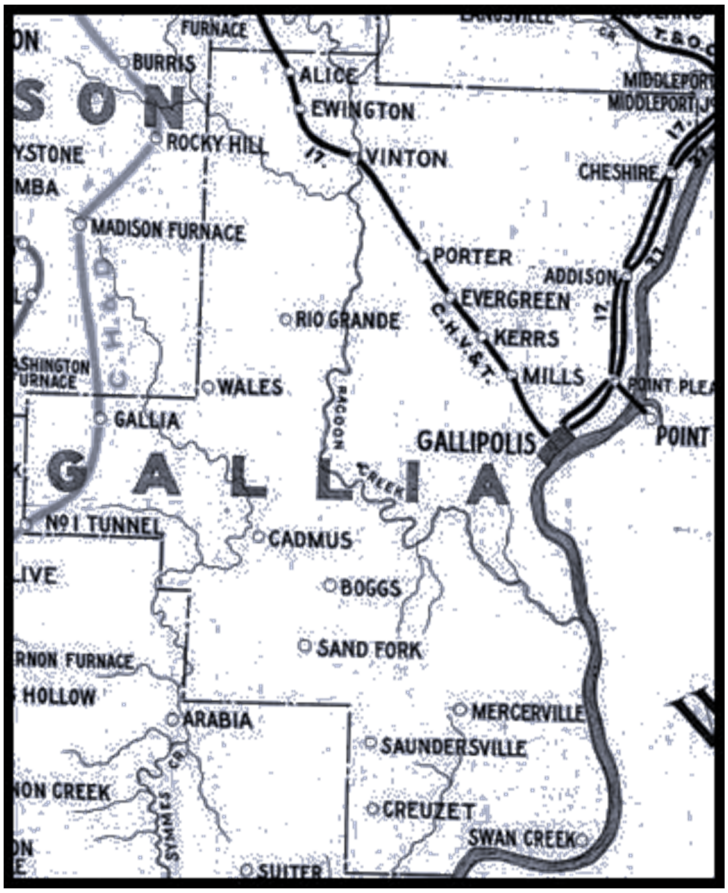
ANSWER CHOICES	RESPONSES	
Less than high school	3.65%	16
High school diploma/GED	33.11%	145
Some college	17.58%	77
Associate degree	11.19%	49
Bachelor's degree	21.00%	92
Master's degree or higher	13.47%	59
TOTAL		438

Q19 What is your current insurance status?

Answered: 441 Skipped: 4



ANSWER CHOICES	RESPONSES	
Insurance plan through an employer	58.50%	258
Self-purchased insurance plan	7.03%	31
Medicare/Medicaid/Other government program	25.62%	113
Uninsured	6.58%	29
I don’t know	2.27%	10
TOTAL		441



2019 Gallia County MAPP

(Mobilizing for Action through Planning and Partnership)

Local Public Health System Assessment

January 2019

Public Health
Prevent. Promote. Protect.

Gallia County
Health Department

Holzer

COLLEGE OF PUBLIC HEALTH
Center for Public Health Practice

The Ohio State University

Summary

In 2018, the Gallia County Health Department (GCHD), in partnership with Holzer Health System, embarked on a comprehensive regional community health assessment with the surrounding counties of Vinton, Meigs, and Jackson. The region utilized a framework known as MAPP (Mobilizing for Action through Planning and Partnerships). MAPP is a nationally recognized best practice for community health assessment and community health improvement planning designed by the National Association of City and County Health Officials (NACCHO). MAPP features four distinct assessments that result in a comprehensive view of the health of a community. This report focuses on the process and results of one of these assessments, the Local Public Health System Assessment (LPHSA).

To conduct the LPHSA, GCHD contracted with the Center for Public Health Practice at the Ohio State University (CPHP) to administer an online survey to provide inputs to complete the National Public Health Performance Standards Assessment tool (NPHPS), a nationally validated survey developed to assess a community's activity in each of the 10 Essential Public Health Services. An in-person meeting was held on January 31, 2019 to review the results of the online surveys and determine what Gallia County's strengths, weaknesses, opportunities, and priorities were surrounding these essential services.

Overall, two themes emerged about the Local Public Health System during the review of the Report:

- Gallia County's Local Public Health System is underfunded and under-resourced to address the 10 Essential Public Health Services at an optimal level
- The agencies that comprise Gallia County's Local Public Health System need to improve their communication within the system.

Methodology

The Local Public Health System Assessment (LPHSA) is a method of assessing a community's activity level surrounding the 10 Essential Public Health Services utilizing the National Public Health Performance Standards Assessment tool (NPHPS). The NPHPS tool asks respondents to assess the activity level in a community pertaining to a series of model standards per essential service with measures associated with each model standard. This assessment has traditionally been conducted utilizing only in-person meetings. In order to make the assessment more manageable for the community, a hybrid online/in-person method of conducting the LPHSA has been developed.

The Ohio State University Center for Public Health Practice (CPHP) transferred the NPHPS questions into an online survey utilizing the survey program Qualtrics, creating one survey per essential service. After the online surveys were developed, the Gallia County Health Department determined which community members would be able to respond to which essential service survey. The surveys were distributed via email to the selected community members and participants were given two weeks to complete the surveys. After the online surveys were completed, CPHP took the results and completed the NPHPS Local Assessment Data Sheets and Report (Report). CPHP utilized the mean (average) score from the online survey as the Performance Score listed in the Report.

During an in-person session on January 31, 2019 held at the Gallia County Health Department, a group of 16 community stakeholders reviewed the Report. A complete list of participants, including the organizations they represent, can be found in Appendix A of this report. Participants worked in small groups to review the Performance Scores. A worksheet, detailing the process used, was given to participants. That worksheet can be found in Appendix B of this supplemental report.

First, the groups reviewed the Performance Scores. Each group reviewed two or three of the essential services. The groups were asked to adjust the scores if they did not agree that the Performance Score given accurately reflected the work that was done in the community. These adjustments did not change the Performance Score in the Report but were noted in the Report's Summary Notes Section. Following the initial review of the Performance Scores, the small groups were asked to prioritize the measure based on the following question: "On a scale of 1 to 10, how important is it to improve our performance in this activity (e.g., through a quality improvement process, increased emphasis, or resources)?" The small groups assigned each measure a priority rating from one, meaning not a priority, to ten, meaning the highest priority. The priorities were not a ranking, so multiple measures were given a high priority rating. Next, the groups were asked to note any strengths, weaknesses and opportunities for improvement that occur in Gallia County as a result of the activity happening surrounding the essential surveys they were reviewing. Any identified strengths, weaknesses, and opportunities were noted in the Report's Summary Notes section.

Following the meeting, the Gallia County Health Department met independently and assigned each measure an Agency Contribution Score based on how each standard is

achieved through the direct contribution of the Gallia County Health Department. Those scores are also located in the report.

The full results of NPHPS Report, including Performance Scores and Priority Rating are located in a separate document.

Results

A summary of the average Essential Service Performance Score is located in Figure 1. The Performance Scores, Priority Rating, and Agency Contribution Scores can be found in Table 1. Gallia County's strongest activity occurs in Essential Service 2, Diagnose and Investigate, this is primarily due to the number of legally mandated functions required in Essential Service 2. The weakest Essential Service is 10, Research/Innovations. This was due to low Performance Scores in measure 10.1, Foster Innovation, and measure 10.2, Academic Linkages.

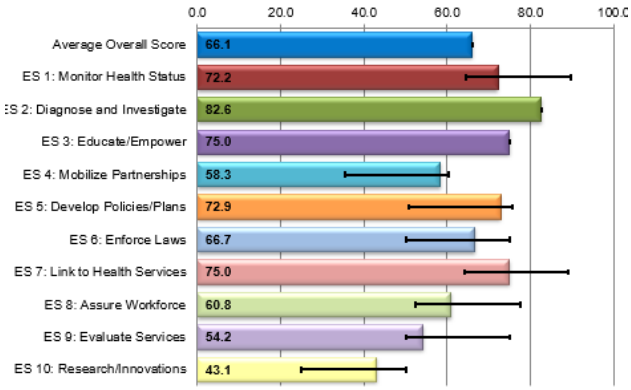


Figure 11:Summary of Average Essential Service Performance Score

Model Standards by Essential Services	Performance Scores	Priority Rating	Agency Contribution Scores
ES 1: Monitor Health Status	**72.2**	**9.0**	**91.7**
1.1 Community Health Assessment	75.0	10.0	100.0
1.2 Current Technology	66.7	7.0	75.0
1.3 Registries	75.0	10.0	100.0
ES 2: Diagnose and Investigate	**82.6**	**9.3**	**100.0**
2.1 Identification/Surveillance	75.0	10.0	100.0
2.2 Emergency Response	91.7	9.0	100.0
2.3 Laboratories	81.3	9.0	100.0
ES 3: Educate/Empower	**75.0**	**9.0**	**100.0**
3.1 Health Education/Promotion	75.0	8.0	100.0
3.2 Health Communication	75.0	9.0	100.0
3.3 Risk Communication	75.0	10.0	100.0
ES 4: Mobilize Partnerships	**58.3**	**9.0**	**87.5**
4.1 Constituency Development	50.0	9.0	75.0
4.2 Community Partnerships	66.7	9.0	100.0
ES 5: Develop Policies/Plans	**72.9**	**10.0**	**87.5**
5.1 Governmental Presence	75.0	10.0	50.0
5.2 Policy Development	66.7	10.0	100.0
5.3 CHIP/Strategic Planning	75.0	10.0	100.0
5.4 Emergency Plan	75.0	10.0	100.0
ES 6: Enforce Laws	**66.7**	**6.7**	**83.3**
6.1 Review Laws	75.0	6.0	100.0
6.2 Improve Laws	50.0	6.0	50.0
6.3 Enforce Laws	75.0	8.0	100.0
ES 7: Link to Health Services	**75.0**	**7.5**	**100.0**
7.1 Personal Health Service Needs	75.0	7.0	100.0
7.2 Assure Linkage	75.0	8.0	100.0
ES 8: Assure Workforce	**60.8**	**8.5**	**100.0**
8.1 Workforce Assessment	58.3	8.0	100.0
8.2 Workforce Standards	75.0	9.0	100.0
8.3 Continuing Education	60.0	9.0	100.0
8.4 Leadership Development	50.0	8.0	100.0
ES 9: Evaluate Services	**54.2**	**7.0**	**91.7**
9.1 Evaluation of Population Health	50.0	7.0	100.0
9.2 Evaluation of Personal Health	50.0	5.0	75.0
9.3 Evaluation of LPHS	62.5	9.0	100.0
ES 10: Research/Innovations	**43.1**	**8.7**	**83.3**
10.1 Foster Innovation	37.5	9.0	75.0
10.2 Academic Linkages	41.7	10.0	100.0
10.3 Research Capacity	50.0	7.0	75.0
Average Overall Score	**66.1**	**8.5**	**92.5**
Median Score	**69.4**	**8.8**	**91.7**

Table 1:Overall Performance, Priority, and Contribution Scores by Essential Public Health Service and Corresponding Model Standard

Discussion

Overall, the community commented that Gallia County does a good job with most of the standards and measures, but that lack of resources inhibits improvements. Essential Service 5, Developing Policies and Plans scored the highest priority among community levels. This indicated a desire to continue putting resources towards community health improvement planning.

During the in-person meeting, there was an overall theme that, while the Public Health System does a good job of meeting the required items within the NPHPS tool, the community lacks some of the resources.

Overall, there were two themes identified during the discussion at the in-person meeting.

1. There is a need for more funding and resources to improve performance in many of the essential services. As a result of the Accreditation mandate much more activity is occurring, but funding is an issue for a small community like Gallia County.
2. There is a lack of effective communication between agencies about what is occurring in Gallia County. Many agencies are unaware of the activities happening surrounding the Essential Public Health Services and community activities overall.

