



# Van Wert Health

DELIVERED BY: *Moxley*  
PUBLIC HEALTH

2021 COMMUNITY HEALTH  
**NEEDS ASSESSMENT**

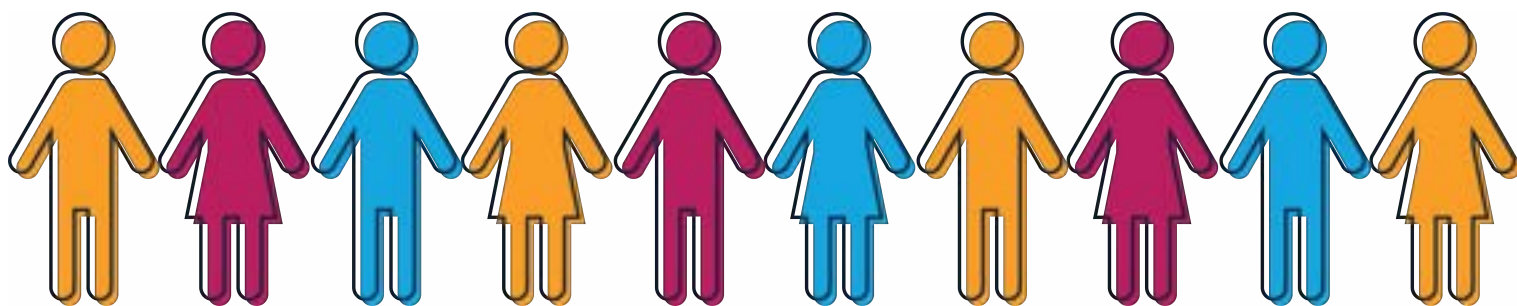
# ACKNOWLEDGEMENTS

This community health needs assessment was made possible thanks to the collaborative efforts of many members of the Van Wert Health staff, local stakeholders, partners, and community residents. Their contributions, expertise, time and resources played a critical part in the completion of this assessment. The board would like to thank and acknowledge everyone for their contribution in striving to make Van Wert Health the *Best Community Hospital* where residents choose to receive healthcare.

The 2021 Community Health Needs Assessment (CHNA) report was prepared by Moxley Public Health, LLC, ([www.moxleypublichealth.com](http://www.moxleypublichealth.com)) an independent consulting firm that works with hospitals and other community-based nonprofit organizations both domestically and internationally. Stephanie Moxley, MPH served as the lead for this Assessment, joined by Dr. Melissa Biel, Denise Flanagan, BA, and Catherine Messitidis, MPH. Elle A Design Company provided graphic design on this report. Moxley Public Health, LLC seeks to improve healthcare throughout the world with one community at a time and believes that quality healthcare is a universal human right.

## VAN WERT HEALTH AND MOXLEY PUBLIC HEALTH WOULD LIKE TO RECOGNIZE THE FOLLOWING INDIVIDUALS AND ORGANIZATIONS FOR THEIR CONTRIBUTIONS TO THIS REPORT:

Van Wert County General Health District  
 Crestview Local Schools  
 Lincolnview Local Schools  
 Van Wert City Schools  
 Westwood Behavioral Health Center  
 Van Wert Health  
 Northwestern Ohio Community Action Commission  
 Family Health Care of Northwest Ohio  
 Van Wert County Family & Children First  
 Van Wert County Council on Aging  
 YWCA of Van Wert County  
 Van Wert County Department of Job & Family Services  
 United Way of Van Wert County  
 Main Street Van Wert  
 Van Wert County Economic Development  
 Tri County ADAMHS Board



# A LETTER FROM VAN WERT HEALTH



Van Wert Health strives to be the *Best Community Hospital* with the vision of being the first choice for health care within our region. The community health needs assessment process is one way we can live out our mission. In order to fulfill this mission, we must be intentional about understanding the health issues that impact residents and working together to create a healthy community.

A primary component of creating a healthy community is assessing the needs and prioritizing those needs for impact. During the fall of 2018 and early 2019, Van Wert Health conducted a comprehensive community health needs assessment to identify primary health issues, current health status, and other health needs. The results from the assessment provide critical information to those in a position to make a positive impact on the health of the region's residents. The results also enable community members to measure impact and strategically establish priorities to then develop interventions and align resources.

The 2021 Van Wert County Community Health Needs Assessment is the fourth community health assessment conducted by the hospital and community agencies who are active members of the Van Wert County Health Collaborative. We collected both quantitative and qualitative data and monitor it to know how to better meet the health needs of our community. We want to provide the best possible care for our residents, and we can use this report to guide us in our strategic planning and decision-making concerning future programs, clinics, and health resources.

The Van Wert County Community Health Needs Assessment would not have been possible without the help of the Van Wert County Health Collaborative, acknowledged on the following pages. It is vital that assessments such as this continue so that we can know where to direct our resources and use them in the most advantageous ways.

More importantly, the possibility of this report relies solely on the participation of individuals in our community who committed to responding honestly to the surveys they received each year. We are grateful for those individuals who are committed to the health of the community, as we are, and take the time to share their health concerns, needs, praises, and behaviors.

The work of public health is a community job that involves individual facets, including our community members, working together to be a thriving community of health and well-being at home, work, and play.

Sincerely,

**Anne Dunn**

Community Wellness & Patient  
Access Manager

**Ellen Rager**

Director of Community Relations & Marketing

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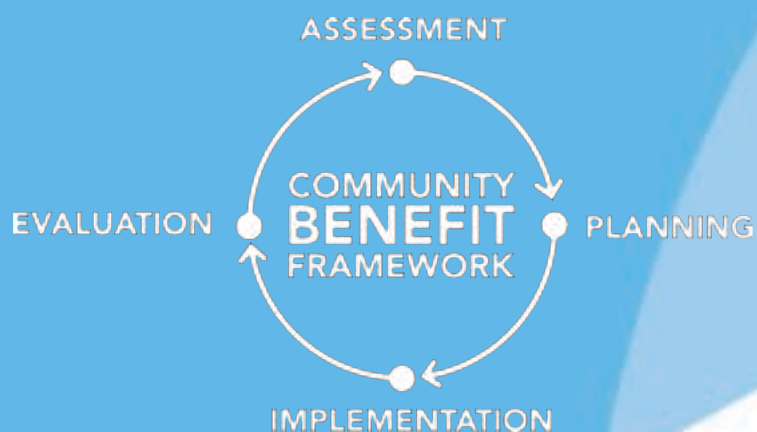


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# INTRODUCTION

# WHAT IS A COMMUNITY HEALTH NEEDS ASSESSMENT?



A community health needs assessment (CHNA) is part of a framework that is used to guide community benefit activities - policy, advocacy, and program-planning efforts. For hospitals, it is used to identify and address key health needs and supports the development of community benefit plans mandated by the state of Ohio and the federal government. The data from a CHNA is used to inform community decision-making, the prioritization of health problems, and the development, implementation, and evaluation of a community health improvement plan (CHIP).

The CHNA is an important piece in the development of a community health improvement plan (CHIP) because it helps the community to understand the health-related issues that need to be addressed. To identify and address the critical health needs of the community, Van Wert Health utilized the most current and reliable information from existing sources and then collected new data through interviews with community leaders and an online survey that captured the input from hundreds of community residents.

# OVERVIEW OF THE PROCESS

In order to produce a comprehensive community health needs assessment, Van Wert Health followed a process that included the following steps:

**STEP 1: Plan and prepare for the assessment.**

**STEP 2: Define the community.**

**STEP 3: Identify data that describes the health and needs of the community.**

**STEP 4: Understand and interpret the data.**

**STEP 5: Define and validate priorities.**

**STEP 6: Document and communicate results.**

Within each step of this process, the guidelines and requirements of both the state and federal governments are followed precisely and systematically.

#### **Affordable Care Act (Federal) Requirements**

Enacted on March 23, 2010, the Affordable Care Act (ACA) provided guidance at a national level for CHNAs for the first time. Federal requirements included in the ACA stipulate that hospital organizations under 501(c)(3) status must adhere to new 501(r) regulations, one of which is conducting a community health needs assessment every three years.

#### **Ohio Department of Health Requirements**

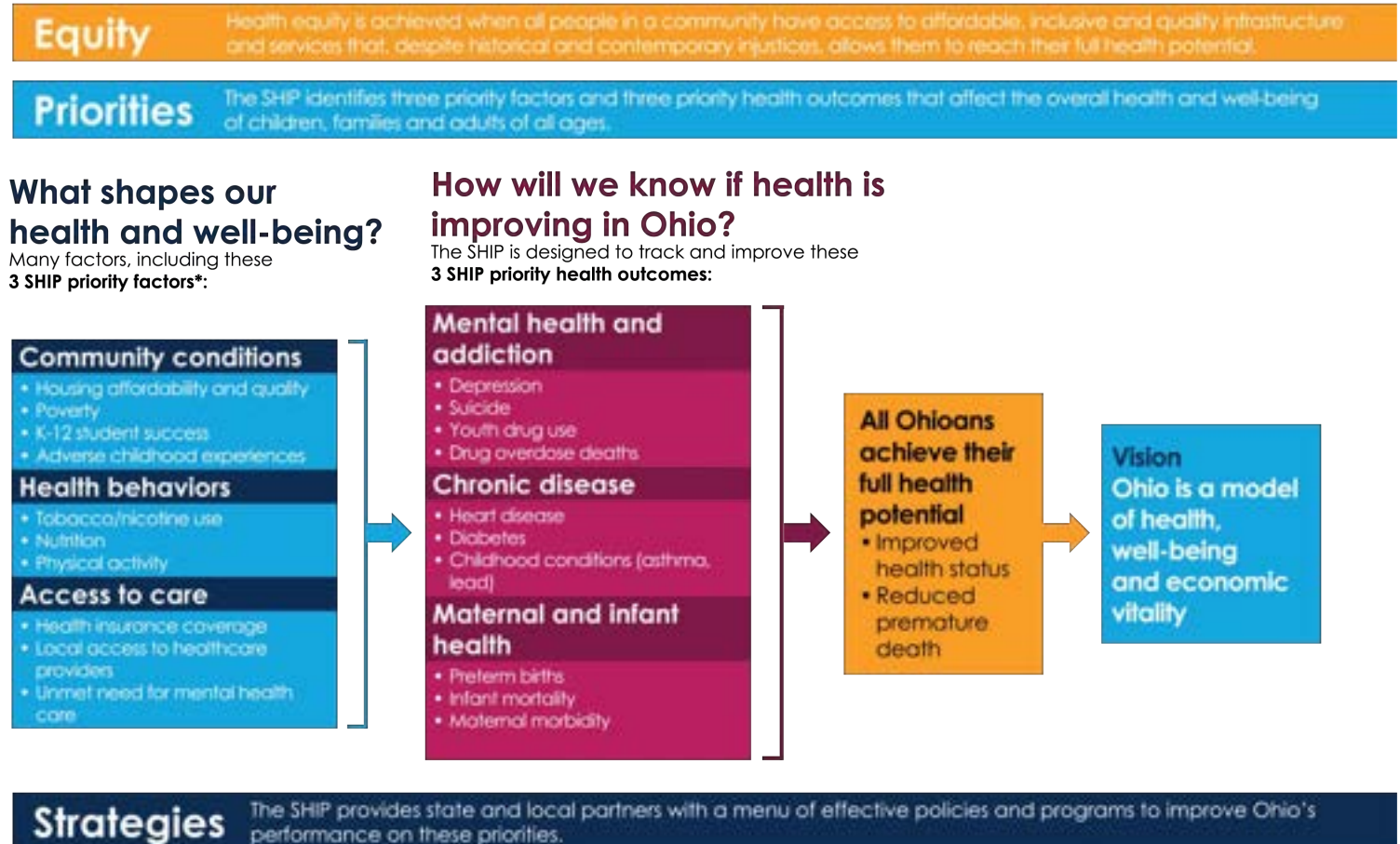
The Ohio Department of Health (ODH) is required by state law to provide guidance to hospitals and local health departments on community health needs assessments and implementation plans. On July 2016, HB 390 (ORC 3701.981) was enacted by Ohio in order to improve population health planning in the state by identifying health needs and priorities by conducting a CHNA and subsequently developing a CHIP to address those needs in the community. The following image shows the framework from ODH that this report followed while also adhering to federal requirements and the community's needs.

**THE 2021 VAN WERT HEALTH CHNA MEETS ALL OHIO DEPARTMENT OF HEALTH AND FEDERAL (IRS) REGULATIONS.**

## Ohio Department of Health Requirements

The following image shows the framework from ODH that this report followed while also adhering to federal requirements and the community's needs.

Figure 1.2. SHIP framework



\* These factors are sometimes referred to as the social determinants of health or the social drivers of health

# PREVIOUS CHNA & CHIP

## 2018-2021

### BRIEF SUMMARY OF 2018 CHNA

In 2018, Van Wert Health conducted the previous Community Health Needs Assessment (CHNA). Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The hospital Improvement Plan associated with the 2018 CHNA addressed obesity, chronic disease, mental health, substance use, access to care, and the resources available in Van Wert Health service area. The impact of the actions Van Wert Health used to address these significant health needs can be found in Appendix A.



### WRITTEN PUBLIC COMMENTS TO 2018 CHNA

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital Community Health Needs Assessment (CHNA) and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. The previous Community Health Needs Assessment and Improvement Plan were made widely available to the public on the website, <https://www.vanwerthealth.org/community-health/community-health-improvement>.

### VAN WERT HEALTH'S 2018 PRIORITY HEALTH NEEDS

A workgroup (that included the Chief Medical Officer, Chief Financial Officer, Vice President of HR & Organizational Effectiveness, Vice President of Patient Care Services & Chief Nursing Officer, Director of Patient & Community Relations, and the Community Wellness Coordinator) developed the 2019-2021 Improvement Plan by reviewing the 2018 CHNA. The workgroup reviewed and discussed the priority areas and the agreement through unanimous vote was that the following priority health issues could be positively impacted by strategies and activities conducted by the hospital:

- Obesity & Chronic Disease
- Mental Health & Substance Use
- Access To Care & Resources

### IMPLEMENTATION STRATEGIES FOR 2019-2021

In order to align with state and national priorities, Van Wert Health chose to address Obesity & Chronic Disease, Mental Health & Substance Use, and Access to Care & Resources. In addition to the assessment of the existing resources available to Van Wert Health service area, the workgroup reviewed current Van Wert Health programs and services that could be modified or improved for impact. Additionally, new opportunities for programs, services, process and policy changes and outreach were discussed. A workplan can be seen in Appendix A that outlines the strategies and activities planned to address the priority health needs chosen in the 2019-2021 Improvement Plan.

### IMPACT EVALUATION OF 2019-2021 IMPLEMENTED STRATEGIES

Van Wert Health developed and approved an Implementation Plan for 2019-2021 to address the significant health needs that were identified in the 2018 Community Health Needs Assessment. The hospital chose to address: Obesity and Chronic Disease, Mental Health and Substance Use, and Access to Care and Resources. The IRS requires hospitals to report on the impact of implementation strategies. Appendix A describes the evaluation of community benefit interventions that were planned in the 2019-2021 Improvement Plan.



# STEP 1 PLAN AND PREPARE FOR THE ASSESSMENT



## **IN THIS STEP, VAN WERT HEALTH:**

- ✓ DETERMINED WHO IN THE HOSPITAL WOULD PARTICIPATE IN THE NEEDS ASSESSMENT PROCESS
- ✓ PLANNED FOR COMMUNITY ENGAGEMENT
- ✓ ENGAGED HOSPITAL BOARD AND EXECUTIVE LEADERSHIP
- ✓ DETERMINED HOW THE COMMUNITY HEALTH NEEDS ASSESSMENT WOULD BE CONDUCTED
- ✓ DEVELOPED A PRELIMINARY TIMELINE

## PLAN AND PREPARE

Van Wert Health began planning for the 2021 Community Health Needs Assessment (CHNA) in the spring of 2020. Anne Dunn (Van Wert Health Occupational/Community Wellness Coordinator) and Ellen Rager (Van Wert Health Director of Patient & Community Relations) acted as the assessment leaders and formed an assessment team. Ms. Dunn and Ms. Rager involved hospital leadership and kept the board informed of the assessment activities, allocated funds to the process, and most importantly, engaged the community through various established relationships with leaders of organizations and people populations. The assessment team ultimately engaged the services of Moxley Public Health, LLC in order to conduct the 2021 CHNA and the 2022-2024 CHIP.

In the early spring of 2021, the assessment team (that now included Moxley Public Health) worked together to formulate the multistep process of planning and conducting a community health needs assessment. The assessment team reviewed the IRS deadline, discovered hospital leadership and board meeting dates, and subsequently formed a timeline for the process.

“Community health assessments are the foundation for improving and promoting the health of community members. The role of community assessment is to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors.”

## STEP 2

# DEFINE VAN WERT HEALTH COMMUNITY



### **IN THIS STEP, VAN WERT HEALTH:**

- ✓ DESCRIBED VAN WERT HEALTH
- ✓ DETERMINED THE PURPOSE OF THE NEEDS ASSESSMENT
- ✓ DEFINED THE GEOGRAPHIC AREA SERVED BY THE HOSPITAL

# VAN WERT, OHIO

## ABOUT VAN WERT HEALTH

Van Wert Health is located at 1250 S. Washington Street, Van Wert, OH 45891. The service area is primarily located in Van Wert County with small sections located in both Allen County and Mercer County. For more than a century, Van Wert Health has been caring for patients and people's loved ones by listening, and alleviating pain and fear. Van Wert Health strives to be the *Best Community Hospital* and the first choice for healthcare within their region.

The hospital tracks ZIP codes of origin for all patient admissions and includes all who received care without regard to insurance coverage or eligibility for financial assistance. For the purposes of this report, the hospital defines its primary service area as including the following 5 ZIP codes, most of which are located within Van Wert County.

### VAN WERT HEALTH PRIMARY SERVICE AREA

#### VAN WERT COUNTY AND SURROUNDING AREAS

TOWN	ZIP CODE	COUNTY
Convoy	45832	Van Wert
Delphos	45833	Allen and Van Wert
Ohio City	45874	Van Wert
Rockford	45882	Mercer
Van Wert	45891	Van Wert

### PURPOSE OF THE ASSESSMENT

The ultimate purpose of the community health needs assessment is to improve community health. This means it is much more than a report that fulfills state and federal requirements.

The 2021 Van Wert Health CHNA contains data that will be valuable to a variety of individuals and organizations, both inside and outside of the hospital. The CHNA will support community-based planning for not only Van Wert Health but also other community groups, health care organizations, public health officials, and policy makers. The hospital and others will use the CHNA to secure grants, for advocacy purposes, and communications.



# STEPS 3 & 4 IDENTIFY, UNDERSTAND, AND INTERPRET THE DATA THAT DESCRIBES THE HEALTH AND NEEDS OF VAN WERT HEALTH SERVICE AREA

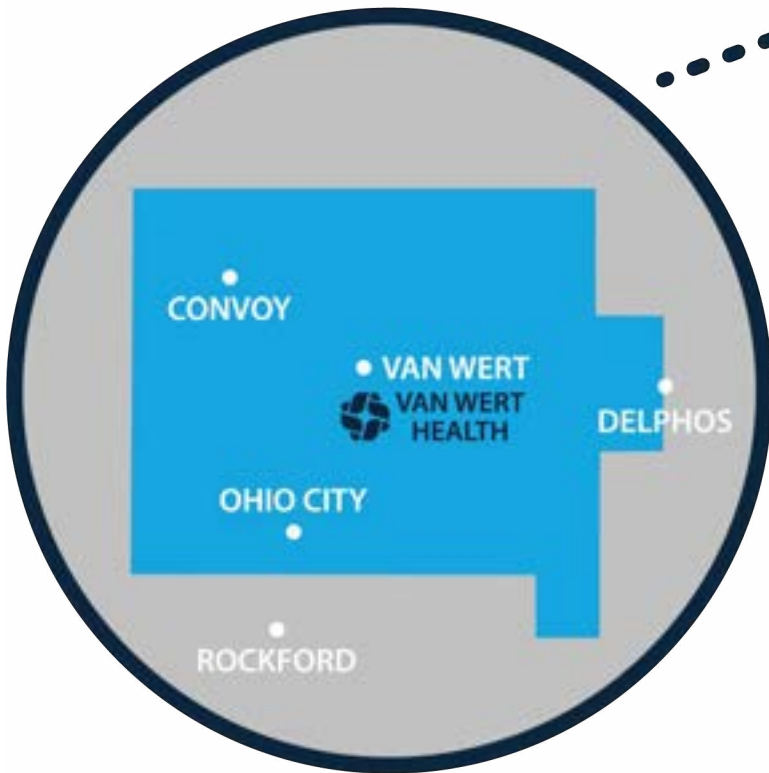


## **IN THESE STEPS, VAN WERT HEALTH:**

- ✓ DESCRIBED COMMUNITY DEMOGRAPHICS
- ✓ REVIEWED SECONDARY DATA FOR INITIAL PRIORITY HEALTH NEEDS
- ✓ COLLECTED PRIMARY DATA THROUGH KEY INFORMANT INTERVIEWS AND ONLINE SURVEY
- ✓ COLLECTED COMMUNITY AND PUBLIC HEALTH INPUT AND FEEDBACK
- ✓ REVIEWED AND EVALUATED PRIOR ASSESSMENTS AND REPORTS
- ✓ ANALYZED AND INTERPRETED THE DATA
- ✓ IDENTIFIED DISPARITIES
- ✓ IDENTIFIED AND UNDERSTOOD CAUSAL FACTORS



# VAN WERT HEALTH DEMOGRAPHICS



WE CURRENTLY SERVE  
A POPULATION OF  
**33,741**

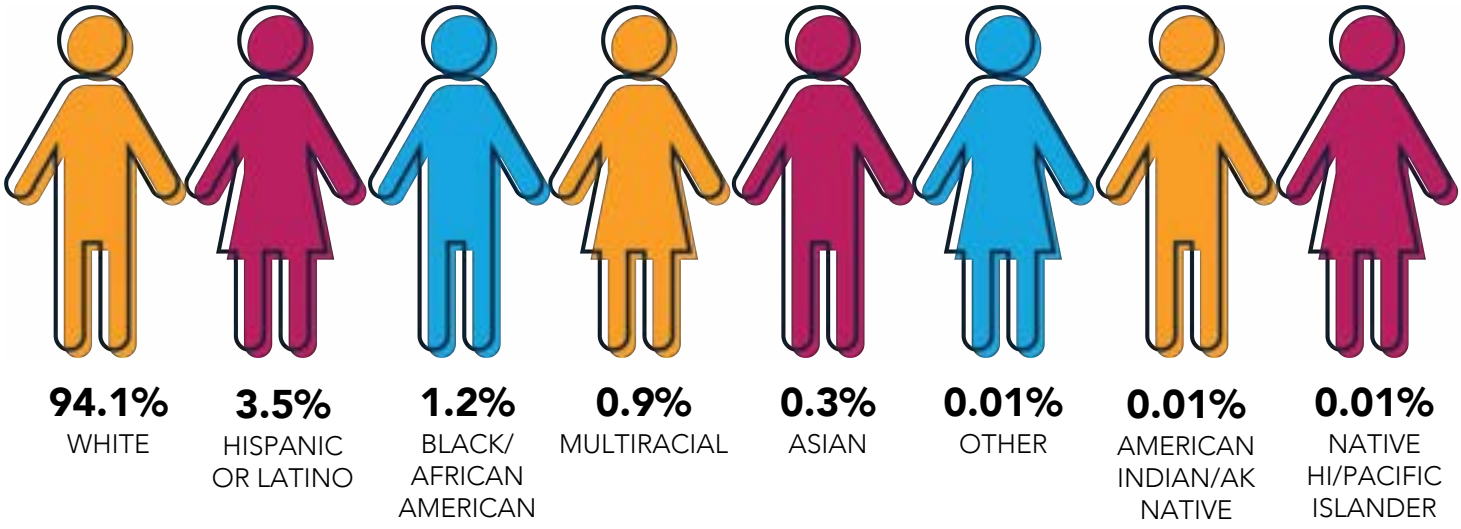
## TOTAL POPULATION AND CHANGE IN POPULATION

	Van Wert Health Service Area	Van Wert County	Ohio
Total Population	33,741	28,261	11,655,397
Change in population, 2014-2019	(-0.3%)	(-1.2%)	0.8%

# RACE/ETHNICITY

SOURCE: U.S. CENSUS BUREAU, 2015-2019 AMERICAN COMMUNITY SURVEY, DP05. [HTTP://DATA.CENSUS.GOV/](http://data.census.gov/)

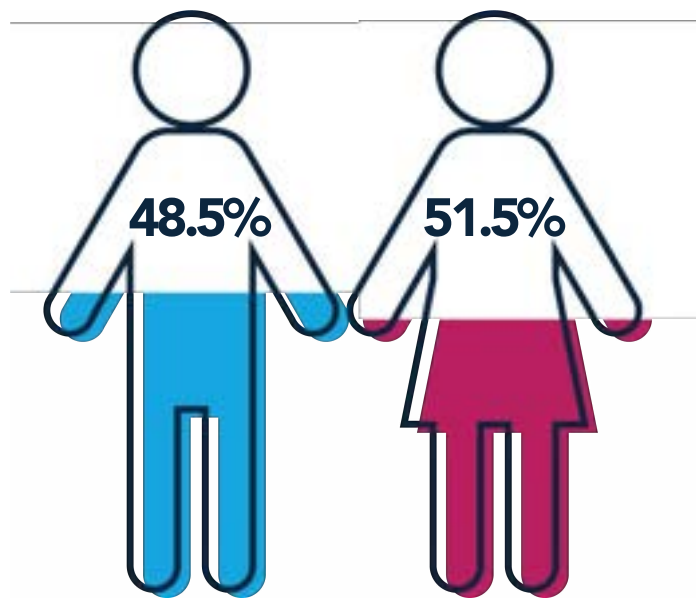
	VAN WERT HEALTH SERVICE AREA	VAN WERT COUNTY	OHIO
<b>WHITE</b>	94.1%	93.9%	78.9%
<b>HISPANIC OR LATINO</b>	3.5%	3.4%	3.8%
<b>BLACK/AFRICAN AMERICAN</b>	1.2%	1.3%	12.2%
<b>MULTIRACIAL</b>	0.9%	1.1%	2.5%
<b>ASIAN</b>	0.3%	0.3%	2.2%
<b>OTHER</b>	0.01%	0.01%	0.2%
<b>AMERICAN INDIAN/AK NATIVE</b>	0.01%	0.01%	0.1%
<b>NATIVE HI/PACIFIC ISLANDER</b>	0.01%	0.01%	0.03%



# POPULATION BY GENDER

SOURCE: U.S. CENSUS BUREAU, 2015-2019 AMERICAN COMMUNITY SURVEY, DP05. [HTTP://DATA.CENSUS.GOV](http://data.census.gov)

	VAN WERT HEALTH SERVICE AREA	VAN WERT COUNTY	OHIO
<b>MALE</b>	48.5%	49.3%	49.1%
<b>FEMALE</b>	51.5%	50.7%	50.9%

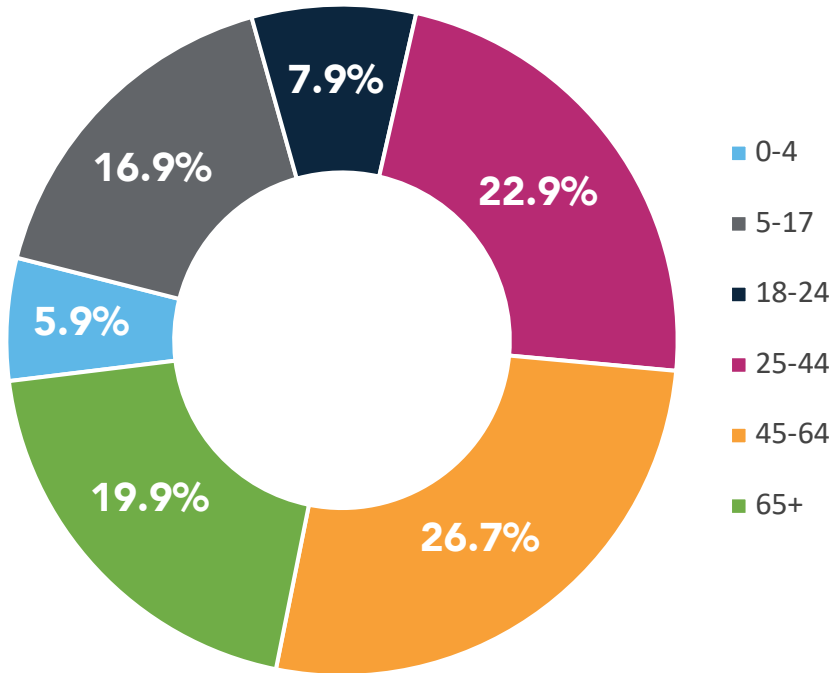


**VAN WERT HEALTH HOSPITAL  
SERVICE AREA**

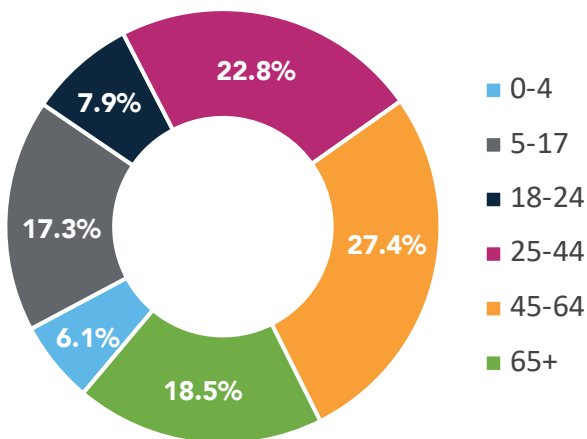
# POPULATION BY AGE

SOURCE: U.S. CENSUS BUREAU, 2015-2019 AMERICAN COMMUNITY SURVEY, DP05. [HTTP://DATA.CENSUS.GOV/](http://data.census.gov/)

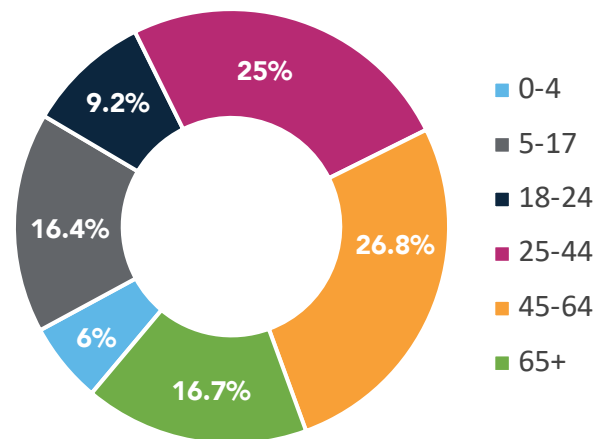
## VAN WERT HEALTH SERVICE AREA



## VAN WERT COUNTY



## OHIO



# LIFE EXPECTANCY



Life expectancy in Van Wert County is 78 years. Fewer residents of Van Wert County die prematurely (defined as before the age of 75) when compared to Ohio. The total of the years of potential life lost (the difference between the age of persons who died and the age of 75, totaled) for the county is 7,400 years, which is less than the 8,500 years of potential life lost in the state.

## LIFE EXPECTANCY, PREMATURE MORTALITY, AND PREMATURE DEATH

AGE-ADJUSTED

	VAN WERT COUNTY	OHIO
Life expectancy at birth in years	78.0	77.0
Premature age-adjusted mortality (number of deaths among residents under 75, per 100,000 persons)*	370	410
Premature death/Years of Potential Life Lost (YPLL) before age 75, per 100,000 population, age-adjusted	7,400	8,500

Source: National Center for Health Statistics' National Statistics System (NVSS); \*CDC Wonder mortality data; data accessed and calculations performed by County Health Rankings. 2017-2019. <http://www.countyhealthrankings.org>



# MORTALITY RATES



Age-adjusted death rates are an important factor to examine when comparing mortality data. The crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations. The age-adjusted death rate in Van Wert County is 806.9 per 100,000 persons, which is lower than Ohio's rate of 835.1 age-adjusted deaths per 100,000 persons.

## MORTALITY RATES

PER 100,000 PERSONS, FIVE-YEAR AVERAGE

LOCATION	DEATHS	CRUDE RATE	AGE-ADJUSTED RATE
Van Wert County	326.6	1,152.5	806.9
Ohio	121,877.8	1,045.9	835.1

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2015-2019, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>



## 2.25% OF THE POPULATION

IN VAN WERT HEALTH SERVICE AREA  
SPEAKS A LANGUAGE OTHER THAN  
ENGLISH

### LANGUAGE SPOKEN AT HOME

5 YEARS AND OVER

	VAN WERT HEALTH SERVICE AREA	VAN WERT COUNTY	OHIO
Population, 5 years and older	31,760	26,525	10,960,686
English only	97.6%	97.7%	92.8%
Speaks Spanish	1.6%	1.3%	2.3%
Speaks Asian or Pacific Islander language	0.4%	0.3%	1.2%
Speaks non-Spanish Indo-European language	0.4%	0.6%	2.6%
Speaks other language	0.1%	0.05%	1.0%

Source: U.S. Census Bureau, 2015-2019 American Community Survey, DP02. <http://data.census.gov/>

### FOREIGN-BORN RESIDENTS AND CITIZENSHIP

	VAN WERT HEALTH SERVICE AREA	VAN WERT COUNTY	OHIO
Foreign born	1.0%	0.6%	4.6%
Of the foreign born, not a U.S. citizen	70.3%	57.6%	48.3%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. [http://data.census.gov](http://data.census.gov/)



## RACE/ETHNICITY

BY ZIP CODE

LOCATION	ZIP CODE	WHITE	HISPANIC/LATINO	BLACK	ASIAN
Convoy	45832	94.2%	4.2%	0.3%	0.0%
Delphos	45833	95.1%	3.1%	0.6%	0.3%
Ohio City	45874	94.6%	4.7%	0.0%	0.0%
Rockford	45882	97.2%	1.9%	0.7%	0.0%
Van Wert	45891	92.8%	3.7%	2.1%	0.5%
<b>VAN WERT HEALTH SERVICE AREA</b>		94.1%	3.5%	1.2%	0.3%
<b>VAN WERT COUNTY</b>		93.9%	3.4%	1.3%	0.3%
<b>OHIO</b>		78.9%	3.8%	12.2%	2.2%

Source: U.S. Census Bureau, 2015-2019 American Community Survey, DP05. <http://data.census.gov/>



## YOUTH AGES 0-17 AND SENIORS 65+ MAKE UP 42.5% OF THE POPULATION

IN THE VAN WERT HEALTH SERVICE AREA

### POPULATION BY YOUNG AND OLD

YOUTH AGES 0 -19 AND SENIORS AGES 65+

LOCATION	ZIP CODE	TOTAL POPULATION	YOUTH AGES 0-17	SENIORS AGES 65+
Convoy	45832	3,088	25.8%	15.0%
Delphos	45833	10,667	20.9%	18.3%
Ohio City	45874	2,178	19.3%	17.6%
Rockford	45882	2,852	21.6%	26.3%
Van Wert	45891	14,956	23.8%	21.1%
<b>VAN WERT HEALTH SERVICE AREA</b>		33,741	22.6%	19.9%
<b>VAN WERT COUNTY</b>		28,261	23.4%	18.5%
<b>OHIO</b>		11,655,397	22.4%	16.7%

•Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. <http://data.census.gov/>



**VAN WERT HEALTH  
SERVICE AREA COVERS  
2,530 VETERANS**

## VETERAN STATUS

SOURCE: U.S. CENSUS BUREAU, AMERICAN COMMUNITY SURVEY, 2015-2019, DP02. [HTTP://DATA.CENSUS.GOV](http://data.census.gov)

	ZIP CODE	PERCENT
CONVOY	45832	9.9%
DELPHOS	45833	6.5%
OHIO CITY	45874	4.8%
ROCKFORD	45882	9.4%
VAN WERT	45891	7.6%
<b>VAN WERT HEALTH SERVICE AREA</b>		7.4%
<b>VAN WERT COUNTY</b>		7.5%
<b>OHIO</b>		7.8%



# DATA COLLECTION



## IDENTIFICATION OF INITIAL HEALTH NEEDS USING SECONDARY DATA

Initially, significant health needs were identified through a review of the secondary health data collected and analyzed prior to the interviews and the survey. Health needs were identified from the secondary data using the following criteria.

### Criteria for Identification of Initial Significant Health Needs:

1. The size of the problem (relative portion of population afflicted by the problem).
2. The seriousness of the problem (impact at individual, family, and community levels).
3. To determine size or seriousness of the problem, the health need indicators of Van Wert Health service area identified in the secondary data were measured against benchmark data, specifically county rates, state rates, national rates and/or Healthy People 2030 objectives (Healthy People 2030 benchmark data can be seen in Appendix E). Indicators related to the health needs that performed poorly against one or more of these benchmarks met this criterion to be considered a health need.

The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs and discover gaps in resources.

## INFORMATION GAPS AND LIMITATIONS

A lack of secondary data limited Moxley Public Health and Van Wert Health in their ability to fully assess certain topics that were identified as community health needs. For instance, some of the secondary data is not collected at a local level. In order to supplement this data, gaps of information were filled with primary data collection (through interview and survey data). Additionally, drawing conclusions on some issues were difficult due to the small number of cases in the population.

## TOP HEALTH NEEDS

Below lists the top health needs that were identified by secondary data listed in alphabetical order.

- Access to healthcare
- Chronic diseases (asthma, cancer, diabetes, heart disease, stroke, etc.)
- Community conditions (housing, education, economic security)
- Covid-19
- HIV/AIDS testing
- Maternal and infant health
- Mental health
- Nutritional/physical activity
- Preventative practices (vaccines, screenings, mammograms)
- Substance use (alcohol and drugs)
- Tobacco and nicotine use

**IN ORDER TO ALIGN WITH THE OHIO DEPARTMENT OF HEALTH'S INITIATIVE TO IMPROVE HEALTH, WELL-BEING AND ECONOMIC VITALITY, VAN WERT HEALTH INCLUDED THE STATE'S PRIORITY FACTORS AND HEALTH OUTCOMES WHEN ASSESSING THE COMMUNITY.**

# DATA COLLECTION

## CONTINUED

### PRIMARY DATA COLLECTION

Key informant interviews (complete participants and results can be seen in Appendices C and D) were used to gather information and opinions from persons who represent the broad interests of the community as well as the youth served by the hospital. Between June and August 2021, Moxley Public Health spoke with 18 experts from various organizations serving Van Wert Health service area and included leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies. One of the interviews included an in-depth interview and input from a representative from the Van Wert County General Health District. Prior to the interview, each stakeholder was asked to complete a short survey in order to prioritize the health needs identified by secondary data collection.

Interview stakeholders, their titles and organizations, and their responses can be found in Appendices C and D.

In addition to the interviews, an electronic survey was developed through a Survey Monkey link. In the months of July, August, and September 2021, 658 survey responses were collected from community residents. The link was distributed by Van Wert Health via several channels including but not limited to:

Facebook, the hospital website, outreach events, superintendents distributing to parents and staff, organizations and medical providers distributing to their clients and staff, attending local community events, invitations to complete via text and email, and press releases to local media and other social media. An introduction to the survey questions explained the purpose of the survey and assured participants that the survey was voluntary, and that their responses would remain confidential. (Completed results from community survey can be see in Appendix D).

### INTERVIEW QUESTIONS CENTERED AROUND THE FOLLOWING QUESTIONS:

What are the most important/pressing health needs in the community?

What drivers or barriers are impacting the top health needs?

To what extent is health care access a need in the community?

To what extent is mental health a need in the community?

What policies or resources are needed to impact health needs?

Ranking top health needs

Needs/Assets existing in community that address top health needs

### SURVEY QUESTIONS CENTERED AROUND THE FOLLOWING TOPICS:

- Health needs identified by secondary data
- Ranking top health needs

### REVIEW OF 2018 CHNA DATA

In order to build upon the work that was initiated previously, the prior 2018 CHNA was reviewed. When making final decisions for the 2022-2024 CHIP, previous efforts will be assessed and analyzed.

# 2021 HEALTH NEEDS TO BE ASSESSED



The process and methods described above resulted in identifying ten community health needs. The list can again be seen below. Each description that follows summarizes the data, statistics, and community input collected during the community health needs assessment. The information and data on the following pages will be used to narrow the health needs to a more prioritized list. The community health needs will be prioritized by the overall primary data collected (interviews and survey) but also by asking the community members to rank what they feel are the most pressing health needs currently in the community.

## TOP COMMUNITY HEALTH NEEDS IDENTIFIED FROM SECONDARY DATA

Access to healthcare

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Chronic diseases (asthma, cancer, diabetes, heart disease, stroke, etc.)

---

Community conditions (housing, education, economic security)

---

Covid-19

---

HIV/AIDS testing

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Maternal and infant health

---

Mental health

---

Nutritional/physical activity

---

Preventative practices (vaccines, screenings, mammograms)

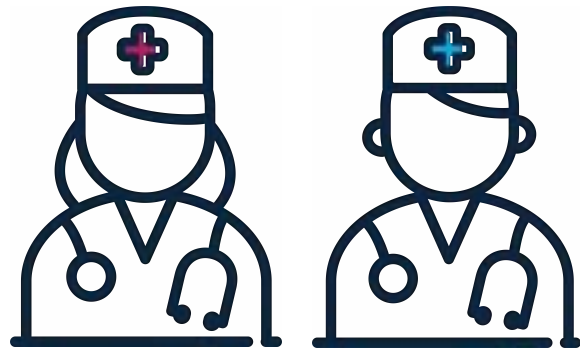
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Substance use (alcohol and drugs)

---

Tobacco and nicotine use

# ACCESS TO HEALTHCARE PRIMARY



Health insurance coverage is considered a key component to ensure access to health care. 95.3% of the civilian, non-institutionalized population in the service area has health insurance. Rockford has the highest health insurance rate (97%) and Ohio City (92.8%) has the lowest rate of health insurance. 97% of children, ages 18 and younger, have health insurance coverage in the service area. Both Ohio City and Rockford have full health insurance coverage among children (100%), and Convoy (92.5%) has the lowest percentage of children with health insurance. Among adults, ages 19-64, 92.9% in the service area have health insurance. Convoy has the highest insurance rate (94.7%), and Ohio City (88.3%) has the lowest health insurance rate among adults, ages 19-64. **Most area ZIP Codes meet the Healthy People 2030 goal of 92.1% coverage, with the exception of Ohio City among adults, ages 19 to 64.**

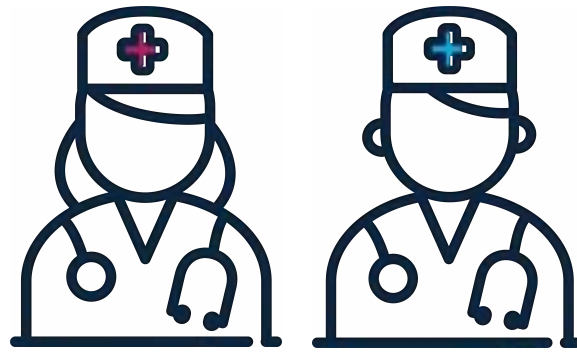
## HEALTH INSURANCE

CHILDREN AGES 0-18 AND ADULTS AGES 19-64

LOCATION	ZIP CODE	TOTAL POPULATION	CHILDREN AGES 0-18	ADULTS AGES 19-64
Convoy	45832	94.8%	92.5%	94.7%
Delphos	45833	94.9%	96.2%	92.9%
Ohio City	45874	92.8%	100.0%	88.3%
Rockford	45882	97.0%	100.0%	94.2%
Van Wert	45891	95.6%	97.7%	93.1%
<b>VAN WERT HEALTH SERVICE AREA</b>		95.3%	97.0%	92.9%
<b>VAN WERT COUNTY</b>		95.6%	97.4%	93.5%
<b>OHIO</b>		93.9%	95.6%	91.6%

Source: U.S. Census Bureau, 2015-2019 American Community Survey, DP03. <http://data.census.gov/>

# ACCESS TO HEALTHCARE PRIMARY



12.1% of Ohio residents said that there was a time in the past year when they needed to see a doctor but could not, due to cost. This is well over the Healthy People 2030 objective of 3.3% of the population who forgo care.

## ADULTS WITH UNMET MEDICAL NEED DUE TO COST

2019

LOCATION	PERCENT
Ohio	12.1%
U.S. Median	12.4%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS) Prevalence and Trends Data, 2019. <https://www.cdc.gov/brfss/brfssprevalence>

Community Health Centers provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for the Van Wert Health service area and information from the Uniform Data System (UDS), 29.2% of the population in the service area is low-income (200% of Federal Poverty Level) and 10.1% of the population are living in poverty. According to the UDS data, there are two Section 330-funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) located in the service area: Family Health Care of Northwest Ohio, Inc. and Health Partners of Western Ohio.

Even with Section 330 funded Community Health Centers serving the area, there are a number of low-income residents who are not served by one of these clinic providers. The FQHCs have a total of 3,506 patients in the service area, which equates to 36.3% penetration among low-income patients and 10.4% penetration among the total population. From 2017-2019, the Community Health Center providers served 227 additional patients for a 6.9% increase in patients served by Community Health Centers in the service area. There remain 6,155 low-income residents, 63.7% of the population at or below 200% FPL, which are not served by an FQHC.

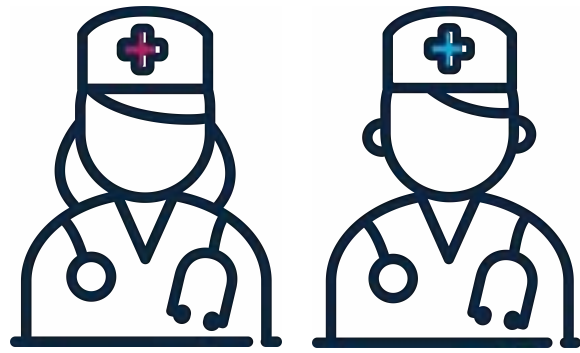
## LOW-INCOME PATIENTS SERVED AND NOT SERVED BY FQHCs

2019

LOW-INCOME POPULATION	PATIENTS SERVED BY SECTION 330 GRANTEEES IN SERVICE AREA	PENETRATION AMONG LOW-INCOME PATIENTS	PENETRATION OF TOTAL POPULATION	LOW-INCOME NOT SERVED	
				#	%
9,661	3,506	36.3%	10.4%	6,155	63.7%

Source: UDS Mapper, 2019, 2015-2019 population numbers. <http://www.udsmapper.org>

# ACCESS TO HEALTHCARE PRIMARY



Access to a medical home and a primary care provider improve continuity of care and decrease unnecessary emergency room visits. 20.4% of adults in Ohio do not have a usual primary care provider. This is better than the U.S. median of 23%.

## NO USUAL PRIMARY CARE PROVIDER

2019

LOCATION	PERCENT
Ohio	20.4%
U.S. Median	23.0%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS) Prevalence and Trends Data, 2019. <https://www.cdc.gov/brfss/brfssprevalence>

While 78.3% of Ohio residents had been to see a doctor within the past 12 months, 5.2% had gone more than two years but less than five without a visit, and 5.9% hadn't been to see a doctor in five years or more.

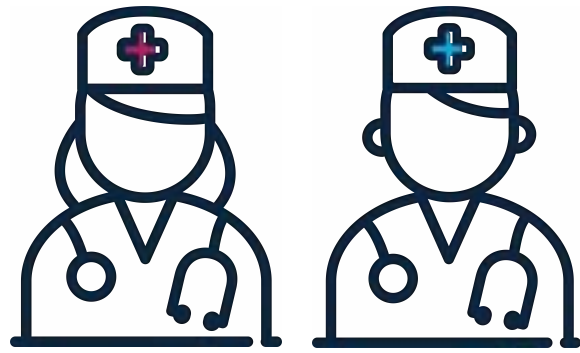
## TIME SINCE LAST VISIT TO A DOCTOR

2019

TIME	OHIO	U.S. MEDIAN
Within the past year	78.3%	77.6%
Within the past 2 years	10.1%	10.7%
Within the past 5 years	5.2%	6.2%
Five or more years ago	5.9%	5.5%
Never	0.5%	0.7%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS) Prevalence and Trends Data, 2019. <https://www.cdc.gov/brfss/brfssprevalence>

# ACCESS TO HEALTHCARE PRIMARY



The ratio of the population to primary care physicians in Van Wert County is 2,180:1, which is much higher than the state ratio of 1,300 persons per primary care physician.

## POPULATION TO PRIMARY CARE PHYSICIANS



## PRIMARY CARE PHYSICIANS

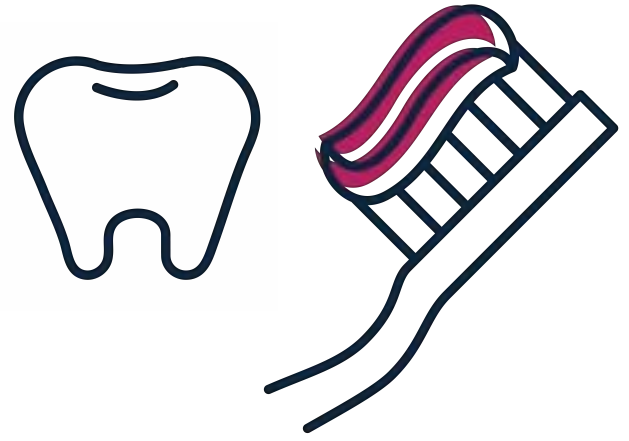
### NUMBER AND RATIO

PRIMARY CARE PHYSICIANS	VAN WERT COUNTY	OHIO
Number of primary care physicians	13	8,969
Ratio of population to primary care physicians	2,180:1	1,300:1

Source: County Health Rankings, 2018. <http://www.countyhealthrankings.org>



# ACCESS TO HEALTHCARE DENTAL



The ratio of residents to dentists in Van Wert County is 2,830:1, which is much fewer dentists per capita than the state rate.

## POPULATION TO DENTISTS



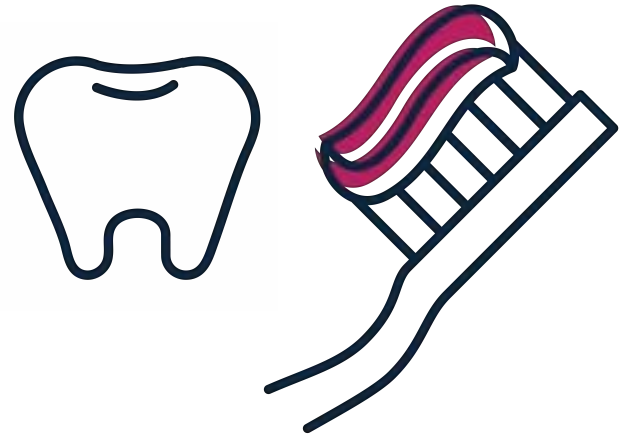
## DENTISTS

NUMBER AND RATIO

DENTISTS	VAN WERT COUNTY	OHIO
Number of dentists	10	7,503
Ratio of population to dentists	2,830:1	1,560:1

Source: County Health Rankings, 2019 <http://www.countyhealthrankings.org>

# ACCESS TO HEALTHCARE DENTAL



67.4% of Ohio adults said that they had visited a dentist within the previous year, which is higher than the U.S. rate (66.5%). However, Ohio has a higher rate of adults aged 65 and over who have lost six or more teeth due to gum disease (38.9% vs. 34%) and of those who have lost all of their natural teeth due to tooth decay or gum disease (17% vs. 13.4%).

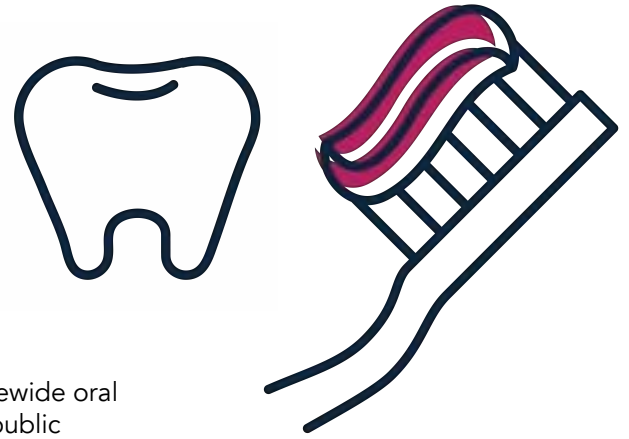
## ADULT DENTAL CARE

2018

DENTAL CARE SERVICE	OHIO	U.S.
Visited a dentist or dental clinic within the past year, for any reason	67.4%	66.5%
Adults aged 65+ who have lost six or more teeth due to gum disease	38.9%	34.0%
Adults aged 65+ who have lost all of their natural teeth due to tooth decay or gum disease	17.0%	13.4%

Source: The U.S. Centers for Disease Control (CDC)'s Division of Oral Health, Oral Health Data Website, Behavioral Risk Factor Surveillance System (BRFSS) Data, 2018. <https://www.cdc.gov/oralhealthdata/>

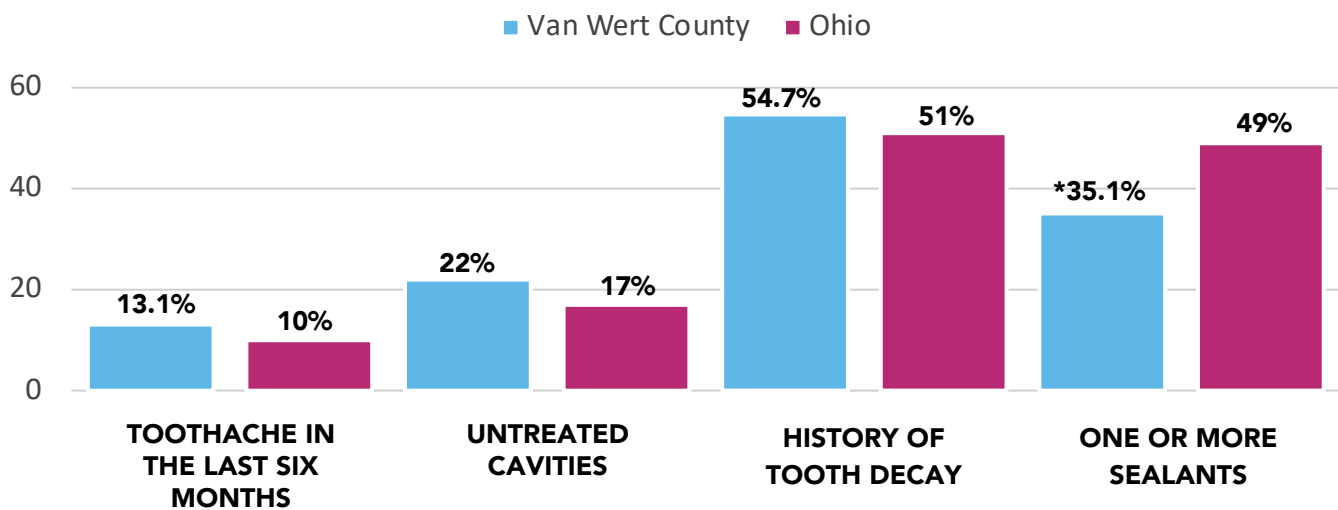
# ACCESS TO HEALTHCARE DENTAL



The Ohio Department of Health's Oral Health program conducts statewide oral health screening surveys of 3rd grade schoolchildren in hundreds of public schools approximately every five years. Dental health in Van Wert County's third-graders appears to be worse than that of Ohio's third-graders as a whole: a larger percentage had a toothache in the last six months (13% vs. 10%), untreated cavities (22% vs. 17%) and/or a history of tooth decay (55% vs. 51%), and fewer had received at least one dental sealant (35% vs. 49%), though the sealant rate is considered statistically unreliable due to a small sample size.

## DELAY OF DENTAL CARE AMONG 3<sup>RD</sup> GRADE CHILDREN

2013-2015



Source: Ohio Department of Health, Third Grade Oral Health Screening Survey, 2013-2015, published August 16, 2018.  
<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/oral-health-program/Oral-Health-Data-Reports> \* Statistically unreliable due to sample size.

# ACCESS TO HEALTHCARE

## Community Input

Key informant interviews and survey responses identified the following issues, challenges and barriers related to access to care in Van Wert Health service area. Following are their comments, quotes, and opinions edited for clarity:

- Over 12% of people Van Wert Health service area are unable to obtain medical care. This exceeds the Healthy People 2030 objective of 3%.
- Over 90% of the community members that took the survey reported that access to healthcare is either *Important* (21%) or *Very Important* (70%) in Van Wert service area.
- The community members often talked about the need for more appointment availability with their medical providers (available times and appointments). (Along with numerous comments, the survey reported that 16% of the population did not access care because they could not get an appointment due to long wait times.)
- Many people have never established a relationship with a provider and use the emergency room (ER) as primary care.
- People often reported not liking that they need to leave town for healthcare especially for pediatricians, specialists treating chronic illness that requires regular medical visits, and dentists.
- Many people talked often about Medicaid not being accepted at many medical providers.
- The community feels that medication is expensive and that they are not able to access their needed medicine.
- The age range of 18-65 year olds fall through the cracks because they don't qualify for Medicare or Medicaid but do not access care.
- The community repeatedly talked about their lack of transportation to healthcare providers, both locally in Van Wert and other towns.
- There are limited providers that accept a person's insurance. If a provider is no longer accepting a specific insurance coverage, a person does not want to deal with the hassle of finding a new provider so does not access care.
- Along with comments, the survey reported that at least 25% of people do not get the medical care or procedures they need due to expensive costs.
- There is a lack of education on available resources.
- People do not access dental care but mobile dentistry at the schools has increased dental care access.



# CHRONIC DISEASES

When asked to self-report on health status in the past 30 days, 19% of adults in Van Wert County indicated they were in fair or poor health. This was higher than the state rate of 18%.

## FAIR TO POOR HEALTH

ADULTS

LOCATION	PERCENT
Van Wert County	19%
Ohio	18%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), via County Health Rankings, 2018 data. <http://www.countyhealthrankings.org>

Levels of self-reported "Fair" or "Poor" health rise with age and are also highly impacted by income and level of education. For Ohio as a whole, 18.9% of adults said their health was fair or poor. However, that more than doubled among those with less than a high school education (42.3%) and for those whose household income is below \$15,000 per year (45.1%). Among older adults the rate is 25.5%.

## ADULT FAIR OR POOR HEALTH PREVALENCE IN OHIO

BY DEMOGRAPHIC CHARACTERISTICS, 2017

CHARACTERISTIC	PERCENT
Less than High School	42.3%
High School Diploma	21.4%
Some College	15.9%
College Graduate	8.4%
Household Income < \$15,000	45.1%
Household Income \$75,000+	6.8%
Ages 18 – 24	9.6%
Ages 25 – 34	13.7%
Ages 35 – 44	16.2%
Ages 45 – 54	18.9%
Ages 55 – 64	24.4%
Ages 65+	25.5%
Overall Prevalence, All Adults	18.9%

Source: Ohio Department of Health, Ohio 2017 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2017-brfss-annual-report>

# CHRONIC DISEASES

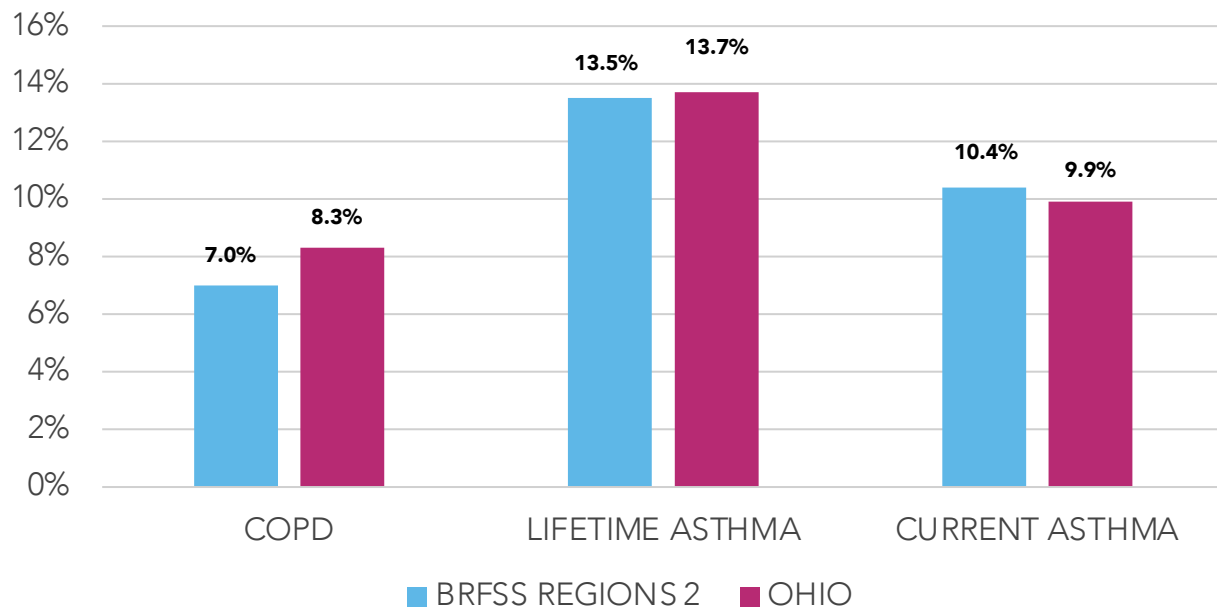
## ASTHMA AND COPD



When asked if they had ever been diagnosed as having a Chronic Obstructive Pulmonary Disease (COPD) by a health professional, 7% of adults in Ohio's BRFSS Region 2 answered 'yes', which is lower than the state rate of 8.3%. 13.5% of Region 2 residents said that they had been diagnosed with asthma during their lifetime, and 10.4% said that they still suffered from asthma.

### EVER DIAGNOSED OR CURRENT ASTHMA AND COPD

2017



Source: Ohio Department of Health, Ohio 2017 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2017-brfss-annual-report>

# CHRONIC DISEASES

## ASTHMA AND COPD



### ADULT ASTHMA AND COPD IN OHIO

BY DEMOGRAPHIC CHARACTERISTICS, 2017

CHARACTERISTIC	ASTHMA	COPD, EMPHYSEMA AND/OR CHRONIC BRONCHITIS
Less than High School	23.5%	18.3%
High School Diploma	12.4%	10.0%
Some College	14.1%	7.4%
College Graduate	10.6%	2.6%
Household Income < \$15,000	23.2%	22.1%
Household Income \$75,000+	10.0%	2.4%
Male	11.3%	6.6%
Female	16.0%	9.9%
Ages 18 – 24	19.6%	N/A
Ages 25 – 34	13.3%	2.5%
Ages 35 – 44	12.9%	4.5%
Ages 45 – 54	15.4%	9.1%
Ages 55 – 64	11.8%	13.4%
Ages 65+	11.8%	14.3%
Overall Prevalence, All Adults	13.7%	8.3%

Source: Ohio Department of Health, Ohio 2017 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2017-brfss-annual-report>



# CHRONIC DISEASES

## CANCER



In Van Wert County, the annual age-adjusted cancer incidence rate was 423.1 cancers per 100,000 persons, which was lower than the state rate of 467.5 per 100,000 persons. The incidence of prostate, colorectal, and – to a lesser extent – urinary bladder cancers were higher for Van Wert County than for the state, while most other listed cancers were lower in the county than the state. The rates of brain/central nervous system cancers and cervical cancer are higher for the county than the state; however, with the low case counts for these cancers, these differences may or may not be significant.

### CANCER INCIDENCE RATES PER 100,000 PERSONS

AGE ADJUSTED, 2014-2018 AVERAGED

CANCER SITES	VAN WERT COUNTY		OHIO	
	NUMBER	RATE	NUMBER	RATE
All sites	161	423.1	67,458	467.5
Prostate (males)	23	121.6	7,754	107.2
Breast (female)	18	93.3	9,703	129.6
Lung and bronchus	23	54.6	10,059	67.3
Colon and rectum	20	52.3	5,915	41.3
Urinary bladder	10	23.9	3,224	21.8
Uterus (females)	5	22.5	2,451	31.1
Non-Hodgkin lymphoma	6	16.9	2,733	19.2
Thyroid	5	15.4	1,869	15.2
Melanoma of the skin	5	14.7	3,403	24.8
Kidney and renal pelvis	6	14.5	2,503	17.6
Pancreas	5	13.4	1,996	13.4
Oral cavity and pharynx	4	10.6	1,791	12.2
Leukemia	4	10.5	1,712	12.4
Brain and other central nervous system	3	10.0	923	7.0
Cervix (females)	1	9.8	479	7.9
Ovary (females)	1	6.6	778	10.3
Liver and intrahepatic bile duct	2	4.8	1,127	7.3

Source: Ohio Department of Health, Ohio Public Health Data Warehouse, Cancer Data, 2014-2018.

<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/StateLayoutLockdownCancers>

# CHRONIC DISEASES

## DIABETES

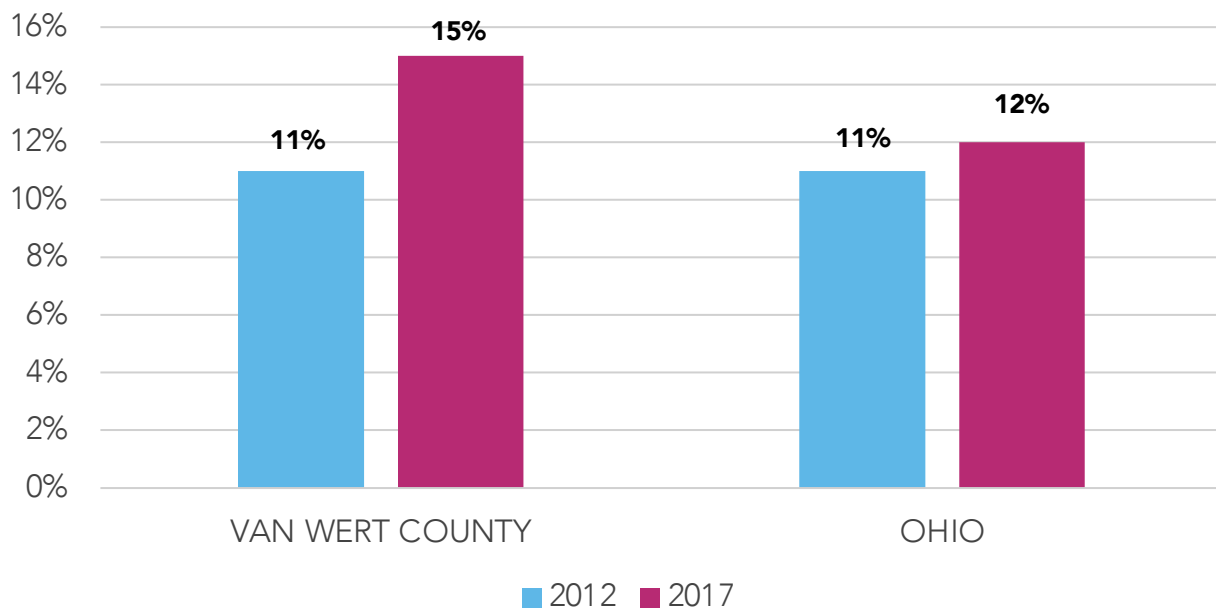


More than a third of Ohio adults have prediabetes, while only 8.8% have been diagnosed as prediabetic. Of those with prediabetes, 20% will go on to develop diabetes within five years without lifestyle modification. Source: Ohio Department of Health, "Screen, Test, Refer: Addressing Prediabetes in Ohio: Action Steps for the Healthcare Team", January 2019. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/screen-test-refer-infographic-2019>

When asked if they had ever been diagnosed with diabetes by a health professional, 15% of adults in Van Wert County answered 'yes', which is higher than the state rate of 11%, and has been increasing over time.

### ADULT DIABETES DIAGNOSIS (AGE 20+)

AGE-ADJUSTED PERCENTAGES



Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), via County Health Rankings for 2016 & 2021, using 2012 & 2017 data. <http://www.countyhealthrankings.org>

# CHRONIC DISEASES

## DIABETES



Diabetes prevalence rises with age and is also highly impacted by income and level of education. For Ohio as a whole, per the Behavioral Risk Factor Surveillance System (BRFSS), 11.3% of adults reported that a healthcare professional had told them they have diabetes. However, it is 15.8% for those with less than a high school education and among those whose household income is below \$15,000 per year it is 19.4%. Among older adults the rate is 22.8%.

An additional 8.8% of Ohio adults reported that they had been told by a healthcare professional that they had pre-diabetes, with the rate being 14.1% among older adults. This rate of diagnosis did not track smoothly with income, perhaps suggesting discrepancies in diagnostic access.

### ADULT DIABETES PREVALENCE IN OHIO

BY DEMOGRAPHICS, 2017

CHARACTERISTIC	DIABETES	PRE-DIABETES
Less than High School	15.8%	9.4%
High School Diploma	12.6%	9.1%
Some College	10.8%	9.0%
College Graduate	7.9%	8.1%
Household Income < \$15,000	19.4%	14.0%
Household Income \$75,000+	6.0%	7.5%
Ages 18 – 24	N/A	5.5%
Ages 25 – 34	1.7%	4.5%
Ages 35 – 44	6.6%	7.3%
Ages 45 – 54	9.4%	9.9%
Ages 55 – 64	18.6%	10.8%
Ages 65+	22.8%	14.1%
Overall Prevalence, All Adults	11.3%	8.8%

Source: Ohio Department of Health, Ohio 2017 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2017-brfss-annual-report>

# CHRONIC DISEASES

## HEART DISEASE AND STROKE



The prevalence of circulatory diseases such as heart disease and stroke rise with age and are highly impacted by income and level of education. For Ohio as a whole, 7.6% of adults reported that a healthcare professional had told them that they had angina, coronary heart disease, or had had a heart attack. Among those with less than a high school education the rate is 15.1% and among those whose household income is below \$15,000 per year it is 13.9%. In older adults the rate is 18.5%. Men are more likely to be diagnosed with heart disease.

For stroke, 3.8% of Ohio adults reported that a healthcare professional had told them that they have had a stroke. The rate doubles for those with less than a high school education (7.9%) and for those with a household income below \$15,000 per year (6.6%). For those 65 years of age and older it was 8.9%. Men and women are equally likely to be diagnosed as having had a stroke.

### HEART DISEASE AND STROKE PREVALENCE IN OHIO

BY DEMOGRAPHIC CHARACTERISTICS, 2017

CHARACTERISTIC	HEART DISEASE	STROKE
Less than High School	15.1%	7.9%
High School Diploma	8.2%	4.0%
Some College	6.7%	3.4%
College Graduate	4.5%	2.0%
Household Income < \$15,000	13.9%	6.6%
Household Income \$75,000+	3.5%	1.2%
Male	9.4%	3.8%
Female	6.0%	3.8%
Ages 18 – 34	N/A	N/A
Ages 35 – 44	3.1%	N/A
Ages 45 – 54	4.8%	3.1%
Ages 55 – 64	12.1%	5.3%
Ages 65+	18.5%	8.9%
Overall Prevalence, All Adults	7.6%	3.8%

Source: Ohio Department of Health, Ohio 2017 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2017-brfss-annual-report>

# CHRONIC DISEASES

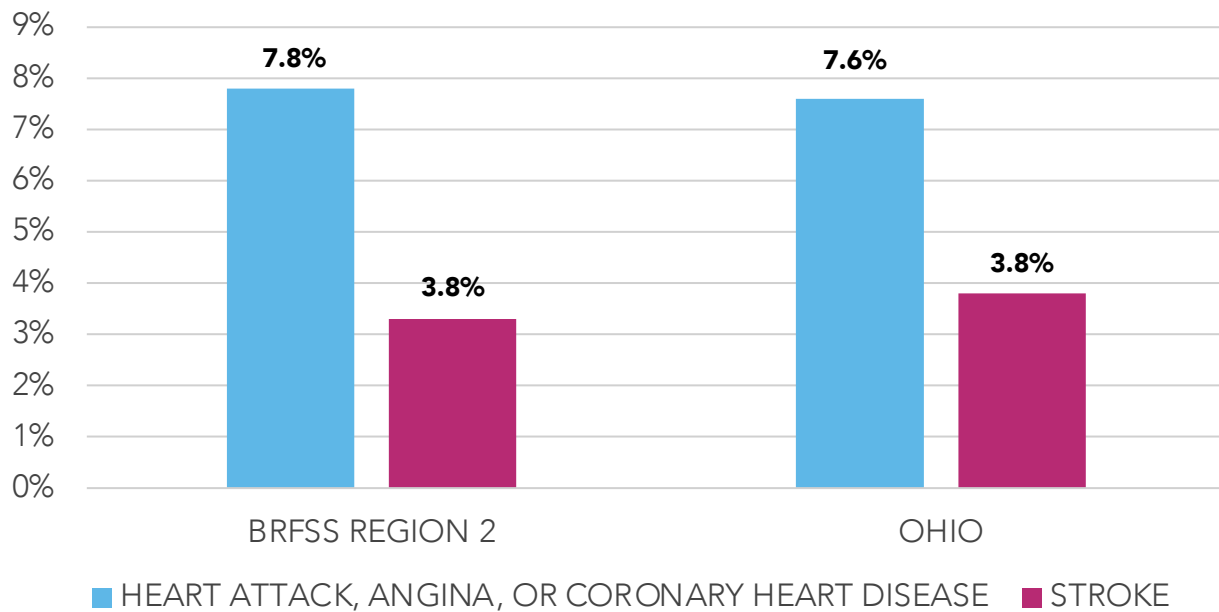
## HEART DISEASE AND STROKE



Ohio's divides its counties into 14 regions when it analyzes data from its' annual Behavioral Risk Factor Surveillance System (BRFSS) telephone survey. Van Wert County is part of Ohio's BRFSS Region 2, along with Allen, Auglaize, Hancock, Hardin, Mercer, Putnam, and Van Wert Counties. When asked if they had ever been diagnosed as having a heart attack, angina or coronary heart disease by a health professional, 7.8% of adults in Region 2 answered 'yes', which is similar to the state rate of 7.6%. 3.3% of Region 2 residents said that they had been told by a health professional that they had had a stroke, which is lower than the 3.8% seen statewide.