APPENDIX A: LPHSA List of Participants

Name	Agency
Rita Pauley	Area Agency on Aging District 7, Inc.
Tina Elkins	OSU Extension SNAP-Ed
Craig Wright	Gallipolis City Schools
Brent Saunders	Gallia County Commissioners
Britt Higginbotham	Gallia County Board of Developmental Disabilities
Cody Caldwell	Gallipolis City Commission
Sherry Shamblin	Hopewell Health Centers
Thom Mollohan	Gallia Citizens 4 Prevention Recovery
Lou Ann Whittington	Gallia County Health Department
Tyler Schweickart	Gallia County Health Department
Melissa Conkle	Gallia County Health Department
Brittany Muncy	Gallia County Health Department
Gerald Vallee	Gallia County Health Department
Angela Showers	GJM Alcohol, Drug, and Mental Health Services Board
Dennis P. Johnson	TASC of Southeast Ohio

APPENDIX B: NPHPS Review and Prioritization Process

Gallia County 2019 Local Public Health System Assessment (LPHSA)

Overview

Congratulations on completing the Local Public Health System Assessment survey! The National Public Health Performance Standard (NPHPS) assessment is designed to help health departments and public health system partners generate a snapshot of performance standards at their agencies and identify areas of strength and weakness. This morning's meeting will review the performance scores based on the survey you have already completed and identify strengths, weaknesses, and opportunities for improvement associated with how Gallia County's Local Public Health System (LPHS) addresses the 10 Essential Public Health Services. Each Essential Service has a series of Model Standards for assuring the Essential Service is met. Within each Model Standard is a series of Measures outlining activities needed to achieve the Model Standard.

A Qualtrics survey gathering community feedback about Gallia County's activities surrounding the 10 Essential Public Health Services was distributed in January 2019. The survey was comprised of questions taken from the NPHPS assessment tool. This worksheet contains a set of Performance Scores based on the average scores reported in the results of that Qualtrics survey. Today, you will be given the opportunity to review the scores and consider the priority of each Model Standard to the LPHS. Follow the instructions below for each of the 10 Essential Public Health Services.

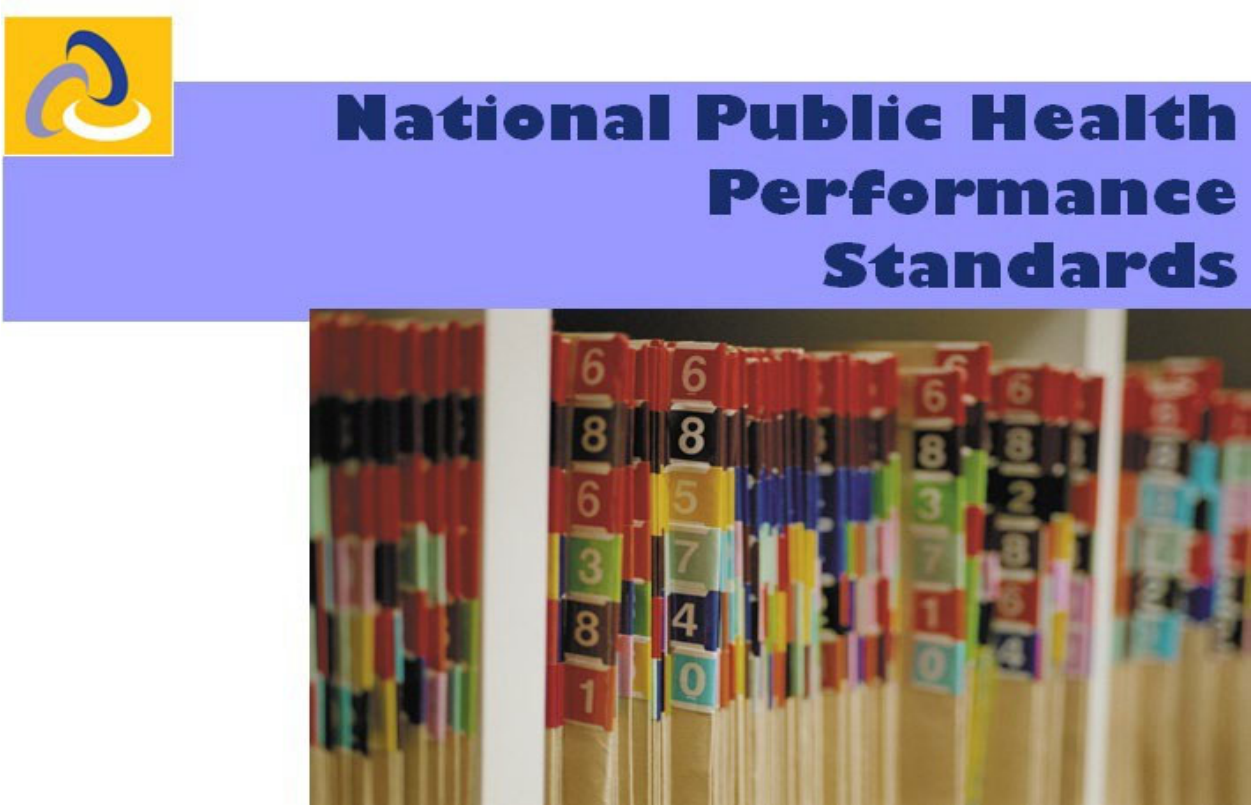
Instructions

First, review the Performance Score for each measure. Consider how you think Gallia County responds to this Essential Public Health Service and whether or not this score reflects that. The scores reflect the following level of activity in your community:
No Activity = 0
Minimal Activity = 25
Moderate Activity = 50
Significant Activity = 75
Optimal Activity = 100

If you disagree with the score given, please note why in the *Notes* section.

Next, prioritize the Measure based on the following question: “On a scale of 1 to 10, how important is it to improve our performance in this activity (e.g., through a quality improvement process, increased emphasis, or resources)?”

Finally, for each Model Standard, list any strengths, weaknesses, and short- or long-term opportunities for improvement in the *Strengths, Weaknesses, and Opportunities* Section.



Local Assessment Report

Gallia County Health Department
1/1/2019

Program Partner Organizations

American Public Health Association
www.apha.org

Association of State and Territorial Health Officials
www.astho.org

Centers for Disease Control and Prevention
www.cdc.gov

National Association of County and City Health Officials
www.naccho.org

National Association of Local Boards of Health
www.nalboh.org

National Network of Public Health Institutes
www.nnphi.org

Public Health Foundation
www.phf.org

Table of Contents

Acknowledgements
The National Public Health Performance Standards (NPHPS) was developed collaboratively by the program's national partner organizations. The NPHPS partner organizations include: Centers for Disease Control and Prevention (CDC); American Public Health Association (APHA); Association of State and Territorial Health Officials (ASTHO); National Association of County and City Health Officials (NACCHO); National Association of Local Boards of Health (NALBOH); National Network of Public Health Institutes (NNPHI); and then Public Health Foundation (PHF). We thank the staff of these organizations for their time and expertise in the support of the NPHPS.

Background
The NPHPS is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPS assessment instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards. Through these assessments, responding sites can consider the activities of all public health system partners, thus addressing the activities of all public, private and voluntary entities that contribute to public health within the community.

The NPHPS assessments are intended to help users answer questions such as "What are the components, activities, competencies, and capacities of our public health system?" and "How well are the ten Essential Public Health Services being provided in our system?" The dialogue that occurs in the process of answering the questions in the assessment instrument can help to identify strengths and weaknesses, determine opportunities for immediate improvements, and establish priorities for long term investments for improving the public health system.

Three assessment instruments have been designed to assist state and local partners in assessing and improving their public health systems or boards of health. These instruments are the:

- State Public Health System Performance Assessment Instrument,
- Local Public Health System Performance Assessment Instrument, and
- Public Health Governing Entity Performance Assessment Instrument.

The information obtained from assessments may then be used to improve and better coordinate public health activities at state and local levels. In addition, the results gathered provide an understanding of how state and local public health systems and governing entities are performing. This information helps local, state and national partners make better and more effective policy and resource decisions to improve the nation's public health as a whole.

Introduction

The NPHPS Local Public Health System Assessment Report is designed to help health departments and public health system partners create a snapshot of where they are relative to the National Public Health Performance Standards and to progressively move toward refining and improving outcomes for performance across the public health system.

The NPHPS state, local, and governance instruments also offer opportunity and robust data to link to health departments, public health system partners and/or community-wide strategic planning processes, as well as to Public Health Accreditation Board (PHAB) standards. For example, assessment of the environment external to the public health organization is a key component of all strategic planning, and the NPHPS assessment readily provides a structured process and an evidence-base upon which key organizational decisions may be made and priorities established. The assessment may also be used as a component of community health improvement planning processes, such as Mobilizing for Action through Planning and Partnerships (MAPP) or other community-wide strategic planning efforts, including state health improvement planning and community health improvement planning. The NPHPS process also drives assessment and improvement activities that may be used to support a Health Department in meeting PHAB standards. Regardless of whether using MAPP or another health improvement process, partners should use the NPHPS results to support quality improvement.

The self-assessment is structured around the Model Standards for each of the ten Essential Public Health Services, (EPHS), hereafter referred to as the Essential Services, which were developed through a comprehensive, collaborative process involving input from national, state and local experts in public health. Altogether, for the local assessment, 30 Model Standards serve as quality indicators that are organized into the ten essential public health service areas in the instrument and address the three core functions of public health. Figure 1 below shows how the ten Essential Services align with the three Core Functions of Public Health.

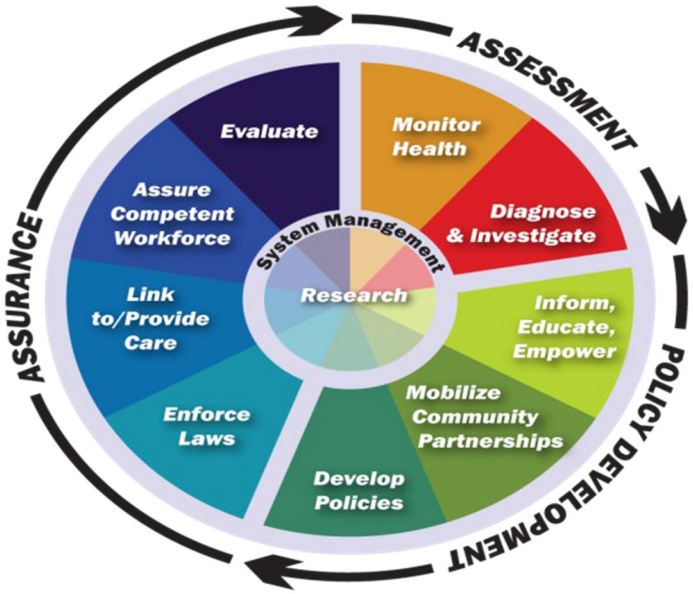


Figure 1. The ten Essential Public Health Services and how they relate to the three Core Functions of Public Health.

Purpose

The primary purpose of the NPHPS Local Public Health System Assessment Report is to promote continuous improvement that will result in positive outcomes for system performance. Local health departments and their public health system partners can use the Assessment Report as a working tool to:

- Better understand current system functioning and performance;
- Identify and prioritize areas of strengths, weaknesses, and opportunities for improvement;
- Articulate the value that quality improvement initiatives will bring to the public health system;
- Develop an initial work plan with specific quality improvement strategies to achieve goals;
- Begin taking action for achieving performance and quality improvement in one or more targeted areas; and
- Re-assess the progress of improvement efforts at regular intervals.

This report is designed to facilitate communication and sharing among and within programs, partners, and organizations, based on a common understanding of how a high performing and effective public health system can operate. This shared frame of reference will help build commitment and focus for setting priorities and improving public health system performance. Outcomes for performance include delivery of all ten essential public health services at optimal levels.

About the Report

Calculating the Scores

The NPHPS assessment instruments are constructed using the ten Essential Services as a framework. Within the Local Instrument, each Essential Service includes between 2-4 Model Standards that describe the key aspects of an optimally performing public health system. Each Model Standard is followed by assessment questions that serve as measures of performance. Responses to these questions indicate how well the Model Standard - which portrays the highest level of performance or "gold standard" - is being met.

Table 1 below characterizes levels of activity for Essential Services and Model Standards. Using the responses to all of the assessment questions, a scoring process generates score for each Model Standard, Essential Service, and one overall assessment score.

Table 1. Summary of Assessment Response Options

Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.
Significant Activity (51-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met.
Moderate Activity (26-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met.
Minimal Activity (1-25%)	Greater than zero, but no more than 25% of the activity described within the question is met.
No Activity (0%)	0% or absolutely no activity.