### ADULT HEART DISEASE AND STROKE DIAGNOSES

2017



Source: Ohio Department of Health, Ohio 2017 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2017-brfss-annual-report>

# CHRONIC DISEASES

## HIGH BP AND HIGH CHOLESTEROL



Co-morbidity factors for diabetes and heart disease are high blood pressure (hypertension) and high blood cholesterol. The prevalence of these two conditions are higher among men than women, rise with age, and are also highly impacted by income and level of education. For Ohio as a whole, 34.7% of adults reported that a healthcare professional had told them they have high blood pressure. However, among those with less than a high school education it is 48.9% and for those whose household income is below \$15,000 per year, it is 46.6%. Among older adults the rate is 60%.

For high cholesterol, 31.4% of Ohio adults reported that a healthcare professional had told them that they have high cholesterol. The rate for those with less than a high school education is 37% and among those with a household income below \$15,000 per year it was 39.4%. For those 65 years of age and older it was 51.7%.

## HIGH BLOOD PRESSURE AND HIGH CHOLESTEROL PREVALENCE IN OHIO

### DEMOGRAPHIC CHARACTERISTICS

CHARACTERISTIC	HIGH BP	HIGH CHOLESTEROL
Less than High School	48.9%	37.0%
High School Diploma	36.9%	32.8%
Some College	33.2%	30.4%
College Graduate	26.9%	28.3%
Household Income < \$15,000	46.6%	39.4%
Household Income \$75,000+	26.9%	26.9%
Male	36.5%	32.3%
Female	33.0%	30.6%
Ages 18 – 24	9.9%	5.5%
Ages 25 – 34	13.9%	13.0%
Ages 35 – 44	22.5%	20.3%
Ages 45 – 54	35.6%	31.7%
Ages 55 – 64	49.7%	44.0%
Ages 65+	60.0%	51.7%
Overall Prevalence, All Adults	34.7%	31.4%

Source: Ohio Department of Health, Ohio 2017 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2017-brfss-annual-report>

# CHRONIC DISEASES

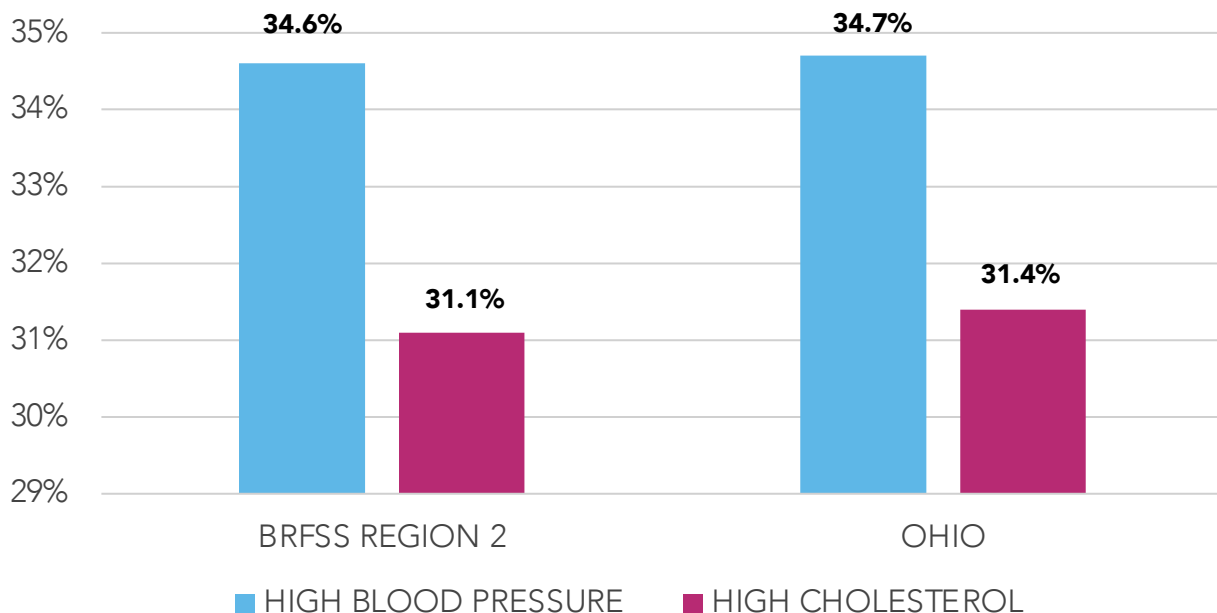
## HIGH BP AND HIGH CHOLESTEROL



Van Wert County is part of Ohio's Behavior Risk Factor Surveillance System Survey Region 2, along with Allen, Auglaize, Hancock, Hardin, Mercer, Putnam, and Van Wert Counties. When asked if they had ever been diagnosed as having a high blood pressure by a health professional, 34.6% of adults in Region 2 answered 'yes', which is similar to the state rate. 31.1% of Region 2 residents said that they had been told by a health professional that they had high cholesterol, which is again similar to the state rate.

### HIGH BLOOD PRESSURE AND HIGH CHOLESTEROL DIAGNOSES

2017



Source: Ohio Department of Health, Ohio 2017 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/known-our-programs/chronic-disease/data-publications/ohio-2017-brfss-annual-report>



# CHRONIC DISEASES

## Community Input

Key informant interviews and survey responses identified the following issues, challenges and barriers related to chronic diseases in Van Wert Health service area. Following are their comments, quotes, and opinions edited for clarity:

- 85% of those that took the survey reported that cancer and heart disease is an issue Van Wert Health service area that is either *Important* or *Very Important*.
- 70% of those that completed the survey said that diabetes and being overweight or obesity is either *Important* or *Very Important* in Van Wert.
- Youth experts from the surveys and community members who took the survey, reported that the high rates of youth obesity and lack of good nutrition/physical activity will lead to chronic diseases in the future.
- The service area said that there needs to be more education and efforts to both the youth and general public about the importance of healthy eating and physical activity.
- The Van Wert Health service area failed to meet the Healthy People 2030 objectives in every health need (a multitude of cancers, strokes/heart disease, and conditions that lead to diabetes).

# COMMUNITY CONDITIONS

(SOCIAL DETERMINANTS  
OF HEALTH)



The County Health Rankings ranks counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county's residents. Ohio has 88 counties, which are ranked from 1 (best factors) to 88 (poorest factors) based on social and economic indicators. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others.

Van Wert County is ranked 12<sup>th</sup> among ranked counties in Ohio, according to social and economic factors, placing it in the top 15% of the state's counties. Next-door Mercer County ranks 4<sup>th</sup>, while Allen County ranks 43<sup>rd</sup> out of 88. Van Wert County dropped one place from last year's rankings and Mercer County rose one rank. Allen County rose a full 11 spots, from 54<sup>th</sup> in 2020's ranking to 43<sup>rd</sup> in 2021's, lifting it out of the bottom half of Ohio's counties.

## SOCIAL AND ECONOMIC FACTORS RANKING

COUNTY	COUNTY RANKING (OUT OF 88)
Van Wert County	12
Allen County	43
Mercer County	4

**SOCIAL DETERMINANTS (COMMUNITY CONDITIONS) ARE THE  
ROOT CAUSE OF HEALTH DISPARITIES. WHERE SOMEONE  
LIVES SHOULD NOT DETERMINE THEIR HEALTH.**

# COMMUNITY CONDITIONS UNEMPLOYMENT



The unemployment rate among the civilian labor force in the service area, averaged over 5 years, was 4%. This is slightly higher than Van Wert County (3.9%), but lower than the state unemployment rate (5.3%). The highest rate of unemployment was found in Van Wert (4.4%), followed by Rockford (4%). The lowest unemployment rate in the service area can be found in Convoy (3.1%).

## EMPLOYMENT STATUS FOR THE POPULATION

AGES 16 AND OLDER, IN CIVILIAN LABOR FORCE

COUNTY	ZIP CODES	CIVILIAN LABOR FORCE	UNEMPLOYED	UNEMPLOYMENT RATE
Convoy	45832	1,549	48	3.1%
Delphos	45833	5,732	226	3.9%
Ohio City	45874	1,294	45	3.5%
Rockford	45882	1,341	54	4.0%
Van Wert	45891	7,072	311	4.4%
<b>VAN WERT HEALTH SERVICE AREA</b>		16,988	684	4.0%
<b>VAN WERT COUNTY</b>		14,221	557	3.9%
<b>OHIO</b>		5,909,927	314,483	5.3%

Source: U.S. Census Bureau, 2015-2019 American Community Survey, DP03. <http://data.census.gov/>

# COMMUNITY CONDITIONS UNEMPLOYMENT



Teens aged 16 to 19 who are not in school or working are at high risk of experiencing negative outcomes as they transition to adulthood. Limited skills and work history, combined with few financial resources to invest in developing the necessary skills or qualifications, restrict access to good jobs as well as future higher wages. 9.4% of 16- to 19-year-olds in the service area are not in school and not employed, which is much higher than the 5.7% seen statewide.

## UNEMPLOYED OR NOT IN LABOR FORCE AND NOT IN SCHOOL

AGES 16 AND OLDER

LOCATION	#	%	OF THAT %, THOSE THAT ARE NOT A HS GRADUATE
Van Wert Health Hospital Service Area	158	9.4%	35.4%
Van Wert County	139	9.9%	36.7%
Ohio	34,884	5.7%	40.6%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, B14005. <http://data.census.gov/>

# COMMUNITY CONDITIONS POVERTY



The highest poverty and low-income rates in the service area are found in Van Wert, where 14.6% of the population lives in poverty and 36.8% qualify as low-income. Convoy has the lowest rate of poverty (4.9%) and Ohio City has the lowest rate of low-income residents (18.2%).

## RATIO OF INCOME TO POVERTY LEVEL

BY ZIPCODE (<100% FPL AND <200% FPL)

LOCATION	ZIP Code	<100% FPL	<200% FPL
Convoy	45832	4.9%	23.1%
Delphos	45833	7.1%	23.3%
Ohio City	45874	5.1%	18.2%
Rockford	45882	7.8%	26.2%
Van Wert	45891	14.6%	36.8%
<b>VAN WERT HEALTH SERVICE AREA</b>		10.1%	29.2%
<b>VAN WERT COUNTY</b>		11.1%	31.3%
<b>OHIO</b>		14.0%	31.2%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1701. <http://data.census.gov/>

# COMMUNITY CONDITIONS POVERTY



Van Wert has the highest rate of poverty among children (16.7%), seniors (9.7%) and female heads-of-household (HoH), living with their own children, under the age of 18 (40.4%) in the service area. Ohio City has the lowest rate of poverty among children (4.7%) while Convoy has the lowest rate amount seniors (2.8%) and female HoH living with their minor children (20.6%).

**WHILE VAN WERT HEALTH SERVICE AREA HAS A LOWER RATE OF POVERTY AMONG CHILDREN TO THE COUNTY AND STATE. HOWEVER, IT HAS A HIGHER RATE OF POVERTY AMONG SENIORS AND FEMALE HoH THAN VAN WERT COUNTY.**

## POVERTY LEVEL OF CHILDREN

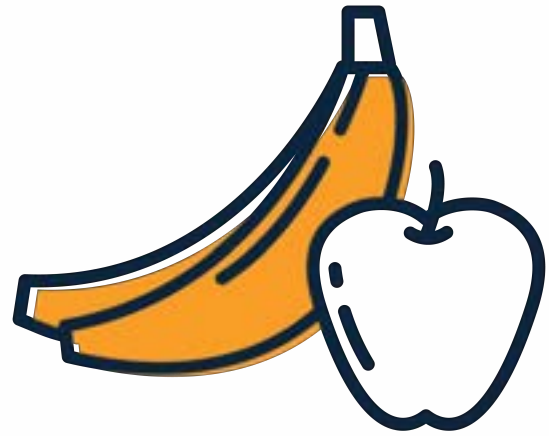
UNDER AGE 18; SENIORS AGES 65+; AND FEMALE HoH

LOCATION	ZIP CODE	CHILDREN	SENIORS	FEMALE HoH WITH CHILDREN
Convoy	45832	5.1%	2.8%	20.6%
Delphos	45833	9.5%	7.2%	38.0%
Ohio City	45874	4.7%	4.4%	33.3%
Rockford	45882	11.1%	7.2%	31.8%
Van Wert	45891	16.7%	9.7%	44.0%
<b>VAN WERT HEALTH SERVICE AREA</b>		12.3%	7.9%	39.7%
<b>VAN WERT COUNTY</b>		13.9%	7.0%	39.2%
<b>OHIO</b>		19.9%	8.1%	40.4%

Source: U.S. Census Bureau, 2015-2019 American Community Survey, S1701 & \*S1702. <http://data.census.gov/>

\*\*No female HoH with Children recorded in ZIP Code.

# COMMUNITY CONDITIONS FOOD SECURITY



The U.S. Department of Agriculture (USDA) utilizes an 18-question Food Security Supplement module to determine food insecurity rates of households. Feeding America, the nation's largest domestic hunger-relief organization, defines 'Food Insecure' as three or more affirmative responses to these questions, and 'Very Low Food Security' (VLFS) as six or more affirmative responses, in households without children, and eight or more affirmative responses in households with children. Thus, VLFS individuals are also counted as Food Insecure.

The level of food insecurity among the overall population of Van Wert County (12.1% in 2019 and a projected 14.9% in 2020) has been growing year-over-year since at least 2016, when the rate was 11.4%. The rate of food insecurity among children had fallen from 18.9% in 2016 to 14.9% in 2019 but is projected to have risen to 19.8% in 2020. 5.5% of the total county population in 2019 qualified as Very Low Food Secure, with a projected rise to 6.9% in 2020, and among children it was 5.5% in 2019 and a projected 7.2% in 2020.

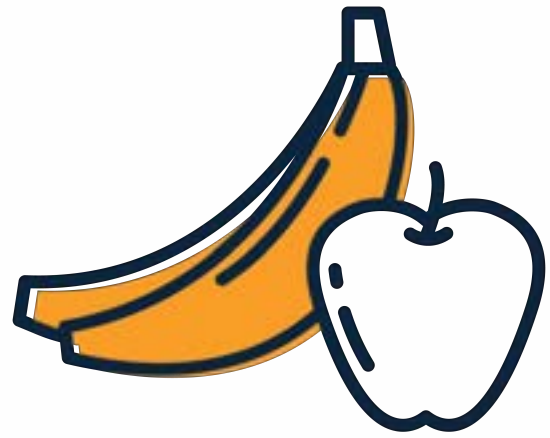
Rates across all groups are expected to decline slightly from 2020 to 2021 levels, while remaining higher than 2019 levels. Feeding America estimates that 46% of those experiencing food insecurity in Van Wert County, and 90% of county children experiencing food insecurity, are income-eligible for nutritional programs such as SNAP (the Supplemental Nutrition Assistance Program, as the 'Food Stamps' program is currently known).

Rates of food insecurity among senior adults, nationwide, drops with rises in income, and with increasing age; they are highest in those who are divorced or separated, followed by never-marrieds, then widowed seniors, and are lowest among married seniors. Rates are more than twice as high when comparing: Hispanics and non-Hispanics, Blacks and Whites, and households with grandchildren present versus those without. Rates are almost four times higher among renters than among homeowners. Rates of food security nationwide in 2019 were more than twice as high among Black individuals as Whites (19.2% vs. 9.6%) and were higher in rural counties (12.5%) than in urban counties (10.6%).

**FOOD INSECURITY RATES ARE ALMOST FOUR TIMES HIGHER AMONG RENTERS THAN HOMEOWNERS. RATES OF FOOD INSECURITY IN 2019 WERE MORE THAN TWICE AS HIGH AMONG BLACK INDIVIDUALS AS WHITES AND WERE HIGHER IN RURAL COUNTIES THAN IN URBAN COUNTIES.**



# COMMUNITY CONDITIONS FOOD SECURITY

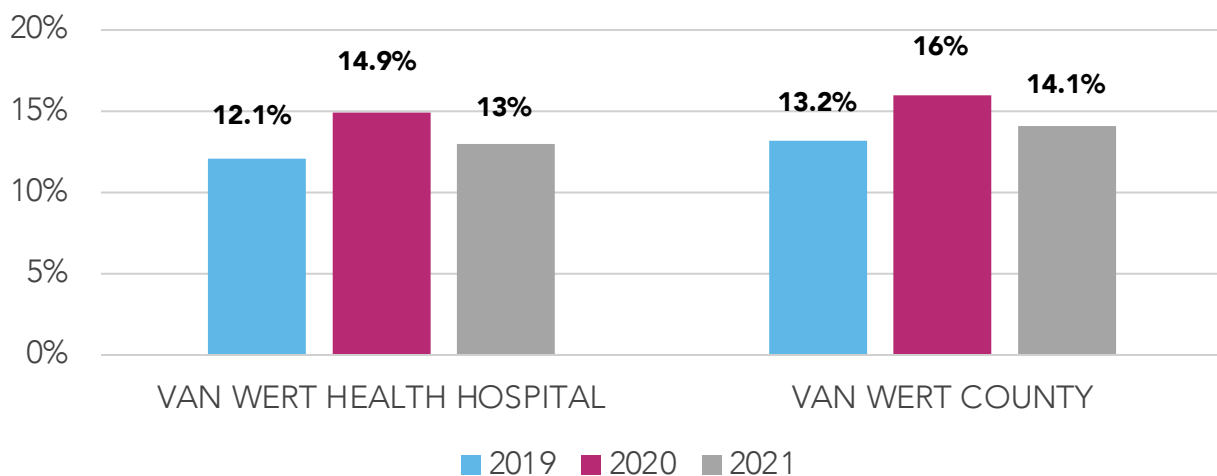


## FOOD SECURITY

2019 COUNTY, AND 2020 & 2021 PROJECTIONS (REVISED MARCH 2021)

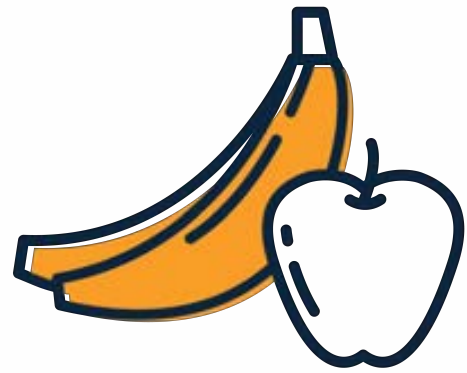
	VAN WERT HEALTH			VAN WERT COUNTY		
	2019	2020	2121	2019	2020	2121
Children	14.9%	19.8%	16.2%	17.3%	22.3%	18.5%
VLFS, Total Population	5.5%	6.9%	5.9%	5.5%	6.8%	5.8%
VLFS, Children	5.5%	7.2%	6.0%	5.3%	7.0%	5.8%
<b>TOTAL POPULATION</b>	12.1%	14.9%	13.0%	13.2%	16.0%	14.1%

## TOTAL POPULATION



Source: Feeding America, based on Current Population Survey data, 2019. [https://www.feedingamerica.org/research/map-the-meal-gap/by-county?s\\_src=WXXX1MTMG](https://www.feedingamerica.org/research/map-the-meal-gap/by-county?s_src=WXXX1MTMG)

# COMMUNITY CONDITIONS FOOD SECURITY



The National School Lunch Program is a federally assisted meal program that provides free, nutritionally balanced lunches to children whose families meet eligibility income requirements. Area school eligibility ranges from 29.5% of students Crestview High School to 71% at the Synergy Learning Center. Other area schools with percentages above the service area average (36.6%) are Van Wert Elementary School (50.4%), Franklin Elementary School (48.3%), Van Wert High School (42.9%), Jefferson Middle School (41.8%), and Van Wert Early Childhood Center (37.8%). The schools with the highest percentages are all located in the Delphos City and Van Wert City School Districts. Eligibility is determined and reported for the beginning of the school year, and so were unaffected by the COVID-19 Pandemic.

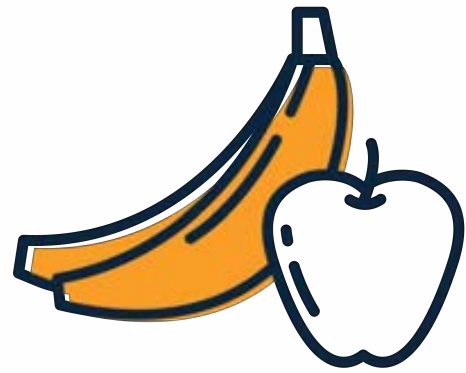
## FREE AND REDUCED MEALS ELIGIBILITY

2019-2020 SCHOOL YEAR

SCHOOL	SCHOOL DISTRICT	% ELIGIBLE STUDENTS
Crestview High School	Crestview Local	29.5%
Franklin Elementary School	Delphos City	48.3%
Jefferson Middle School		41.8%
Jefferson High School		31.4%
Linconview Jr./Sr. High		31.5%
Thomas Edison Center	Lincolnview Local	25.6%
Parkway High School	Parkway Local	26.7%
Synergy Learning Center	Van Wert City	71.0%
Van Wert Early Childhood Center		37.8%
Van Wert Elementary School		50.4%
Van Wert High School		42.9%
<b>Van Wert Health Service Area</b>		36.6%
<b>Ohio *</b>		48.9%

Source: [Ohio Department of Education, 2019-2020. http://education.ohio.gov/Topics/Student-Supports/Food-and-Nutrition/Resources-and-Tools-for-Food-and-Nutrition/MR81-Data-for-Free-and-Reduced-Price-Meal-Eligibil](http://education.ohio.gov/Topics/Student-Supports/Food-and-Nutrition/Resources-and-Tools-for-Food-and-Nutrition/MR81-Data-for-Free-and-Reduced-Price-Meal-Eligibil) \*Calculated from traditional programs (like all area districts), 'Provision 2' programs (reduced application burden), and Community Eligibility Programs (CEP), in which 100% of all students enrolled are treated as eligible.

# COMMUNITY CONDITIONS FOOD SECURITY



The Supplemental Nutrition Assistance Program (SNAP) provides nutrition benefits to supplement the food budget of needy families so that they can purchase healthy food. 9.3% of Van Wert Health Hospital service area households access SNAP benefits, which is lower than both the county and state rates. Among households with one or more persons aged 60 and up, that percentage drops to 5.9%, but among Female Heads-of-Household with children under 18 living in the home, the rate rises to 43.1%, higher than the county rate of 40.9%. Rates for the listed categories are highest in Van Wert, and for all households and female HoH households, they are second-highest in Ohio City, while for seniors 60+ they are second-highest in Convoy.

## SNAP Benefit Utilization

2015-2019

LOCATION	ZIP CODE	ALL HOUSEHOLDS	% ACCESSING SNAP	HOUSEHOLD WITH 1 OR MORE PERSON 60+	% ACCESSING SNAP	FEMALE HoH WITH CHILDREN UNDER 18	% ACCESSING SNAP
Convoy	45832	1,167	5.5%	412	6.3%	68	10.3%
Delphos	45833	4,257	4.6%	1,825	3.8%	171	25.1%
Ohio City	45874	902	8.9%	414	1.9%	33	42.4%
Rockford	45882	1,134	3.4%	577	1.6%	44	27.3%
Van Wert	45891	6,258	14.4%	2,792	8.8%	520	54.6%
<b>VAN WERT HEALTH SERVICE AREA</b>		13,718	9.3%	6,020	5.9%	836	43.1%
<b>VAN WERT COUNTY</b>		11,544	10.8%	4,846	7.2%	799	40.9%
<b>OHIO</b>		4,676,358	13.1%	1,860,669	10.2%	382,753	45.0%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S2201. <http://data.census.gov>

# COMMUNITY CONDITIONS HOUSEHOLDS



In the service area, there are 13,718 households and 14,963 housing units. Over the last five years, the population fell by (-0.3%), the number of households grew at a rate of 2.8%, housing units grew at a rate of 2.5% (many of them in the Allen or Mercer County areas of the service area), and vacant units fell by (-0.4%). Owner-occupied housing increased by 4.8% and renters decreased by 3.4%.

## HOUSEHOLDS AND HOUSING UNITS

### AND PERCENT CHANGE

	VAN WERT HEALTH SERVICE AREA			VAN WERT COUNTY		
	2014	2019	% Change	2014	2019	% Change
Households	13,349	13,718	2.8%	11,388	11,544	1.4%
Housing units	14,599	14,963	2.5%	12,662	12,707	0.4%
Owner occupied	10,057	10,539	4.8%	8,670	8,899	2.6%
Renter occupied	3,292	3,179	(-3.4%)	2,718	2,645	(-2.7%)
Vacant	1,250	1,245	(-0.4%)	1,274	1,163	(-8.7%)

Source: U.S. Census Bureau, American Community Survey, 2010-2014 & 2015-2019, DP04. <http://data.census.gov/>

# COMMUNITY CONDITIONS

## HOUSEHOLD INCOME



The weighted average of the median household income in the service area is \$55,873, which is higher than the county median, and ranges from \$49,746 in Van Wert to \$63,077 in Ohio City.

### MEDIAN HOUSEHOLD INCOME

2015-2019

LOCATION	ZIP CODE	HOUSEHOLDS	MEDIAN HOUSEHOLD INCOME
Convoy	45832	1,167	\$ 62,902
Delphos	45833	4,257	\$ 61,545
Ohio City	45874	902	\$ 63,077
Rockford	45882	1,134	\$ 55,431
Van Wert	45891	<b>6,258</b>	\$ 49,746
<b>VAN WERT HEALTH SERVICE AREA</b>		13,718	\$ 55,873
<b>VAN WERT COUNTY</b>		11,544	\$ 54,254
<b>OHIO</b>		4,676,358	\$ 56,602

Source: U.S. Census Bureau, 2015-2019 American Community Survey, DP03. <http://data.census.gov/> \*Weighted average of the medians.

# COMMUNITY CONDITIONS

## INCOME ON HOUSING



According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be "cost burdened." Those who spend 50% or more are considered "severely cost burdened." 20.1% of owner and renter-occupied households in the service area spend 30% or more of their income on housing. This is slightly lower than the county rate (21%) and lower than the state rate (26.7%). The ZIP Code with the highest percentage of households spending 30% or more of their income on housing is Van Wert (25.6%), and Ohio City has the lowest percentage of households spending 30% or more on housing (11.2%).

**THOSE WHO SPEND MORE THAN 30% OF THEIR INCOME ON HOUSING ARE SAID TO BE "COST BURDENED". THE # OF HOUSEHOLDS SPENDING 30% OR MORE OF THEIR INCOME IS SIGNIFICANTLY HIGHER FOR THOSE LIVING IN THE CITY OF VAN WERT (26%) VERSUS THE COUNTY AS A WHOLE (21%).**

### HOUSEHOLDS THAT SPEND 30% OR MORE OF INCOME ON HOUSING

2015-2019

LOCATION	ZIP CODE	%
Convoy	45832	12.4%
Delphos	45833	16.8%
Ohio City	45874	11.2%
Rockford	45882	16.7%
Van Wert	45891	25.6%
Van Wert Health Service Area		20.1%
Van Wert County		21.0%
Ohio		26.7%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates DP04.  
<http://data.census.gov/>

# COMMUNITY CONDITIONS

## HOUSEHOLD TYPE



The service area has 22.8% of family households (married or cohabiting couples) with children under 18 years old and 4.3% of households are households with a female as head of household with children, with no spouse or partner present. Finally, 13% of area households are seniors who live alone, which is higher than the county and state (12%) rates. Seniors living alone may be isolated and lack adequate support systems.

**13% OF HOUSEHOLDS IN VAN WERT HEALTH SERVICE AREA ARE SENIORS WHO LIVE ALONE, WHICH IS HIGHER THAN THE REST OF THE COUNTY AND STATE. SENIORS LIVING ALONE MAY BE ISOLATED AND LACK ADEQUATE SUPPORT SYSTEMS.**

### HOUSEHOLDS BY TYPE

2015-2019

LOCATION	TOTAL HOUSEHOLDS	FAMILY HOUSEHOLDS WITH CHILDREN UNDER AGE 18	FEMALE* HoH WITH CHILDREN UNDER AGE 18	SENIORS, 65+, LIVING ALONE
	#	%	%	%
Van Wert Health Service Area	13,718	22.8%	4.3%	13.0%
Van Wert County	11,544	23.0%	5.0%	12.0%
Ohio	4,676,358	19.2%	5.6%	12.0%

Source: U.S. Census Bureau, 2015-2019 American Community Survey, DP02. <http://data.census.gov/> \*Family Households refers to married or cohabiting couples with householder's children under 18.

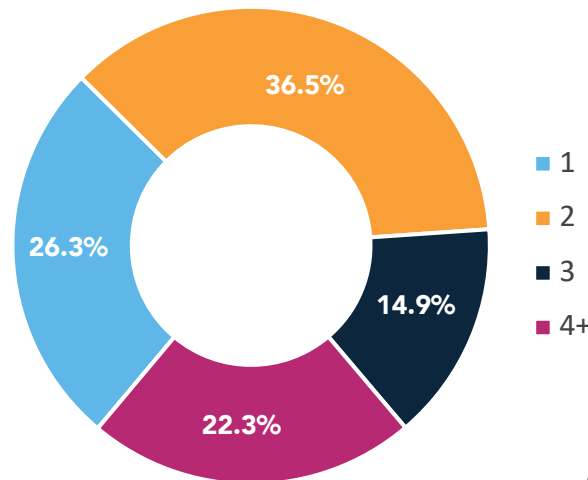
# COMMUNITY CONDITIONS

## HOUSEHOLD SIZE

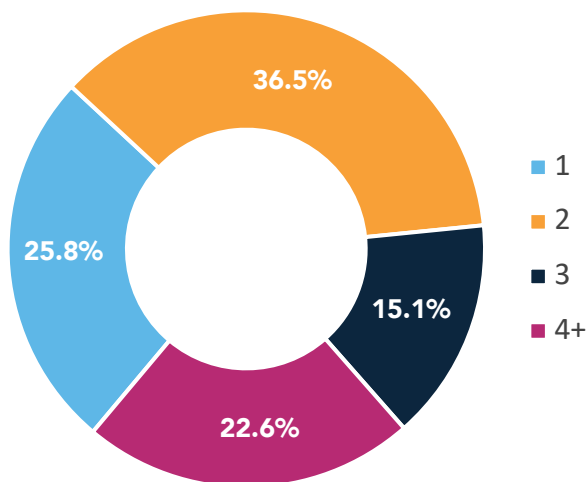


In the service area there are 13,718 households. Over a fifth (22.3%) are households with 4 or more persons, while a bit over a third (36.5%) are two-person households. There are more 2-person and 4+ person households and a lower percentage of 1-person households than found at the state level.

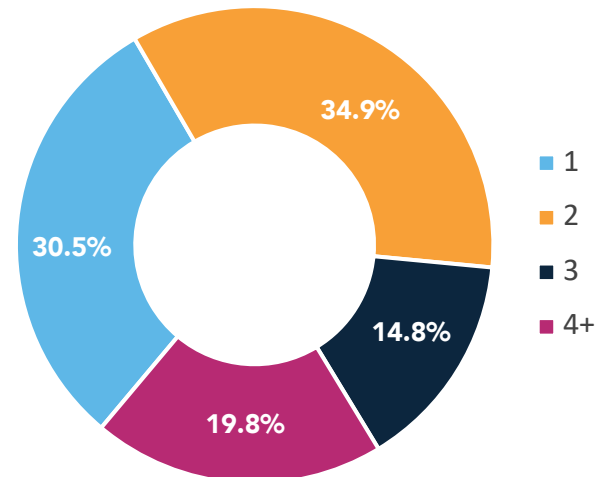
### VAN WERT HEALTH SERVICE AREA



### VAN WERT COUNTY



### OHIO



Source: U.S. Census Bureau, American Community Survey, 2015-2019, S2501. <http://data.census.gov>



# COMMUNITY CONDITIONS HOMELESSNESS



A point-in-time (PIT) count of homeless people is conducted annually in Van Wert County, as part of the Ohio Balance of State Continuum of Care (BoSCoC). It is scheduled to occur on a single night in the third week of January, unless weather does not permit. Extensive data for the 2020 PIT Count has not yet been posted, and so the information below is from 2019 and prior.

On January 22<sup>nd</sup>, 2019, there were an estimated 19 homeless individuals in Van Wert County. From 2017 to 2019, the homeless population in the county appears to have fallen, then risen, while the proportion of homeless who are sheltered has declined from 100% in 2017 to 84.2% in 2019. The proportion of sheltered homeless that are in emergency (versus transitional) housing rose from 13.6% in 2017 to 100% in 2019. These patterns are matched in the BoSCoC as a whole, where the number of homeless rose from 3,309 in 2017 to 3,479 in 2019, the percent of unsheltered rose from 18.8% to 23.4%, and the percent of sheltered found in emergency shelters vs. transitional housing rose from 69.5% to 74.7%.

## HOMELESS POINT-IN-TIME COUNT

2017-2019

	VAN WERT COUNTY						BALANCE OF STATE CoC	
	2017		2018		2019		2017	2019
	#	%	#	%	#	%		
Unsheltered	0	0.0%	0	0.0%	3	15.8%	18.8%	23.4%
Emergency Shelter	3	13.6%	5	100.0%	16	84.2%	56.2%	57.1%
Transitional Shelter	19	86.4%	0	0.0%	0	0.0%	24.6%	19.3%
Safe Haven Shelter	0	0.0%	0	0.0%	0	0.0%	0.3%	0.2%
Total	22	100.0%	5	100.0%	19	100.0%	3,309	3,479

Source: Coalition on Homelessness and Housing in Ohio , 2017 - 2019 Point-in-Time (PIT) Tableau Map and CoC Count Data. <https://cohhio.org/boscoc/hicpit/>

# COMMUNITY CONDITIONS HOMELESSNESS



Among the homeless in Van Wert County in 2019, 26.3% were children under 18 (none of whom were unaccompanied), one (5.3%) was a 'transition-age youth' (18 to 24 years of age), and two (10.5%) had a mental illness. While the county's number are too small to allow for much interpretation, Ohio's Balance of State Continuum of Care (BoSCoC) as a whole shows a decrease in the percent of homeless that are children or transition-age youth, from 2017 to 2019, and a rise in the chronically homeless from 5.4% of the homeless population in 2017 to 9.5% in 2019.

Chronic homelessness is defined by the U.S. Department of Housing and Urban Development – HUD – as being homeless for at least a year, or on at least four separate occasions in the prior three years, as well as the head of household (HoH) having a diagnosable substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability.

## HOMELESS SUBPOPULATIONS

2017-2019

	VAN WERT COUNTY						BALANCE OF STATE CoC	
	2017		2018		2019		2017	2019
	13	59.1%	1	20.0%	5	26.3%	28.0%	24.5%
Children under 18	1	4.5%	0	0.0%	1	5.3%	9.2%	8.3%
Youth, 18 to 24 years old	N/A	N/A	0	0.0%	0	0.0%	5.4%	9.5%
Chronically homeless	N/A	N/A	N/A	N/A	N/A	N/A	4.8%	4.6%
Veterans	N/A	N/A	1	20.0%	2	10.5%	15.9%	N/A
Adults with a serious mental illness	N/A	N/A	1	20.0%	0	0.0%	8.7%	N/A
Adults with substance use disorder	N/A	N/A	N/A	N/A	N/A	N/A	18.3%	N/A
Victims of domestic violence	13	59.1%	1	20.0%	5	26.3%	28.0%	24.5%

Source: Coalition on Homelessness and Housing in Ohio , 2017 - 2019 Point-in-Time (PIT) Tableau Map and CoC Count Data.  
<https://cohhio.org/boscoc/hicpit/> N/A = Data not provided

# COMMUNITY CONDITIONS

## VULNERABLE POPULATIONS



A “vulnerable population” is defined by Center for Applied Research and Engagement (CARES) as a ZIP code that has more than 20% poverty and a ZIP code that has more than 25% of the population with low education (defined as less than a high school education). There are no areas of the Van Wert Health service area which are considered “vulnerable populations” based on a combination of both low education and high poverty rates.

Source The Center for Applied Research and Engagement Systems (CARES) Map Room. Education and poverty levels from U.S. Census Bureau’s American Community Survey, 2015-2019. [https://engagementnetwork.org/map-room/?action=tool\\_map&tool=footprint](https://engagementnetwork.org/map-room/?action=tool_map&tool=footprint)

## PUBLIC PROGRAM PARTICIPATION

In the service area, 6% of residents receive SSI benefits, 1.6% receive cash public assistance income, and 9.3% of residents receive food stamp benefits. These rates are generally lower than county and/or state rates.

### HOUSEHOLD SUPPORTIVE BENEFITS

	Van Wert Health Service Area	Van Wert County	Ohio
<b>Total Households</b>	13,718	11,544	4,676,358
Supplemental Security Income (SSI)	6.0%	6.4%	6.0%
Public Assistance	1.6%	1.6%	2.9%
Food Stamps/SNAP	9.3%	10.8%	13.1%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP03. <http://data.census.gov>



# COMMUNITY CONDITIONS EDUCATION

## EDUCATIONAL ATTAINMENT IS A KEY DRIVER TO HEALTH

In the hospital service area, 8.4% of adults, 25 and older, lack a high school diploma, which is lower than the county rate (8.7%) and the state rate (9.6%). 17.8% of area adults have a Bachelor's degree or higher, which is higher than the county (16.6%), but lower than the state rate (28.3%).

## EDUCATION LEVELS

POPULATION 25 YEARS AND OLDER

	VAN WERT HEALTH SERVICE AREA	VAN WERT COUNTY	OHIO
Population 25 years and older	23,446	19,405	7,975,777
Less than 9 <sup>th</sup> grade	1.7%	1.7%	2.8%
9 <sup>th</sup> to 12 <sup>th</sup> grade, no diploma	6.8%	7.0%	6.8%
High school graduate	44.5%	44.3%	33.0%
Some college, no degree	18.7%	19.1%	20.4%
Associate's degree	10.6%	11.3%	8.7%
Bachelor's degree	10.9%	10.1%	17.6%
Graduate/professional degree	7.0%	6.5%	10.7%

Source: U.S. Census Bureau, 2015-2019 American Community Survey, DP02. <http://data.census.gov/>



# COMMUNITY CONDITIONS EDUCATION

47.4% of 3 and 4-year-olds were enrolled in preschool in the service area, which was higher than state (45.5%) and county (46.1%) rates. The enrollment rates ranged from 3.5% in Rockford to 55.2% in Van Wert.

A 2016 report from the RAND Corporation, “Informing Investments in Preschool Quality and Access in Cincinnati: Evidence of Impacts and Economic Returns from National, State, and Local Preschool Programs” ([https://www.rand.org/pubs/research\\_reports/RR1461.htm](https://www.rand.org/pubs/research_reports/RR1461.htm)) found that high-quality preschool programs show sustained benefits for school performance, including achievement scores, lower rates of special education use, reduced grade repetition, and higher rates of high school graduation. Impacts tend to be larger for more-disadvantaged children.

## PRESCHOOL ENROLLMENT

CHILDREN AGES 3 AND 4 YEARS OLD

LOCATION	ZIP CODE	POPULATION (AGES 3 AND 4)	PERCENT
Convoy	45832	92	51.1%
Delphos	45833	267	44.2%
Ohio City	45874	61	50.8%
Rockford	45882	57	3.5%
Van Wert	45891	357	55.2%
<b>VAN WERT HEALTH SERVICE AREA</b>		<b>834</b>	<b>47.4%</b>
<b>VAN WERT COUNTY</b>		<b>687</b>	<b>46.1%</b>
<b>OHIO</b>		<b>284,357</b>	<b>45.5%</b>

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1401. <http://data.census.gov/>

# COMMUNITY CONDITIONS CRIME



Violent crimes include homicide, rape, robbery and aggravated assault. Property crimes include arson, burglary, larceny and motor vehicle theft. The violent crime and property crime rates appear to be higher for Allen County Sheriff's Department than for the Sheriff's Departments of Mercer and Van Wert Counties, but this could be for a variety of reasons, including perhaps fewer areas with overlapping police department coverage. So, while comparisons are not recommended, what should be noted is that property crime rates have declined in all listed jurisdictions, and the state, from 2015 to 2019. Violent crimes rates in most jurisdictions have been up over the past four-year period, though with the total number of cases being so small, care should be taken in drawing conclusions.

## VIOLENT CRIME AND PROPERTY CRIME

RATES PER 100,000 PERSONS, 2015-2019

	PROPERTY CRIMES				VIOLENT CRIMES			
	NUMBER		RATE*		NUMBER		RATE*	
	2015	2019	2015	2019	2015	2019	2015	2019
Delphos Police Department	168	106	2,391.8	1,529.6	2	7	28.5	101.0
Rockford Police Department	5	0	452.1	0.0	0	7	0.0	634.6
Van Wert Police Department	346	336	3,217.1	3,151.4	31	32	288.2	300.1
Allen County Sheriff's Office	818	582	3,440.4	2,507.6	29	38	122.0	163.7
Mercer County Sheriff's Office	122	36	580.7	171.9	13	8	61.9	38.2
Van Wert County Sheriff's Office	130	106	893.6	733.6	8	22	55.0	152.3
Ohio	N/A	N/A	2,617.3	2,055.7	N/A	N/A	296.2	293.2

Source: U.S. FBI UCR program, Crime Data Explorer. <https://crime-data-explorer.fr.cloud.gov/> State rates for were calculated using data from the law enforcement agencies in Ohio that voluntarily submitted data to the FBI that year; for 2019 this was 594 of 858 law enforcement agencies in the state. City and county rates were calculated based on populations covered by the reporting police and sheriff's departments; care should be used when interpreting rates calculated on such small numbers.

# COMMUNITY CONDITIONS

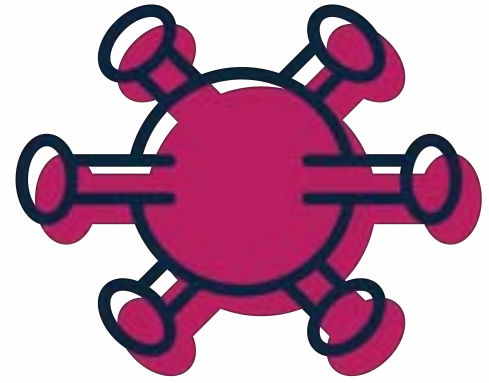
## Community Input

Key informant interviews and survey responses identified the following issues, challenges and barriers related to community conditions (or social determinants of health) in Van Wert Health service area. Following are their comments, quotes, and opinions edited for clarity:

- Many survey respondents and almost every interviewee (unsolicited) spoke about the limited options of affordable (clean and high-quality) housing in Van Wert Health service area.
- Van Wert Health service area has plenty of jobs available but does not have the workforce to support it.
- Being that Van Werth Health is in a rural area, transportation is a major barrier to be able to access needed medical care.
- Need more licensed childcare.
- Youth move away for education and skills-building but do not come back to the community. More efforts need to be bring those people back to the community.
- Community members reported that there are not shelters specifically for women and children.
- Interviewees and survey respondents talked about their disappointment in abuse reporting and specifically how it is not taken seriously or acted upon.
- School officials reported being angry that there is not enough training in the schools around bullying prevention.

# COVID-19

## DEATHS AND VACCINES



In Van Wert County, there have been 2,392 probable or confirmed cases of the Coronavirus known as COVID-19 as of April 19, 2021. This represents a rate of 84.6 cases per 1,000 residents. This is slightly lower than the statewide average of 90.5 cases per 100,000 persons. As of the same date, 62 persons have died in the county due to COVID-19 complications, a rate of 2.2 deaths per 1,000 persons. This is higher than the statewide rate of 1.6 deaths per 1,000 residents.

### COVID-19 CASES AND CRUDE DEATH RATES PER 1,000 PERSONS

AS OF APRIL 19, 2021

	VAN WERT COUNTY		OHIO	
	#	RATE	#	RATE
Confirmed or probable cases	2,392	84.6	1,054,807	90.5
Deaths	62	2.2	18,991	1.6

Source: Ohio Department of State Health Services, Updated April 19th, 2021. Rate calculated using ACS 2015-2019 population estimates. <https://coronavirus.ohio.gov/wps/portal/gov/covid-19/dashboards>

The number of Van Wert County residents who have received at least one dose of a COVID-19 vaccine is 8,518, or 30.1% of the total population. Of that number, 3,858 are aged 65 or older, meaning that 70.2% of seniors 65+ have received at least one vaccine dose. 6,599 county residents have completed the recommended course of vaccine (1 or 2 shots, depending on manufacturer), giving 23.3% of the population full vaccine coverage. 65.6% of county seniors 65+ have full vaccine coverage. The county is lagging slightly behind the state rate of vaccination in the total population, and among seniors aged 65 and over.

### COVID-19 VACCINATION

NUMBER & PERCENT, TOTAL POP. AND SENIORS, AS OF APRIL 19, 2021

	VAN WERT COUNTY				OHIO			
	AT LEAST ONE DOSE		COMPLETED		AT LEAST ONE DOSE		COMPLETED	
	#	%	#	%	#	%	#	%
Total Population	8,518	30.1%	6,599	23.3%	4,390,744	37.6%	3,096,214	26.5%
Population +65	3,858	70.2%	3,608	65.6%	1,527,990	74.7%	1,359,779	66.4%

Source: Ohio Department of State Health Services, Updated April 19th, 2021. <https://coronavirus.ohio.gov/wps/portal/gov/covid-19/dashboards/covid-19-vaccine/covid-19-vaccination-dashboard>



# COVID-19

## Community Input

Key informant interviews and survey responses identified the following issues, challenges and barriers related to Covid-19 in Van Wert Health service area. Following are their comments, quotes, and opinions edited for clarity:

- 56% of the survey respondents felt that Covid-19 is a health issue that is either *Important* or *Very Important* to their community.
- Many people felt that a silver-lining of Covid-19 has been that it increased awareness and use of telehealth medical services.
- Covid-19 caused people to not access medical, mental and social services when needed and that there has been a disruption in services.
- Community members feel that Covid-19 paused the growth of the Van Wert Health community.
- People stopped going to grocery stores and there was an increase in going to fast-food drive throughs.
- Respondents felt that there was an increase in substance abuse and addiction during Covid-19.
- Behavioral/mental and medical health providers have been “burnt out” following Covid-19 and have been exposed to long-term stress and overwork.
- Covid-19 has caused a divide in the community.
- There has been an increase in mental and behavioral health crises (as reported by ER at Van Wert Health) during Covid-19.
- Support services have been majorly disrupted during Covid-19. Those groups are vital to some people’s sobriety and mental health.
- Populations such as the elderly have experienced increased isolation.
- The youth in Van Wert Health service area has had increased poor mental health.
- The negative energy around Covid-19 has negatively affected the mental health of the youth.
- There are conflicting opinions on wearing masks and vaccination.
- Before Covid-19, the hospitals were doing 8-10 prescreens for needed psychiatric services but that number has at least doubled.

# HIV/AIDS TESTING

## HIV RATE

Ohio's HIV Planning Region 10 encompasses 11 counties: Allen, Auglaize, Champaign, Hancock, Hardin, Logan, Mercer, Paulding, Putnam, Shelby, and Van Wert Counties. The rate of new HIV cases in Planning Region 10 was 3.7 per 100,000 persons in 2019, which is down from a new-case rate of 5.5 in 2015 and is much lower than the rate for Ohio in 2019 (8.3 diagnoses per 100,000 residents). There are 401 persons living with diagnosed HIV in the Planning Region, of which 53.6% have progressed to AIDS, versus a progression rate of 33.8% in statewide cases. Newly diagnosed cases in the region are often diagnosed once already progressed to AIDS.



### HIV INCIDENCE (NEWLY DIAGNOSED CASES) AND RATE

PER 100,000 PERSONS

LOCATION	2015		2016		2017		2018		2019	
	#	RATE	#	RATE	#	RATE	#	RATE	#	RATE
HIV Planning Region 10	28	5.5	17	3.3	16	3.1	19	3.7	19	3.7
Ohio	931	8.0	962	8.3	978	8.4	983	8.4	973	8.3

Source: Ohio Department of Health, HIV/AIDS Surveillance Program, 2019 Report for HIV Planning Region 10, June 30, 2020..

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/hiv-aids-surveillance-program/data-and-statistics>

### HIV PREVALENCE/RATE

PER 100,000 PERSONS & NUMBER/PERCENT PROGRESSED TO AIDS, 2019

STATUS	HIV PLANNING REGION 10		OHIO	
	NUMBER (%)	RATE	NUMBER (%)	RATE
Living with HIV diagnosis, total	401	78.6	34,558	210.1
Disease status of AIDS	215 (53.6%)	N/A	11,664 (33.8%)	N/A

Source: Ohio Department of Health, HIV/AIDS Surveillance Program, 2019 Report for HIV Planning Region 10, June 30, 2020..

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/hiv-aids-surveillance-program/data-and-statistics>

# HIV/AIDS TESTING

## STI RATE



From 2015 through 2019, the rate of chlamydia in Van Wert County was 300.8 cases per 100,000 persons and the rate of gonorrhea was 34.6 cases per 100,000 persons. The rate of primary and secondary syphilis and the rate of early latent syphilis were each 0.7 cases per 100,000 persons, representing a single case each in the five-year period. These rates are all significantly lower than the state rates.

Statewide, rates of chlamydia and gonorrhea are highest among those aged 15 to 29, in particular those aged 20 to 24. Rates of chlamydia are highest among women, while rates of gonorrhea are slightly higher among men than women.

### STI CASES

RATE PER 100,000 PERSONS, FIVE-YEAR AVERAGE

STI	VAN WERT COUNTY		OHIO RATE
	CASES	RATE	
Chlamydia	85.2	300.8	528.7
Gonorrhea	9.8	34.6	193.2
Primary and secondary syphilis	0.2	0.7	6.2
Early latent syphilis	0.2	0.7	8.9

Source: Ohio Department of Health, Sexually Transmitted Disease Surveillance, 2015-2019 Status Reports.

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/std-surveillance/data-and-statistics/sexually-transmitted-diseases-data-and-statistics>

## HIV TESTING

It is possible that part of the reason for a higher percentage of AIDS-progressed cases of HIV in the Planning Region is due to less testing by adults who live there. Only 24.6% said that they had ever been tested, as compared to 34.1% statewide.

### EVER TESTED FOR HIV

ADULTS 2017

LOCATION	%
BRFSS Region 2	24.6%
Ohio	34.1%

Source: Ohio Department of Health, Ohio 2017 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2017-brfss-annual-report>

# HIV/AIDS TESTING

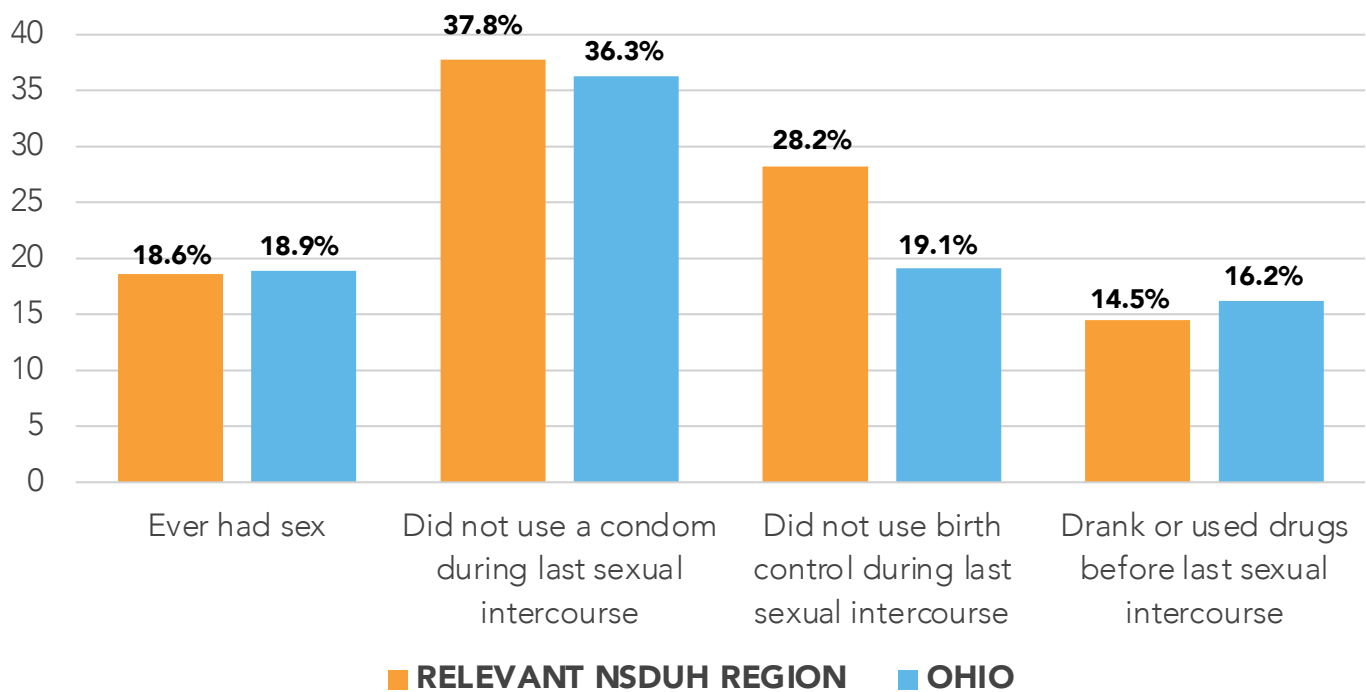
## TEEN SEXUAL HISTORY



Approximately 18.6% of 7th through 12th grade students surveyed for Ohio's Healthy Youth Environments Survey (OHYES!), in the counties of Van Wert, Williams, Fulton, Defiance, Henry, Paulding, Putnam, Hancock and Mercer (the National Survey of Drug Use and Health's 'Boards 20, 32, 54 & 69' region of Ohio) have had sex. Of those who have had sex, 37.8% did not use a condom during their most recent sexual intercourse, 28.2% did not use any barrier or chemical birth control, and 14.5% had had alcohol or drugs prior.

### TEEN SEXUAL HISTORY

7<sup>TH</sup>-12<sup>TH</sup> GRADERS, AGES 12+



Source: Ohio Healthy Youth Environments Survey, 2015-2016, 2016-2017, 2017-2018 & 2018-2019, combined.  
<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/MHYouthSurvey> \*Represents fewer than 15 respondents

# HIV/AIDS TESTING

## Community Input

Key informant interviews and survey responses identified the following issues, challenges and barriers related to HIV/AIDS testing in Van Wert Health service area. Following are their comments, quotes, and opinions edited for clarity:

- There is a regional HIV/AIDS tester that rarely come to Van Wert Health service area.
- Interviewees shared that demand has exceedingly decreased since the 1990's. One provider shared that they used to refer for testing approximately 10 times a week and now it is not even 10 times per month.
- None of the interviewees knew where any person could go to get HIV/AIDS testing in Van Wert Health service area.



# MATERNAL AND INFANT HEALTH

## BIRTHS BY RACE/ETHNICITY

In 2019, the number of births in Van Wert County was 359. Births in Ohio are not readily available at the ZIP Code level, likely due to privacy concerns.

### TOTAL BIRTHS

2015-2019

LOCATION	2015	2016	2017	2018	2019
Van Wert County	311	375	363	330	359
OHIO	139,297	138,193	136,890	135,220	134,560

Source: Ohio Department of Health, Public Health Information Warehouse, 2015-2019.  
<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/OhioLiveBirths>

The race/ethnicity of mothers in Van Wert County was majority non-Hispanic White (94%), which is much higher than the statewide rate of 73.2%. 3.6% of mothers in the county identified as Hispanic/Latina, which is lower than the state rate of 5.4% of birth mothers. The remaining 2.4% of Van Wert County birth mothers identified as Black/African-American (a non-zero number lower than 11 births, in five out of five years), Asian/Pacific Islander (a non-zero number of births in three of five years), or Native American/Alaskan Native (a non-zero number of births in two of five years), or race unknown (a non-zero number of births in one of five years); the exact number and percentages, however, were suppressed due to privacy concerns.

### BIRTHS BY MOTHER'S RACE/ETHNICITY

LOCATION	WHITE	HISPANIC/ LATINA	BLACK/ AFRICAN AMERICAN	ASIAN	NATIVE AMERICAN
Van Wert County	94.0%	3.6%	N/A	N/A	N/A
OHIO	73.2%	5.4%	17.5%	3.3%	0.2%

Source: Ohio Department of Health, Public Health Information Warehouse, 2015-2019.  
<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/OhioLiveBirths> N/A = Suppressed due to privacy concerns.



# MATERNAL AND INFANT HEALTH PRENATAL CARE

67.6% of pregnant women in Van Wert County entered prenatal care on-time – during the first trimester – where time-of-entry was known. County and state rates of on-time prenatal care did not meet the Healthy People 2020 objective of 84.8% of women receiving on-time prenatal care (the Healthy People 2030 objective is not comparable with data as currently reported by Ohio or the CDC).

## FIRST TRIMESTER PRENATAL CARE (WHERE START IS KNOWN)

FIVE-YEAR AVERAGES, 2015-2019

LOCATION	% OF BIRTHS
Van Wert County	67.6%
Ohio	72.2%
Nation	77.3%

Source: Ohio Department of Health, Public Health Information Warehouse, 2015-2019.  
<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/OhioLiveBirths>

Source for National: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2015-2019, on CDC WONDER. <https://wonder.cdc.gov/natality-current.html>



# MATERNAL AND INFANT HEALTH

## SMOKING DURING PREGNANCY

Among pregnant women, 78.2% in Van Wert County did not smoke during pregnancy, which is lower than the rate of non-smoking expectant mothers in the state (86.3%). **These rates do not meet the Healthy People 2030 objective of 95.7% of women to abstain from cigarette smoking during pregnancy.**

### NO SMOKING DURING PREGNANCY

2015-2019

LOCATION	% OF BIRTHS
Van Wert County	78.2%
Ohio	86.3%

Source: Ohio Department of Health, Public Health Information Warehouse, 2015-2019.  
<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/OhioLiveBirths>

Source for National: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2015-2019, on CDC WONDER. <https://wonder.cdc.gov/nativity-current.html>





# MATERNAL AND INFANT HEALTH

## PRETERM BIRTHS

Preterm births – those occurring before 37 weeks of gestation – have higher rates of death and disability. 10.7% of births in Van Wert County were preterm births, which is higher than state and national rates. **The rates do not meet the Healthy People 2030 objectives of not more than 9.4% of live births were preterm.**

### PRETERM BIRTHS

BABIES BORN BEFORE 37 WEEKS OF GESTATION

LOCATION	% OF BIRTHS
Van Wert County	10.7%
Ohio	10.4%
Nation	9.9%

Source: Ohio Department of Health, Public Health Information Warehouse, 2015-2019.  
<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/OhioLiveBirths>

Source for National: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2015-2019, on CDC WONDER. <https://wonder.cdc.gov/nativity-current.html>



# MATERNAL AND INFANT HEALTH

## LOW BIRTH WEIGHT

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. For this measurement, a lower rate is a better indicator. The rate of low-birth-weight babies in Van Wert County is 8.7%, which did not meet the Healthy People 2020 objective of 7.8% of births being low birth weight; however, this has been eliminated from the Healthy People 2030 list of objectives, in an effort to simplify and concentrate resources on remaining goals.

### LOW BIRTH WEIGHT (UNDER 2,500 GRAMS)

FIVE-YEAR AVERAGES, 2015-2019

LOCATION	% OF BIRTHS
Van Wert County	8.7%
Ohio	8.6%
Nation	8.2%

Source: Ohio Department of Health, Public Health Information Warehouse, 2015-2019.  
<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/OhioLiveBirths>

Source for National: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2015-2019, on CDC WONDER. <https://wonder.cdc.gov/natality-current.html>



# MATERNAL AND INFANT HEALTH

## INFANT MORTALITY

The infant mortality rate in Van Wert County, from 2014 to 2018, was 7 deaths per 1,000 live births. **This does not meet the Healthy People 2030 objective of 4.8 deaths per 1,000 live births.**

### INFANT MORTALITY

FIVE-YEAR AVERAGE, 2014-2018

LOCATION	DEATHS PER 1,000 BIRTHS
Van Wert County	*7.0
Ohio	7.1
Nation	5.8

Source: Ohio Department of Health, 2018 Infant Mortality Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/infant-and-fetal-mortality/reports/2018-ohio-infant-mortality-report>

Source for National: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Linked Birth/Infant Death Records, 2014-2018, on CDC WONDER. <https://wonder.cdc.gov/lbd-current.html>

\* Rates based on fewer than 20 total deaths, such as in Van Wert County (12 deaths in 5 years), should be interpreted with caution.



# MATERNAL AND INFANT HEALTH

## BIRTHS TO TEEN MOTHERS

From 2015 to 2019, teen births occurred in Van Wert County at a rate of 58.7 per 1,000 live births (or 5.9% of live births). This rate is slightly higher than the statewide teen birth rate (57.1 per 1,000 live births, or 5.7%). Numbers and rates by specific age category were suppressed for Van Wert County due to privacy concerns.

### NUMBER OF BIRTHS TO TEENAGE MOTHERS AND RATE

PER 1,000 BIRTHS, FIVE-YEAR AVERAGE

	VAN WERT COUNTY	OHIO
Births to mothers less than 15 years of age	N/A	82.0
Births to mothers ages 15 – 17	N/A	1,873.4
Births to mothers ages 18 – 19	N/A	5,861.4
Births to mothers ages 15 – 19	20.4	7,816.8
Rate per 1,000 live births, mothers < 15 years old	N/A	0.6
Rate per 1,000 live births, mothers ages 15 - 17	N/A	13.7
Rate per 1,000 live births, mothers ages 18 - 19	N/A	42.8
Rate per 1,000 live births, mothers ages 15 - 19	58.7	57.1

Source: Ohio Department of Health, Public Health Information Warehouse, 2015-2019.

<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/OhioLiveBirths> N/A = Suppressed due to privacy concerns.



# MATERNAL AND INFANT HEALTH

## BIRTHS TO TEEN MOTHERS

The rate of births among females, ages 15 to 19, in Van Wert County is 23.9\* births per 1,000 teen girls, which is well over the Ohio rate of 20.6 births per 1,000 teen girls, ages 15 to 19. Both rates are higher than the national average of 19.1 births per 1,000 teens.

### FERTILITY RATE IN TEENAGE MOTHERS

AGES 15-19 YEARS OLD, FIVE-YEAR AVERAGE

LOCATION	RATE PER 1,000 FEMALES
Van Wert County	*23.9
Ohio	20.7
Nation	19.1

Source: Ohio Department of Health, Public Health Information Warehouse, 2015-2019.

<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/OhioLiveBirths> \*One birth was removed due to being attributable to a girl under 15 years of age; it is possible, though unlikely, that a second or even third birth to a girl under 15 years of age occurred during that same calendar year in Van Wert County; each additional such birth would require reducing this number by 0.24. There were no births to girls under 15 years in the remaining four years in question.

Source for National: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2015-2019, on CDC WONDER.

<https://wonder.cdc.gov/nativity-current.html>



# MATERNAL AND INFANT HEALTH BREASTFEEDING

Breast feeding has been proven to have considerable benefits to baby and mother. The American Academy of Pediatrics recommends babies be exclusively breastfed for about six months, with the addition of complimentary foods and continued breastfeeding for one year or longer as mutually desired by mother and baby. Breast feeding rates in Van Wert County and Ohio were almost identical (73.7% and 73.6%, respectively), and did not meet the Healthy People 2020 objective for 81.9% of women to utilize some breastfeeding of their infants. This objective has been removed from the list of Healthy People 2030 goals, which have been streamlined to fewer areas of action.

## IN-HOSPITAL BREASTFEEDING

2015-2019 AVERAGED

LOCATION	BREASTFEEDING AT DISCHARGE
Van Wert County	73.7%
Ohio	73.6%

Source: Ohio Department of Health, Breastfeeding Data, 2015-2019.  
<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/OhioLiveBirths>

**THERE WERE ETHNIC/RACIAL DIFFERENCES NOTED IN BREASTFEEDING RATES OF MOTHERS WHO DELIVERED IN OHIO HOSPITALS. 75.8% OF NON-HISPANIC WHITE AND 74.9% OF HISPANIC/LATINA MOTHERS INITIATED BREASTFEEDING, WHILE ONLY 66.7% OF NON-HISPANIC BLACK MOTHERS DID. FEWER HISPANIC THAN WHITE MOTHERS CHOSE TO EXCLUSIVELY BREASTFEED (42.3% VS. 56.7%), AND EVEN FEWER BLACK MOTHERS (35.1%) CHOSE TO DO SO. THESE DIFFERENCES MAY BE DUE TO CULTURAL OR ECONOMIC PRESSURES AND SUGGEST THE NEED FOR ADDITIONAL SUPPORTS.**

# MATERNAL AND INFANT HEALTH BREASTFEEDING



## IN-HOSPITAL BREASTFEEDING, OHIO, BY RACE/ETHNICITY OF MOTHER

PERCENT, 2019

RACE/ ETHNICITY	BREASTFED AT DISCHARGE	EXCLUSIVE BREASTFED AT DISCHARGE
White, non-Hispanic	75.8%	56.7%
Black, non-Hispanic	66.7%	35.1%
Latino/Hispanic	74.9%	42.3%
All Races	74.5%	51.6%

Source: Ohio Department of Health, Breastfeeding Data, 2019. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/Breastfeeding/Data/>

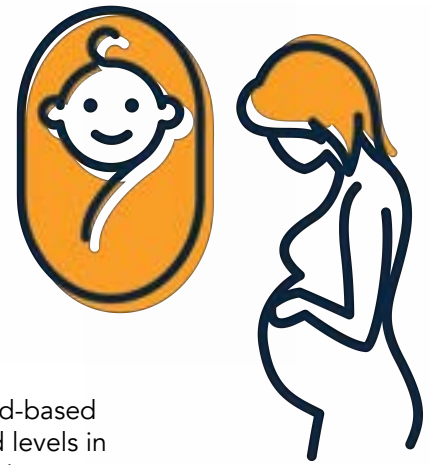
Fewer infants in Ohio (80.1%) than in the U.S. as a whole (84.1%) are ever breastfed, fewer are breastfeeding at six or 12 months, and fewer are exclusively breastfed thru three or six months, as compared to their national peers. The only metric among those covered by the CDC's National Immunization Survey by which Ohio infants seem to be excelling over their national peers is in the frequency with which breastfeeding infants are fed formula during their first two days of life. Only 16.3% of Ohio breastfed Ohio infants are fed formula their first two days of life, versus 19.2% of breastfed infants nationally.

## BREASTFEEDING RATES AMONG INFANTS BORN IN 2017

PERCENT

BREASTFEEDING STATUS	OHIO	UNITED STATES
Ever breastfed	80.1%	84.1%
Breastfeeding at 6 months	51.1%	58.3%
Breastfeeding at 12 months	31.1%	35.3%
Exclusive breastfeeding thru 3 months	41.3%	46.9%
Exclusive breastfeeding thru 6 months	21.6%	25.6%
Breastfed infants receiving formula before 2 days of age	16.3%	19.2%

Source: U.S. Centers for Disease Control and Prevention (CDC), Breastfeeding Report Card, 2017. <https://www.cdc.gov/breastfeeding/data/reportcard.htm>



# MATERNAL AND INFANT HEALTH LEAD LEVELS

Elevated blood lead levels in children are a concern in Ohio, where deteriorating lead-based paint and its resulting lead dust are the most common causes of elevated blood lead levels in children, and particularly in young children who are liable to put dirty hands, paint chips, or other objects in their mouths. Data from 2007-2011 testing was used to determine Ohio ZIP Codes where 12% or more of children were predicted to have blood levels of  $5\mu\text{g}$  of lead or higher, per deciliter of blood. While there is no safe level of lead in the blood, the CDC in 2012 set this as the reference value for identifying children whose levels are in the top 2.5% of all children tested, allowing parents, doctors, public health officials and communities to take early action to reduce the child's future exposure to lead. Medical treatment (chelation therapy) is recommended to begin if a child's blood tests positive for  $\geq 45\mu\text{g}/\text{dL}$ . Of the five service area ZIP Codes, three are considered by the state to be at high risk of elevated blood lead levels: 45874 (Ohio City), 45882 (Rockford) and 45891 (Van Wert), and are therefore required to test children's blood levels. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/childhood-lead-poisoning/for-healthcare-providers/lead-testing-requirements-and-zip-codes> and <https://www.cdc.gov/nceh/lead/data/blood-lead-reference-value.htm>.

In 2019, 272 children under the age of 6 were tested for elevated blood lead levels in Van Wert County. 192 of those tests (70.6%) were from children living in one of the county's designated high risk ZIP Codes. Of the tests, 2.6% had elevated lead levels, with 6 of those 7 positive tests coming from within high-risk ZIPs. No child in the county tested with a blood level high enough to require medical treatment, though one – from a high-risk ZIP Code – did have levels of between 10 and  $44\mu\text{g}/\text{dL}$ .

## BLOOD LEAD LEVELS $\geq 5\mu\text{g}/\text{dL}$

CHILDREN UNDER 6 YEARS OF AGE, 2019

LOCATION	TESTS	POSITIVE	RATE	$\geq 45\mu\text{g}/\text{dL}$	RATE
Van Wert County	272	7	2.6%	0	0.00%
Ohio	57,955	3,533	6.1%	22	0.04%

Source: Ohio Department of Health, Public Health Information Warehouse, 2019.  
<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/LeadData>



# MATERNAL AND INFANT HEALTH

## Community Input

Key informant interviews and survey responses identified the following issues, challenges and barriers related to maternal and infant health in Van Wert Health service area. Following are their comments, quotes, and opinions edited for clarity:

- Respondents to the survey and interviewees reported that there is now good ObGyn care in Van Wert.
- However, community members talked a lot about the lack of pediatric care in the service area.
- Many women do not know where to receive prenatal care in Van Wert Health service area.
- 67% of survey respondents reported that maternal and infant health is a health issue that is *Important* or *Very Important* to the Van Wert Health community.

# MENTAL HEALTH PROVIDERS



Mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications. In Van Wert County, the ratio of residents to mental health providers is 1,050:1, which is much higher than the state rate of 380 persons per mental health provider.

## POPULATION TO MENTAL HEALTH PROVIDERS



## MENTAL HEALTH PROVIDERS

### NUMBER AND RATIO

MENTAL HEALTH PROVIDERS	VAN WERT COUNTY	OHIO
Number of mental health providers	27	30,532
Ratio of population to mental health providers	1,050:1	380:1

Source: County Health Rankings, 2020. <http://www.countyhealthrankings.org>

# MENTAL HEALTH

## Community Input

Key informant interviews and survey responses identified the following issues, challenges and barriers related to mental health in Van Wert Health service area. Following are their comments, quotes, and opinions edited for clarity:

- Mental health is a major health issue that the community is concerned about for both the general public and the youth.
- The community feels that there is a lack of availability of mental health providers in Van Wert Health service area. Both experts and the general public reported that there are not available psychiatrists to prescribe needed medication related to mental health.
- The community reports that there are extremely long wait times (months) to receive mental health services.
- Experts in the field reported that lack of mental health services is not a budget issue but instead a workforce shortage.
- Mental health crises rates has doubled and even tripled in children and youth.
- Even though school-based mental health services has increased, there is a demand and need for more (per school officials).
- There has been an increase in mental health crises with 13-19 year old females in the ER (no known correlation is yet known).
- The community felt that while telehealth is an asset in some health issues, it does not work the same in mental health.
- People in the community (especially children and elderly) have been isolated due to Covid-19 and this has greatly contributed to poor mental health in the service area.
- Many people talked about how the youth are too connected to technology and it has changed their mental health for the worse in some cases.
- Community members reported that because Van Wert is a rural community, the biggest barriers are around lack of mental health services and providers.
- The low-income population has no choice to go to other areas to either pay less for mental health services or not receive the needed care at all.
- Mental health patients that require in-house services have to wait hours for care and much of the time be sent far away for "a bed".
- School officials repeatedly reported in interviews that the need for more mental health support is needed at the schools.
- School officials reported frustration of "nothing being done" when they report physical or sexual abuse.
- The community repeatedly talked about bullying issues at the area schools.

# NUTRITIONAL & PHYSICAL ACTIVITY

## HEALTH BEHAVIORS RANKING



The County Health Ranking examines healthy behaviors and ranks counties according to health behavior data. Ohio has 88 counties, which are ranked from 1 (healthiest) to 88 (least healthy) based on indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. A ranking of 42 puts Van Wert County in the top half of Ohio counties for healthy behaviors. Next-door Mercer County ranks 22nd in the state, while Allen County ranks 47th out of 88. Van Wert County dropped 5 rankings from their 2020 standing, while Allen County rose 11 spots and Mercer County dropped 15 places in their Health and Behaviors ranking.

### HEALTH BEHAVIORS RANKING

2021

LOCATION	COUNTY RANKING (OUT OF 88)
Van Wert County	42
Allen County	47
Mercer County	22

Source: County Health Rankings, 2021. <http://www.countyhealthrankings.org>

# NUTRITIONAL & PHYSICAL ACTIVITY

## PHYSICAL ACTIVITY



While the likelihood of meeting these recommendations is significantly higher among men than women and falls somewhat with age, it is also highly impacted by income and level of education. For Ohio as a whole, 18.3% of adults reported that they had met these physical activity recommendations, while among those with less than a high school education the rate is 10% and for those whose household income is below \$15,000 per year, it is 13.8%. Among older adults the rate is 15.1%. Interestingly, while the likelihood of meeting the physical activity recommendations falls from about age 18 to approximately age 44, there is no additional drop-off in activity level related to age, from age 45 onward.