Understanding Data Limitations

There are a number of limitations to the NPHPS assessment data due to self-report, wide variations in the breadth and knowledge of participants, the variety of assessment methods used, and differences in interpretation of assessment questions. Data and resultant information should not be interpreted to reflect the capacity or performance of any single agency or organization within the public health system or used for comparisons between jurisdictions or organizations. Use of NPHPS generated data and associated recommendations are limited to guiding an overall public health infrastructure and performance improvement process for the public health system as determined by organizations involved in the assessment.

All performance scores are an average; Model Standard scores are an average of the question scores within that Model Standard, Essential Service scores are an average of the Model Standard scores within that Essential Service and the overall assessment score is the average of the Essential Service scores. The responses to the questions within the assessment are based upon processes that utilize input from diverse system participants with different experiences and perspectives. The gathering of these inputs and the development of a response for each question incorporates an element of subjectivity, which may be minimized through the use of particular assessment methods. Additionally, while certain assessment methods are recommended, processes differ among sites. The assessment methods are not fully standardized and these differences in administration of the self-assessment may introduce an element of measurement error. In addition, there are differences in knowledge about the public health system among assessment participants. This may lead to some interpretation differences and issues for some questions, potentially introducing a degree of random non-sampling error.

Presentation of results

The NPHPS has attempted to present results - through a variety of figures and tables - in a user-friendly and clear manner. For ease of use, many figures and tables use short titles to refer to Essential Services, Model Standards, and questions. If you are in doubt of these definitions, please refer to the full text in the assessment instruments.

Sites may have chosen to complete two additional questionnaires; the Priority of Model Standards Questionnaire assesses how performance of each Model Standard compares with the priority rating and the Agency Contribution Questionnaire assesses the local health department's contribution to achieving the Model Standard. Sites that submitted responses for these questionnaires will see the results included as additional components of their report.

Results

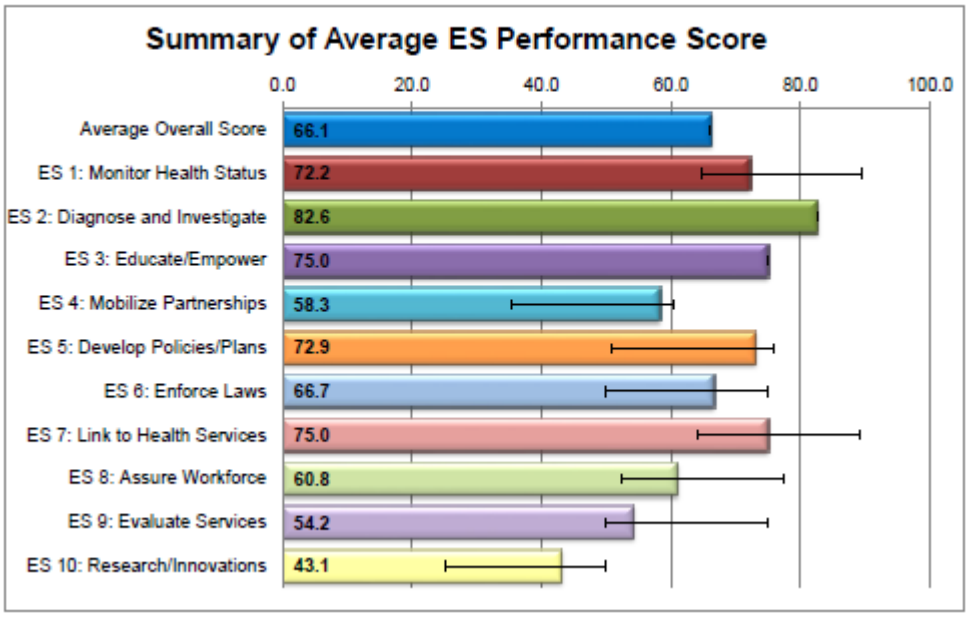
Now that your assessment is completed, one of the most exciting, yet challenging opportunities is to begin to review and analyze the findings. As you recall from your assessment, the data you created now establishes the foundation upon which you may set priorities for performance improvement and identify specific quality improvement (QI) projects to support your priorities.

Based upon the responses you provided during your assessment, an average was calculated for each of the ten Essential Services. Each Essential Service score can be interpreted as the overall degree to which your public health system meets the performance standards (quality indicators) for each Essential Service. Scores can range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum value of 100% (all activities associated with the standards are performed at optimal levels).

Figure 2 displays the average score for each Essential Service, along with an overall average assessment score across all ten Essential Services. Take a look at the overall performance scores for each Essential Service. Examination of these scores can immediately give a sense of the local public health system's greatest strengths and weaknesses. Note the black bars that identify the range of reported performance score responses within each Essential Service.

Overall Scores for Each Essential Public Health Service

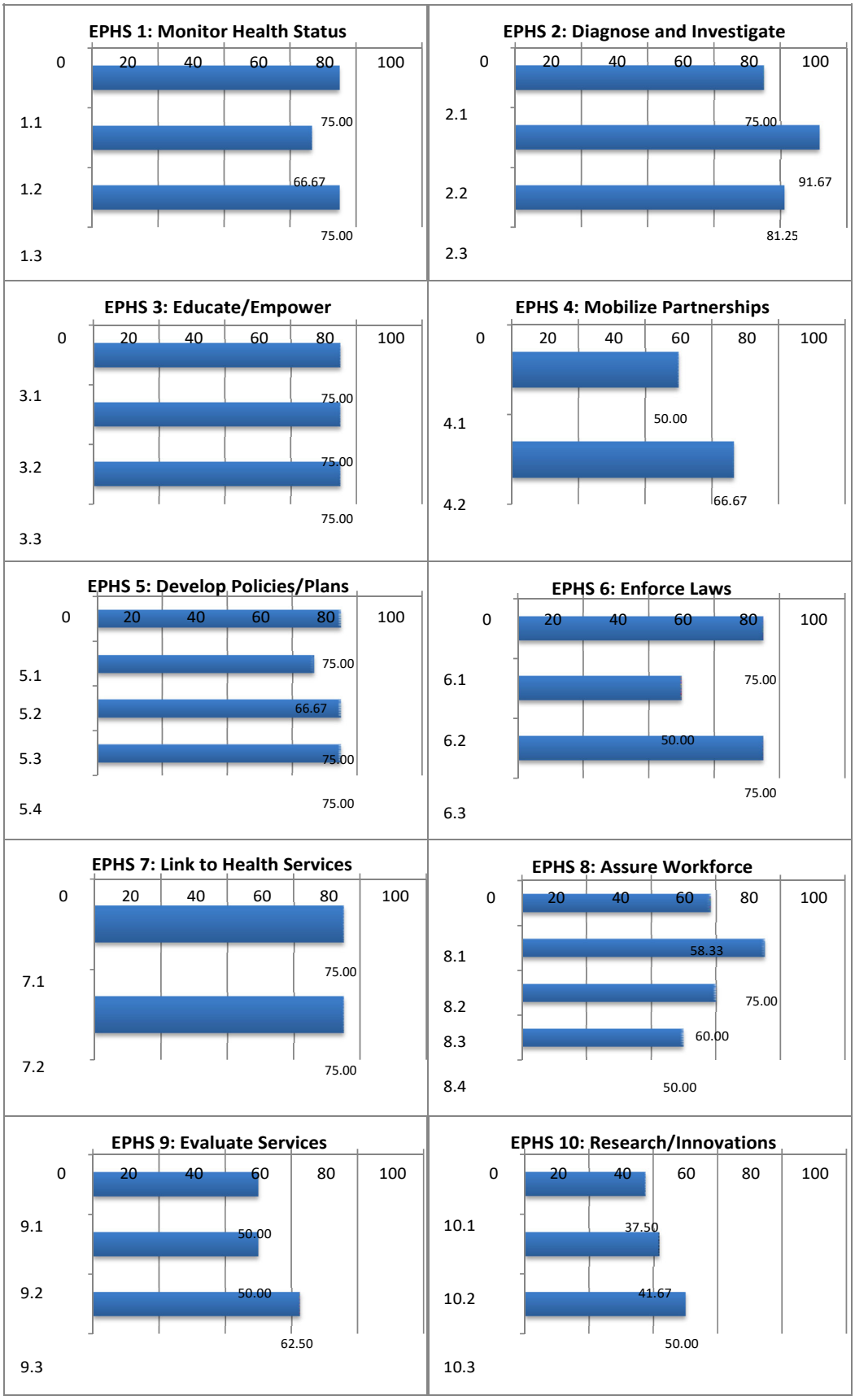
Figure 2. Summary of Average Essential Public Health Service Performance Scores



Performance Scores by Essential Public Health Service for Each Model Standard

Figure 3 and Table 2 on the following pages display the average performance score for each of the Model Standards within each Essential Service. This level of analysis enables you to identify specific activities that contributed to high or low performance within each Essential Service.

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



In Table 2 below, each score (performance, priority, and contribution scores) at the Essential Service level is a calculated average of the respective Model Standard scores within that Essential Service. Note – The priority rating and agency contribution scores will be blank if the Priority of Model Standards Questionnaire and the Agency Contribution Questionnaire are not completed.

Table 2. Overall Performance, Priority, and Contribution Scores by Essential Public Health Service and Corresponding Model Standard

Model Standards by Essential Services	Performance Scores	Priority Rating	Agency Contribution Scores
ES 1: Monitor Health Status	**72.2**	**9.0**	**91.7**
1.1 Community Health Assessment	75.0	10.0	100.0
1.2 Current Technology	66.7	7.0	75.0
1.3 Registries	75.0	10.0	100.0
ES 2: Diagnose and Investigate	**82.6**	**9.3**	**100.0**
2.1 Identification/Surveillance	75.0	10.0	100.0
2.2 Emergency Response	91.7	9.0	100.0
2.3 Laboratories	81.3	9.0	100.0
ES 3: Educate/Empower	**75.0**	**9.0**	**100.0**
3.1 Health Education/Promotion	75.0	8.0	100.0
3.2 Health Communication	75.0	9.0	100.0
3.3 Risk Communication	75.0	10.0	100.0
ES 4: Mobilize Partnerships	**58.3**	**9.0**	**87.5**
4.1 Constituency Development	50.0	9.0	75.0
4.2 Community Partnerships	66.7	9.0	100.0
ES 5: Develop Policies/Plans	**72.9**	**10.0**	**87.5**
5.1 Governmental Presence	75.0	10.0	50.0
5.2 Policy Development	66.7	10.0	100.0
5.3 CHIP/Strategic Planning	75.0	10.0	100.0
5.4 Emergency Plan	75.0	10.0	100.0
ES 6: Enforce Laws	**66.7**	**6.7**	**83.3**
6.1 Review Laws	75.0	6.0	100.0
6.2 Improve Laws	50.0	6.0	50.0
6.3 Enforce Laws	75.0	8.0	100.0
ES 7: Link to Health Services	**75.0**	**7.5**	**100.0**
7.1 Personal Health Service Needs	75.0	7.0	100.0
7.2 Assure Linkage	75.0	8.0	100.0
ES 8: Assure Workforce	**60.8**	**8.5**	**100.0**
8.1 Workforce Assessment	58.3	8.0	100.0
8.2 Workforce Standards	75.0	9.0	100.0
8.3 Continuing Education	60.0	9.0	100.0
8.4 Leadership Development	50.0	8.0	100.0
ES 9: Evaluate Services	**54.2**	**7.0**	**91.7**
9.1 Evaluation of Population Health	50.0	7.0	100.0
9.2 Evaluation of Personal Health	50.0	5.0	75.0
9.3 Evaluation of LPHS	62.5	9.0	100.0
ES 10: Research/Innovations	**43.1**	**8.7**	**83.3**
10.1 Foster Innovation	37.5	9.0	75.0
10.2 Academic Linkages	41.7	10.0	100.0
10.3 Research Capacity	50.0	7.0	75.0
Average Overall Score	**66.1**	**8.5**	**92.5**
Median Score	**69.4**	**8.8**	**91.7**

Performance Relative to Optimal Activity

Figures 4 and 5 display the proportion of performance measures that met specified thresholds of achievement for performance standards. The five threshold levels of achievement used in scoring these measures are shown in the legend below. For example, measures receiving a composite score of 76-100% were classified as meeting performance standards at the optimal level.