### PHYSICAL ACTIVITY RECOMMENDATIONS MET IN OHIO

BY DEMOGRAPHIC CHARACTERISTICS, 2017

CHARACTERISTIC	PERCENT
Less than High School	10.0%
High School Diploma	15.5%
Some College	19.1%
College Graduate	24.7%
Household Income < \$15,000	13.8%
Household Income \$75,000+	24.0%
Male	20.5%
Female	16.3%
Ages 18 – 24	26.3%
Ages 25 – 34	21.5%
Ages 35 – 44	20.6%
Ages 45 – 54	14.9%
Ages 55 – 64	15.2%
Ages 65+	15.1%
Overall Prevalence, All Adults	18.3%

Source: Ohio Department of Health, Ohio 2017 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2017-brfss-annual-report>

# NUTRITIONAL & PHYSICAL ACTIVITY

## PHYSICAL ACTIVITY



28% of Van Wert County adults aged 20 and over did not participate in any leisure-time physical activity in the previous month; this is slightly higher than the statewide rate of 26%.

### SEDENTARY ADULTS

PAST 30 DAYS

LOCATION	ALL ADULTS, 20+
Van Wert County	28%
Ohio	26%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), 2017. For All Adults, accessed via County Health Rankings, 2021. <http://www.countyhealthrankings.org>

The 2008 Physical Activity Guidelines for Americans' recommendation for adult physical activity is at least 150 minutes of moderate-intensity physical activity per week, and muscle-strengthening activities at least 2 days per week. 8.7% of Ohio's BRFSS Region 2 adults reported that they had met the physical activity guidelines, which is about half the rate of adults statewide.

### MET PHYSICAL ACTIVITY GUIDELINES

ADULTS, 2017

LOCATION	PERCENT
BRFSS Region 2	8.7%
Ohio	17.2%

Source: Ohio Department of Health, Ohio 2017 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2017-brfss-annual-report>

# NUTRITIONAL & PHYSICAL ACTIVITY

## PHYSICAL ACTIVITY



21.8% of 7th through 12th grade students surveyed for the OHYES! survey in the counties of Van Wert, Williams, Fulton, Defiance, Henry, Paulding, Putnam, Hancock and Mercer said that they spend 3 or more hours watching TV on an average school day, and 38.8% said that they spend 3 or more hours playing video games or using a computer for something other than schoolwork on an average school day. 9.1% of students said that on no day during the previous week did they engage in physical activity for at least an hour.

## SEDENTARY TEENS

7<sup>TH</sup>-12<sup>TH</sup> GRADE

	RELEVANT NSDUH REGION	OHIO
Students who watched 3 or more hours per day of TV on an average school day	21.8%	19.8%
Students who played video or computer games or used a computer for something that was not school work for 3 or more hours per day on an average school day	38.8%	40.0%
Zero days with 60+ minutes of physical activity in past week	9.1%	10.7%

Source: Ohio Healthy Youth Environments Survey, 2015-2016, 2016-2017, 2017-2018 & 2018-2019 combined.  
<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/MHYouthSurvey>

The CDC recommendation for youth physical activity is 60 minutes or more each day on five or more days per week. 66.4% of teens in the region met this recommendation.

## PHYSICAL ACTIVITY, TEENS

7<sup>TH</sup>-12<sup>TH</sup> GRADE

	RELEVANT NSDUH REGION	OHIO
Met recommendation for physical activity	66.4%	54.1%

Source: Ohio Healthy Youth Environments Survey, 2015-2016, 2016-2017, 2017-2018 & 2018-2019 combined.  
<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/MHYouthSurvey>

# NUTRITIONAL & PHYSICAL ACTIVITY

## PHYSICAL ACTIVITY



Proximity to exercise opportunities can increase physical activity in a community. 63% of Van Wert County residents are considered to live in close proximity to exercise opportunities, which is lower than the state rate.

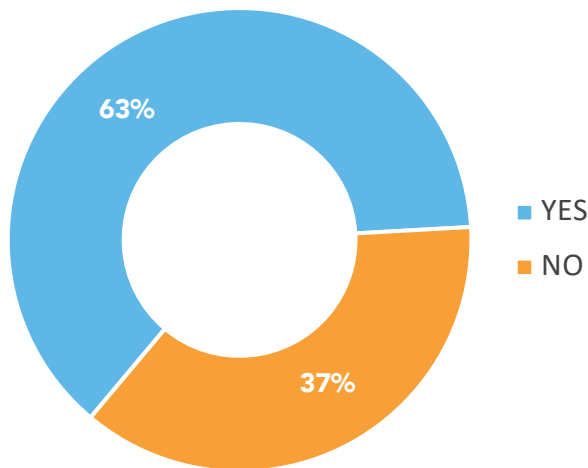
### ADEQUATE ACCESS TO EXERCISE OPPORTUNITIES

2010 AND 2019 COMBINED

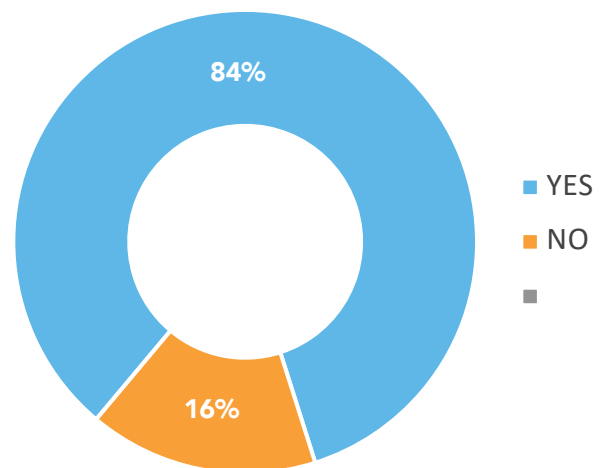
LOCATION	PERCENT
Van Wert County	63%
Ohio	84%

Source: County Health Rankings, 2021 ranking, utilizing 2010 and 2019 combined data. <http://www.countyhealthrankings.org>

#### VAN WERT COUNTY



#### OHIO





# NUTRITIONAL & PHYSICAL ACTIVITY

## COMMUNITY WALKABILITY



WalkScore.com ranks over 2,500 cities in the United States (over 10,000 neighborhoods) with a walk score. The walk score for a location is determined by its access to amenities. Many locations are sampled within each city and an overall score is issued for the walkability of that city (scores for smaller towns, however, may be based on a single location). A higher score indicates an area is more accessible to walking while a lower score indicates a more vehicle-dependent location.

WalkScore.com has established the range of scores as follows:

- 0-24: Car Dependent (Almost all errands require a car)
- 25-49: Car Dependent (A few amenities within walking distance)
- 50-69: Somewhat Walkable (Some amenities within walking distance)
- 70-89: Very Walkable (Most errands can be accomplished on foot)
- 90-100: Walker's Paradise (Daily errands do not require a car)

Based on this scoring method, most listed cities and all service area ZIP Codes are classified as "Car Dependent", with Ohio City being the least walkable, at 19, and the 45874 and 45882 ZIP Codes with the lowest possible score of 0. Van Wert was ranked as 'somewhat walkable', and Delphos itself as 'very walkable', despite the overall 45833 ZIP Code still being classified as 'car dependent'.

## WALKABILITY

2010 AND 2019 COMBINED

CITY	CITY WALK SCORE	ZIP CODE	ZIP CODE WALK SCORE
Convoy	29	45832	2
Delphos	73	45833	46
Ohio City	19	45874	0
Rockford	46	45882	0
Van Wert	62	45891	7

Source: WalkScore.com, 2020

# NUTRITIONAL & PHYSICAL ACTIVITY

## OVERWEIGHT AND OBESITY



Overweight is defined as having a Body Mass Index (BMI) of between 25.0 and 29.9, while obesity is defined as having a BMI of 30 and above. When asked their height and weight, 33.4% of adults in Region 2 were determined to be overweight. While this is slightly lower than the state rate of overweight, Region 2 adults were more likely to be obese.

### ADULT OVERWEIGHT (BMI 25-29.9)

2017

LOCATION	PERCENT
BRFSS Region 2	33.4%
Ohio	34.2%

Source: Ohio Department of Health, Ohio 2017 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2017-brfss-annual-report>

40% of Van Wert County adults are obese, which is higher than the 34% found statewide.

### ADULT OBESITY (BMI 30+)

AGED 20+ YEARS, 2017

LOCATION	PERCENT
VAN WERT COUNTY	40%
Ohio	34%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), 2017. Accessed via County Health Rankings, 2021. <http://www.countyhealthrankings.org>

# NUTRITIONAL & PHYSICAL ACTIVITY OVERWEIGHT AND OBESITY



While levels of overweight in Ohio are significantly higher among men and rise with age, income, and level of education, levels of obesity FALL with increasing education and income and do not differ significantly by gender. Levels of obesity in Ohio rise with age until about age 55, when they begin to fall again, leading to an overall drop in the combined level of overweight plus obesity that begins in the population at about age 55.

## ADULT OVERWEIGHT AND OBESITY IN OHIO

BY DEMOGRAPHIC CHARACTERISTICS, 2017

CHARACTERISTIC	OVERWEIGHT	OBESE	COMBINED
Less than High School	30.5%	39.2%	69.7%
High School Diploma	32.5%	36.0%	68.5%
Some College	33.9%	35.0%	68.9%
College Graduate	38.6%	26.6%	65.2%
Household Income < \$15,000	26.8%	39.0%	65.8%
Household Income \$75,000+	38.5%	29.4%	67.9%
Male	38.4%	33.5%	71.9%
Female	29.9%	34.1%	64.0%
Ages 18 – 24	27.3%	18.9%	46.2%
Ages 25 – 34	28.4%	32.5%	60.9%
Ages 35 – 44	33.6%	38.8%	72.4%
Ages 45 – 54	34.4%	42.0%	76.4%
Ages 55 – 64	36.3%	37.6%	73.9%
Ages 65+	40.8%	30.9%	71.7%
Overall Prevalence, All Adults	34.2%	32.5%	66.7%

Source: Ohio Department of Health, Ohio 2017 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2017-brfss-annual-report>

# NUTRITIONAL & PHYSICAL ACTIVITY

## OVERWEIGHT AND OBESITY



34.4% of 7th through 12th grade students surveyed for the OHYES! survey in the counties of Van Wert, Williams, Fulton, Defiance, Henry, Paulding, Putnam, Hancock and Mercer are overweight or obese based on their age and gender. Boys are slightly more likely to be overweight or obese than girls (35.8% vs. 32.9%) and while girls are more likely to be overweight (18.8% vs. 17.8%), boys are more likely to be obese (18% vs. 14.1%). Despite this, girls are more likely than boys to report that they are trying to lose weight: 52.6% of girls versus 31.4% of boys. This suggests that 19.7% of girls in the region are trying to lose weight despite being a healthy weight, or underweight.

### OVERWEIGHT & OBESE, BMI BY AGE/GENDER\*, AND WEIGHT PERCEPTION

7<sup>TH</sup>-12<sup>TH</sup> GRADE

	RELEVANT NSDUH REGION	OHIO
Overweight (BMI 85-94% for age/gender)	18.3%	16.0%
Obese (BMI 95%+ for age/gender)	16.1%	14.5%
Combined	34.4%	30.5%
Trying to lose weight – girls	52.6%	52.3%
Trying to lose weight – boys	31.4%	31.0%

Source: Ohio Healthy Youth Environments Survey, 2015-2016, 2016-2017, 2017-2018 & 2018-2019 combined.

<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/MHYouthSurvey> \* NOTE: Data does not include students who identify as transgender, non-binary or gender non-conforming students.

# NUTRITIONAL & PHYSICAL ACTIVITY NUTRITION



40.8% of Ohio's BRFSS Region 2 adults do not eat fruit or drink 100% fruit juice at least once per day. 22% do not consume vegetable juice, vegetables (this is generally explained as not including potatoes) or beans (not green beans) at least once per day.

## FRUIT AND VEGETABLE CONSUMPTION

ADULTS, 2017

LOCATION	EAT FRUIT LESS THAN ONCE PER DAY	EAT VEGETABLES LESS THAN ONCE PER DAY
BRFSS REGION 2	40.8%	22.0%
OHIO	37.7%	18.7%

Source: Ohio Department of Health, Ohio 2017 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2017-brfss-annual-report>

**WHILE MORE FRUITS AND VEGETABLES ARE CONSUMED WITH INCREASING EDUCATION AND INCOME, AND THERE IS A CLEAR GENDER DIFFERENCE (MEN ARE MORE LIKELY TO EAT INSUFFICIENT AMOUNTS OF FRUITS AND VEGETABLES THAN WOMEN), CONSUMPTION DOES NOT RELIABLY TRACK WITH INCREASING AGE. THERE ARE MINIMAL GAINS FROM THE 18-24 AGE GROUP TO THE 65-AND-OVER AGE GROUP. 33.6% OF OLDER ADULTS IN OHIO DO NOT CONSUME FRUIT AT LEAST ONCE PER DAY AND 17.1% DO NOT CONSUME VEGETABLES OR BEANS AT LEAST ONCE PER DAY.**

# NUTRITIONAL & PHYSICAL ACTIVITY NUTRITION



## INSUFFICIENT FRUIT AND VEGETABLE CONSUMPTION IN OHIO

BY DEMOGRAPHIC CHARACTERISTIC

CHARACTERISTIC	EAT FRUIT OR DRINK 100% FRUIT JUICE <1 TIME/DAY	EAT VEGETABLES OR DRINK VEGETABLE JUICE <1 TIME/DAY
Less than High School	46.5%	32.0%
High School Diploma	44.4%	21.2%
Some College	36.6%	17.4%
College Graduate	26.4%	11.3%
Household Income < \$15,000	49.5%	32.6%
Household Income \$75,000+	31.7%	12.5%
Male	41.5%	21.0%
Female	34.2%	16.5%
Ages 18 – 24	37.5%	24.3%
Ages 25 – 34	38.9%	19.7%
Ages 35 – 44	36.1%	16.4%
Ages 45 – 54	42.0%	19.3%
Ages 55 – 64	39.3%	17.4%
Ages 65+	33.6%	17.1%
Overall Prevalence, All Adults	37.7%	18.7%

Source: Ohio Department of Health, Ohio 2017 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2017-brfss-annual-report>

# NUTRITIONAL & PHYSICAL ACTIVITY NUTRITION



14.3% of 7th through 12th grade students surveyed for the OHYES! survey in the counties of Van Wert, Williams, Fulton, Defiance, Henry, Paulding, Putnam, Hancock and Mercer said that they eat five or more servings of fruit and vegetables on an average day. 5.6% said they eat none, due to dislike, 1.3% said they eat none due to cost, and 2.7% said they eat none due to lack of access.

## FRUIT AND VEGETABLE CONSUMPTION

7<sup>TH</sup>-12<sup>TH</sup> GRADE

CONSUMPTION	RELEVANT NSDUH REGION	OHIO
Eat zero servings on an average day – dislike	5.6%	5.5%
Eat zero servings on an average day – cannot afford	1.3%	1.1%
Eat zero servings – no access	2.7%	2.3%
Eat 5 or more serving on an average day	14.3%	14.5%

Source: Ohio Healthy Youth Environments Survey, 2015-2016, 2016-2017, 2017-2018 & 2018-2019 combined.  
<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/MHYouthSurvey>

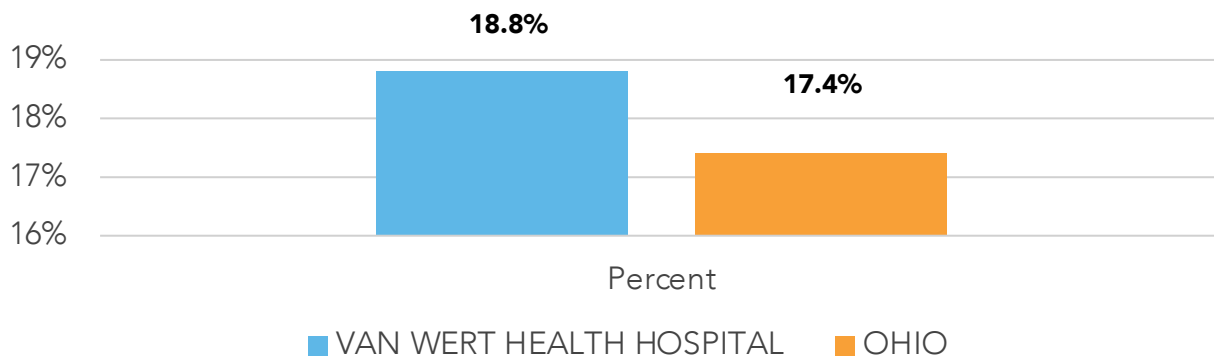
# NUTRITIONAL & PHYSICAL ACTIVITY NUTRITION



Sugar-sweetened beverages are any liquids that are sweetened with various forms of added sugars and are the leading source of added sugars in the American diet. 18.8% of Ohio's BRFSS Region 2 adults reported that they had at least one sugar-sweetened beverage per day for the last 30 days.

## SODA/SUGAR-SWEETENED BEVERAGE CONSUMPTION

ADULTS, 2017



Source: Ohio Department of Health, Ohio 2017 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2017-brfss-annual-report>



# NUTRITIONAL & PHYSICAL ACTIVITY

## NUTRITION



High levels of consumption of these beverages are significantly more common in men than in women, fall with increasing income and education, and fall of with increasing age starting at about 35 years of age. For Ohio as a whole, 17.4% of adults reported that they had at least one sugar-sweetened beverage per day for the last 30 days, while among those with less than a high school education the rate is 28.7%, among those whose household income is below \$15,000 per year it is 30.9%, and among older adults the rate is 9.2%.

### SODA/SUGAR-SWEETENED BEVERAGE AT LEAST ONCE PER DAY, OHIO

#### DEMOGRAPHIC CHARACTERISTICS

CHARACTERISTIC	PERCENT
Less than High School	28.7%
High School Diploma	23.2%
Some College	14.3%
College Graduate	8.5%
Household Income < \$15,000	30.9%
Household Income \$75,000+	8.9%
Male	20.3%
Female	14.7%
Ages 18 – 24	17.8%
Ages 25 – 34	26.8%
Ages 35 – 44	20.2%
Ages 45 – 54	20.6%
Ages 55 – 64	13.6%
Ages 65+	9.2%
Overall Prevalence, All Adults	17.4%

Source: Ohio Department of Health, Ohio 2017 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2017-brfss-annual-report>

# NUTRITIONAL & PHYSICAL ACTIVITY NUTRITION



Soda consumption was similar for 7th through 12th grade students in Ohio as a whole and those surveyed for the OHYES! survey in the counties of Van Wert, Williams, Fulton, Defiance, Henry, Paulding, Putnam, Hancock and Mercer.

## SODA CONSUMPTION

7<sup>TH</sup>-12<sup>TH</sup> GRADE

CONSUMPTION	RELEVANT NSDUH REGION	OHIO
Drank no soda in the past week	31.1%	33.2%
Drank soda at least once per day during the past week	17.5%	17.0%
Drank soda at least twice per day during the past week	10.5%	10.5%
Drank soda at least three times per day during the past week	5.3%	5.5%
Drank soda at least four times per day during the past week	3.4%	3.3%

Source: Ohio Healthy Youth Environments Survey, 2015-2016, 2016-2017, 2017-2018 & 2018-2019 combined.  
<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/MHYouthSurvey>

# NUTRITIONAL/PHYSICAL ACTIVITY

## Community Input

Key informant interviews and survey responses identified the following issues, challenges and barriers related to nutritional/physical activity in Van Wert Health service area. Following are their comments, quotes, and opinions edited for clarity:

- Over 50% of respondents reported in the survey that they felt intimidated or awkward going to gyms or that it was too expensive.
- Countless interviewees and survey respondents spoke (unsolicited) about their sadness over the wellness center at the hospital closing. Many people felt that this was a fitness area that was the “catch net” for those that don’t otherwise feel comfortable or can’t afford a traditional gym.
- 31% of survey respondents reported that there is a lack of recreational spaces in Van Wert Health service area.
- Over 75% of people who completed the survey felt that both obesity/overweight and nutritional/physical activity were important health issues in the Van Wert Health community.
- Obesity in both adults and youth does not meet the Healthy People 2030 objective.

# PREVENTATIVE PRACTICES

## FLU SHOTS



51% of adults in the Van Wert County and Ohio State reported getting a vaccination for the flu in the prior 12 months. **This falls well below the Healthy People 2030 objective for 70% of all adults, 18 and older, to receive a flu shot.**

### FLU SHOTS

ADULTS, PAST 12 MONTHS

LOCATION	PERCENT
Van Wert	51%
Ohio	51%

Source: U.S. Centers for Medicare & Medicaid Services Office of Minority Health's Mapping Medicare Disparities (MMD) Tool, via County Health Rankings, 2018 data. <http://www.countyhealthrankings.org>

**OHIO RESIDENTS' SELF-REPORTED LIKELIHOOD OF HAVING RECEIVED A FLU SHOT OR NASAL FLU VACCINE WITHIN THE PRIOR YEAR IS SIGNIFICANTLY HIGHER AMONG WOMEN THAN MEN, AND RISES STEADILY WITH AGE, BUT DOES NOT CONSISTENTLY CORRELATE WITH INCOME OR LEVEL OF EDUCATION. 40.8% OF ALL OHIO ADULTS REPORTED THAT THEY HAD RECEIVED A FLU VACCINE WITHIN THE PRIOR YEAR, WHILE AMONG OLDER ADULTS THE RATE WAS 63%.**

# PREVENTATIVE PRACTICES

## FLU SHOTS



Ohio residents' self-reported likelihood of having received a flu shot or nasal flu vaccine within the prior year is significantly higher among women than men, and rises steadily with age, but does not consistently correlate with income or level of education. 40.8% of all Ohio adults reported that they had received a flu vaccine within the prior year, while among older adults the rate was 63%.

### FLU SHOTS OR FLU VACCINES IN OHIO

ADULTS, PRIOR YEAR, DEMOGRAPHIC CHARACTERISTICS, 2017

CHARACTERISTIC	PERCENT
Less than High School	40.3%
High School Diploma	35.4%
Some College	40.4%
College Graduate	49.1%
Household Income \$15,000 to \$24,999 (lowest)	39.0%
Household Income \$50,000 to \$74,999 (highest)	43.1%
Male	36.3%
Female	45.0%
Ages 18 – 24	28.0%
Ages 25 – 34	28.8%
Ages 35 – 44	31.0%
Ages 45 – 54	34.4%
Ages 55 – 64	47.2%
Ages 65+	63.0%
Overall Prevalence, All Adults	40.8%

Source: Ohio Department of Health, Ohio 2017 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2017-brfss-annual-report>

# PREVENTATIVE PRACTICES

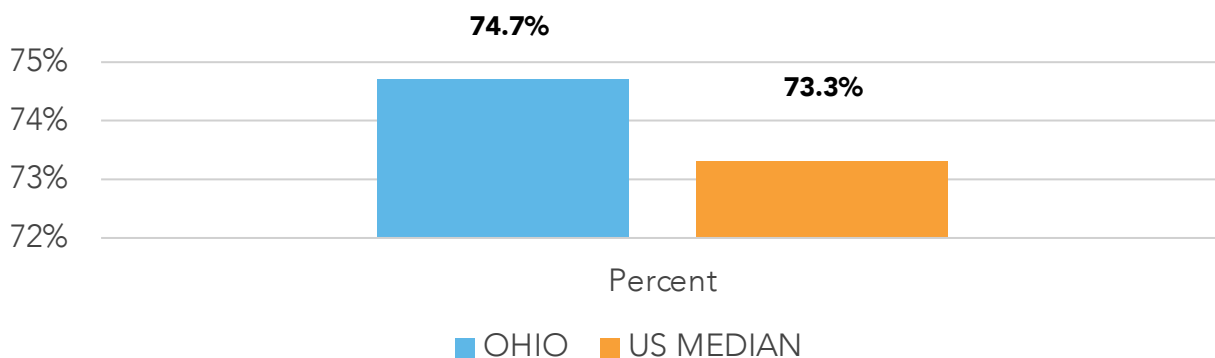
## PNEUMONIA VACCINE



The Healthy People 2020 objective was that 90% of seniors will have a pneumonia vaccine. This objective has been removed from the list of Healthy People 2030 goals, as part of their effort to reduce the total number of objectives and prioritize the most pressing public health issues. The current statewide rate of pneumonia vaccination, among adults, ages 65 and over, was 74.7%, which did not meet the Healthy People 2020 objective, though it was above the national median of 73.3%.

### PNEUMONIA VACCINE

ADULTS, 65+



Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS) Prevalence and Trends Data, 2019. <https://www.cdc.gov/brfss/brfssprevalence>

# PREVENTATIVE PRACTICES

## CHILDHOOD IMMUNIZATIONS



The rate of childhood immunizations upon entry into Kindergarten in Ohio lags behind U.S. rates and the Healthy People 2020 goals for every listed vaccine, ranging from 91.9% coverage from the 2-dose varicella (chickenpox) vaccine to a high of 94.9% for the Hepatitis B vaccine.

### UP-TO-DATE IMMUNIZATION RATES OF CHILDREN ENTERING KINDERGARTEN

2019-2020

IMMUNIZATION	OHIO	U.S.
MMR vaccine	92.4%	95.2%
DTP / DTaP / DT vaccine	92.3%	94.9%
2 doses varicella vaccine (unknown disease history)	91.9%	94.8%
Hepatitis B vaccine	94.9%	96.1%
Polio vaccine	92.7%	95.0%

Source: U.S. Center for Disease Control's SchoolVaxView, 2019-2020 school year.

<https://www.cdc.gov/vaccines/imz-managers/coverage/schoolvaxview/data-reports/coverage-dashboard/2019-20.html>

# PREVENTATIVE PRACTICES

## MAMMOGRAMS AND PAP SMEARS



The Healthy People 2030 objective for mammograms is for 77.1% of women, between the ages of 50 and 74, to have a mammogram in the past two years. In Van Wert County, 48% of women interviewed had obtained mammograms, which – while higher than the state's 43% – falls well short of the Healthy People goal.

### MAMMOGRAM IN THE PAST TWO YEARS

WOMEN AGES 50-74, TWO-YEAR AVERAGE

LOCATION	PERCENT
Van Wert County	48%
Ohio	43%

Source: U.S. Centers for Medicare & Medicaid Services Office of Minority Health's Mapping Medicare Disparities (MMD) Tool, via County Health Rankings, 2018 data. <http://www.countyhealthrankings.org>

The Healthy People 2030 objective is for 84.3% of women, ages 21 to 65, to have a Pap smear in the past three years. With 79.2% of women aged 21 to 65 having had a cervical cancer screening in the prior 3 years, Ohio does not meet this goal.

### PAP TEST PAST 3 YEARS

WOMEN AGES 21-65, 2018

LOCATION	PERCENT
Ohio	79.2%
U.S. Median	80.2%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS) Prevalence and Trends Data, 2018. <https://www.cdc.gov/brfss/brfssprevalence>



# PREVENTATIVE PRACTICES

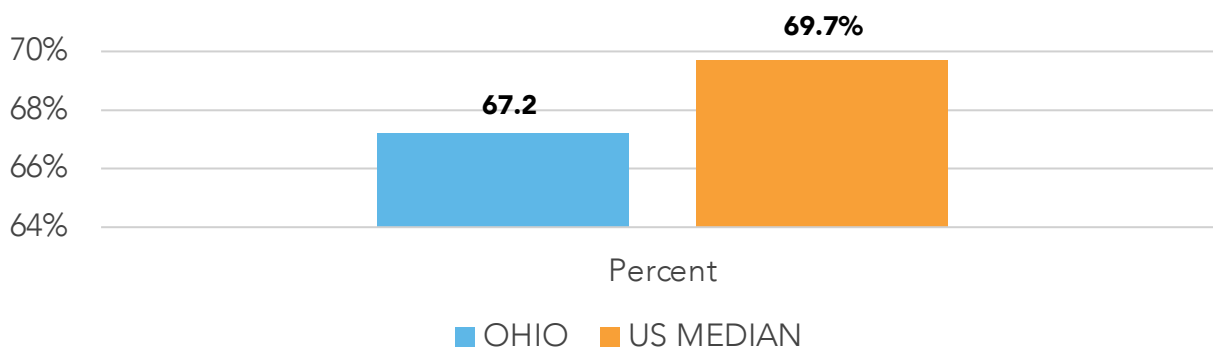
## COLORECTAL CANCER SCREENING



The Healthy People 2030 objective for adults, ages 50 to 75 years old, is for 74.4% to obtain colorectal cancer screening (defined as a blood stool test in the past year, sigmoidoscopy in the past five years plus blood test in the past three years, or colonoscopy in the past ten years). 67.2% of Ohio residents, ages 50-75, said they had met the colorectal cancer screening guidelines, which is lower than the national median and does not meet the Health People objective.

### SCREENING FOR COLORECTAL CANCER

ADULTS AGES 50-75, 2018



Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS) Prevalence and Trends Data, 2018. <https://www.cdc.gov/brfss/brfssprevalence>

# PREVENTATIVE PRACTICES

## Community Input

Key informant interviews and survey responses identified the following issues, challenges and barriers related to preventative practices in Van Wert Health service area. Following are their comments, quotes, and opinions edited for clarity:

- Overall, the community feels that preventative care of vaccines has improved in the Van Wert Health service area.
- People reported that vaccines have been done well through the local health department and in collaboration with the area schools.
- Prevention that could be affected by access to health care is lacking. (Talked about in Access to care, Chronic Diseases, and Mental Health.)

# SUBSTANCE USE

## ALCOHOL

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Chronic drinking among females is defined as having 8 or more drinks per week and among males it is 15 or more drinks per week.

Among adults, 19% in Van Wert County reported excessive drinking in the previous 30 days, which is slightly higher than the statewide rate of 18% of adults.



### ALCOHOL MISUSE: BINGE OR CHRONIC DRINKING

PAST 30 DAYS, ADULTS

LOCATION	PERCENT
Van Wert County	19%
Ohio	18%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), 2018. For All Adults, accessed via County Health Rankings, 2021. <http://www.countyhealthrankings.org>

Ohio residents' likelihood of binge drinking within the previous month is significantly higher among men than women, and falls with age. In general, it increases with education and while at first it falls with increasing income, once the household income reaches \$35,000 the likelihood of binge drinking rises with income. For Ohio as a whole, 18.9% of adults reported binge drinking at least once in the past month. Among those with less than a high school education the rate is 14.9% and among those whose household income is above \$75,000 per year it is 25.4%. For older adults the rate is 4.7%.

# SUBSTANCE USE

## ALCOHOL



### BINGE DRINKING IN OHIO

ADULTS, PRIOR MONTH, BY DEMOGRAPHIC CHARACTERISTICS, 2017

CHARACTERISTIC	PERCENT
Less than High School	14.9%
High School Diploma	18.5%
Some College	20.4%
College Graduate	19.7%
Household Income < \$15,000	18.2%
Household Income \$25,000 to \$34,999	13.4%
Household Income \$75,000+	25.4%
Male	26.0%
Female	12.5%
Ages 18 – 24	29.4%
Ages 25 – 34	31.1%
Ages 35 – 44	24.6%
Ages 45 – 54	19.1%
Ages 55 – 64	13.7%
Ages 65+	4.7%
Overall Prevalence, All Adults	18.9%

Source: Ohio Department of Health, Ohio 2017 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2017-brfss-annual-report>

# SUBSTANCE USE

## TEENS & ALCOHOL



12.1% of 7th through 12th grade students surveyed for the OHYES! survey in the counties of Van Wert, Williams, Fulton, Defiance, Henry, Paulding, Putnam, Hancock and Mercer responded that they had taken their first drink of more than a few sips of alcohol before the age of 13. 6.3% of responding students had had at least one alcoholic drink on at least one occasion in the past 30 days, and 3.4% said that they had binge drunk on at least one occasion in the prior 30 days. Binge drinking was defined as 5 or more drinks of alcohol in a row, within a couple of hours. Only 64.3% of area teens felt binge drinking carried moderate or great risks, and 1.4% of all teens said that they had driven while drinking in the past 30 days.

In general, every category of alcohol use and misuse rises with grade level, with the exception of perceived risk in binge drinking which remains fairly steady. Boys are more likely than girls to have tried alcohol by age 13 (14% vs. 9.5%), have drunk alcohol in the past 30 days (6.9% vs. 5.4%), binge drunk in the past 30 days (4% vs. 2.5%), consider binge drinking to be no or low risk (39.9% vs. 31.3%), and to say that they did not drive while drinking in the past month (98.4% vs. 99.1%).

### TEEN ALCOHOL AND BINGE DRINKING EXPERIENCE

TEENS, 7<sup>TH</sup>-12<sup>TH</sup> GRADE

EXPERIENCE	RELEVANT NSDUH REGION	OHIO
Had first drink of more than a few sips before the age of 13	12.1%	11.0%
At least one drink, one or more times, past month	6.3%	10.0%
Binge drank, past 30 days	3.4%	4.8%
Perceive binge drinking has moderate or great risk	64.3%	68.6%
Drove while drinking 1 to 5 times, past 30 days	1.1%	1.4%
Drove while drinking 6 or more times, past 30 days	* 0.3%	0.3%

Source: Ohio Healthy Youth Environments Survey, 2015-2016, 2016-2017, 2017-2018 & 2018-2019 combined.  
<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/MHYouthSurvey> \*Represents fewer than 15 respondents

# SUBSTANCE USE

## MARIJUANA



The National Survey on Drug Use and Health reports data for the counties of Van Wert, Williams, Fulton, Defiance, Henry, Paulding, Putnam, Hancock and Mercer combined into one region. They also report data for all individuals aged 12 and over, combined, rather than isolating the adult and youth populations. 6.8% of the region's population 12 and over had used marijuana in the previous month, while 10.3% had used it within the past year. These rates are lower than the statewide rates.

### MARIJUANA USE

YOUTH AND ADULTS, AGES 12+

EXPERIENCE	RELEVANT NSDUH REGION	OHIO
Used marijuana within the past month	6.8%	8.4%
Used marijuana within the past year	10.3%	13.7%

Source: Substance Abuse and Mental Health Services Administration (SAMHSA) National Survey on Drug Use and Health, 2016-2018 pooled. <https://www.samhsa.gov/data/nsduh/2016-2018-substate-reports>

3.5% of 7th through 12th grade students surveyed for Ohio's OHYES! survey in the counties of Van Wert, Williams, Fulton, Defiance, Henry, Paulding, Putnam, Hancock and Mercer responded that they had tried marijuana for the first time before the age of 13 and 3.5% of responding students had had marijuana in the past 30 days. 1.9% said that they had used it 10 or more times in the prior 30 days, with 1% using it 40 times or more. Overall, usage appears to be lower and less often in the region than it does for the state as a whole, and views are slightly more conservative / less permissive.

In general, as the school grades rise youth are more likely to use marijuana and use it more often per month, are less likely to perceive parents and peers as disapproving and are less likely to perceive marijuana use as harmful. Boys are more likely than girls to have tried marijuana by age 13 (4.3% vs. 2.4%), have used marijuana in the past 30 days (3.9% vs. 2.6%), be a heavier user (more likely to be using 10+ times per month than are girls), and consider marijuana use to be low or no risk (56.3% vs. 64.2%). Boys are about as likely to say that they perceive their parents would feel it to be wrong or very wrong to use marijuana (90.4% vs. 90.8%), but less likely to feel that their peers would (75.5% vs. 80.8%).

# SUBSTANCE USE

## MARIJUANA



### MARIJUANA USE

TEENS 12 AND OLDER, 7<sup>TH</sup>-12<sup>TH</sup> GRADE, PARTICIPATING SCHOOLS

EXPERIENCE	RELEVANT NSDUH REGION	OHIO
Tried for first time before age 13 years	3.5%	3.6%
Used marijuana or hashish during past 30 days	3.5%	6.5%
Usual method of use is smoking (of those who use) rather than edibles, drinkables, vaping or other	90.6%	88.5%
Perceive parents would feel it would be wrong or very wrong to use marijuana	90.3%	89.4%
Perceive peers feel is would be wrong or very wrong to use marijuana	77.7%	69.3%
Youth perceive marijuana use (1-2x per week) as moderate or great risk	60.0%	56.8%
Did not use marijuana in past 30 days	96.8%	93.4%
Used marijuana 1-2 times in past 30 days	0.7%	2.1%
Used marijuana 3-9 times in past 30 days	0.6%	1.7%
Used marijuana 10-19 times in past 30 days	0.6%	0.9%
Used marijuana 20-39 times in past 30 days	* 0.3%	0.6%
Used marijuana 40 or more times in past 30 days	1.0%	1.3%

Source: Substance Abuse and Mental Health Services Administration (SAMHSA) National Survey on Drug Use and Health, 2016-2018 pooled. <https://www.samhsa.gov/data/nsduh/2016-2018-substate-reports>

# SUBSTANCE USE

## DRUGS OTHER THAN MARIJUANA



The National Survey on Drug Use and Health reports data for the counties of Van Wert, Williams, Fulton, Defiance, Henry, Paulding, Putnam, Hancock and Mercer combined into one region. They also report data for all individuals aged 12 and over, combined, rather than isolating the adult and youth populations. 6.8% of the region's population 12 and over had used marijuana in the previous month, while 10.3% had used it within the past year. These rates are lower than the statewide rates.

### ILLICIT DRUG USE OTHER THAN MARIJUANA

PAST MONTH, YOUTH AND ADULTS, AGES 12+

LOCATION	PERCENT
Relevant NSDUH Region	2.5%
Ohio	3.1%

Source: Substance Abuse and Mental Health Services Administration (SAMHSA) National Survey on Drug Use and Health, 2016-2018 pooled. <https://www.samhsa.gov/data/nsduh/2016-2018-substate-reports>

From a peak in 2017, ER visits for suspected overdoses have been falling, year over year, from 129 in Van Wert County in 2017 to 59 ER visits in 2019.

### ER VISITS FOR SUSPECTED OVERDOSE

NUMBER

LOCATION	2017	2018	2019
Van Wert County	129	78	59

Source: Ohio Department of Health, Violence and Injury Prevention Section, 2017-2019.

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/violence-injury-prevention-program/suspected-od-dashboard2>



# SUBSTANCE USE

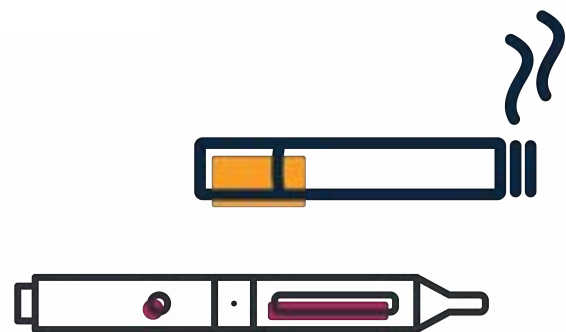
## Community Input

Key informant interviews and survey responses identified the following issues, challenges and barriers related to substance use in Van Wert Health service area. Following are their comments, quotes, and opinions edited for clarity:

- Over 65% of survey respondents reported that substance use is an *Important* or *Very Important* health issue in the Van Wert Health service area.
- Van Wert Health service area does not meet the Healthy People 2030 objectives on “Drug-overdose deaths” or more specifically “Overdoes deaths involving opioids”.
- The community reported that substance misuse issues in the service area contributes to inhibiting people to be able to or want to work.
- Respondents reported that substance use in the service area has increased due to Covid-19.
- Survey respondents and interviewees felt that marijuana use is being normalized in the community.
- Interview experts reported that they drug problem in the area is always changing. One expert said that while the major problem was once heroin, it is not methamphetamines (meth).
- Respondents said that Westwood is inundated with substance abuse cases from the court.
- The survey and interviews revealed that the substance use problem in the area has worsened with Covid-19.

# TOBACCO AND NICOTINE USE

## SMOKING AND E- CIGARETTES



The Healthy People 2030 objective for cigarette smoking among adults is 5%. In Van Wert County, 24% of adults smoke cigarettes, which is higher than the state rate (21%).

### SMOKING

ADULTS

LOCATION	PERCENT
Van Wert County	24%
Ohio	21%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), 2018. For All Adults, accessed via County Health Rankings, 2021. <http://www.countyhealthrankings.org>

4.5% of Ohio's BRFSS Region 2 adults report current e-cigarette use, which is lower than the 5.5% statewide rate.

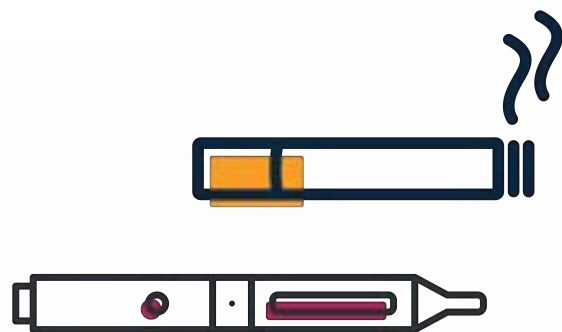
### CURRENT E-CIGARETTE USE

ADULTS, 2017

LOCATION	PERCENT
BRFSS Region 2	4.5%
Ohio	5.5%

Source: Ohio Department of Health, Ohio 2017 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2017-brfss-annual-report>

# TOBACCO AND NICOTINE USE



Starting at about age 45, cigarette use drops with age; it also drops with rising income and increasing levels of education, while the gender difference is not statistically significant. For Ohio as a whole, 21.1% of adults are current smokers. Among those with less than a high school education it is 42.4% and for those whose household income is below \$15,000 per year it is 41.1%. Among older adults the rate is 11.1%.

E-cigarette use is significantly higher among men than women, and drops with age and income, and having at least a college-level education. 5.5% of Ohio adults reported current e-cigarette use. The rate for those with less than a high school education was 6.5% and among those with a household income below \$15,000 per year it was 8.2%. For those 65 years of age and older it was 1.3%.

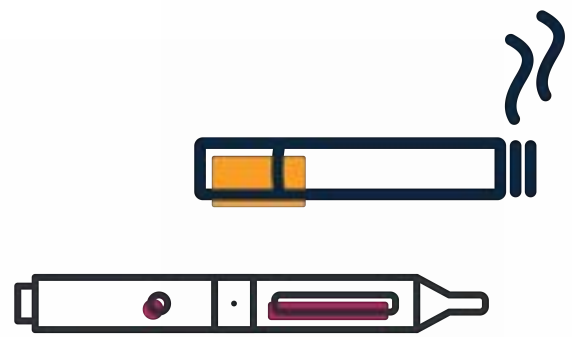
## SMOKING AND E-CIGARETTE USE IN OHIO

BY DEMOGRAPHIC CHARACTERISTICS, 2017

LOCATION	SMOKING	E-CIGARETTE USE
Less than High School	42.4%	6.5%
High School Diploma	26.0%	6.2%
Some College	19.1%	7.0%
College Graduate	7.6%	1.5%
Household Income < \$15,000	41.1%	8.2%
Household Income \$75,000+	10.3%	3.6%
Male	22.4%	6.6%
Female	19.9%	4.1%
Ages 18 – 24	16.6%	12.2%
Ages 25 – 34	27.5%	8.8%
Ages 35 – 44	27.8%	5.6%
Ages 45 – 54	25.2%	4.8%
Ages 55 – 64	21.9%	2.8%
Ages 65+	11.1%	1.3%
Overall Prevalence, All Adults	21.1%	5.5%

Source: Ohio Department of Health, Ohio 2017 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2017-brfss-annual-report>

# TOBACCO AND NICOTINE USE TEEN SMOKING



Approximately 4.8% of 7th through 12th grade students surveyed for Ohio's Healthy Youth Environments Survey (OHYES!) are current smokers (in the counties of Van Wert, Williams, Fulton, Defiance, Henry, Paulding, Putnam, Hancock and Mercer - the National Survey of Drug Use and Health's 'Boards 20, 32, 54 & 69' region of Ohio) are current smokers. However, only 1.9% smoke regularly (20+ days out of the past 30). 3.4% have used tobacco chew, snuff or dip in the past 30 days, while 5.3% have smoked an e-cigarette in the past 30 days. 23.8% do not view tobacco use (1+ pack daily) as a moderate or great risk.

## SMOKING

### TEENS

SMOKING STATUS	RELEVANT NSDUH REGION	OHIO
Used any tobacco product (cigarettes, cigars, chewing tobacco, snuff or dip) in the past 30 days	7.7%	8.4%
Smoked a cigarette in the past 30 days	4.8%	5.1%
Smoked cigarettes on 20+ days of the past 30	1.9%	1.5%
Used chew, snuff, or dip in the past 30 days	3.4%	3.8%
Do not view tobacco use (1+ pack daily) as a moderate or great risk	23.8%	20.2%
Smoked an e-cigarette in the past 30 days	5.3%	10.7%

Source: Ohio Healthy Youth Environments Survey, 2015-2016, 2016-2017, 2017-2018 & 2018-2019 combined.

<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/MHYouthSurvey> \*Represents fewer than 15 respondents

# TOBACCO AND NICOTINE USE

## Community Input

Key informant interviews and survey responses identified the following issues, challenges and barriers related to tobacco and nicotine use in Van Wert Health service area. Following are their comments, quotes, and opinions edited for clarity:

- The community and specifically, interviews with school officials, revealed that nicotine vaping has become a major issue in the area middle and high schools.
- There is a lack of education because people and youth do not think vaping is unhealthy because it is not “smoking cigarettes”.
- Van Wert Health service area is far from reaching the Healthy People 2030 objective around cigarette smoking.

# LEADING CAUSES OF DEATH



While the leading causes of death is not a specific health need in and of itself, the topic encompasses a multitude of the health needs addressed above. In order to fully understand the priority health needs of a community, it is important to separately assess the leading causes of death in an area. Due to the relatively low population of Van Wert County, and the resulting low number of deaths annually, the following chart is averaged across eight years of data (rather than the more typical five years, in order to provide statistically reliable mortality rates). A more up-to-date analysis of the top causes of death can be seen in the remainder of this section.

The top two leading causes of death in Van Wert County are cancer and heart disease. The cancer death rate in Van Wert County is 175.8 per 100,000 persons, which is slightly higher than the state rate (173.1 per 100,000 persons). **This does not meet the Healthy People 2030 objective for cancer mortality of 122.7 deaths per 100,000 persons.**

The heart disease mortality rate in Van Wert County is 175.5 deaths per 100,000 persons, which is lower than the state rate (188.1 deaths per 100,000 persons). **The Healthy People 2030 objective is specific to ischemic heart disease only: 71.1 deaths per 100,000 persons. The county's rate is 121.3 deaths from ischemic heart disease per 100,000 residents, which is higher than the state rate (107 per 100,000 persons) and does not meet the Healthy People goal.**

In addition to cancer and heart disease, unintentional injury, Chronic Lower Respiratory Disease and stroke, are in the top five causes of death in Van Wert County. In addition to cancer and ischemic heart disease, deaths due to diabetes (31.4 per 100,000 persons), pneumonia and flu (25.9 per 100,000), kidney disease (18.6 per 100,000) and chronic liver disease and cirrhosis are all higher rates of death in the county than the state.

**THE TOP TWO LEADING CAUSES OF DEATH IN VAN WERT COUNTY ARE CANCER AND HEART DISEASE.**

# LEADING CAUSES OF DEATH



## MORTALITY RATES

PER 100,000 PERSONS, CRUDE AND AGE-ADJUSTED, EIGHT-YEAR AVERAGE

	VAN WERT COUNTY			OHIO		
	NUMBER	CRUDE RATE	AGE-ADJUSTED	NUMBER	CRUDE RATE	AGE-ADJUSTED
All causes	326.4	1,148.4	808.1	118,706.8	1,021.4	826.8
All Cancers	71.0	249.8	175.8	25,320.25	217.9	173.1
Heart disease	74.0	260.4	175.5	27,771.38	239.0	188.1
Ischemic heart disease	50.9	179.0	121.3	15,838.4	136.3	107.0
Unintentional injury	14.5	51	49.4	7,107.88	61.2	58.7
Chronic Lower Respiratory Disease	17.4	61.1	42.6	7,133.50	61.4	48.5
Stroke	15.9	55.9	37.5	6,081.88	52.3	41.3
Diabetes	12.1	42.7	31.4	3,686.63	31.7	25.4
Alzheimer's disease	13.8	48.4	30.9	4,654.00	40.0	31.0
Pneumonia and flu	11.5	40.5	25.9	2,276.50	19.6	15.5
Kidney disease	7.9	27.7	18.6	2,126.00	18.3	14.5
Suicide	3.6	12.8	13.0	1,662.50	14.3	14.0
Septicemia	4.6	16.3	11.7	1,885.88	16.2	13.0
Chronic liver disease and cirrhosis	4.4	15.4	11.3	1,497.50	12.9	10.6

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2012-2019, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

# LEADING CAUSES OF DEATH CANCER



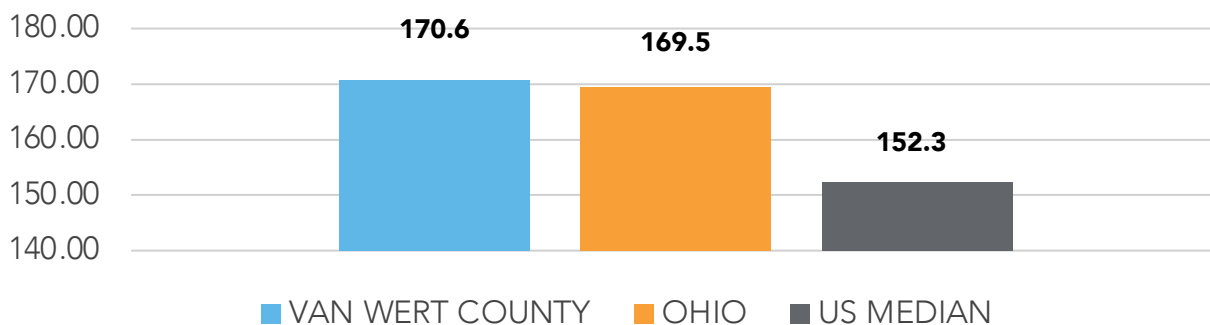
In the service area, the age-adjusted cancer mortality rate is 170.6 per 100,000 persons. This rate is higher than the Healthy People 2030 objective (122.7 deaths per 100,000 persons).

## CANCER MORTALITY RATES

PER 100,000 PERSONS, AGE-ADJUSTED, FIVE-YEAR AVERAGE

	VAN WERT COUNTY		OHIO	U.S.
	NUMBER	RATE	RATE	RATE
Cancer death rate	70.2	170.6	169.5	152.3

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2015-2019, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>





# LEADING CAUSES OF DEATH CANCER



In Van Wert County, the rate of death from cancer is slightly above the state cancer death rate. The highest rates of cancer mortality in Van Wert County are from: lung and bronchus cancers (45.8 deaths per 100,000 persons), female breast cancer (27.1 per 100,000 women, which is well above the state rate of 22.4), and prostate cancer (20.0 per 100,000 men). The county rate of death from colorectal cancers (the 4th leading cause of cancer mortality) is also above the state rate (18.7 deaths vs. 15.7 per 100k). Care should be taken when drawing conclusions from cancers with low annual counts.

## CANCER MORTALITY RATES

PER 100,000 PERSONS, AGE-ADJUSTED, 2012-2016 AVERAGE

	VAN WERT COUNTY		OHIO	U.S.
	NUMBER	RATE	RATE	RATE
Cancer all sites	72	183.2	176.8	161.0
Lung and bronchus	18	45.8	50.3	41.9
Breast (female)	7	27.1	22.4	20.6
Prostate (males)	3	20.0	19.0	19.2
Colon and rectum	7	18.7	15.7	14.2
Pancreas	4	10.6	11.6	11.0
Leukemia	4	9.1	6.9	6.5
Non-Hodgkin lymphoma	4	8.8	6.1	5.6
Ovary (females)	2	7.5	7.4	7.0
Cervix (females)	1	6.5	2.3	2.3
Brain and other CNS	2	6.1	4.6	4.4
Uterus (females)	2	5.8	5.0	4.7
Urinary bladder	2	5.1	5.0	4.4
Kidney and renal pelvis	2	5.1	3.9	3.8
Liver and intrahepatic bile duct	2	4.9	5.9	6.5
Melanoma (of the skin)	2	4.5	2.8	2.5

Source: Ohio Department of Health, 2019 Van Wert County Cancer Profile, utilizing 2012-2016 data.

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/ohio-cancer-incidence-surveillance-system/data-statistics/data-statistics>

# LEADING CAUSES OF DEATH

## HEART DISEASE AND STROKE



The age-adjusted mortality rate for ischemic heart disease is 119.9 deaths per 100,000 persons, and the age-adjusted rate of death from stroke is 39.7 deaths per 100,000 persons. **These rates are higher than the Healthy People 2030 objectives of 71.1 heart disease deaths and 33.4 stroke deaths per 100,000 persons.**

### ISCHEMIC HEART DISEASE AND STROKE MORTALITY RATES

PER 100,000 PERSONS, AGE-ADJUSTED, FIVE-YEAR AVERAGE

	VAN WERT COUNTY		OHIO	U.S.
	NUMBER	RATE	RATE	RATE
Ischemic heart disease death rate	49.8	119.9	103.2	92.6
Stroke death rate	16.6	39.7	41.8	37.3

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2015-2019, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

# LEADING CAUSES OF DEATH

## UNINTENTIONAL INJURY



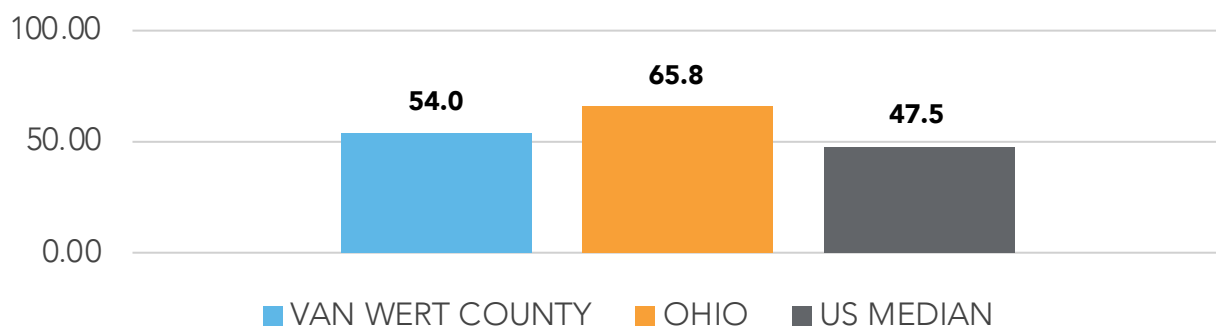
The age-adjusted death rate from unintentional injuries in the service area is 54 deaths per 100,000 persons. This rate is lower than the state rate, but higher than the Healthy People 2030 objective of 43.2 unintentional injury deaths per 100,000 persons.

### UNINTENTIONAL INJURY MORTALITY RATE

PER 100,000 PERSONS, AGE-ADJUSTED, FIVE-YEAR AVERAGE

	VAN WERT COUNTY		OHIO	U.S.
	NUMBER	RATE	RATE	RATE
Unintentional injuries death rate	15.6	54.0	65.8	47.5

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2015-2019, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>



# LEADING CAUSES OF DEATH

## CHRONIC LOWER RESPIRATORY DISEASE



Chronic Lower Respiratory Disease (CLRD) and Chronic Obstructive Pulmonary Disease (COPD) include emphysema and bronchitis. The age-adjusted death rate for respiratory disease in the service area is 40.5 per 100,000 persons. This is lower than the state rate (48.1 per 100,000 persons) and more in line with the national 40.2 deaths.

### CHRONIC LOWER RESPIRATORY DISEASE MORTALITY RATE

PER 100,000 PERSONS, AGE-ADJUSTED, FIVE-YEAR AVERAGE

	VAN WERT COUNTY		OHIO	U.S.
	NUMBER	RATE	RATE	RATE
Chronic Lower Respiratory Disease death rate	16.8	40.5	48.1	40.2

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2015-2019, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

# LEADING CAUSES OF DEATH DIABETES



The county's age-adjusted mortality rate from diabetes is 28.2 deaths per 100,000 persons. This is higher than the state rate (25.2 per 100,000 persons) and the national rate (21.3 deaths per 100,000 persons).

## DIABETES MORTALITY RATE

PER 100,000 PERSONS, AGE-ADJUSTED, FIVE-YEAR AVERAGE

	VAN WERT COUNTY		OHIO	U.S.
	NUMBER	RATE	RATE	RATE
Diabetes death rate	11.2	28.2	25.2	21.3

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2015-2019, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

# KIDNEY DISEASE

The death rate from kidney disease is 18.5 deaths per 100,000 persons. This is higher than the state rate (14.7 per 100,000 persons).

## KIDNEY DISEASE MORTALITY RATE

PER 100,000 PERSONS, AGE-ADJUSTED, FIVE-YEAR AVERAGE

	VAN WERT COUNTY		OHIO	U.S.
	NUMBER	RATE	RATE	RATE
Kidney disease death rate	7.6	18.5	14.7	13.0

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2015-2019, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

# LEADING CAUSES OF DEATH ALZHEIMER'S



The mortality rate from Alzheimer's disease is 31.3 deaths per 100,000 persons. This is lower than the state rate (33.3 deaths per 100,000 persons).

## ALZHEIMER'S DISEASE MORTALITY RATE

PER 100,000 PERSONS, AGE-ADJUSTED, FIVE-YEAR AVERAGE

	VAN WERT COUNTY		OHIO	U.S.
	NUMBER	RATE	RATE	RATE
Alzheimer's disease death rate	14.0	31.3	33.3	30.2

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2015-2019, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

# PNEUMONIA AND INFLUENZA

The age-adjusted death rate in Van Wert County for pneumonia and influenza is 25.7 per 100,000 persons. This rate is much higher than the state rate (14.9 per 100,000 persons) and national rate (14.0 per 100,000 persons).

## PNEUMONIA AND INFLUENZA MORTALITY RATE

PER 100,000 PERSONS, AGE-ADJUSTED, FIVE-YEAR AVERAGE

	VAN WERT COUNTY		OHIO	U.S.
	NUMBER	RATE	RATE	RATE
Pneumonia and flu death rate	11.2	25.7	14.9	14.0

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2015-2019, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

# LEADING CAUSES OF DEATH SUICIDE



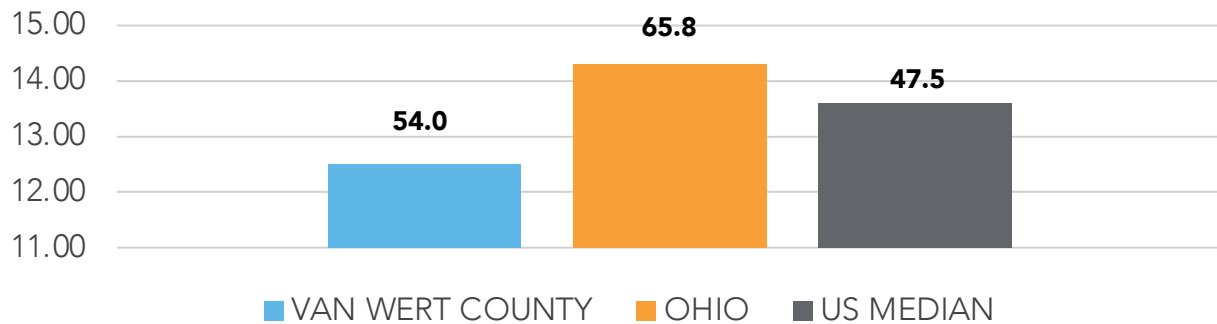
The suicide rate in the service area is 12.5 deaths per 100,000 persons. This rate is lower than the state rate and meets the Healthy People 2030 objective for suicide of 12.8 per 100,000 persons.

## SUICIDE MORTALITY RATE

PER 100,000 PERSONS, AGE-ADJUSTED, SIX-YEAR AVERAGE

	VAN WERT COUNTY		OHIO	U.S.
	NUMBER	RATE	RATE	RATE
Suicide	3.7	12.5	14.3	13.6

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2014-2019, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>



# LEADING CAUSES OF DEATH

## UNINTENTIONAL DRUG OVERDOSES



Rates of death by unintentional drug overdose have been rising in recent years. Such deaths in Van Wert County are lower than the statewide rate, but higher than the nationwide rate, and **do not meet the Healthy People 2030 objective of 20.7 drug overdose deaths per 100,000 persons**. Whites make up 94.1% of the County population, 77.8% are men, and 59.3% of the deaths occurred in adults aged 25 to 34.

### UNINTENTIONAL OVERDOSE MORTALITY RATE

PER 100,000 PERSONS, AGE-ADJUSTED, FIVE-YEAR AVERAGE

	VAN WERT COUNTY		OHIO	U.S.
	NUMBER	RATE	RATE	RATE
Drug overdose death rate	5.4	23.4	35.8	17.5

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2015-2019, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

From 2015 through 2019, 25 of the 27 unintentional overdose deaths in Van Wert County involved an opioid drug, giving an age-adjusted death rate from opioid overdoses of 21.5 deaths per 100,000 persons, which is again lower than the state but higher than the nation. **The Healthy People 2030 goal is a maximum of 13.1 overdose deaths involving opioids, per 100,000 persons, which the county does currently meet.**

### OPIOID DRUG OVERDOSE DEATH RATE

PER 100,000 PERSONS, AGE-ADJUSTED, FIVE-YEAR AVERAGE

	VAN WERT COUNTY		OHIO	U.S.
	NUMBER	RATE	RATE	RATE
Drug overdose death rate	5.0	21.5	30.7	12.5

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Multiple Cause Mortality public-use data 2015-2019, on CDC WONDER. <https://wonder.cdc.gov/mcd-icd10.html>



# STEP 5

## DEFINE AND VALIDATE PRIORITIES



### **IN THIS STEP, VAN WERT HEALTH:**

- ✓ IDENTIFIED AVAILABLE RESOURCES
- ✓ DETERMINED RESOURCE OPPORTUNITIES
- ✓ ESTABLISHED CRITERIA FOR SETTING PRIORITIES
- ✓ IDENTIFIED PRIORITIES
- ✓ VALIDATED PRIORITIES

# PRIORITY HEALTH NEEDS TO BE ADDRESSED IN THE 2022-2024 CHIP



The identified significant health needs were prioritized with input from the community. Community surveys and key informant interviews were used to gather input on and validate the significant health needs that were initially identified in the secondary data.

The stakeholders were asked to rank each identified health need. The percentage of responses were noted as those that identified the need as being Important or Very Important in the community and had a shortage or absence of resources available in the community.

In order to make final decisions on the priority health needs that will be addressed in the 2022-2024 Community Health Improvement Plan (CHIP), the participants in the priority-setting group will look at:

1. The ranking that the community placed on each priority health need. The ranking was done in both the interviews and community survey and then averaged.
2. The priority-setting group will meet to discuss the priorities. Considering the needs identified in the data summary from this report, the group will decide the health priorities that will be addressed in the 2022-2024 CHIP.

# CURRENT RESOURCES ADDRESSING PRIORITY HEALTH NEEDS



Information was gathered on assets and resources that currently exist in the community. This was done by feedback from the community and overall assessment of the service area.

## HEALTHCARE FACILITIES

- Van Wert Health
- Van Wert North
- Family Health Care of Northwest Ohio
- Van Wert Family Physicians
- Van Wert Health Professional Services
- PLC Health Clinic
- Van Wert County Health Department

## ECONOMIC STABILITY

*Education, employment, housing, and poverty*

- YWCA
- Love Inc.
- Haven of Hope
- House of Transitions
- Salvation Army
- NOCAC
- Church charity
- Food pantries

## MENTAL HEALTH

- Westwood Behavioral Health Center
- Van Wert Health
- Family Health Care of Northwest Ohio
- Counseling Offices of Van Wert
- Elizabeth C. Adams, PSYD
- Serenity Solutions, LLC
- Family Counseling & Psychological
- Ridgeview Hospital

## PHYSICAL HEALTH

- YMCA
- GenX Training Studio
- Lincolnview Community Center
- Van Wert City Parks & Recreation
- Van Wert Reservoir Trails
- 540 Martial Arts
- Anytime Fitness
- Camp Clay Aqua Park
- Flip Tuck Gymnastic Center
- Warrior Trail Bike Path
- Hickory Sticks Golf Club
- Willow Bend Country Club

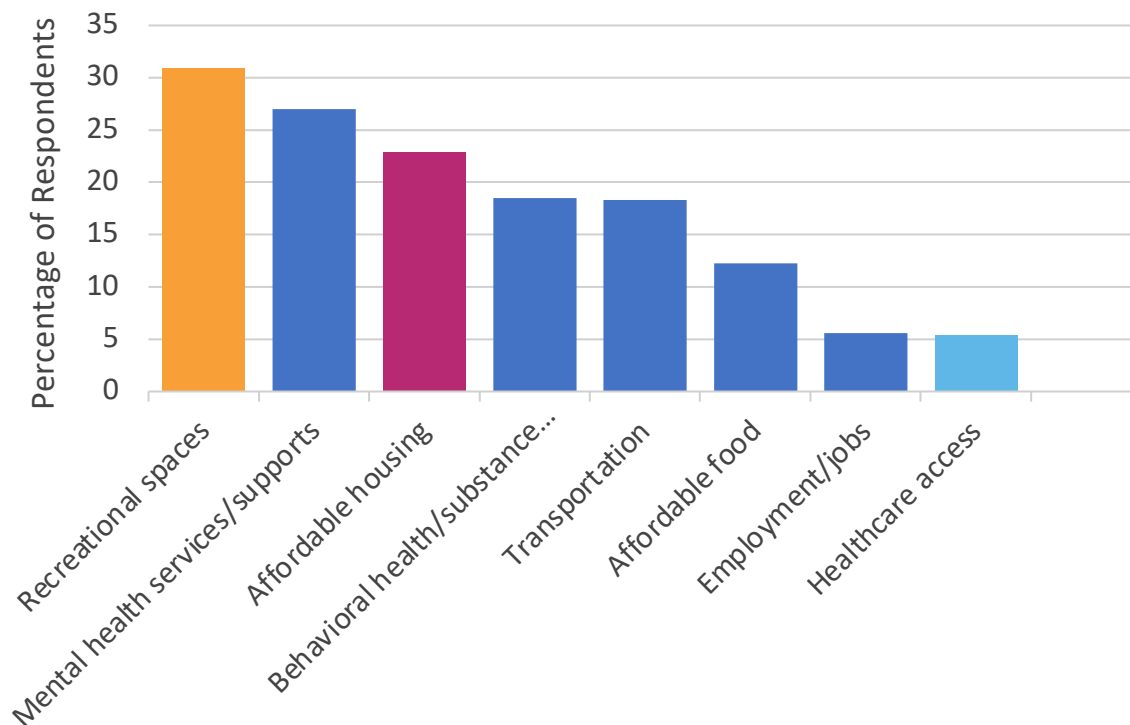
## SUBSTANCE ABUSE SERVICES

- Westwood Behavioral Health Center
- Van Wert Health
- Angel Intervention
- Families of Addicts Van Wert
- Ridgeview Hospital
- Alcoholics Anonymous

# RESOURCE GAPS ADDRESSING PRIORITY HEALTH NEEDS



The community was asked to rank areas where they felt the resources were lacking within the community. Not all survey respondents answered every question, therefore, the response percentages were calculated based on respondents only and not on the entire sample size. Among the respondents, recreational spaces, mental health services, and affordable housing were rated highest on insufficient resources available to address the need among the survey participants.



# PRIORITY HEALTH NEEDS



When community members were asked open-endedly what they felt were the biggest health issues that negatively impact the health and well-being of the community, the most common responses were around:

- Lack of mental health services.
- Lack of exercise and physical fitness spaces that are accessible in affordability and available times.
- Many people in the community repeatedly talked about their disappointment that the Van Wert Health wellness center had closed.
- The people who took the survey linked the service area's issue with obesity with its lack of physical fitness options.
- The community shared their concern with the local drug abuse problem.
- Many people were frustrated with the lack of education around Covid-19.

facilities Drug Alcohol choices VW ER high care patients workout drug abuse Van Wert around  
 good come doctor great EXERCISE enough insurance unhealthy right ER Many people  
 education None patients know feel Drug use well mental knowledge want Health  
 access mental health issues work biggest health issues healthy fitness centers  
 addiction smoking people Stress care Making need walking  
 mental health visit community transportation  
 lack due obesity say Drugs Poor COVID back  
 family healthy food time Wellness Center affordable  
 mental health services go mental health substance issue biggest N much  
 health care find providers also drug addiction Cancer things experience  
 resources take closing wellness center lower options see COST active available month  
 help lack knowledge area don t fast food affect community eat substance abuse use  
 stigma around diabetes vaccine

# PRIORITY HEALTH NEEDS RANKED BY COMMUNITY SURVEY



In order to gain specific knowledge on how the community weighs the importance of the health needs assessed in this report (as identified in the secondary data collection). The community members that took the survey had the choice to rank each health need category from “Not At All Important” to “Very Important”. An average of 635 community members ranked each health need category. The chart below shows the ranking by order of priority of each health need that was categorized as “Very Important”.

## SIGNIFICANT HEALTH NEEDS RANKED BY IMPORTANCE

SIGNIFICANT HEALTH NEED	VERY IMPORTANT
Access to healthcare	1
Nutritional/Physical Activity	2
Preventative practices (vaccines, screenings, mammograms)	3
Chronic diseases (asthma, cancer, diabetes, heart disease, stroke, etc.)	4
Mental health	5
Maternal and infant health	5
Substance use (alcohol/drugs)	6
Community conditions or social determinants of health (housing, education, economic security)	7
Covid-19	8
Tobacco and nicotine use	9
HIV/AIDS testing	10

# PRIORITY HEALTH NEEDS RANKED BY INTERVIEWS



Each key informant interviewee was asked to rank each health need in order to gain knowledge on how the community weighs the importance of the health needs assessed in this report (as identified in the secondary data collection). The interviewees that took the survey had the choice to rank each health need from “Not At All Important” to “Very Important”. There were 18 key informant interviews. The chart below shows the ranking by order of priority of each health need that was categorized as “Very Important”.

## SIGNIFICANT HEALTH NEEDS RANKED BY IMPORTANCE

SIGNIFICANT HEALTH NEED	VERY IMPORTANT
Mental health	1
Chronic diseases (asthma, cancer, diabetes, heart disease, stroke, etc.)	2
Access to healthcare	3
Community conditions or social determinants of health (housing, education, economic security)	3
Nutritional/Physical Activity	4
Maternal and infant health	4
Substance use (alcohol/drugs)	5
Preventative practices (vaccines, screenings, mammograms)	5
Covid-19	6
Tobacco and nicotine use	6
HIV/AIDS testing	7



# STEP 6

# DOCUMENT AND COMMUNICATE RESULTS



## **IN THIS STEP, VAN WERT HEALTH:**

- ✓ WRITE AN EASILY UNDERSTANDABLE CHNA REPORT
- ✓ DISSEMINATED THE RESULTS SO THAT IT WAS WIDELY ACCESSIBLE



# DOCUMENT AND COMMUNICATE RESULTS

Van Wert Health worked with Moxley Public Health, to pool expertise and resources, to conduct the 2021 Community Needs Assessment. By gathering secondary data and conducting new primary research as a team, the stakeholders will be able to understand the community's perception of health needs as well as prioritize health needs with an understanding of how each compares against benchmarks and is ranked in importance in Van Wert Health service area.

The 2021 Van Wert Health CHNA, which builds upon prior assessments dating back to 2011, meets all federal (IRS) and Ohio state requirements.

Report Adoption, Availability and Comments  
This CHNA report was adopted by the Van Wert Health Board of Trustees in December 2021.

This report is widely available to the public on the hospital's website, <https://www.vanwerthealth.org/community-health/community-health-improvement>. Written comments on this report can be submitted to XXXX



# CONCLUSION AND NEXT STEPS



## **IN THIS STEP:**

- ✓ IMPLEMENTATION PLAN FOR 2022-2024
- ✓ PRIORITY FACTORS AND HEALTH NEEDS
- ✓ INDICATORS TO FOR PRIORITY HEALTH NEEDS
- ✓ SMART OBJECTIVES FOR IMPLEMENTATION PLAN
- ✓ EVIDENCE-BASED STRATEGIES TO ADDRESS PRIORITY HEALTH NEEDS

# CONCLUSION

## NEXT STEPS FOR VAN WERT HEALTH:

- Monitor community comments on the CHNA report (ongoing).
- Develop strategies to address priority health needs. (We will use but not be limited by, information from community member solution ideas shared in the interviews and survey and evidence-based strategies recommended by the Ohio Department of Health.)
- Select a final list of priority health needs to address using a set of criteria that is determined by the hospital and community. (The identification process to decide the health needs that are going to be addressed in the 2022-2024 CHIP will be transparent to the public. The information on why certain needs were identified as priorities and why other needs will not be addressed will be public knowledge.)
- Strategies are adopted by the hospital board and filed with the IRS by May 2022.



# APPENDICES



- ✓ APPENDIX A: IMPACT EVALUATION
- ✓ APPENDIX B: INTERVIEW AND SURVEY  
STAKEHOLDERS
- ✓ APPENDIX C: KEY INFORMANT INTERVIEW  
PROTOCOL AND RESULTS
- ✓ APPENDIX D: COMMUNITY HEALTH SURVEY  
QUESTIONS AND RESULTS
- ✓ APPENDIX E: HEALTHY PEOPLE 2030 BENCHMARK  
COMPARISONS

# APPENDIX A

## IMPACT EVALUATION

### IMPACT EVALUATION

THE FOLLOWING TABLES INDICATE THE PRIORITY HEALTH NEEDS SELECTED FROM THE 2018 CHNA AND THE IMPACT OF VAN WERT HEALTH'S COMMUNITY BENEFIT STRATEGIES. THE TABLES THAT FOLLOW ARE NOT EXHAUSTIVE OF VAN WERT HEALTH'S COMMUNITY BENEFIT ACTIVITIES BUT HIGHLIGHTS WHAT HAS BEEN ACHIEVED IN THE MOST RECENT YEARS BASED ON THE PREVIOUS CHNA.