Figure 4. Percentage of the system's Essential Services scores that fall within the five activity categories. This chart provides a high-level snapshot of the information found in Figure 2, summarizing the composite performance measures for all 10 Essential Services.

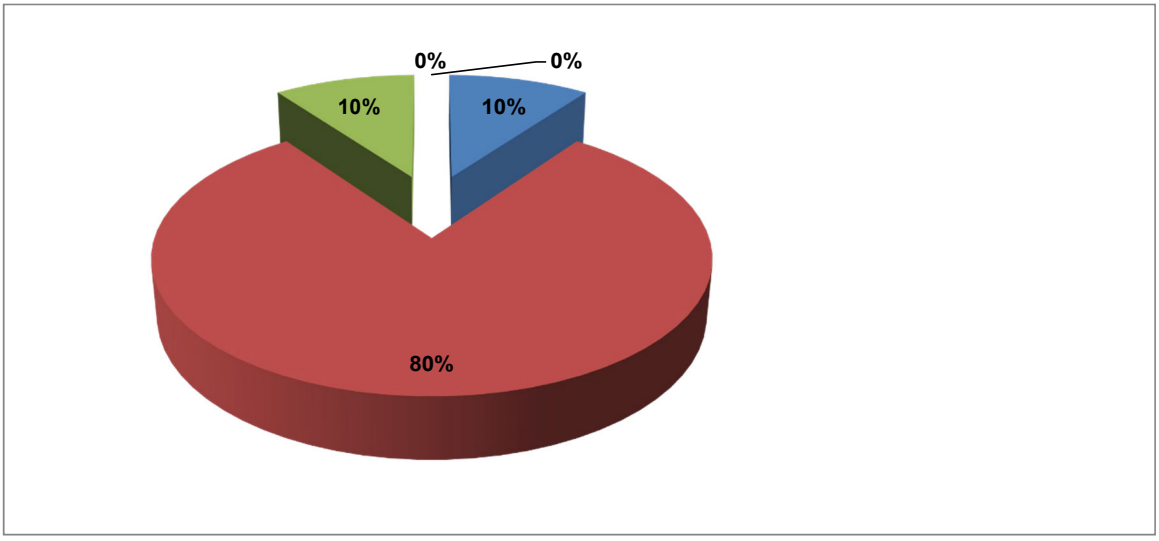
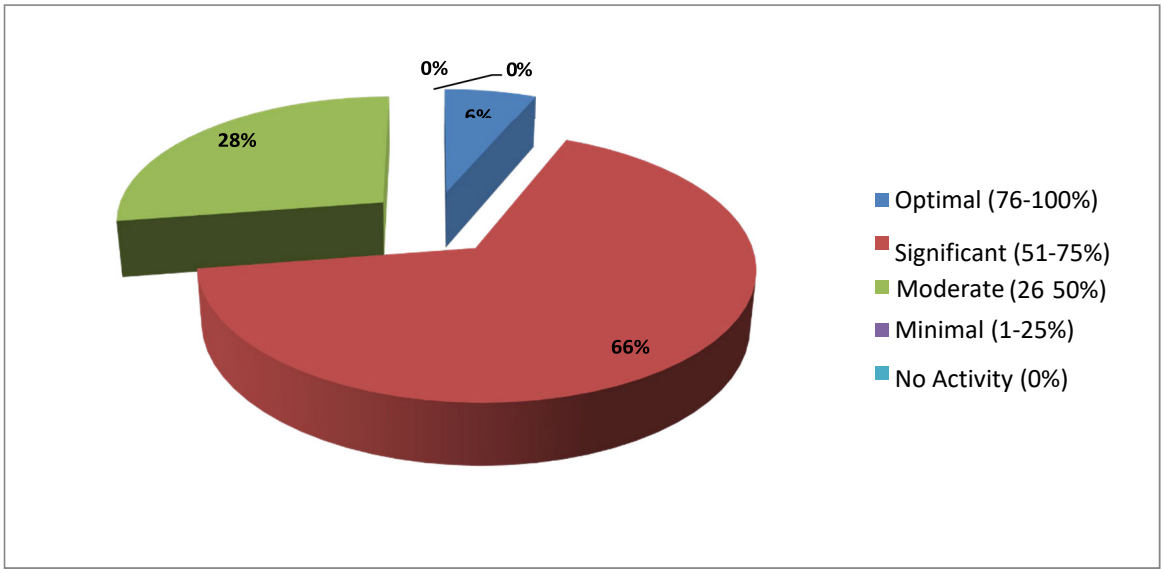


Figure 5. Percentage of the system's Model Standard scores that fall within the five activity categories. This chart provides a high-level snapshot of the information found in Figure 3, summarizing the composite measures for all 30 Model Standards.

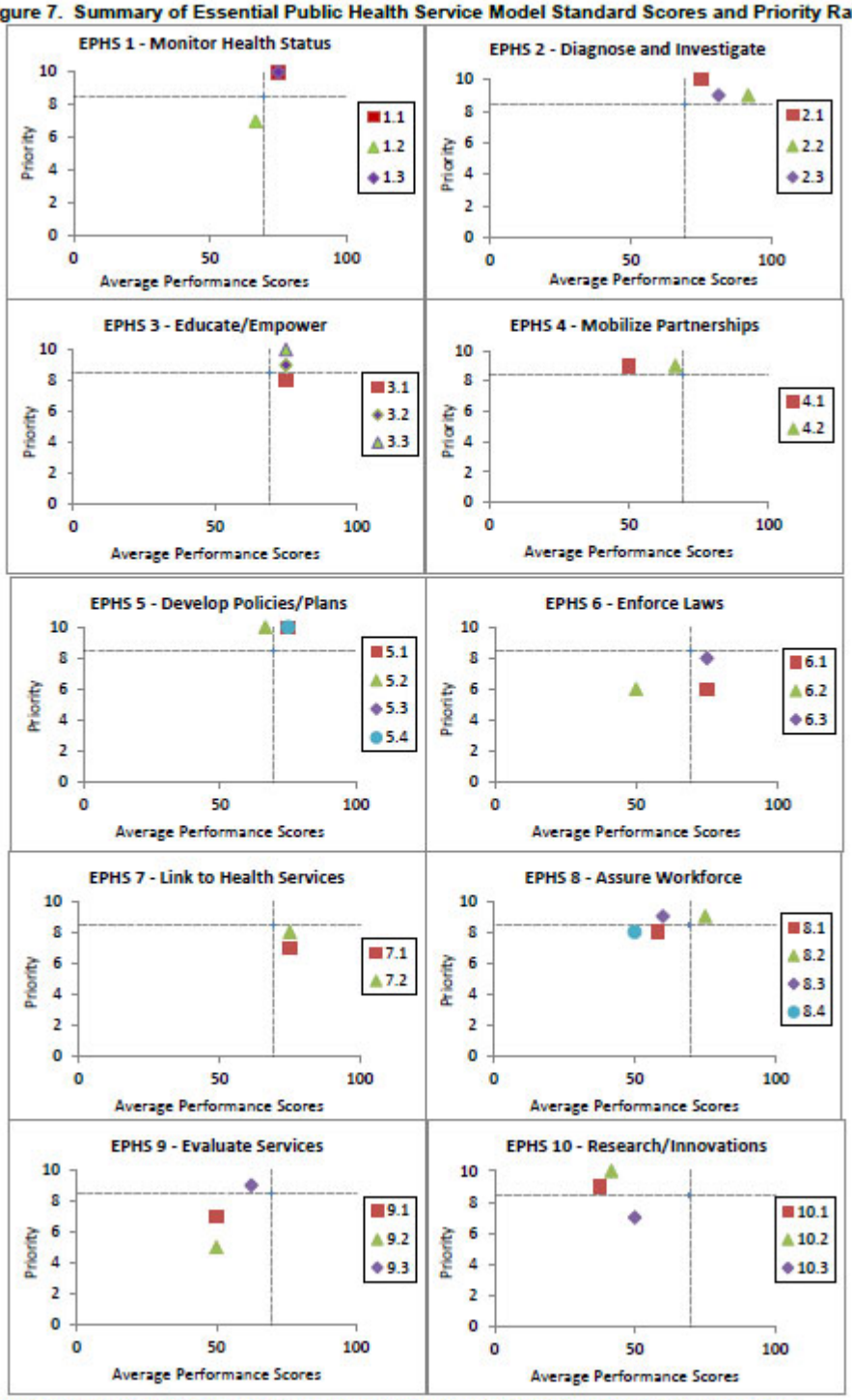


Priority of Model Standards Questionnaire Section (Optional Survey)

If you completed the Priority Survey at the time of your assessment, your results are displayed in this section for each Essential Service and each Model Standard, arrayed by the priority rating assigned to each. The four quadrants, which are based on how the performance of each Essential Service and/or Model Standard compares with the priority rating, should provide guidance in considering areas for attention and next steps for improvement.

Quadrant A	(High Priority and Low Performance) – These activities may need increased attention.
Quadrant B	(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.
Quadrant C	(Low Priority and High Performance) – These activities are being done well; consideration may be given to reducing effort in these areas.
Quadrant D	(Low Priority and Low Performance) – These activities could be improved but are of low priority. They may need little or no attention at this time.

Figure 7. Summary of Essential Public Health Service Model Standard Scores and Priority Ratings



Note – Figure 7 will be blank if the Priority of Model Standards Questionnaire is not completed.

Table 3 below displays priority ratings (as rated by participants on a scale of 1-10, with 10 being the highest priority) and performance scores for Model Standards, arranged under the four quadrants. Consider the appropriateness of the match between the importance ratings and current performance scores and also reflect back on the qualitative data in the Summary Notes section to identify potential priority areas for action planning. Note – Table 3 will be blank if the Priority of Model Standards Questionnaire is not completed.

Table 3. Model Standards by Priority and Performance Score

Quadrant	Model Standard	Performance Score (%)	Priority Rating
Quadrant A	10.2 Academic Linkages	41.7	10
Quadrant A	10.1 Foster Innovation	37.5	9
Quadrant A	9.3 Evaluation of LPHS	62.5	9
Quadrant A	8.3 Continuing Education	60.0	9
Quadrant A	4.1 Constituency Development	50.0	9
Quadrant B	8.2 Workforce Standards	75.0	9
Quadrant B	5.4 Emergency Plan	75.0	10
Quadrant B	5.3 CHIP/Strategic Planning	75.0	10
Quadrant B	5.2 Policy Development	66.7	10
Quadrant B	5.1 Governmental Presence	75.0	10
Quadrant B	4.2 Community Partnerships	66.7	9
Quadrant B	3.3 Risk Communication	75.0	10
Quadrant B	3.2 Health Communication	75.0	9
Quadrant B	2.3 Laboratories	81.3	9
Quadrant B	2.2 Emergency Response	91.7	9
Quadrant B	2.1 Identification/Surveillance	75.0	10
Quadrant B	1.3 Registries	75.0	10
Quadrant B	1.1 Community Health Assessment	75.0	10
Quadrant C	7.2 Assure Linkage	75.0	8
Quadrant C	7.1 Personal Health Services Needs	75.0	7
Quadrant C	6.3 Enforce Laws	75.0	8
Quadrant C	6.1 Review Laws	75.0	6
Quadrant C	3.1 Health Education/Promotion	75.0	8
Quadrant C	1.2 Current Technology	66.7	7
Quadrant D	10.3 Research Capacity	50.0	7
Quadrant D	9.2 Evaluation of Personal Health	50.0	5
Quadrant D	9.1 Evaluation of Population Health	50.0	7
Quadrant D	8.4 Leadership Development	50.0	8
Quadrant D	8.1 Workforce Assessment	58.3	8
Quadrant D	6.2 Improve Laws	50.0	6

Agency Contribution Questionnaire Section (Optional Survey)

Table 4 and Figures 8 and 9 on the following pages display Essential Service and Model Standard Scores arranged by Local Health Department (LHD) contribution, priority and performance scores. Note – Table 4 and Figures 8 and 9 will be blank if the Agency Contribution Questionnaire is not completed.

Table 4. Summary of Contribution and Performance Scores by Model Standard

Quadrant	Model Standard	LHD Contribution (%)	Performance Score (%)
Quadrant A	10.2 Academic Linkages	100.0	41.7
Quadrant A	9.3 Evaluation of LPHS	100.0	62.5
Quadrant A	9.1 Evaluation of Population Health	100.0	50.0
Quadrant A	8.4 Leadership Development	100.0	50.0
Quadrant A	8.3 Continuing Education	100.0	60.0
Quadrant A	8.1 Workforce Assessment	100.0	58.3
Quadrant B	8.2 Workforce Standards	100.0	75.0
Quadrant B	7.2 Assure Linkage	100.0	75.0
Quadrant B	7.1 Personal Health Services Needs	100.0	75.0
Quadrant B	6.3 Enforce Laws	100.0	75.0
Quadrant B	6.1 Review Laws	100.0	75.0
Quadrant B	5.4 Emergency Plan	100.0	75.0
Quadrant B	5.3 CHIP/Strategic Planning	100.0	75.0
Quadrant B	5.2 Policy Development	100.0	66.7
Quadrant B	4.2 Community Partnerships	100.0	66.7
Quadrant B	3.3 Risk Communication	100.0	75.0
Quadrant B	3.2 Health Communication	100.0	75.0
Quadrant B	3.1 Health Education/Promotion	100.0	75.0
Quadrant B	2.3 Laboratories	100.0	81.3
Quadrant B	2.2 Emergency Response	100.0	91.7
Quadrant B	2.1 Identification/Surveillance	100.0	75.0
Quadrant B	1.3 Registries	100.0	75.0
Quadrant B	1.1 Community Health Assessment	100.0	75.0
Quadrant C	5.1 Governmental Presence	50.0	75.0
Quadrant C	1.2 Current Technology	75.0	66.7
Quadrant D	10.3 Research Capacity	75.0	50.0
Quadrant D	10.1 Foster Innovation	75.0	37.5
Quadrant D	9.2 Evaluation of Personal Health	75.0	50.0
Quadrant D	6.2 Improve Laws	50.0	50.0
Quadrant D	4.1 Constituency Development	75.0	50.0

Figure 8. Summary of Essential Public Health Service Performance Scores and Contribution Ratings

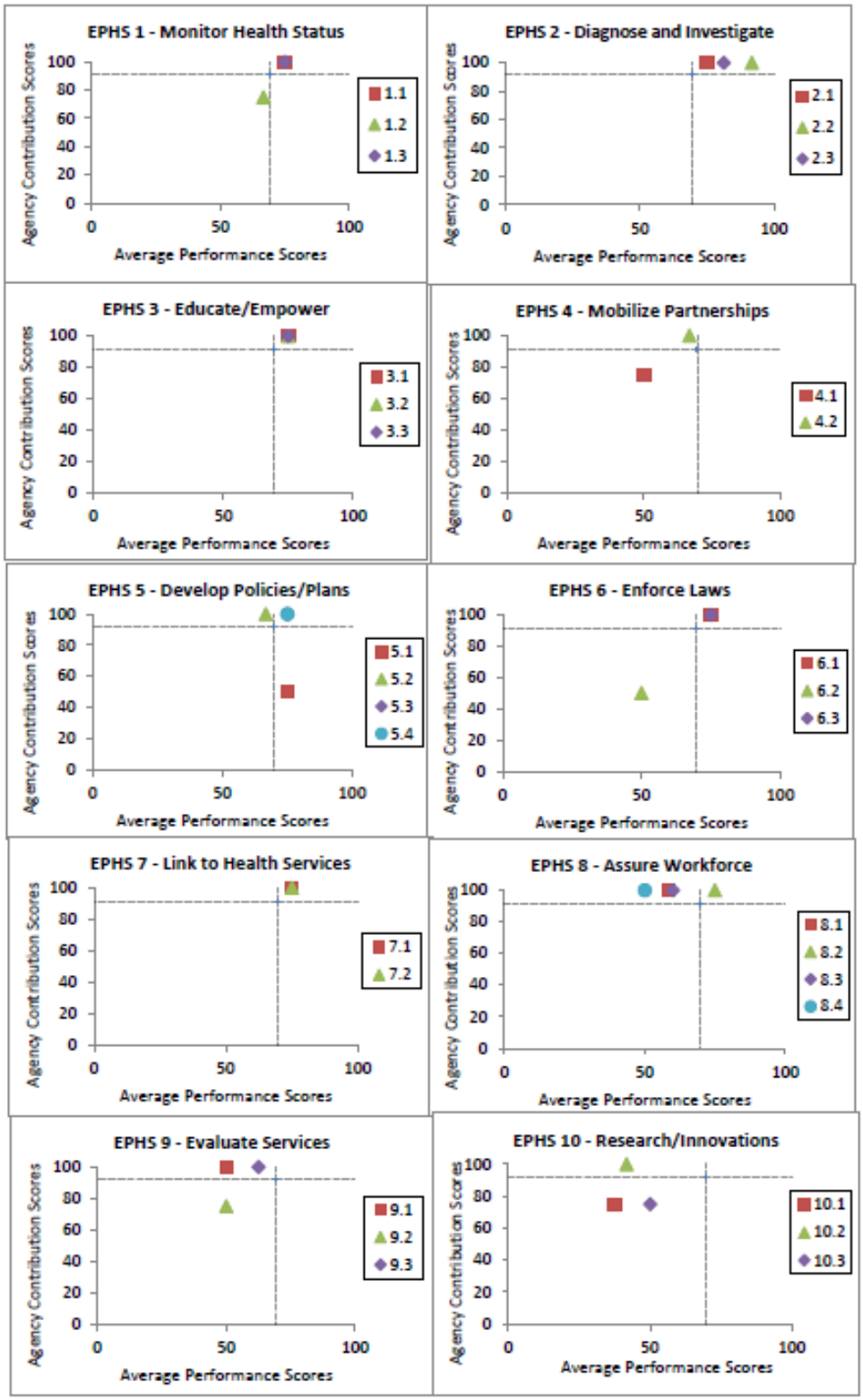
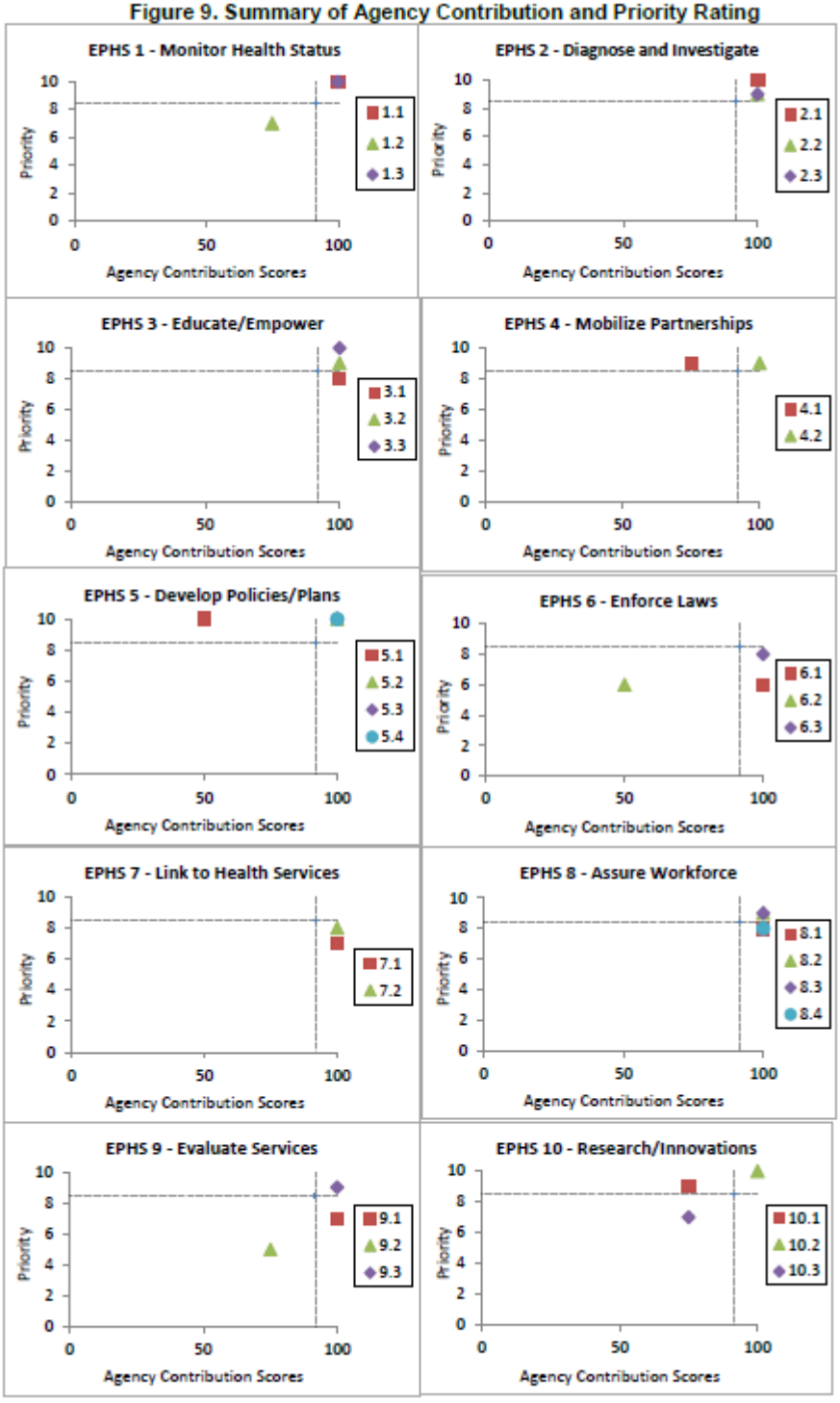


Figure 9. Summary of Agency Contribution and Priority Rating



Analysis and Discussion Questions

Having a standard way in which to analyze the data in this report is important. This process does not have to be difficult; however, drawing some initial conclusions from your data will prove invaluable as you move forward with your improvement efforts. It is crucial that participants fully discuss the performance assessment results. The bar graphs, charts, and summary information in the Results section of this report should be helpful in identifying high and low performing areas. Please refer to Appendix H of the Local Assessment Implementation Guide. This referenced set of discussion questions will to help guide you as you analyze the data found in the previous sections of this report.

Using the results in this report will help you to generate priorities for improvement, as well as possible improvement projects. Your data analysis should be an interactive process, enabling everyone to participate. Do not be overwhelmed by the potential of many possibilities for QI projects – the point is not that you have to address them all now. Consider this step as identifying possible opportunities to enhance your system performance. Keep in mind both your quantitative data (Appendix A) and the qualitative data that you collected during the assessment (Appendix B).

Next Steps

Congratulations on your participation in the local assessment process. A primary goal of the NPHPS is that data is used proactively to monitor, assess, and improve the quality of essential public health services. This report is an initial step to identifying immediate actions and activities to improve local initiatives. The results in this report may also be used to identify longer-term priorities for improvement, as well as possible improvement projects.

As noted in the Introduction of this report, NPHPS data may be used to inform a variety of organization and/or systems planning and improvement processes. Plan to use both quantitative data (Appendix A) and qualitative data (Appendix B) from the assessment to identify improvement opportunities. While there may be many potential quality improvement projects, do not be overwhelmed – the point is not that you have to address them all now. Rather, consider this step as a way to identify possible opportunities to enhance your system performance and plan to use the guidance provided in this section, along with the resources offered in Appendix C, to develop specific goals for improvement within your public health system and move from assessment and analysis toward action.

Note: Communities implementing Mobilizing for Action through Planning and Partnerships (MAPP) may refer to the MAPP guidance for considering NPHPS data along with other assessment data in the Identifying Strategic Issues phase of MAPP.

Action Planning

In any systems improvement and planning process, it is important to involve all public health system partners in determining ways to improve the quality of essential public health services provided by the system. Participation in the improvement and planning activities included in your action plan is the responsibility of all partners within the public health system.