# OBESEITY & CHRONIC DISEASE ACTION PLAN

ACTION/STRATEGY WHAT NEEDS TO BE DONE?	RESULT (OF 2019-2021 CHIP)
Implement Clinical Weight Management Program <ul style="list-style-type: none"> <li>• Implement pilot program for 20 participants with employees first 90 days only</li> <li>• Launch patient and public program</li> </ul>	Weight management program was discontinued due to provider leaving and the cost to participants.
Expand Primary Care Provider Weight Counseling <ul style="list-style-type: none"> <li>• Verify BMI “smart” button is active for all providers</li> <li>• Build Weight Management Program referral in EPIC</li> <li>• Develop and implement initial and ongoing provider education strategy for evidence based weight counseling interventions</li> </ul>	Providers continue to screen for BMI and provide education materials to patients that are outside a healthy BMI range.  Ongoing education is completed with providers and team leads.
Develop and Implement a Community Challenge <ul style="list-style-type: none"> <li>• Establish planning team in partnership with Live Healthy Van Wert County</li> <li>• Develop and implement pilot challenge</li> <li>• Develop and implement full scale and ongoing community challenge</li> </ul>	Do not yet have a complete assessment on the update for the actions and strategies that have been conducted since the last CHNA. Once complete data is collected, we will assess what has been done and determine next steps during the development of the next improvement plan that will be completed in the spring of 2022.
Develop Comprehensive Healthy Lifestyle Programs & Services <ul style="list-style-type: none"> <li>• Identify and review components currently in place</li> <li>• Publish a list of current services</li> <li>• Investigate Employer Service Line</li> <li>• Develop &amp; implement Employer Service Line               <ul style="list-style-type: none"> <li>• Pilot with employee population</li> <li>• Roll out to employers</li> </ul> </li> <li>• Expand to Community Services</li> </ul>	Do not yet have a complete assessment on the update for the actions and strategies that have been conducted since the last CHNA. Once complete data is collected, we will assess what has been done and determine next steps during the development of the next improvement plan that will be completed in the spring of 2022.

# OBESITY & CHRONIC DISEASE ACTION PLAN

ACTION/STRATEGY WHAT NEEDS TO BE DONE?	RESULT (OF 2019-2021 CHIP)
<p>Create Diabetes Prevention and Management Strategies</p> <ul style="list-style-type: none"> <li>Explore strategies for successful diabetes management including community partnerships               <ul style="list-style-type: none"> <li>develop and implement strategies</li> </ul> </li> <li>Explore successful use of prediabetes screening tool</li> <li>Implement CDC Pre Diabetes screening tool in PCP practices</li> <li>Create online screening tool option</li> </ul> <p>Explore &amp; implement opportunities to expand current Diabetes Prevention Program(DPP)</p>	<p>Since COVID, Van Wert health has had to re-evaluate and prioritize community needs as a result of the pandemic.</p> <ul style="list-style-type: none"> <li>The Wellness Center was closed and now provides expanded space for physical rehab services allowing for safer spacing.</li> <li>The diabetes prevention program is no longer offered due to the closure of the Wellness Center.</li> </ul>
<p>Expand Care Coordination Strategies</p> <ul style="list-style-type: none"> <li>Implement process for discharge follow up calls</li> <li>Explore expanded care coordination services and business model</li> <li>Develop and implement determined strategies for care coordination</li> </ul>	<p>Do not yet have a complete assessment on the update for the actions and strategies that have been conducted since the last CHNA. Once complete data is collected, we will assess what has been done and determine next steps during the development of the next improvement plan that will be completed in the spring of 2022.</p>
<p>Increase Number of Breastfed Newborns</p> <ul style="list-style-type: none"> <li>Investigate current breastfeeding/lactation support program and opportunities for improvement</li> <li>Implement improvement strategies to current program</li> <li>Develop referral process</li> <li>Implement strategies to increase participation through an incentive program</li> <li>Explore opportunities to after birth home visit program</li> </ul>	<p>Van Wert Health continues to track and report the number of breast-fed babies at the time of delivery and discharge. The pediatrics offices also track this during well child visits. All provide referrals for lactation consults/breastfeeding consults.</p>

# OBESITY & CHRONIC DISEASE ACTION PLAN

ACTION/STRATEGY WHAT NEEDS TO BE DONE?	RESULT (OF 2019-2021 CHIP)
Create a Healthy Living Social Media Campaign <ul style="list-style-type: none"> <li>• Develop internal team</li> <li>• Develop campaign</li> <li>• Implement campaign</li> </ul>	Van Wert Health has incorporated healthy lifestyle strategies into their ongoing media campaign. VWH has a goal to post a minimum of three times a month.
Implement At Risk Neighborhood Walking Routes <ul style="list-style-type: none"> <li>• Identify at risk neighborhoods/villages in county</li> <li>• Identify community partners and engage them in the project</li> <li>• Implement one walking route and create or support 2 events utilizing the route (1 community partner)</li> <li>• Implement 2nd route at risk neighborhood/village</li> </ul>	The following initiative replaced the walking route goal due to sidewalk limitations and safety issues.: A bike rack and watering station was installed Fountain Park in June 2021. Prior to this, there were not any bike racks or drinking fountains available downtown. Since the bike rack that Van Wert Health sponsored was installed, two additional companies have installed biked racks near their downtown businesses.
Farmers Market <ul style="list-style-type: none"> <li>• Support the Main Street Van Wert Market at the Wass to promote good nutrition</li> <li>• Evaluate market support annually</li> </ul>	Farmers Market in partnership with Main Street Van Wert continues to operate annually. The market modified operations to meet COVID-19 safety standards but continued to average 130 attendees per event.
Represent Van Wert Health on the Van Wert County Health Collaborative: Live Healthy Van Wert County Coalition	Do not yet have a complete assessment on the update for the actions and strategies that have been conducted since the last CHNA. Once complete data is collected, we will assess what has been done and determine next steps during the development of the next improvement plan that will be completed in the spring of 2022.



# MENTAL HEALTH & SUBSTANCE USE ACTION PLAN

ACTION/STRATEGY WHAT NEEDS TO BE DONE?	RESULT (OF 2019-2021 CHIP)
Partner with Tri-County ADAMHs Board and OSU Extension in the development of a Mental Health First Aid Community Initiative	Despite the challenges of COVID-19, Mental Health First Aid (MHFA) Initiative continues to grow: <ul style="list-style-type: none"> <li>• Mercer County has now completed MHFA trainings for all districts.</li> <li>• The ESC has 2 Youth Trainers on staff who can conduct follow up training for newly employed staff in the future.</li> <li>• Foundations has 3 certified Mental Health First Aid for Youth trainers and 2 certified in adult. Community based trainings for Youth and Adults will be offered in the community on an as needed and requested basis.</li> <li>• Van Wert Health will continue to offer MHFA for Youth in the community as their schedules allow. Van Wert Health has 2 trainers with current certification. In Paulding County, O.S.U Extension has 2 Youth Mental Health First Aid Trainers and trainers are able to offer trainings when requested.</li> <li>• Almost 1,200 people were trained in MHFA in the VWH service area.</li> </ul>
Investigate Opportunities for Tele Psychiatry Services	Do not yet have a complete assessment on the update for the actions and strategies that have been conducted since the last CHNA. Once complete data is collected, we will assess what has been done and determine next steps during the development of the next improvement plan that will be completed in the spring of 2022.
Parenting Classes Initiative <ul style="list-style-type: none"> <li>• Review current parenting class options</li> <li>• Investigate best practices and develop improved program model</li> <li>• Implement updated program</li> </ul>	Parenting classes are provided by community partner Pregnancy Life Center.
Depression Screenings in OBGYN practice <ul style="list-style-type: none"> <li>• Identify appropriate depression screening tool and protocol</li> <li>• Implement screening tool and protocol in OBGYN practice for post-partum and wellness visits</li> </ul>	Depression screens are completed based on national recommendations with all relevant practices.
Tobacco 21 Advocacy in Van Wert City and County	Tobacco Cessation is available by request. Group classes were paused due to COVID-19.
Referral Options/Pathways for Mental Health & Substance Use <ul style="list-style-type: none"> <li>• Develop vetted referral options and/or pathways for youth and adult</li> <li>• Present to Providers</li> </ul>	Do not yet have a complete assessment on the update for the actions and strategies that have been conducted since the last CHNA. Once complete data is collected, we will assess what has been done and determine next steps during the development of the next improvement plan that will be completed in the spring of 2022.

# MENTAL HEALTH & SUBSTANCE USE ACTION PLAN

ACTION/STRATEGY WHAT NEEDS TO BE DONE?	RESULT (OF 2019-2021 CHIP)
<p>Tobacco Treatment Services (TTS)</p> <ul style="list-style-type: none"> <li>• Identify &amp; review current services/resources</li> <li>• Develop employee specific program</li> <li>• Expand to community</li> <li>• Establish PCP referral process</li> </ul>	<p>Do not yet have a complete assessment on the update for the actions and strategies that have been conducted since the last CHNA. Once complete data is collected, we will assess what has been done and determine next steps during the development of the next improvement plan that will be completed in the spring of 2022.</p>
<p>Represent Van Wert Health on the Van Wert County Health Collaborative – Overdose Prevention Coalition</p>	<p>Mental Health and Overdose data is traced and reported monthly to the Overdose Prevention Coalition.</p>

# ACCESS TO CARE & RESOURCES ACTION PLAN

ACTION/STRATEGY WHAT NEEDS TO BE DONE?	RESULT (OF 2019-2021 CHIP)
Financial Assistance Program Expansion <ul style="list-style-type: none"> <li>• Begin offering Medicaid applications onsite               <ul style="list-style-type: none"> <li>• Request state approval for program</li> <li>• Initiate program</li> </ul> </li> </ul>	Van Wert Health added a second financial counselor to staff. Patients that are self-pay, out-of-network, or under-insured are given financial packets and referred to the financial counselors. Those that are un-insured are assisted with Medicaid eligibility and applications.
Increase access to Care at Van Wert Health <ul style="list-style-type: none"> <li>• Establish a centralized call center for all appropriate VWH services</li> <li>• Add referral services to central call center</li> </ul>	Do not yet have a complete assessment on the update for the actions and strategies that have been conducted since the last CHNA. Once complete data is collected, we will assess what has been done and determine next steps during the development of the next improvement plan that will be completed in the spring of 2022.
Academic Scholarships & Physician Recruitment <ul style="list-style-type: none"> <li>• Provide renewable High School scholarships for up to 5 students pursuing studies in health human services</li> <li>• Provide medical school scholarships to qualified candidates</li> <li>• Provide ongoing physician recruitment for future retirements and for new service line development as appropriate</li> </ul>	Do not yet have a complete assessment on the update for the actions and strategies that have been conducted since the last CHNA. Once complete data is collected, we will assess what has been done and determine next steps during the development of the next improvement plan that will be completed in the spring of 2022.
Complete a Feasibility Study for EMS service	Do not yet have a complete assessment on the update for the actions and strategies that have been conducted since the last CHNA. Once complete data is collected, we will assess what has been done and determine next steps during the development of the next improvement plan that will be completed in the spring of 2022.
Publish a Van Wert Health Healthy Lifestyle Resource listing	Do not yet have a complete assessment on the update for the actions and strategies that have been conducted since the last CHNA. Once complete data is collected, we will assess what has been done and determine next steps during the development of the next improvement plan that will be completed in the spring of 2022.
Additional actions taken	<ul style="list-style-type: none"> <li>• Van Wert Health partnered with Lincolnview Local Schools to staff the school nurse and provide additional support for screenings.</li> <li>• Van Wert Health moved the Fox Road Primary Care office to a Rural Health Clinic to better meet the needs of the Medicare/Medicaid population in Van Wert County. Between February 28, 2021, to July 3, 2021, the RHC saw 3,257 total patients. In the spring of 2021, the RHC added a physician and a physician assistant.</li> </ul>

# APPENDIX B

## INTERVIEW AND SURVEY COMMUNITY LEADERS, REPRESENTATIVES, AND MEMBERS

### **COMMUNITY LEADERS, REPRESENTATIVES, AND MEMBERS**

LISTED ON THE FOLLOWING PAGES ARE THE NAMES OF LEADERS, REPRESENTATIVES, AND MEMBERS OF THE VAN WERT COMMUNITY WHO WERE CONSULTED FOR THEIR EXPERTISE ON THE NEEDS OF THE COMMUNITY. THE FOLLOWING INDIVIDUALS WERE IDENTIFIED BY THE CHNA TEAM LEADERS BASED ON THEIR PROFESSIONAL EXPERTISE AND KNOWLEDGE OF VARIOUS TARGET GROUPS THROUGHOUT THE VAN WERT COMMUNITY.

ID #	Data Collection Method	Name, Title, Agency	Topic	# of People	Role in Target Group	Date Input was Gathered
1	Interview	Alicia Bruce, Program Director and Licensed Social Worker	Community Health	1	Leader	July – Sept 2021
2	Interview	Vicki Smith, Executive Director, Van Wert County United Way	Community Health	1	Leader	July – Sept 2021
3	Interview	Mindy Eales, Workforce Development Officer, Van Wert County Job and Family Services and Ohio Meets Jobs	Community Health	1	Leader	July – Sept 2021
4	Interview	Mark Spieles, CEO, Westwood Behavioural Health	Community Health	1	Leader	July – Sept 2021
5	Interview	Kimberly Laudick, CEO, Van Wert County YWCA	Community Health	1	Leader	July – Sept 2021
6	Interview	Kevin Matthews, Director, Van Wert County Counsel On Aging	Community Health	1	Leader	July – Sept 2021
7	Interview	Kathy Will, Director of Nursing, Van Wert Department of Health	Community Health	1	Leader	July – Sept 2021
8	Interview	Kathy Mollenkopf, Superintendent, Crestview City Schools	Community Health	1	Leader	July – Sept 2021
9	Interview	John Basinger, Social Worker, Family Children First	Community Health	1	Leader	July – Sept 2021
10	Interview	Jennifer Smith, CEO, Family Healthcare of Northwest Ohio	Community Health	1	Leader	July – Sept 2021
11	Interview	Amy McMaster, FOC Financial Coach, NW Ohio Community Action Commission	Community Health	1	Leader	July – Sept 2021
12	Interview	Trisha Clum, Pediatrician, Van Wert Health	Community Health	1	Leader	July – Sept 2021

ID #	Data Collection Method	Name, Title, Agency	Topic	# of People	Role in Target Group	Date Input was Gathered
1	Interview	Tina LaTurner, Nurse, Early Childhood Center	Youth Health	1	Leader	July – Sept 2021
2	Interview	Katlyn Short, Social Worker, Van Wert District	Youth Health	1	Leader	July – Sept 2021
3	Interview	Sandra Grooms, Nurse, Crestview City Schools	Youth Health	1	Leader	July – Sept 2021
4	Interview	Tonia Verville, Counselor, Lincolnview Elementary School	Youth Health	1	Leader	July – Sept 2021
5	Interview	Allison Hartin, Pediatric Nurse Practitioner, Van Wert Health	Youth Health	1	Leader	July – Sept 2021
6	Interview	Brenda Leeth, Counselor, Lincolnview School	Youth Health	1	Leader	July – Sept 2021
7	Interview	Brad Mendenhall, Principal, Lincolnview School	Youth Health	1	Leader	July – Sept 2021

## Community Input

ID #	Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group	Role in Target Group	Date Input was Gathered
1	Van Wert Prioritization survey	Community leaders	Prioritization of health needs	10	Community	Leader	July – Sept 2021
2	Van Wert Health Community Member Survey	Community members	Health needs	658	Mixed	Community member	July – Sept 2021

# APPENDIX C

## KEY INFORMANT INTERVIEWS PROTOCOL AND RESULTS SUMMARY

### KEY INFORMANT INTERVIEWS

JUNE-AUGUST 2021



# APPENDIX C

## KEY INFORMANT INTERVIEWS PROTOCOL

PRIOR TO KEY INFORMANT INTERVIEWS, THE STAKEHOLDERS WERE ASKED TO COMPLETE A VERY SHORT SURVEY TO PRIORITIZE THE HEALTH NEEDS IN THE COMMUNITY.

TWO SETS OF INTERVIEWS WERE COMPLETED:

- 1) INTERVIEWS WITH LEADERS AND EXPERTS FROM THE COMMUNITY THAT REPRESENT VARIOUS SUB-POPULATIONS WITHIN VAN WERT HEALTH SERVICE AREA.
- 2) INTERVIEWS WITH LEADERS AND EXPERTS FROM THE COMMUNITY THAT SPECIFICALLY REPRESENT THE YOUTH OF VAN WERT HEALTH SERVICE AREA.

Van Wert Health is conducting a Community Health Needs Assessment as required by state and federal regulations. The Community Health Needs Assessment identifies and assesses the health needs of the community served by the hospital.

Participation in the interview is voluntary and you have the right to not answer questions. Your name and organizational affiliation will be listed in the needs assessment report. However, I want to assure you that the information you provide will be kept confidential and your responses will not be linked to you personally. The interview will last approximately 45 - 60 minutes.

By agreeing to go ahead with the interview, you are indicating your consent to respond to the following questions.

The Van Wert Health service area is comprised primarily of Van Wert County and specifically the following zip codes:

45891 (Van Wert)  
 45832 (Convoy)  
 45874 (Ohio City)  
 45882 (Van Wert County and Mercer County)  
 45833 (Van Wert County and Allen County)

1. What are some of the major health issues affecting individuals in the communities served by the hospital?
2. What are the most important socioeconomic, behavioral, or environmental factors that impact health in the area?
3. Who are some populations in the area that are not regularly accessing health care and social services? Why?
4. How had the COVID 19 pandemic influenced or changed the unmet health related needs in your community?

# KEY INFORMANT INTERVIEWS PROTOCOL AND RESULTS (CONTINUED)

As part of the Community Health Needs Assessment process, we have reviewed health data and information and identified some significant health needs in the community. In preparation for this interview, I sent you a survey link that lists these needs and asked you to prioritize them.

I am going to review the list of identified health needs and would like you to discuss your perspective on the issues surrounding each of the needs, and what you consider to be the challenges and barriers people face in addressing these health needs. There may be some needs that you do not wish to discuss and I will simply skip those needs when you tell me.

In addition, understanding the resources available to address health needs is an important part of the needs assessment process. Therefore, I'd like you to identify the services, programs and community efforts you are aware of that are available to address each of the health needs

Health Need	<b>Issues/Challenges/Barriers</b> What are the issues/challenges/barriers faced for this health need?  Are there specific sub-populations and areas in the community that are most affected by this need?	<b>Resources – Services/Programs and/or Community Efforts</b> Where do you community residents go to receive help or obtain information for this health need?
Access to health care		
Chronic diseases (asthma, cancer, diabetes, heart disease, stroke, etc.)		
Community conditions (housing, education, economic security)		
COVID-19		
HIV/AIDS testing		
Maternal and infant health		
Mental health		
Nutrition/physical activity		
Preventive practices (vaccines, screenings, mammograms)		
Substance use (alcohol, drugs)		
Tobacco/nicotine		

# KEY INFORMANT INTERVIEWS PROTOCOL AND RESULTS SUMMARY

## Qualitative Research – Most mentioned health needs through interviews

### Priorities according to the general community interviews (n=12):

- Better access to local mental health services
- Better access to local primary care as well as specialist services
- Better access to affordable insurance options
- A community wellness center
- Chronic illness caused by limited healthy food and exercise options
- Substance abuse
- Transportation
- Affordable housing options

### Priorities according to the youth community interview (n=7):

- Better access to local mental health services
- More counselors/behavioural health staff in schools
- Better reporting of abuse
- Obesity
- Vaping
- Stable housing



# KEY INFORMANT INTERVIEWS PROTOCOL LAND RESULTS (CONTINUED)

## SOLUTION IDEAS FROM THE INTERVIEWEES:

- A counselor that specializes in children's mental health that accepts medicaid would be helpful
- Trying to break down stigma by sharing success stories
- Finding a way to get a mobile dentist for surrounding communities who don't have access to a dentist (ie. Convoy doesn't have a dentist in their town) (n=2)
- having a resource guide available that is comprehensive and hand it out to families and other providers and van wert county to put their resources in one spot (n=2)
- More precise steps after a child sees the nurse for mental health issues
- Having a healthy lifestyles class during school
- Also making it a school wide mandatory participation so we can avoid the stigma and bullying of obese students
- Great resource where Dr. Clum trained at YMCA had cooking class with cheap ingredients but healthy. But Dr. Clum doesn't know if this would be utilized in Van Wert
- This would be great, as the whole family needs to be on board and involved in order to make sustained changes in food behaviour.
- Having full time counselors on staff at schools, particularly more than 1 to deal with elementary and another for secondary school students
- Similar sized schools are doing this already
- Increasing the number of social workers
- Increase education for students and staff on social/emotional learning
- PASS programming for upper elementary, middle school, and high school (n=2)
- Columbus schools get providers to come to their location once a week to provide families with
- Ohio is one of the only states that does not mandate school counselors
- Maybe we can do something about this legally?
- Having a full time counselor on staff at schools:
  - Particularly more than 1 to deal with elementary and another for secondary school students
  - More mental health therapists
  - More case workers
  - For instance to go to homes to create relationships with parents, taking kids to their appointments, etc.
  - Increase education for students and staff on social/emotional learning
  - In Columbus schools could get providers to come to their location once a week to provide families with preventative care.
  - Maybe a grant provides this both preventative care but also small things such as ear aches or strep, etc. I think Nationwide provided this.

# KEY INFORMANT INTERVIEWS PROTOCOL AND RESULTS (CONTINUED)

## SOLUTION IDEAS FROM THE INTERVIEWEES:

- Greater family support is a gap and could help with mental health issues
- Kaitlin is CIP training (crisis intervention training) and working on training staff on that (targeting staff that might need it most).
- Figure out a way around pulling staff from students in order to provide them with professional development and trainings (staff want to learn, but don't have the time)
- Can give stipend to staff for coming to trainings
- Having a mobile dentist in general for the community
- ie. Convoy doesn't have a dentist, so a mobile one would be a great solution
- Having a resource guide available that is comprehensive and hand it out to families and other providers and Van Wert county to put their resources in one spot
- Susan Birchfield did a local program years ago on how to deal with kids in divorce (how to do it healthy). This is something that would be great again. A part of filing for divorce was going through this program. A lot of live-in situations where they are not married now.
- Job fairs to educate and incentivise people to work and get off unemployment
- preventative care. Maybe a grant provides this both preventative care but also small things such as ear aches or strep, etc. I think Nationwide provided this. (n=2)
- Greater family support is a gap and could help with mental health issues (n=2)
- Kaitlin is CIP training (crisis intervention training) and working on training staff on that (targeting staff that might need it most) (n=2)
- Can give stipend or little gifts to staff for coming to trainings (n=2)
- Work on finding solutions for staff to be able to participate in professional development and trainings without taking time off from their classroom (n=2)
- Wellness screenings for staff through Van Wert health - could we do something similar with students?
- Susan Birchfield did a local program years ago on how to deal with kids in divorce. How to do it healthy. This is something that would be great again. A part of filing for divorce was going through this program. A lot of live-in situations where they are not married now

# APPENDIX D

## COMMUNITY HEALTH SURVEY QUESTIONS AND RESULTS

### COMMUNITY HEALTH NEEDS ASSESSMENT: SURVEY ANALYSIS

JULY-SEPTEMBER 2021

# APPENDIX E

## COMMUNITY MEMBER HEALTH SURVEY

PRIOR TO BEGINNING THE SURVEY, THE COMMUNITY MEMBERS WERE GIVEN THE BELOW INFORMATION AND REMINDED THAT THEIR RESPONSES ARE ANONYMOUS. A TOTAL OF 658 PEOPLE CONDUCTED THE SURVEY BUT THEY WERE NOT REQUIRED TO COMPLETE EACH OF THE 18 QUESTIONS. THEREFORE, EACH QUESTION HAS A VARYING NUMBER OF RESPONSES. THE NUMBER OF RESPONSES IS INDICATED WITH EACH QUESTION.

Van Wert Health is conducting a Community Health Needs Assessment. The Community Health Needs Assessment identifies and assesses the health needs of the community served by the hospital. We need your help to complete our survey. This information will help guide us as we consider services and programs that will benefit the community.

Be assured that this process is completely anonymous - we cannot access your name and your responses will be kept confidential. Your participation in this survey is entirely voluntary. You are free to leave questions unanswered.

Thank you for helping us to better serve the community!

# Contents

Data Notes

Key themes

Question 1: What is the ZIP code of your primary residence? (Enter 5 digit ZIP code) (n=622)

Question 2: Which of the following best describes your age? (n=655)

Question 3: What is your gender identity (n=648)

Question 4: What is your race and/or ethnicity? (Select all that apply) (n=654)

Question 5: Which of the following best describes your health care insurance coverage? (n=652)

Question 6: If you do NOT currently have health coverage or insurance, what are the main reasons why? (Select all that apply) (n=461)

Question 7: The most recent time you or a member of your household delayed or went without needed health care, what were the main reasons? (Select all that apply) (599)

Question 8: What would make it easier for you and your family to obtain care? (249)

Question 9: Where do you and your family members go most often to receive routine health care services (physical exams, check-ups, immunizations, treatment for chronic diseases)? (n=649)

Question 10: If you were sick, where would you go first for treatment? Assume that this is not an emergency situation. (652)

Question 11: How would you rate your current access to mental or behavioral health services? (639)

Question 12: What, if any, are your main barriers to accessing mental or behavioral health services if needed? (Select all that apply) (n=550)

Question 13: If you required mental or behavioral health services, where would you go first for treatment? Assume that this is not an emergency situation. (Please specify provider name if you know it.) (n=341)

Question 14: If you do want to get healthier and in better shape; what if anything, do you feel is holding you back? (Select all that apply) (n=611)

Question 15: What resources are lacking within your community? (Select all that apply) (n=611)

Question 16: What are the biggest health issues that negatively impact the health and well-being of you and/or your community? (n=297)

Question 17: Please indicate how important the following issues or health conditions are to you and/or your community. (n=647)

Question 18: Do you have any other comments or concerns that you want to share with Van Wert Health? (n=128)



## Data notes:

- Van Wert Health and Moxley Public Health developed this survey to identify and assess the health needs of the community served by Van Wert Health.
- The survey was distributed mainly via hospital Facebook page, local organizations to clients, and school listservs.
- Survey was open July – September 2021
- Moxley Public Health utilized SurveyMonkey as the platform for the Community Health Needs Assessment
- One zip code from question one was omitted as it contained an invalid entry (4t832)
- All responses captured in this document are considered “complete”, though Ns may vary by question. The N for each question is specified in the table of contents and the visualizations below.
- SurveyMonkey automatically generated Word clouds. The word clouds provide a fair assessment of the words used most frequently in responses but do not necessarily capture themes of responses, since the responses were not coded by Moxley Public Health prior to being placed in the word clouds. So, for instance, “access” and “accessible” might both appear in a single word cloud though the respondents are saying the same thing – access defines good healthcare.
- Total responses: 658

## Key themes:

- The sample appears to be skewed towards women (82.1%) and White or Caucasian populations (93.73%).
- Among the varied general health needs of the Van Wert community, lack of access to recreational spaces, mental health services, substance abuse, and affordable housing were among the most cited.
- Access to healthcare, cancer, heart diseases, mental health, and preventative practices were ranked the 5 most important health issues concerning the community members of Van Wert.
- Covid-19, HIV/AIDS testing, sexually transmitted infections, tobacco/nicotine smoking, and vaping were rated the 5 least important health issues concerning the VW community.

Topic Area	% reported very important
Access to healthcare (getting health care services when you need them)	70.12%
Cancer	58.91%
Mental Health (depression, anxiety disorder, suicide, etc.)	51.02%
Preventative practices (vaccines, screenings, mammograms)	46.84%
Heart diseases (stroke, heart attack, high blood pressure, etc.)	43.89%

Highest priority: Access to healthcare

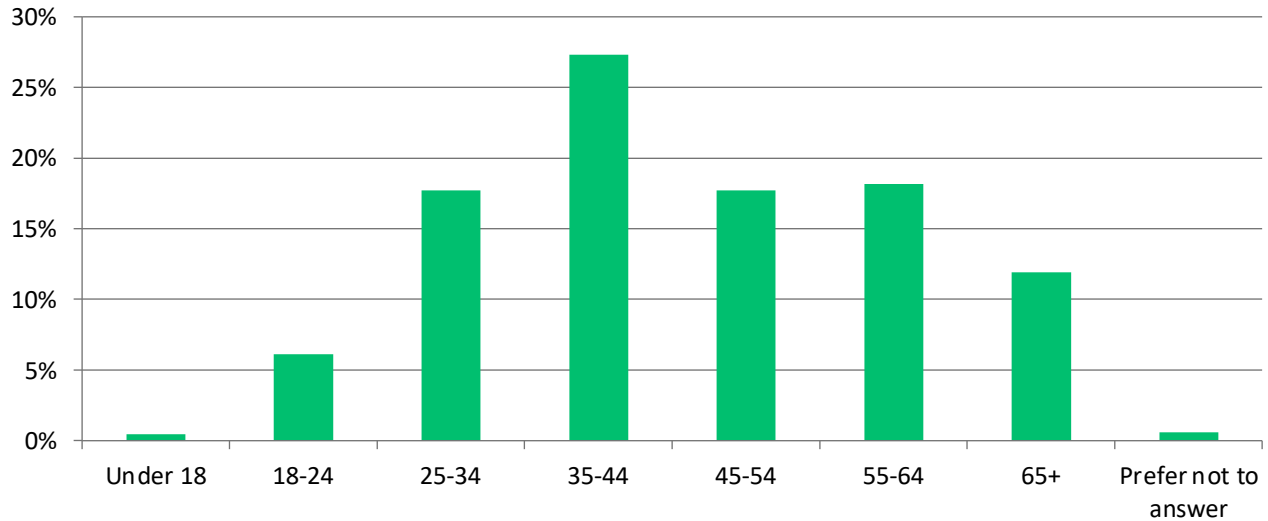
Lowest priority: Covid-19

## Question 1: What is the ZIP code of your primary residence? (Enter 5 digit ZIP code) (n=622)

Zip Code	Response count
45891	332
45832	110
45833	33
45874	33
45863	17
45882	13
45898	9
45844	7
45822	6
45849	5
45886	5
45894	5
45879	4
45887	4
45804	3
45827	3
45828	3
45876	3
45805	2
45851	2
45892	2
46845	2
43512, 45676, 45801, 45806, 45817, 45840, 45855, 45862, 45875, 45880, 45881, 45899, 46711, 46733, 46748, 46773, 46774	1 each

## Question 2: Which of the following best describes your age? (n=655)

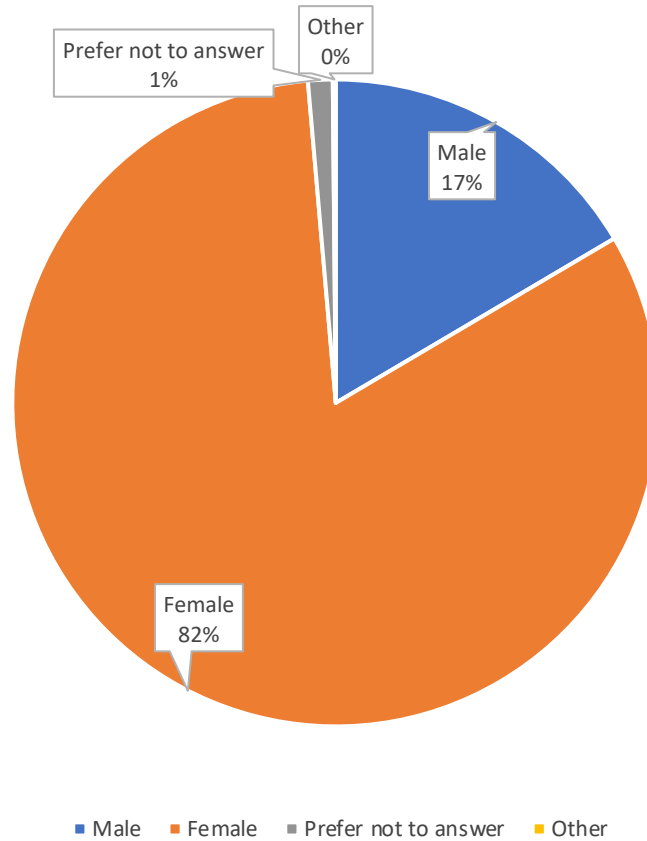
### Age of survey respondents



Age	Responses	
Under 18	0.46%	3
18-24	6.11%	40
25-34	17.71%	116
35-44	27.33%	179
45-54	17.71%	116
55-64	18.17%	119
65+	11.91%	78
Prefer not to answer	0.61%	4
	<b>Answered</b>	<b>655</b>
	<b>Skipped</b>	<b>3</b>

## Question 3: What is your gender identity (n=648)

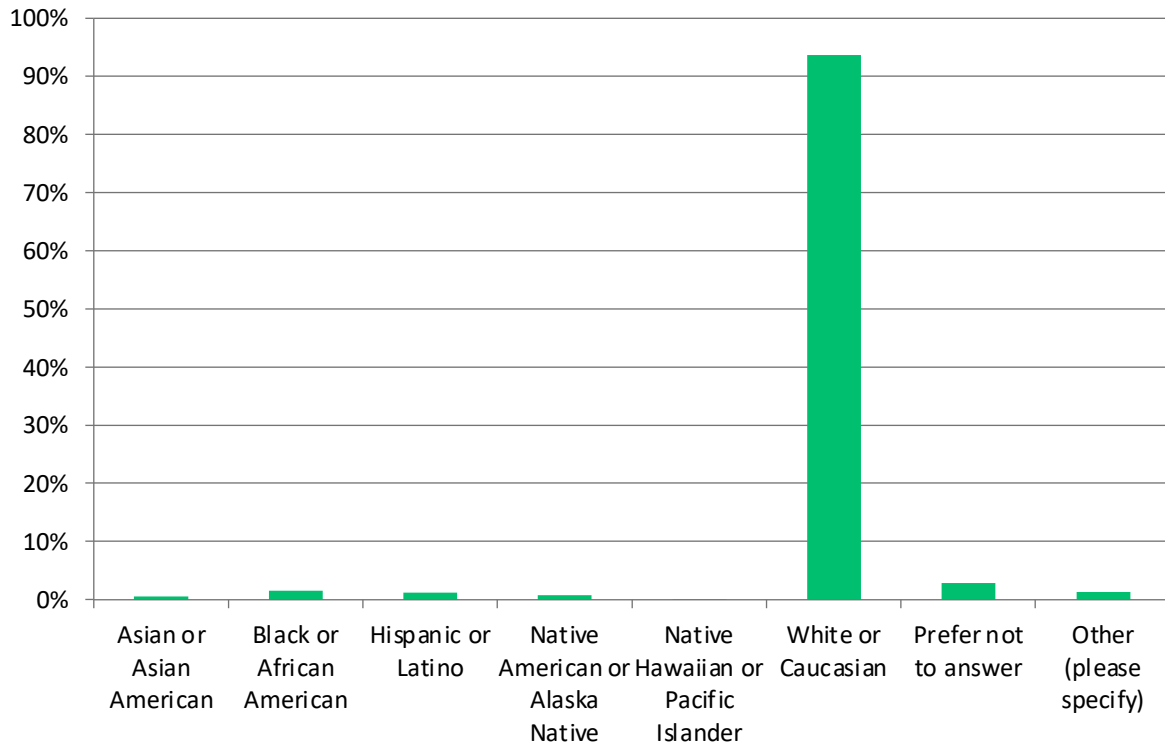
Gender identity of survey respondents



Gender identity	Responses	
	Male	16.51%
Female	82.10%	532
Prefer not to answer	1.23%	8
Other	0.15%	1
	<b>Answered</b>	<b>648</b>
	<b>Skipped</b>	<b>10</b>

## Question 4: What is your race and/or ethnicity? (Select all that apply) (n=654)

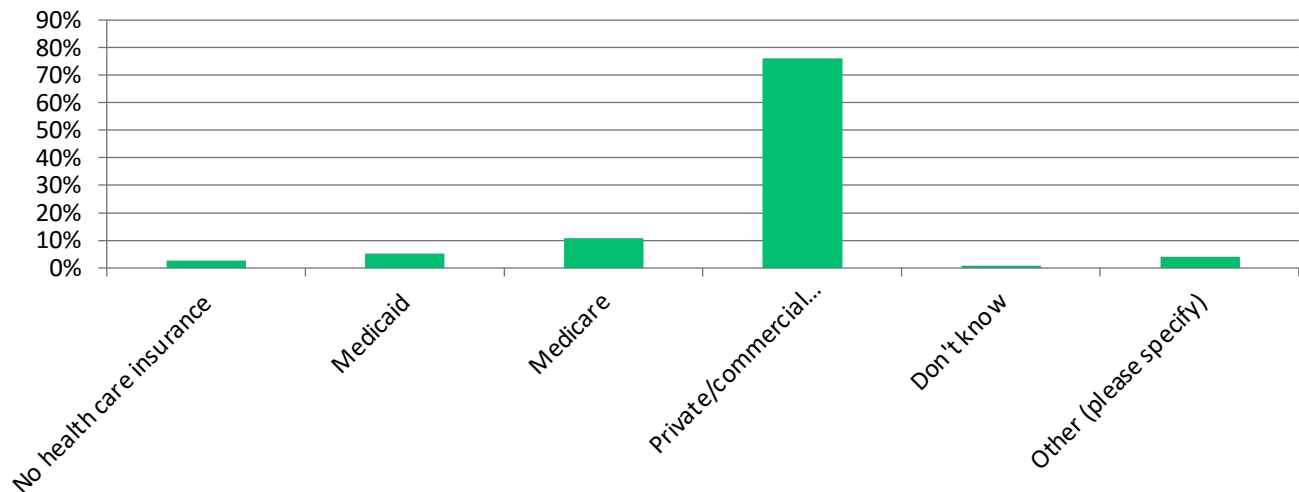
### Race/ethnicity of survey respondents