Consider the following points as you build an Action Plan to address the priorities you have identified
• Each public health partner should be considered when approaching quality improvement for your system
• The success of your improvement activities is dependent upon the active participation and contribution of each and every member of the system
• An integral part of performance improvement is working consistently to have long-term effects
• A multi-disciplinary approach that employs measurement and analysis is key to accomplishing and sustaining improvements

You may find that using the simple acronym, 'FOCUS' is a way to help you to move from assessment and analysis to action.

F **Find** an opportunity for improvement using your results.

O **Organize** a team of public health system partners to work on the improvement. Someone in the group should be identified as the team leader. Team members should represent the appropriate organizations that can make an impact.

C **Consider** the current process, where simple improvements can be made and who should make the improvements.

U **Understand** the problem further if necessary, how and why it is occurring, and the factors that contribute to it. Once you have identified priorities, finding solutions entails delving into possible reasons, or "root causes," of the weakness or problem. Only when participants determine why performance problems (or successes!) have occurred will they be able to identify workable solutions that improve future performance. Most performance issues may be traced to well-defined system causes, such as policies, leadership, funding, incentives, information, personnel or coordination. Many QI tools are applicable. You may consider using a variety of basic QI tools such as brainstorming, 5-whys, prioritization, or cause and effect diagrams to better understand the problem (refer to Appendix C for resources).

S **Select** the improvement strategies to be made. Consider using a table or chart to summarize your Action Plan. Many resources are available to assist you in putting your plan on paper, but in general you'll want to include the priority selected, the goal, the improvement activities to be conducted, who will carry them out, and the timeline for completing the improvement activities. When complete, your Action Plan should contain documentation on the indicators to be used, baseline performance levels and targets to be achieved, responsibilities for carrying out improvement activities and the collection and analysis of data to monitor progress. (Additional resources may be found in Appendix C.)

Monitoring and Evaluation: Keys to Success

Monitoring your action plan is a highly proactive and continuous process that is far more than simply taking an occasional "snap-shot" that produces additional data. Evaluation, in contrast to monitoring, provides ongoing structured information that focuses on why results are or are not being met, what unintended consequences may be, or on issues of efficiency, effectiveness, and/or sustainability.

After your Action Plan is implemented, monitoring and evaluation continues to determine whether quality improvement occurred and whether the activities were effective. If the Essential Service performance does not improve within the expected time, additional evaluation must be conducted (an additional QI cycle) to determine why and how you can update your Action Plan to be more effective. The Action Plan can be adjusted as you continue to monitor and evaluate your efforts.

APPENDIX A: Individual Questions and Responses

Performance Scores

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems		
1.1	**Model Standard: Population-Based Community Health Assessment (CHA)** *At what level does the local public health system:*	
1.1.1	Conduct regular community health assessments?	75
1.1.2	Continuously update the community health assessment with current information?	75
1.1.3	Promote the use of the community health assessment among community members and partners?	75
1.2	**Model Standard: Current Technology to Manage and Communicate Population Health Data** *At what level does the local public health system:*	
1.2.1	Use the best available technology and methods to display data on the public's health?	75
1.2.2	Analyze health data, including geographic information, to see where health problems exist?	75
1.2.3	Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?	50
1.3	**Model Standard: Maintenance of Population Health Registries** *At what level does the local public health system:*	
1.3.1	Collect data on specific health concerns to provide the data to population health registries in a timely manner, consistent with current standards?	75
1.3.2	Use information from population health registries in community health assessments or other analyses?	75

ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards		
2.1	**Model Standard: Identification and Surveillance of Health Threats** *At what level does the local public health system:*	
2.1.1	Participate in a comprehensive surveillance system with national, state and local partners to identify, monitor, share information, and understand emerging health problems and threats?	75
2.1.2	Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?	75
2.1.3	Assure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?	75
2.2	**Model Standard: Investigation and Response to Public Health Threats and Emergencies** *At what level does the local public health system:*	

2.2.1	Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?	100
2.2.2	Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	100
2.2.3	Designate a jurisdictional Emergency Response Coordinator?	100
2.2.4	Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	100
2.2.5	Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?	75
2.2.6	Evaluate incidents for effectiveness and opportunities for improvement?	75
2.3	**Model Standard: Laboratory Support for Investigation of Health Threats** *At what level does the local public health system:*	
2.3.1	Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?	75
2.3.2	Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?	75
2.3.3	Use only licensed or credentialed laboratories?	100
2.3.4	Maintain a written list of rules related to laboratories, for handling samples (collecting, labeling, storing, transporting, and delivering), for determining who is in charge of the samples at what point, and for reporting the results?	75

ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues		
3.1	**Model Standard: Health Education and Promotion** *At what level does the local public health system:*	
3.1.1	Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?	75
3.1.2	Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?	75
3.1.3	Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities?	75
3.2	**Model Standard: Health Communication** *At what level does the local public health system:*	
3.2.1	Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?	75
3.2.2	Use relationships with different media providers (e.g. print, radio, television, and the internet) to share health information, matching the message with the target audience?	75

3.2.3	Identify and train spokespersons on public health issues?	75
3.3	**Model Standard: Risk Communication** *At what level does the local public health system:*	
3.3.1	Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?	75
3.3.2	Make sure resources are available for a rapid emergency communication response?	75
3.3.3	Provide risk communication training for employees and volunteers?	75

ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems		
4.1	**Model Standard: Constituency Development** *At what level does the local public health system:*	
4.1.1	Maintain a complete and current directory of community organizations?	50
4.1.2	Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	50
4.1.3	Encourage constituents to participate in activities to improve community health?	50
4.1.4	Create forums for communication of public health issues?	50
4.2	**Model Standard: Community Partnerships** *At what level does the local public health system:*	
4.2.1	Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?	75
4.2.2	Establish a broad-based community health improvement committee?	75
4.2.3	Assess how well community partnerships and strategic alliances are working to improve community health?	50

ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts		
5.1	**Model Standard: Governmental Presence at the Local Level** *At what level does the local public health system:*	
5.1.1	Support the work of a local health department dedicated to the public health to make sure the essential public health services are provided?	75
5.1.2	See that the local health department is accredited through the national voluntary accreditation program?	75
5.1.3	Assure that the local health department has enough resources to do its part in providing essential public health services?	75
5.2	**Model Standard: Public Health Policy Development** *At what level does the local public health system:*	
5.2.1	Contribute to public health policies by engaging in activities that inform the policy development process?	75

5.2.2	Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?	75
5.2.3	Review existing policies at least every three to five years?	75
5.3	**Model Standard: Community Health Improvement Process and Strategic Planning** *At what level does the local public health system:*	
5.3.1	Establish a community health improvement process, with broad- based diverse participation, that uses information from both the community health assessment and the perceptions of community members?	75
5.3.2	Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	75
5.3.3	Connect organizational strategic plans with the Community Health Improvement Plan?	75
5.4	**Model Standard: Plan for Public Health Emergencies** *At what level does the local public health system:*	
5.4.1	Support a workgroup to develop and maintain preparedness and response plans?	75
5.4.2	Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?	75
5.4.3	Test the plan through regular drills and revise the plan as needed, at least every two years?	75

ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety		
6.1	**Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances** *At what level does the local public health system:*	
6.1.1	Identify public health issues that can be addressed through laws, regulations, or ordinances?	75
6.1.2	Stay up to date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels?	75
6.1.3	Review existing public health laws, regulations, and ordinances at least once every five years?	75
6.1.4	Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	75
6.2	**Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances** *At what level does the local public health system:*	
6.2.1	Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?	50

6.2.2	Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote the public health?	50
6.2.3	Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	50
6.3	**Model Standard: Enforcement of Laws, Regulations, and Ordinances** *At what level does the local public health system:*	
6.3.1	Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?	75
6.3.2	Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?	75
6.3.3	Assure that all enforcement activities related to public health codes are done within the law?	75
6.3.4	Educate individuals and organizations about relevant laws, regulations, and ordinances?	75
6.3.5	Evaluate how well local organizations comply with public health laws?	75

ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable		
7.1	**Model Standard: Identification of Personal Health Service Needs of Populations** *At what level does the local public health system:*	
7.1.1	Identify groups of people in the community who have trouble accessing or connecting to personal health services?	75
7.1.2	Identify all personal health service needs and unmet needs throughout the community?	75
7.1.3	Defines partner roles and responsibilities to respond to the unmet needs of the community?	75
7.1.4	Understand the reasons that people do not get the care they need?	75
7.2	**Model Standard: Assuring the Linkage of People to Personal Health Services** *At what level does the local public health system:*	
7.2.1	Connect (or link) people to organizations that can provide the personal health services they may need?	75
7.2.2	Help people access personal health services, in a way that takes into account the unique needs of different populations?	75
7.2.3	Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?	75
7.2.4	Coordinate the delivery of personal health and social services so that everyone has access to the care they need?	75

ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce

8.1	**Model Standard: Workforce Assessment, Planning, and Development** *At what level does the local public health system:*	
8.1.1	Set up a process and a schedule to track the numbers and types of LPHS jobs and the knowledge, skills, and abilities that they require whether those jobs are in the public or private sector?	75
8.1.2	Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?	50
8.1.3	Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?	50
8.2	**Model Standard: Public Health Workforce Standards** *At what level does the local public health system:*	
8.2.1	Make sure that all members of the public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet the law?	75
8.2.2	Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the essential public health services?	75
8.2.3	Base the hiring and performance review of members of the public health workforce in public health competencies?	75
8.3	**Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring** *At what level does the local public health system:*	
8.3.1	Identify education and training needs and encourage the workforce to participate in available education and training?	75
8.3.2	Provide ways for workers to develop core skills related to essential public health services?	75
8.3.3	Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	50
8.3.4	Create and support collaborations between organizations within the public health system for training and education?	50
8.3.5	Continually train the public health workforce to deliver services in a culturally competent manner and understand social determinants of health?	50
8.4	**Model Standard: Public Health Leadership Development** *At what level does the local public health system:*	
8.4.1	Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	50
8.4.2	Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?	50
8.4.3	Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	50

8.4.4	Provide opportunities for the development of leader's representative of the diversity within the community?	50

ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services		
9.1	**Model Standard: Evaluation of Population-Based Health Services** *At what level does the local public health system:*	
9.1.1	Evaluate how well population-based health services are working, including whether the goals that were set for programs were achieved?	50
9.1.2	Assess whether community members, including those with a higher risk of having a health problem, are satisfied with the approaches to preventing disease, illness, and injury?	50
9.1.3	Identify gaps in the provision of population-based health services?	50
9.1.4	Use evaluation findings to improve plans and services?	50
9.2	**Model Standard: Evaluation of Personal Health Services** *At what level does the local public health system:*	
9.2.1	Evaluate the accessibility, quality, and effectiveness of personal health services?	50
9.2.2	Compare the quality of personal health services to established guidelines?	50
9.2.3	Measure satisfaction with personal health services?	50
9.2.4	Use technology, like the internet or electronic health records, to improve quality of care?	50
9.2.5	Use evaluation findings to improve services and program delivery?	50
9.3	**Model Standard: Evaluation of the Local Public Health System** *At what level does the local public health system:*	
9.3.1	Identify all public, private, and voluntary organizations that provide essential public health services?	75
9.3.2	Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to essential public health services?	75
9.3.3	Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	50
9.3.4	Use results from the evaluation process to improve the LPHS?	50

ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems	
10.1	**Model Standard: Fostering Innovation** *At what level does the local public health system:*

10.1.1	Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work?	25
10.1.2	Suggest ideas about what currently needs to be studied in public health to organizations that do research?	25
10.1.3	Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?	50
10.1.4	Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results?	50
10.2	**Model Standard: Linkage with Institutions of Higher Learning and/or Research** *At what level does the local public health system:*	
10.2.1	Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?	50
10.2.2	Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?	25
10.2.3	Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?	50
10.3	**Model Standard: Capacity to Initiate or Participate in Research** *At what level does the local public health system:*	
10.3.1	Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?	50
10.3.2	Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?	50
10.3.3	Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc?	50
10.3.4	Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?	50

APPENDIX B: Qualitative Assessment Data

Summary Notes

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER-TERM IMPROVEMENT OPPORTUNITIES
1.1	Model Standard: Population-Based Community Health Assessment (CHA)		
*Collaboration *Investment The group agreed the performance scores that resulted from the surveys were correct. Most of the performance scores were 75, meaning that the community believes there is significant activity happening surrounding Essential Service 1.	*Funding/resources *Community Stakeholders are overburdened with meetings	Overall discussion on Essential Service one was that much of this is required by the state due to the accreditation mandate. While Gallia County has good community participation in assessments, there is a great need for more funding to continue this work at the local level.	The priority here would be to increase the funding from the state or federal level to continue this important work.
1.2	Model Standard: Current Technology to Manage and Communicate Population Health Data		
Regional EPI PHNs	Resources Funding		
1.3	Model Standard: Maintenance of Population Health Registries		

ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER-TERM IMPROVEMENT OPPORTUNITIES
2.1	Model Standard: Identification and Surveillance of Health Threats		
Regional EPI Pro-active Personnel The group agreed the performance scores that resulted from the surveys were correct. The scores were either 75 or 100, meaning that the community believes there is significant activity and optimal activity happening surrounding Essential Service 2.	Funding Resources	Overall the discussion around this essential service noted that much of this service is mandated by the ORC so much of it is done pretty comprehensively. Gallia takes advantage of the regional EPI.	Lack of funding is noted here as an opportunity for improvement.
2.2	Model Standard: Investigation and Response to Public Health Threats and Emergencies		
EMA for their expertise in the subject			
2.3	Model Standard: Laboratory Support for Investigation of Health Threats		
Use ODH lab and lab corps		We will continue this because we do not have enough business for our own lab.	

ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER-TERM IMPROVEMENT OPPORTUNITIES
3.1	Model Standard: Health Education and Promotion		
Good legal negotiating The group agreed the performance scores that resulted from the surveys were correct. All of the performance scores were 75, meaning that the community believes there is significant activity happening surrounding Essential Service 3.	Poor dissemination to the public	Overall the discussion around this essential service focused around there being good work being done, but there needs to be better communication to the public and stakeholders about what occurs.	More communication to all in county.
3.2	Model Standard: Health Communication		
3.3	Model Standard: Risk Communication		

ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER-TERM IMPROVEMENT OPPORTUNITIES
4.1	Model Standard: Constituency Development		
Community does well encouraging individuals and organizations to be involved	There were three changes made to the performance score that resulted from the online surveys, all downgrading the level of activity. The majority of the measures were graded a 50, which means moderate activity surrounding essential service 4. One measure concerning maintaining a directory being changed to 25 - minimal activity.	Community is unaware of what resources are available, many organizations and industries have their own directory, but there needs to be one central one for the entire community.	Need more communication about what occurs.
4.2	Model Standard: Community Partnerships		
	Organizations are good at what they do but are not working together to help provide services and improve health. Not meeting regularly, need to meet so its constantly on everyone's mind and issues can be addressed before they turn into something bigger. No reports are put out on how well the alliances are working.		

ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER-TERM IMPROVEMENT OPPORTUNITIES
5.1	Model Standard: Governmental Presence at the Local Level		
The group agreed most of the performance scores that resulted from the surveys were correct, with one adjustment being recommended to increase the measure concerning alerting policy makers from a 50 to a 75. This means that all of the measures were given a 75, meaning that the community believes there is significant activity happening surrounding Essential Service 5.			Each measure in this essential service was marked as a priority of 10, indicating that continuing effort in this essential service is important to the community.
5.2	Model Standard: Public Health Policy Development		
5.3	Model Standard: Community Health Improvement Process and Strategic Planning		
5.4	Model Standard: Plan for Public Health Emergencies		

ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER-TERM IMPROVEMENT OPPORTUNITIES
6.1	Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances		
Increased conversations between agencies and administrators to increase awareness. Up to date on current laws and adequate access to legal council. The group had mixed reactions to the performance scores that resulted from the online surveys. The majority of the scores were adjusted to increase, resulting in about half of the measures being graded at a 75. The other measures were graded at a 50. This indicated that the community sees some significant activity surrounding essential service 6, but there is room for improvement.	Lack of formal review of laws and regulations.	More collaborations and give between law makers.	
6.2	Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances		
	Could do better at working with agencies to establish new laws.	Provide assistance to partners on language.	
6.3	el Standard: Enforcement of Laws, Regulations, and Ordinances		
	Education could improve.		Need more evaluation from all regulating agencies.

ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER-TERM IMPROVEMENT OPPORTUNITIES
7.1	Model Standard: Identification of Personal Health Service Needs of Populations		
The original performance scores for this essential service were all 75. There was one change noted, surrounding to assurance of care which got downgraded to a 50. This indicated the community sees overall significant activity surrounding essential service 7.	You can't help what you don't know.	More communications.	
7.2	Model Standard: Assuring the Linkage of People to Personal Health Services		
		Increase access to rural parts of the county who don't have access to internet, social media, tv, paper, etc.	

ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER-TERM IMPROVEMENT OPPORTUNITIES
8.1	Model Standard: Workforce Assessment, Planning, and Development		
The group agreed with performance scores calculated as a result of the survey. These performance scores were about half 75 and half 50, indicating that the community sees some significant activity surrounding essential service 8, but there are areas for improvement.	Hard to recruit due to pay (competitive wages). Public Health not often a career path.		Work with colleges to provide education to students about opportunities in public health.
8.2	Model Standard: Public Health Workforce Standards		
Requirements monitored periodically (at least yearly).	Lack of qualified candidates. Funding does not permit hiring certain personnel.		
8.3	Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring		
			Work with colleges to provide education to students about opportunities in public health.
8.4	Model Standard: Public Health Leadership Development		
	Lack of diverse population.		

ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER-TERM IMPROVEMENT OPPORTUNITIES
9.1	Model Standard: Evaluation of Population-Based Health Services		
	Do not know what others are trying to achieve - agencies do not put information out there. The majority of scores from the online survey were 50 with only a couple of the measures being 75. This indicates that the community sees moderate activity surrounding essential service 9, but there is much room for improvement.	Better communication.	
9.2	Model Standard: Evaluation of Personal Health Services		
9.3	Model Standard: Evaluation of the Local Public Health System		
	Lack of communication.	Needs to be updated more frequently and have more communication.	

ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER-TERM IMPROVEMENT OPPORTUNITIES
10.1	Model Standard: Fostering Innovation		
	This was the lowest scoring essential service in the entire LPHSA. The score varied by Model Standard. 10.1 was originally scores half 50 and half 25, which was adjusted to three 25s and one 75; 10.2 was two 50s and one 25 which was left as is, and 10.3 was all 50. Overall this was rated the weakest essential service for Gallia County.		
10.2	Model Standard: Linkage with Institutions of Higher Learning and/or Research		
10.3	Model Standard: Capacity to Initiate or Participate in Research		

APPENDIX C: Additional Resources

General

Association of State and Territorial Health Officers (ASTHO)
http://www.astho.org/

CDC/Office of State, Tribal, Local, and Territorial Support (OSTLTS)
http://www.cdc.gov/ostlts/programs/index.html

Guide to Clinical Preventive Services
http://www.ahrq.gov/clinic/pocketgd.htm

Guide to Community Preventive Services
www.thecommunityguide.org

National Association of City and County Health Officers (NACCHO)
http://www.naccho.org/topics/infrastructure/

National Association of Local Boards of Health (NALBOH)
http://www.nalboh.org

Being an Effective Local Board of Health Member: Your Role in the Local Public Health System
http://www.nalboh.org/pdffiles/LBOH%20Guide%20-%20Booklet%20Format%202008.pdf

Public Health 101 Curriculum for governing entities
http://www.nalboh.org/pdffiles/Bd%20Gov%20pdfs/NALBOH_Public_Health101Curriculum.pdf

Accreditation

ASTHO's Accreditation and Performance Improvement resources
http://astho.org/Programs/Accreditation-and-Performance/

NACCHO Accreditation Preparation and Quality Improvement
http://www.naccho.org/topics/infrastructure/accreditation/index.cfm

Public Health Accreditation Board
www.phaboard.org

Health Assessment and Planning (CHIP/ SHIP)

Healthy People 2010 Toolkit:

- Communicating Health Goals and Objectives
  http://www.healthypeople.gov/2010/state/toolkit/12Marketing2002.pdf
- Setting Health Priorities and Establishing Health Objectives
  http://www.healthypeople.gov/2010/state/toolkit/09Priorities2002.pdf

Healthy People 2020:
www.healthypeople.gov

- MAP-IT: A Guide To Using Healthy People 2020 in Your Community
  http://www.healthypeople.gov/2020/implementing/default.aspx

Mobilizing for Action through Planning and Partnership:
http://www.naccho.org/topics/infrastructure/mapp/

- MAPP Clearinghouse
  http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/
- MAPP Framework
  http://www.naccho.org/topics/infrastructure/mapp/framework/index.cfm

National Public Health Performance Standards Program
http://www.cdc.gov/nphpsp/index.html

Performance Management /Quality Improvement

American Society for Quality; Evaluation and Decision Making Tools: Multi-voting
http://asq.org/learn-about-quality/decision-making-tools/overview/overview.html

Improving Health in the Community: A Role for Performance Monitoring
http://www.nap.edu/catalog/5298.html

National Network of Public Health Institutes Public Health Performance Improvement Toolkit
http://nnphi.org/tools/public-health-performance-improvement-toolkit-2

Public Health Foundation – Performance Management and Quality Improvement
http://www.phf.org/focusareas/Pages/default.aspx

Turning Point
http://www.turningpointprogram.org/toolkit/content/silostosystems.htm

US Department of Health and Human Services Public Health System, Finance, and Quality Program
http://www.hhs.gov/ash/initiatives/quality/finance/forum.html

Evaluation

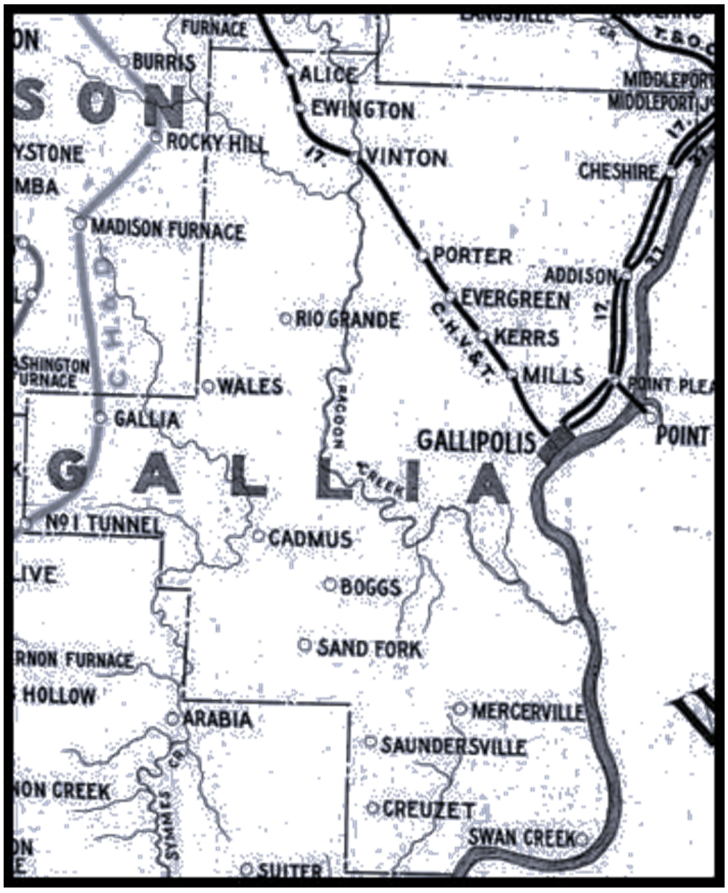
CDC Framework for Program Evaluation in Public Health
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm

Guide to Developing an Outcome Logic Model and Measurement Plan (United Way)
http://www.yourunitedway.org/media/Guide_for_Logic_Models_and_Measurements.pdf

National Resource for Evidence Based Programs and Practices
www.nrepp.samhsa.gov

W.K. Kellogg Foundation Evaluation Handbook
http://www.wkkf.org/knowledge-center/resources/2010/W-K-Kellogg-Foundation-Evaluation-Handbook.aspx

W.K. Kellogg Foundation Logic Model Development Guide
http://www.wkkf.org/knowledge-center/resources/2006/02/WK-Kellogg-Foundation-Logic-Model-Development- Guide.aspx



2019 Gallia County MAPP

(Mobilizing for Action through Planning and Partnership)

Forces of Change Assessment Report

January 2019

Public Health
Prevent. Promote. Protect.