Race/ethnicity	Responses	
	Asian or Asian American	0.61%
Black or African American	1.53%	10
Hispanic or Latino	1.22%	8
Native American or Alaska Native	0.76%	5
Native Hawaiian or Pacific Islander	0.15%	1
White or Caucasian	93.73%	613
Prefer not to answer	2.91%	19
Other (please specify)	1.38%	9
	<b>Answered</b>	<b>654</b>
	<b>Skipped</b>	<b>4</b>

## Question 5: Which of the following best describes your health care insurance coverage? (n=652)

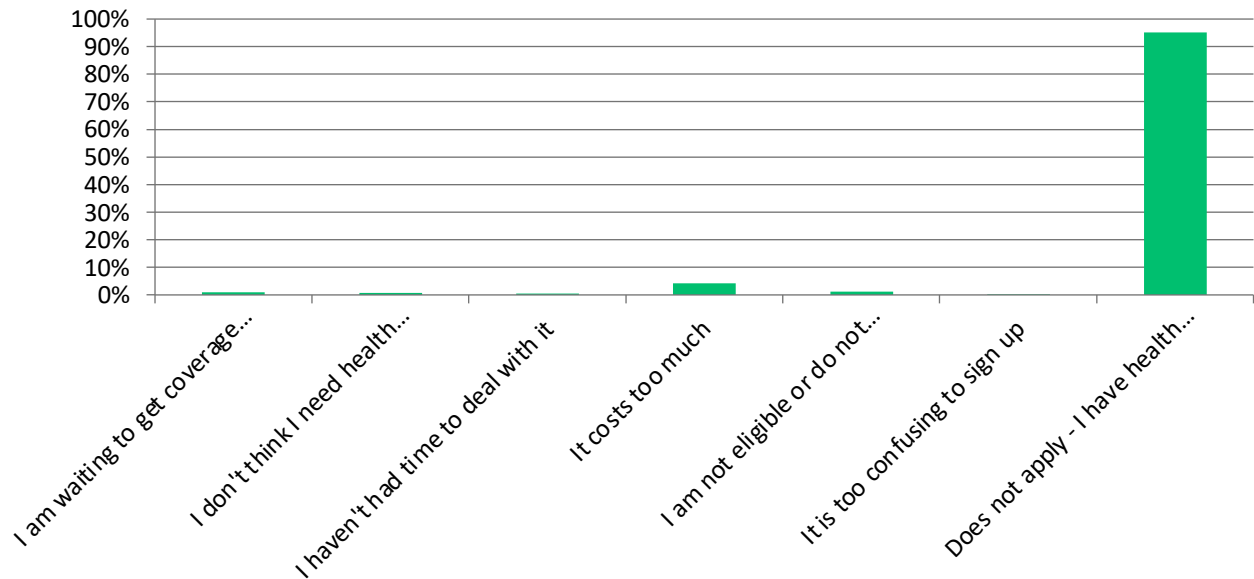
### Health care insurance coverage of survey respondents



Answer Choices	Responses	
	No health care insurance	2.76%
Medicaid	5.21%	34
Medicare	10.89%	71
Private/commercial insurance	76.23%	497
Don't know	0.77%	5
Other (please specify)	4.14%	27
	<b>Answered</b>	<b>652</b>
	<b>Skipped</b>	<b>6</b>

Question 6: If you do NOT currently have health coverage or insurance, what are the main reasons why? (Select all that apply) (n=461)

### Main reasons why respondents don't have health coverage

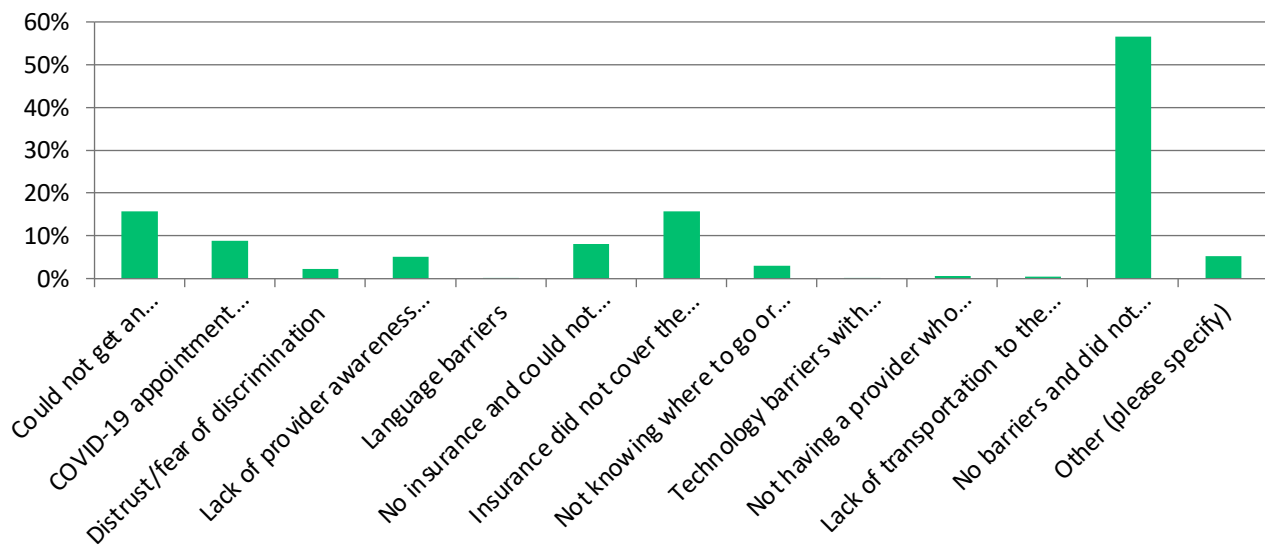


Answer Choices	Responses	
I am waiting to get coverage through my job	0.87%	4
I don't think I need health insurance	0.65%	3
I haven't had time to deal with it	0.43%	2
It costs too much	4.12%	19
I am not eligible or do not qualify	1.30%	6
It is too confusing to sign up	0.22%	1
Does not apply - I have health coverage/insurance	95.23%	439
Other (please specify)		9
	<b>Answered</b>	<b>461</b>
	<b>Skipped</b>	<b>197</b>



Question 7: The most recent time you or a member of your household delayed or went without needed health care, what were the main reasons? (Select all that apply) (n=599)

Main reasons that respondents or a member of their household either delayed or went without needed healthcare (Selected all that apply)



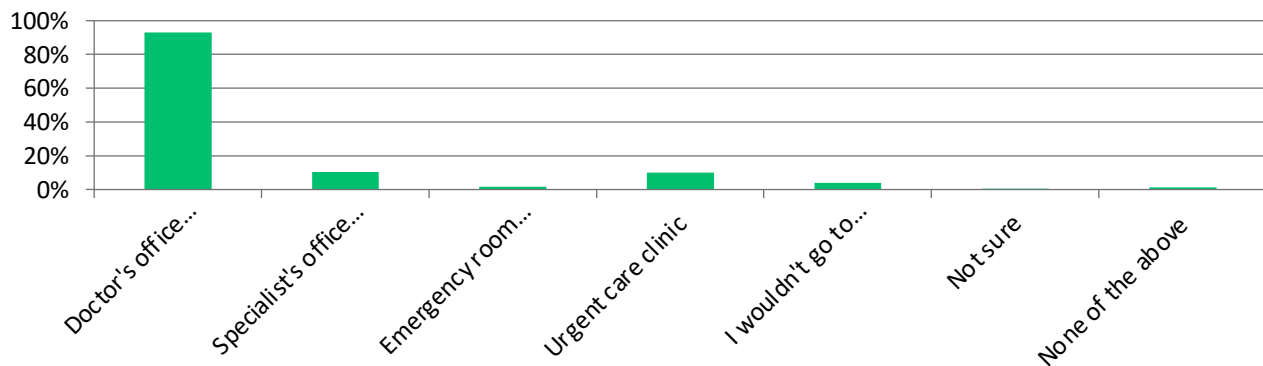
Answer Choices	Responses	
Could not get an appointment quickly enough/too long of a wait for an appointment	15.69%	94
COVID-19 appointment cancellation, concern of infection, or other related concern	8.85%	53
Distrust/fear of discrimination	2.34%	14
Lack of provider awareness and/or education about my health condition	5.18%	31
Language barriers	0.17%	1
No insurance and could not afford care	8.18%	49
Insurance did not cover the cost of the procedure or care	15.69%	94
Not knowing where to go or how to find a doctor	3.01%	18
Technology barriers with virtual visits/telehealth services	0.17%	1
Not having a provider who understands and/or respects my cultural or religious beliefs	0.67%	4
Lack of transportation to the appointment	0.50%	3
No barriers and did not delay health care - received all the care that was needed	56.59%	339
Other (please specify)	5.34%	32
	<b>Answered</b>	<b>599</b>
	<b>Skipped</b>	<b>59</b>

## Question 8: What would make it easier for you and your family to obtain care? (n=249)

EVEN Van Wert County take receiving care health insurance providers accepting office  
 scheduling appointments later actually Lower costs employer Van Wert will Better  
 patient nothing children Lower Better insurance time obtain care issues many  
 providers options doctors able appointments  
 specialists N Affordability care deductibles insurance  
 available cost cover affordable Lower deductible need  
 cheaper insurance hours high work new Cheaper make plan prices  
 coverage local family procedures Health high deductible day faster service NA  
 affordable health insurance health care easier

Question 9: Where do you and your family members go most often to receive routine health care services (physical exams, check-ups, immunizations, treatment for chronic diseases)? (n=649)

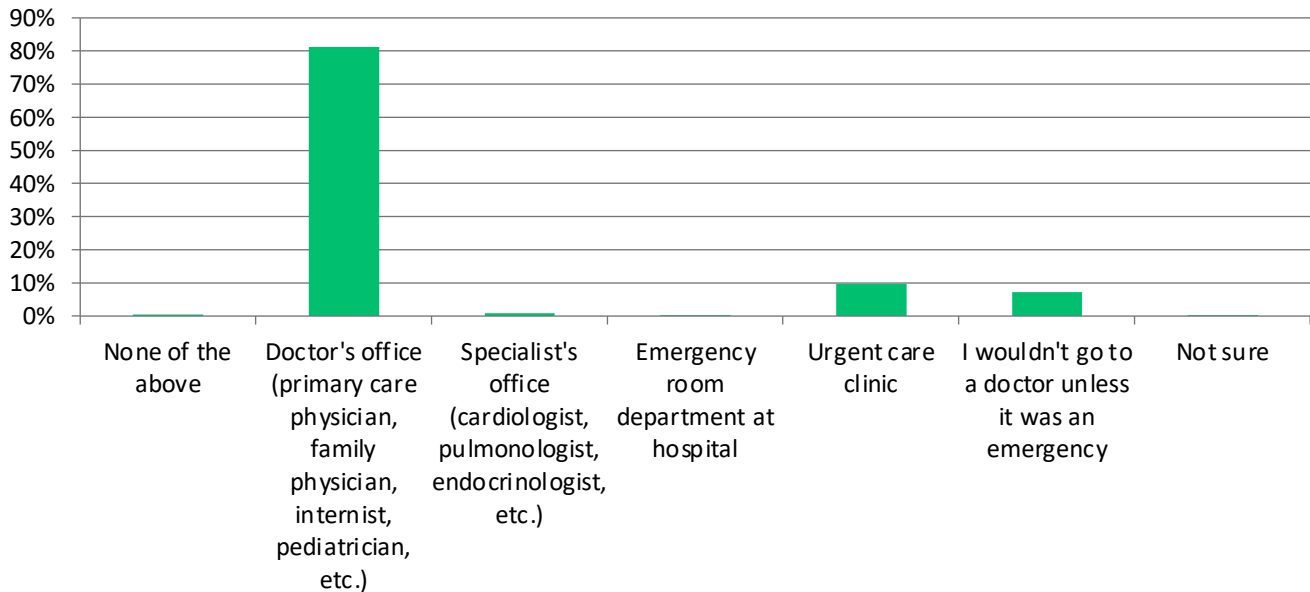
Where respondents and their family members go most often to receive routine health care services (physical exams, check-ups, immunizations, treatment for chronic diseases)



Answer Choices	Responses	
Doctor's office (primary care physician, family physician, internist, pediatrician, etc.)	93.22%	605
Specialist's office (cardiologist, pulmonologist, endocrinologist, etc.)	10.32%	67
Emergency room department at the hospital	1.85%	12
Urgent care clinic	10.17%	66
I wouldn't go to a doctor unless it was an emergency	3.85%	25
Not sure	0.46%	3
None of the above	1.23%	8
Other (please specify)		14
	<b>Answered</b>	<b>649</b>
	<b>Skipped</b>	<b>9</b>

Question 10: If you were sick, where would you go first for treatment? Assume that this is not an emergency situation. (n=652)

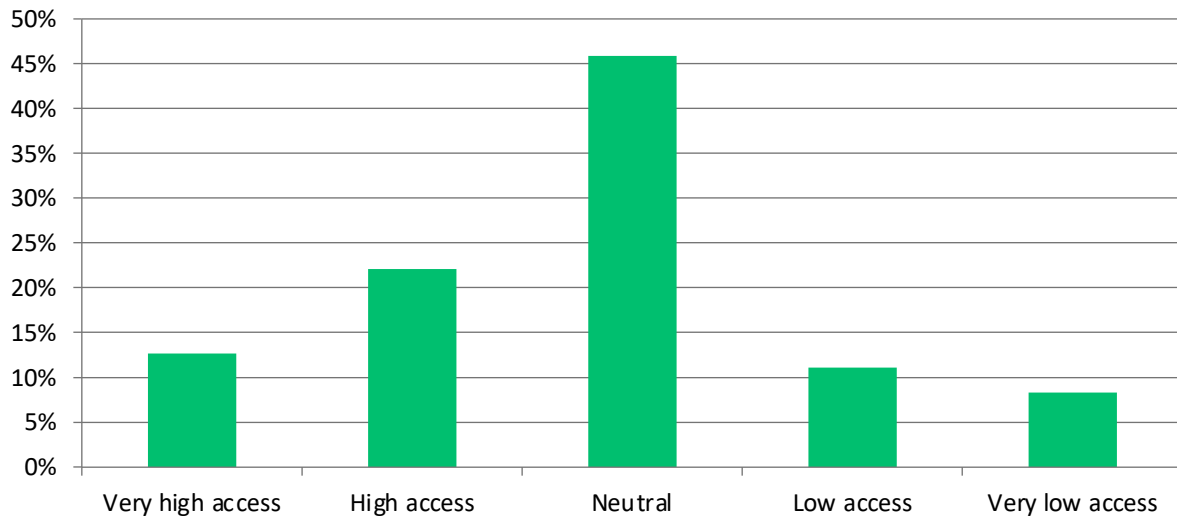
Where respondents stated they would seek first treatment if they were sick (assuming it is not an emergency situation)



Answer Choices	Responses	
None of the above	0.46%	3
Doctor's office (primary care physician, family physician, internist, pediatrician, etc.)	81.29%	530
Specialist's office (cardiologist, pulmonologist, endocrinologist, etc.)	0.77%	5
Emergency room department at hospital	0.31%	2
Urgent care clinic	9.66%	63
I wouldn't go to a doctor unless it was an emergency	7.21%	47
Not sure	0.31%	2
Other (please specify):		13
	Answered	652
	Skipped	6

## Question 11: How would you rate your current access to mental or behavioral health services? (n=639)

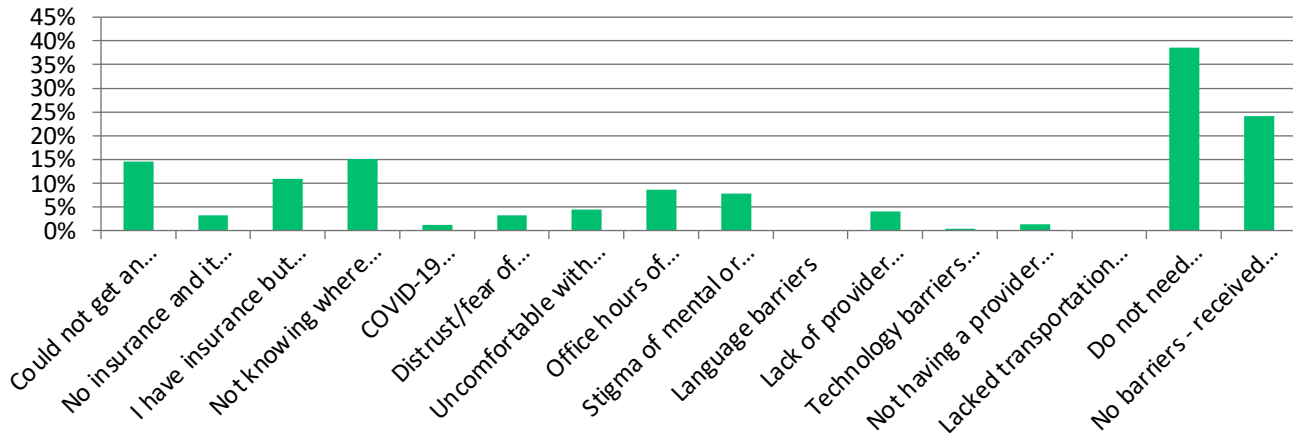
### Respondent's rating of current access to mental or behavioral health services



Answer Choices	Responses	
Very high access	12.68%	81
High access	22.07%	141
Neutral	45.85%	293
Low access	11.11%	71
Very low access	8.29%	53
	<b>Answered</b>	<b>639</b>
	<b>Skipped</b>	<b>19</b>

# Question 12: What, if any, are your main barriers to accessing mental or behavioral health services if needed? (Select all that apply) (n=550)

## Main barriers to accessing mental or behavioral health services if needed (Selected all that apply)



Answer Choices	Responses	
Could not get an appointment quickly enough/too long of a wait for an appointment	14.58%	86
No insurance and it costs too much	3.22%	19
I have insurance but it did cover the cost of the services	10.85%	64
Not knowing where to go or how to find behavioral or mental health providers	15.08%	89
COVID-19 appointment cancellation, concern of infection, or other health related concern	1.19%	7
Distrust/fear of discrimination	3.22%	19
Uncomfortable with mental or behavioral health provider	4.41%	26
Office hours of provider don't work with my schedule	8.64%	51
Stigma of mental or behavioral health/nervous about admitting that I have a mental or behavioral health concern	7.80%	46
Language barriers	0.17%	1
Lack of provider awareness and/or education about my health condition	4.07%	24
Technology barriers with virtual visits/telehealth services	0.34%	2
Not having a provider who understands and/or respects my cultural or religious beliefs	1.36%	8
Lacked transportation to the appointment	0.17%	1
Do not need behavioral or mental health care	38.64%	228
No barriers - received all the behavioral and mental health care that was needed	24.07%	142
Other (please specify)		36
	<b>Answered</b>	<b>590</b>
	<b>Skipped</b>	<b>68</b>

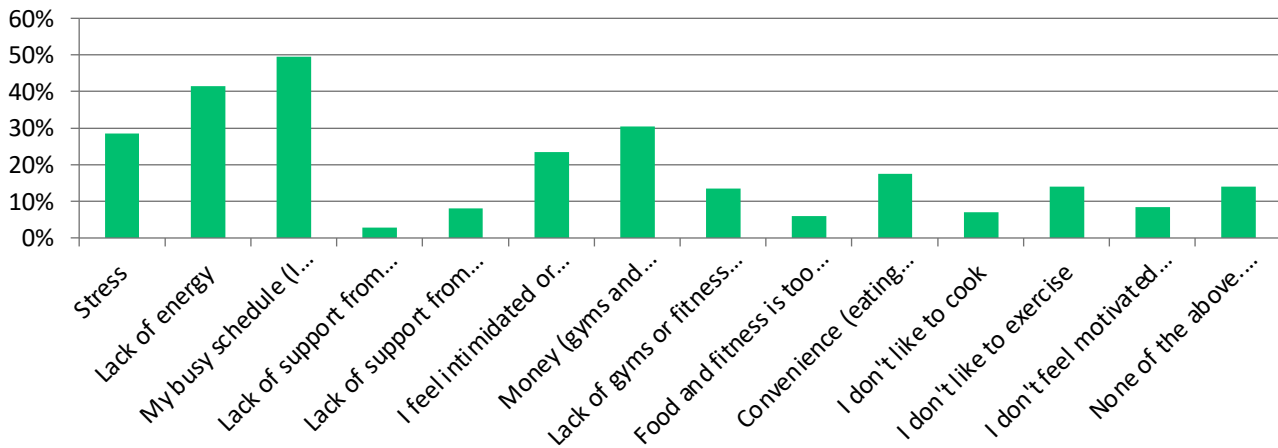
Question 13: If you required mental or behavioral health services, where would you go first for treatment? Assume that this is not an emergency situation. (Please specify provider name if you know it.) (n=341)

primary care care physician referral primary will Family physician s  
 Doctor office Fort Wayne office Adams  
 Primary care physician Unsure go see  
 Wert Family Physicians Beth Adams doctor  
 recommendations Westwood Behavioral  
 primary care provider provider N Family doctor  
 Dr Beth Adams Dr Westwood Behavioral Health  
 Westwood ask PCP first Van Wert Family  
 don t know Susan Burchfield counselor Health Care health  
 Family Unknown therapist mental health referral idea need Jules Krizan  
 know Van Wert



Question 14: If you do want to get healthier and in better shape; what if anything, do you feel is holding you back? (Select all that apply) (n=611)

Reasons that respondents feel are holding them back from getting healthier and in better shape  
(Selected all that apply)

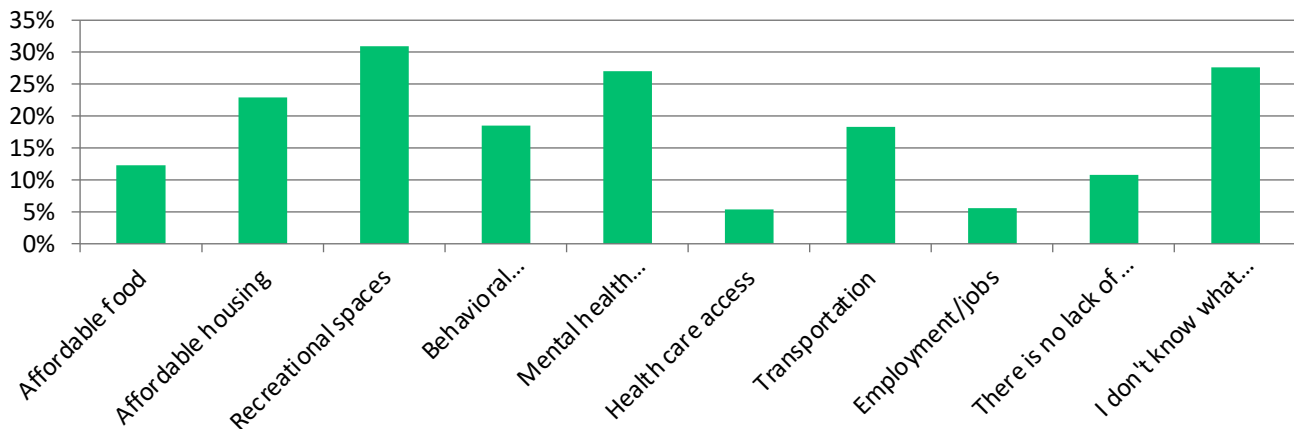


Answer Choices	Responses	
Stress	28.48%	174
Lack of energy	41.41%	253
My busy schedule (I don't have time to cook or exercise)	49.59%	303
Lack of support from friends	2.78%	17
Lack of support from family	8.02%	49
I feel intimidated or awkward going to a gym or fitness center	23.40%	143
Money (gyms and healthy foods are too expensive)	30.44%	186
Lack of gyms or fitness centers to go to near me	13.58%	83
Food and fitness is too confusing	6.06%	37
Convenience (eating out is easier)	17.51%	107
I don't like to cook	7.04%	43
I don't like to exercise	14.08%	86
I don't feel motivated to be healthier	8.51%	52
None of the above. (I'm in good shape or don't want to be in better shape)	14.08%	86
Other (please specify)		51
	<b>Answered</b>	<b>611</b>
	<b>Skipped</b>	<b>47</b>



## Question 15: What resources are lacking within your community? (Select all that apply) (n=611)

### Resources that respondents feel are lacking within their community (Selected all that apply)



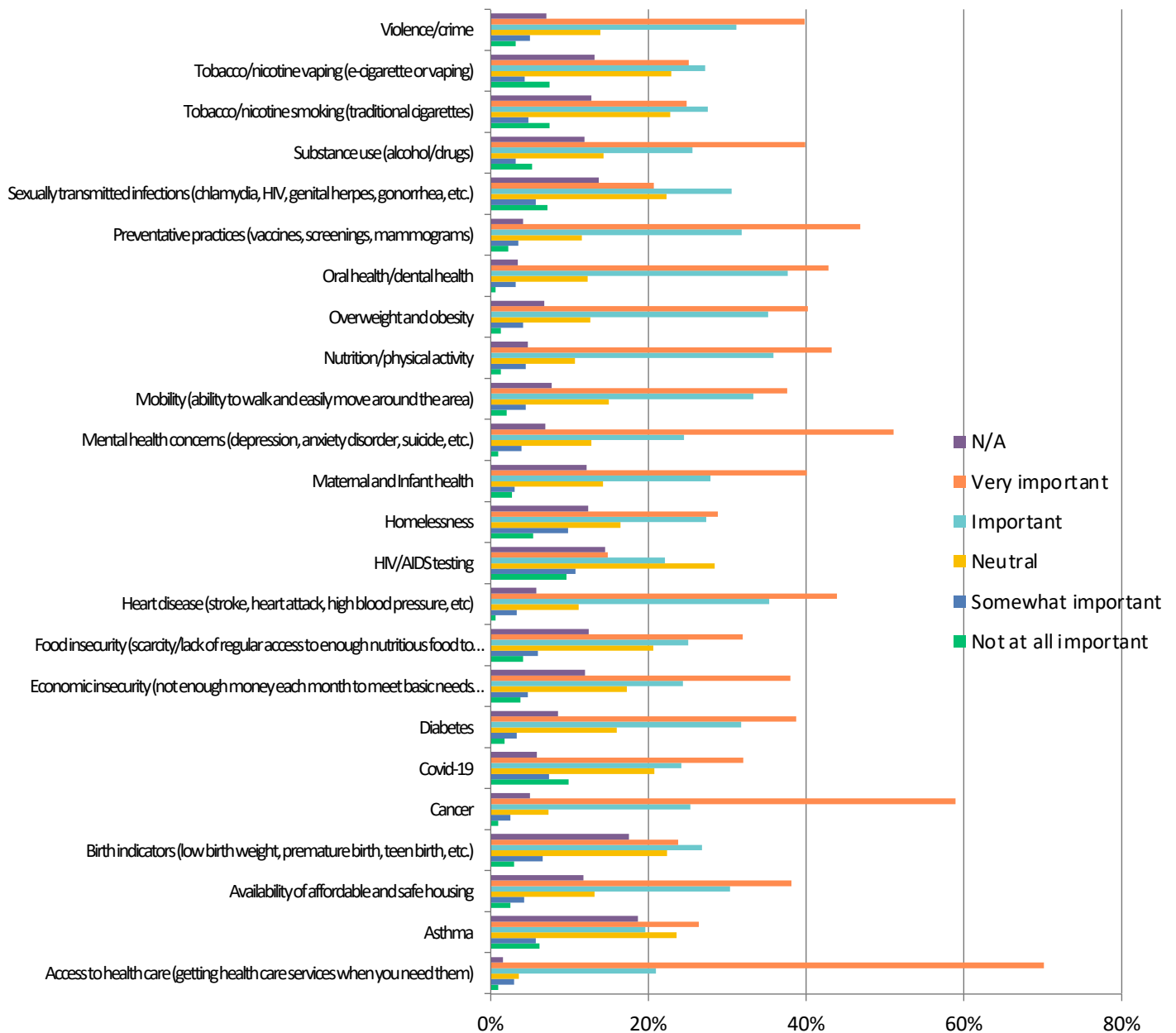
Answer Choices	Responses	
Affordable food	12.27%	75
Affordable housing	22.91%	140
Recreational spaces	30.93%	189
Behavioral health/substance use services	18.49%	113
Mental health services/supports	27.00%	165
Health care access	5.40%	33
Transportation	18.33%	112
Employment/jobs	5.56%	34
There is no lack of resources in my community	10.80%	66
I don't know what resources are lacking	27.66%	169
Other (please specify)		53
	<b>Answered</b>	<b>611</b>
	<b>Skipped</b>	<b>47</b>

Question 16: What are the biggest health issues that negatively impact the health and well-being of you and/or your community? (n=297)

facilities Drug Alcohol choices VW ER high care patients workout drug abuse Van Wert around  
 good come doctor great EXERCISE enough insurance unhealthy right ER Many people  
 education None patients know feel Drug use well mental knowledge want Health  
 access mental health issues work biggest health issues healthy fitness centers  
 addiction smoking people stress care Making need walking  
 mental health visit community transportation  
 lack due obesity say Drugs Poor COVID back  
 family healthy food time Wellness Center affordable  
 mental health services go mental health substance issue biggest N much  
 health care find providers also drug addiction Cancer things experience  
 resources take closing wellness center lower options see COST active available month  
 help lack knowledge area don t fast food affect community eat substance abuse USE  
 stigma around diabetes vaccine

# Question 17: Please indicate how important the following issues or health conditions are to you and/or your community. (n=647)

Respondents indication on how important the following issues or health conditions are to them and/or their community



# Question 17: Please indicate how important the following issues or health conditions are to you and/or your community. (n=647)

	Not at all important		Somewhat important		Neutral		Important		Very important		N/A		Total
	%	n	%	n	%	n	%	n	%	n	%	n	
Access to health care (getting health care services when you need them)	0.93%	6	2.94%	19	3.56%	23	20.90%	135	70.12%	453	1.55%	10	646
Asthma	6.16%	39	5.69%	36	23.54%	149	19.59%	124	26.38%	167	18.64%	118	633
Availability of affordable and safe housing	2.50%	16	4.22%	27	13.13%	84	30.31%	194	38.13%	244	11.72%	75	640
Birth indicators (low birth weight, premature birth, teen birth, etc.)	2.99%	19	6.61%	42	22.36%	142	26.77%	170	23.78%	151	17.48%	111	635
Cancer	0.94%	6	2.50%	16	7.34%	47	25.31%	162	58.91%	377	5.00%	32	640
Covid-19	9.89%	63	7.38%	47	20.72%	132	24.18%	154	32.03%	204	5.81%	37	637
Diabetes	1.74%	11	3.32%	21	15.96%	101	31.75%	201	38.70%	245	8.53%	54	633
Economic insecurity (not enough money each month to meet basic needs such as rent, food, clothing)	3.77%	24	4.71%	30	17.27%	110	24.33%	155	37.99%	242	11.93%	76	637
Food insecurity (scarcity/lack of regular access to enough nutritious food to support a healthy and active life)	4.09%	26	5.97%	38	20.60%	131	25.00%	159	31.92%	203	12.42%	79	636
Heart disease (stroke, heart attack, high blood pressure, etc)	0.63%	4	3.29%	21	11.13%	71	35.27%	225	43.89%	280	5.80%	37	638
HIV/AIDS testing	9.61%	61	10.71%	68	28.35%	180	22.05%	140	14.80%	94	14.49%	92	635
Homelessness	5.37%	34	9.79%	62	16.43%	104	27.33%	173	28.75%	182	12.32%	78	633
Maternal and Infant health	2.69%	17	3.01%	19	14.24%	90	27.85%	176	40.03%	253	12.18%	77	632
Mental health concerns (depression, anxiety disorder, suicide, etc.)	0.94%	6	3.92%	25	12.72%	81	24.49%	156	51.02%	325	6.91%	44	637
Mobility (ability to walk and easily move around the area)	2.05%	13	4.42%	28	14.98%	95	33.28%	211	37.54%	238	7.73%	49	634
Nutrition/physical activity	1.26%	8	4.40%	28	10.68%	68	35.79%	228	43.17%	275	4.71%	30	637
Overweight and obesity	1.26%	8	4.09%	26	12.60%	80	35.12%	223	40.16%	255	6.77%	43	635
Oral health/dental health	0.63%	4	3.15%	20	12.28%	78	37.64%	239	42.83%	272	3.46%	22	635
Preventative practices (vaccines, screenings, mammograms)	2.22%	14	3.48%	22	11.55%	73	31.80%	201	46.84%	296	4.11%	26	632
Sexually transmitted infections (chlamydia, HIV, genital herpes, gonorrhea, etc.)	7.15%	45	5.72%	36	22.26%	140	30.52%	192	20.67%	130	13.67%	86	629
Substance use (alcohol/drugs)	5.24%	33	3.17%	20	14.29%	90	25.56%	161	39.84%	251	11.90%	75	630
Tobacco/nicotine smoking (traditional cigarettes)	7.47%	47	4.77%	30	22.73%	143	27.50%	173	24.80%	156	12.72%	80	629
Tobacco/nicotine vaping (e-cigarette or vaping)	7.46%	47	4.29%	27	22.86%	144	27.14%	171	25.08%	158	13.17%	83	630
Violence/crime	3.19%	20	4.95%	31	13.90%	87	31.15%	195	39.78%	249	7.03%	44	626
												Answered	647
												Skipped	11

Question 18: Do you have any other comments or concerns that you want to share with Van Wert Health? (n=128)

# APPENDIX E

## BENCHMARK COMPARISONS

### **BENCHMARK COMPARISONS**

THE FOLLOWING TABLE SHOWS THE COMPARISON OF VAN WERT SERVICE AREA HEALTH AND SOCIAL INDICATORS (WHEN AVAILABLE) TO THE HEALTHY PEOPLE 2030 OBJECTIVES. THE HEALTHY PEOPLE 2030 OBJECTIVES OFFER REFERENCE POINTS OR BENCHMARKS TO COMPARE VAN WERT HEALTH'S PERFORMANCE TO THAT OF THE NATION'S GOALS.

## Benchmark Comparisons

Where data were available, the Van Wert Health service area health and social indicators were compared to the Healthy People 2030 objectives. The **bolded items** are Healthy People 2030 objectives that did not meet established benchmarks; non-bolded items met or exceeded the objectives.

### BENCHMARK COMPARISONS

INDICATORS	SERVICE AREA	HEALTHY PEOPLE 2030 OBJECTIVES
High school graduation rate	93.6%	90.7%
Child health insurance rate	97.0%	92.1%
Adult health insurance rate	92.9%	92.1%
<b>Unable to obtain medical care</b>	<b>12.1%</b>	<b>3.3%</b>
Ischemic heart disease deaths	119.9	71.1 per 100,000 persons
Cancer deaths	170.6	122.7 per 100,000 persons
Colon/rectum cancer deaths	18.7	8.9 per 100,000 persons
Lung cancer deaths	45.8	25.1 per 100,000 persons
Female breast cancer deaths	27.1	15.3 per 100,000 persons
Prostate cancer deaths	20.0	16.9 per 100,000 persons
Stroke deaths	39.7	33.4 per 100,000 persons
Unintentional injury deaths	54.0	43.2 per 100,000 persons
Suicides	12.5	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths	11.3	10.9 per 100,000 persons
Drug-overdose deaths	23.4	20.7 per 100,000 persons
Overdose deaths involving opioids	21.5	13.1 per 100,000 persons
On time prenatal care (HP2020 Goal)	<b>67.6%</b>	<b>84.8% (HP2020 Goal)</b>
Infant death rate	7.0	5.0 per 1,000 live births
Adult obese, ages 20+	40%	36.0%, adults ages 20+
Students, grades 7 <sup>th</sup> to 12 <sup>th</sup> obese	16.1%	15.5%, children & youth, 2 to 19
Adults engaging in binge drinking	19%	25.4%
Cigarette smoking by adults	24%	5.0%
Pap smears, ages 21-65, screened in the past 3 years	79.2%	84.3%
Mammogram, ages 50-74, screened in the past 2 years	48%	77.1%
Colorectal cancer screenings, ages 50-75, screened per guidelines	67.2%	74.4%
Annual adult influenza vaccination	51%	70.0%