Gallia County
Health Department

Holzer

COLLEGE OF PUBLIC HEALTH
Center for Public Health Practice

The Ohio State University

Summary

In 2018, the Gallia County Health Department (GCHD), in partnership with Holzer Health System, embarked on a comprehensive regional community health assessment with the surrounding counties of Vinton, Meigs, and Jackson. The region utilized a framework known as MAPP (Mobilizing for Action through Planning and Partnerships). MAPP is a nationally recognized best practice for community health assessment and community health improvement planning designed by the National Association of City and County Health Officials (NACCHO). MAPP features four distinct assessments that result in a comprehensive view of the health of a community. This report focuses on the results of one of these assessments, the Forces of Change Assessment (FOCA).

To conduct the FOCA, GCHD contracted with the Center for Public Health Practice at the Ohio State University (CPHP) to facilitate and plan the assessment. At a meeting held on January 31, 2019, a group of community stakeholders convened to brainstorm their community's forces of change and the threats and opportunities associated with those forces.

The following themes emerged during the discussion about Gallia County's Forces of Change:

- Many community services are overwhelmed and under-resourced.
- There are a high number of people at risk for mental health issues due to increased stress, especially among those in vulnerable populations.
- The community needs higher quality employment opportunities.

Methodology

The Forces of Change Assessment (FOCA) focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This assessment answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?"

The Gallia County Health Department (GCHD) contracted with the Ohio State University Center for Public Health Practice (CPHP) to plan and facilitate the assessment, which occurred in January 2019. Sixteen community stakeholders participated in the meeting. A complete list of participants, including the organizations they represent, can be found in Appendix A of this report. Prior to the meeting, CPHP provided GCHD a worksheet to distribute to community stakeholders that were invited to participate in the assessment. The worksheet, which can be found in Appendix B of this report, described the definition of Forces of Change and gave participants space to brainstorm overall forces in Gallia County.

During the meeting, utilizing a process that combined small and large group work, participants came to consensus on what the Forces of Change for Gallia County are and the potential threats and opportunities associated with those forces. After the meeting, the brainstormed list was analyzed and themed by CPHP based on the subject matter and group discussion from the meeting.

Findings

The forces brainstormed were categorized into seven groups. The following is a summary of those groups. A detailed table, including the forces, threats and opportunities can be found in Appendix C of this report.

Substance Misuse: There were five forces that related to Substance Misuse identified, including the associated community issues that result from the issue. Much of this discussion was about the related burden placed on social programs, including the mental and physical ramifications of grandparents raising their grandchildren when parents are unable due to drug use, the pressure on the healthcare system and the overall lack of adequate resources to combat the issue. Threats concerning this included funding cuts and workforce shortages. Opportunities included opportunities for increased community programing and education.

Change in Demographics: Two forces related to changing demographics were noted by the group, both related to an aging population. This discussion focused on the overall aging of the population of Gallia County as younger residents tend to move out of the county as they reach adulthood either for college or some other reason and do not return. The group discussed how this creates a larger burden on certain social

programs that serve as resources for the elderly community. Threats concerning this included the burden on social services. No opportunities were identified.

Youth Issues: Four forces were identified that impact the youth in Gallia County. The conversation surrounding this focused on the school systems being overwhelmed by the community's needs that extend beyond traditional education needs. This includes schools being both a place for social support for students with bad home environments and an increase in children with special needs. Threats concerning this included funding issues and lack of resources. Opportunities included leveraging the resources provided by Buckeye Hills Career Center to increase community education and support.

Changing Tax Base: Three forces were identified that related to the changing tax base in Gallia County. These related to the upcoming census, a recent devaluation of a large property, and potentially annexing a village into the city of Gallipolis. The conversation around these forces focused primarily on the reduction in tax revenue for the county as a result of the census and the property value. Threats concerning this included the decrease in funding for social programs. Opportunities included increasing collaboration among agencies to fill the gaps.

Economy: Three forces were identified that related to the economy, including a high poverty rate and underemployment. The discussion surrounding the economy was primarily focused on Gallia County's need for better paying jobs that provide residents with benefits and a livable wage. Threats concerning this included the burden on assistance agencies. Opportunities included leveraging the resources at Buckeye Hills to improve workforce training in Gallia County.

Access to Care: Three forces were identified related to Access to Care, including underemployment in the community resulting in an insufficient healthcare coverage and the change in the Ohio gubernatorial administration and the resulting change in public health leadership at a state level and changes in Medicaid expansion. Threats concerning this included a large population with a gap in healthcare coverage. Opportunities included working with the new administration to assure access to Gallia County's most vulnerable residents.

Technology: Two forces were identified that related to technology issues. The focus of this conversation was on rural areas of the county lacking internet connectivity and this resulting in the lack of health education and health literacy among residents. Threats concerning this included the impact on children not having access to the internet to do schoolwork resulting in poor educational outcomes. Opportunities included increase outreach and educational programs.

Discussion

Several cross-cutting themes arose during the large group discussion about Gallia County's Forces of Change. During much of the discussion the issue of lack of adequate resources was noted consistently throughout the meeting. This was both tied to specific community health issues, such as an increase in substance misuse, and to decreasing community resources, such as the decreasing tax revenue caused by the devaluation of a large property. The impact of this on vulnerable populations, specifically youth and elderly people was noted several times throughout the discussion. Schools are increasingly serving as a safety net for students with poverty, drug use, abuse and neglect at home. The group discussed ways to capitalize on the quality educators that are already in place and engaged school administrations, while better leveraging Buckeye Hills Career Center to help fill gaps for students.

Mental health issues were also mentioned during several points in the discussion. The group noted that there is an overall stress on certain populations in the community. The increased stress of grandparents raising grandchildren and its subsequent impact on the overall mental health of a growing portion of the population was noted. Mental health among youth was also noted, especially the lack of providers and resources for the schools.

The need for higher quality employment opportunities was also a theme throughout the meeting. The lack of mid- and high-skill jobs that provide a livable wage, was noted at several points throughout the meeting. This impacts access to care, healthcare coverage, and health behaviors among residents. It also contributes to the issue of "brain drain," where young people leave the community for education and skill development and do not return to the community where they were raised.

The results in this report have limitations. Over 35 community stakeholders were invited to the meeting. Weather prevented many of them from coming, resulting in a smaller discussion group than desired by the meeting hosts and planners.

APPENDIX A: FOCA List of participants

Name	Agency
Rita Pauley	Area Agency on Aging District 7, Inc.
Tina Elkins	OSU Extension SNAP-Ed
Craig Wright	Gallipolis City Schools
Brent Saunders	Gallia County Commissioners
Britt Higginbotham	Gallia County Board of Developmental Disabilities
Cody Caldwell	Gallipolis City Commission
Sherry Shamblin	Hopewell Health Centers
Thom Mollohan	Gallia Citizens 4 Prevention Recovery
Lou Ann Whittington	Gallia County Health Department
Tyler Schweickart	Gallia County Health Department
Melissa Conkle	Gallia County Health Department
Brittany Muncy	Gallia County Health Department
Gerald Vallee	Gallia County Health Department
Angela Showers	GJM Alcohol, Drug, and Mental Health Services Board
Dennis P. Johnson	TASC of Southeast Ohio

Forces of Change Brainstorming Worksheet
(Page 1)

The following two-page worksheet is designed for MAPP Committee members to use in preparing for the Forces of Change brainstorming session.

What are Forces of Change?

Forces are a broad all-encompassing category that includes trends, events, and factors.

- **Trends are patterns over time**, such as migration in and out of a community or a growing disillusionment with government.
- **Factors are discrete elements**, such as a community's large ethnic population, an urban setting, or a jurisdiction's proximity to a major waterway.
- **Events are one-time occurrences**, such as a hospital closure, a natural disaster, or the passage of new legislation.

What Kind of Areas or Categories Are Included?

Be sure to consider any and all types of forces, including:

- social
- economic
- political
- technological
- environmental
- scientific
- legal
- ethical

How To Identify Forces of Change

Think about forces of change — outside of your control— that affect the local public health system or community.

1. What has occurred recently that may affect our local public health system or community?
2. What may occur in the future?
3. Are there any trends occurring that will have an impact? Describe the trends.
4. What forces are occurring locally? Regionally? Nationally? Globally?
5. What characteristics of our jurisdiction or state may pose an opportunity or threat?
6. What may occur or has occurred that may pose a barrier to achieving the shared vision?

Also, consider whether or not forces identified were unearthed in previous discussions.

1. Was the MAPP process spurred by a specific event such as changes in funding or new trends in public health service delivery?
2. Did discussions during the Local Public Health System Assessment reveal changes in organizational activities that were the result of external trends?
3. Did brainstorming discussions during the Visioning or Community Themes and Strengths phases touch upon changes and trends occurring in the community?

Forces of Change Brainstorming Worksheet
(Page 2)

Using the information from the previous page, list all brainstormed forces, including factors, events, and trends. Continue onto another page if needed. Bring the completed worksheet to the brainstorming session

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

APPENDIX C: Forces of Change Chart

GROUP	FORCE OF CHANGE	THREAT(S)	OPPORTUNITY(/IES)	NOTES
Substance Use	Changes in addiction patterns (opiates changing, different drugs)	Increase in violence and Domestic Violence	New systems	
			Treatment	
			Drug courts	
			More training	
	Youth not respecting law enforcement			
	Grandparents raising grandkids	Not eligible for social programs	Kids have stable environment	Overwhelming the system, lack of adequate resources
		Lack of technology	Education needed	
		Physical stress	Increase recognition at national level - need to educate local policy makers	
		Money	Healthcare system (need commitment)	
		Not getting support available		
		Increase in exploitation, victimization by children and care takers - identity theft		
		APS overwhelmed, funding cut		
	Increase in Neonatal Abstinence Syndrome			
	IV drug use	Disease spread	Vaccines - increase in awareness of VPD (Hep A)	
		Workforce shortage	Increase in treatment referrals for health department	
GROUP	FORCE OF CHANGE	THREAT(S)	OPPORTUNITY(/IES)	NOTES
Change in demographics	Aging population	Increase in reliance on social services (elderly population)		Increase in reliance on social programs
	Brain drain	Losing youth population		

Impacting young people and services for youth	Increase in students with disabilities (all levels)	Lack of MH services (resources, manpower)	Students support their new programs	Overwhelming schools, social programs
		Lack of teacher education and support	Increase in trauma informed care	
	Increase in Autism diagnoses	Increase school cost with no funding		
	Schools are overwhelmed	Kids not getting good role model at home	Community support is great	
		Hopelessness	Church community is great	
		Teachers providing social support	Buckeye Hills curriculum hands on training	
		School violence	Trade skills (its ok not to go to a 4-year college)	
		Hunger		
		Change in how youth see law enforcement		
Changing tax base	Devaluation of large properties (power plant) (school funding)	Loss of tax funding	Collaboration to increase services	Decrease in funding for social programs
		Public funds being exhausted	Leveraging quality educators and administrations	
	Annexing Spring Valley (Gallipolis)	City expand tax base, people with increase access to services		
		Unknown if the residents will support		
	US Census	Less people due to method, rely on internet, less population = less funds	Groups, education assistance to help people fill out census	

GROUP	FORCE OF CHANGE	THREAT(S)	OPPORTUNITY(/IES)	NOTES
Economy	Poverty	Population employability		
	Jobs don't offer livable wage			
	Unemployment		Buckeye Hills career center - increase in training and support, high school diploma program	
Access to Care	Underemployment	Causes gap in benefits	Leverage Buckeye Hills Career Center	
	Change in Ohio administration	Medicaid expansion	Change in state public health leadership	
		Change in state public health leadership	New governor passionate about mental health funds for children	
	Gap in healthcare insurance			
Technology	Decrease in health literacy	Technology	More outreach/education programs	Causes education issues - lack of internet connectivity and cell phone service in rural areas of county
		Not understanding behavior, substance use		
		Misinformation		
	Rural area access issues	Families - kids without internet access have communication issues with school and student	Commissioners open minded actively looking for solutions	