



2016 Community Health Needs Assessment

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

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

The following document is a detailed CHNA for McCullough-Hyde Memorial Hospital/TriHealth. McCullough-Hyde, a community hospital located in Oxford, Ohio, opened its doors in 1957. The facility's main campus has grown over the years, the last major expansion/renovation occurred in 2003. In 2015, McCullough-Hyde Memorial Hospital affiliated with TriHealth, Inc., which is an integrated health care system, whose mission and vision was similar to MHMH's and whose leadership and resources would help us serve our communities better.

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

McCullough-Hyde has a strong health and wellness commitment to our communities, which we have demonstrated over the years. McCullough-Hyde Memorial Hospital contributes almost \$6 million annually providing Financial Assistance (charity care) and other community benefits to our communities.

McCullough-Hyde Hospital/TriHealth recognizes that a community health needs assessment (CHNA) is required to meet current government regulations and this assessment is intended to fulfill this purpose, we also recognize the importance of this assessment in helping to meet the needs of our communities.

This CHNA was completed in 2016 however; all data collection was completed in 2015. The MHMH CHNA is the foundation for our implementation plan as required by the applicable regulations. The question of how the hospital can best use its limited resources to assist communities is addressed in our implementation plan that follows this CHNA. MHMH has taken a leadership role in both the CHNA and in our communities plans to address the needs identified.

Communities Served

McCullough-Hyde Memorial Hospital identifies its “community served” as the residents of 4 counties: In Ohio: Butler and Preble and in Indiana Franklin and Union. The following zip codes are a breakdown of MHMH inpatient and ED visits which we have used to determine our MHMH service area:

Butler County: 41.9%

- 45056 (Oxford): 30.9%
- 45011 and 45013 (Hamilton): 5.8%
- Other Butler County zips in Service Area: 5.2%

Preble County: 13.9%

- 45311 (Camden): 7.5%
- 45320 (Eaton): 4.7%
- Other Preble County zips in Service Area: 1.7%

Franklin County: 9.3%

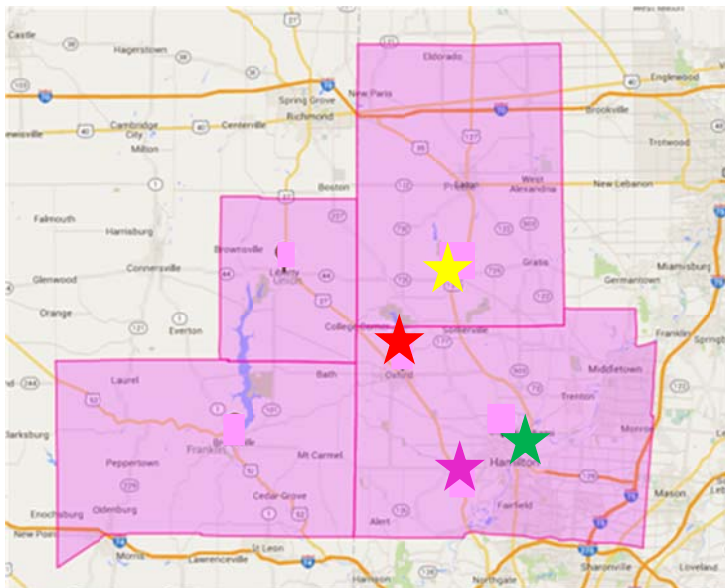
- 47012 (Brookville): 6.5%
- Other Franklin County zips in our service area: 2.8%





Union County: 12 %

- 47353 (Liberty): 5.8%
- 47003/45003 (College Corner/West College Corner): 6.0%
- Other Union County zips in our service area: 0.2%

Miscellaneous– outside service area 22.9% (Many MU students list their home address)

Map of MHMH Service area



-  McCullough Hyde Main Campus and Medical Office Building - Oxford
-  Hamilton Campus
-  Ross Medical Building
-  Camden Medical Building

Process and Methods used to conduct the Assessment:

McCullough-Hyde Memorial Health/TriHealth and 11 healthcare systems (representing the 20 hospitals) came together to conduct a comprehensive regional collaborative Community Health Needs Assessment (CHNA). The regional CHNA addresses the needs of citizens for 23 counties. McCullough-Hyde Memorial Hospital/TriHealth also conducted 2 local Oxford assessments, one with community members/Agencies and one with physicians and participated in listening session in our outlying townships. Results in this report include data from a structured survey, qualitative data from multiple focus groups, an analysis of available secondary data, and findings from health department interviews and surveys.

Primary data collection involved interviews of public health officials; online and paper surveys; and community focus groups. There were four distinct stakeholder groups with separate analysis for comparison: 1) consumers and organizations which attended meetings, 2) individuals surveyed, 3) organizations surveyed, and 4) health departments. All respondents answered questions about serious health issues, issues handled well, issues not addressed enough, and barriers to care.

Community Meetings

The purpose of the meetings was to solicit public input. The objectives were to:

- Gather diverse people to share their ideas -- general public and community leaders
- Receive input from agencies that represent vulnerable populations
- Hear concerns and questions about existing health/health-related issues
- Obtain evidence of financial and non-financial barriers
- Identify resources available locally to address issues
- Obtain insight into local conditions from local people
- Discover health and health-related priorities of attendees

Surveys

The CHNA Team developed three types of surveys. It used SurveyMonkey to collect responses, tabulate data, analyze results, and create categories to track key words and phrases.

Survey Development

Three versions of the survey were customized for: consumer, agency, and health department. Cincinnati Children's added two questions about child health issues and how to improve child health. A fourth Spanish- language version was created for the Latino population.

Health departments had a choice of how to respond. Many submitted an online survey, but some health commissioners preferred an in-person or phone interview. If the interview method was chosen, then the interns transcribed their responses into SurveyMonkey soon after the interview.

Analysis of Primary Data

The CHNA Team identified most serious health issues and top priorities by method of collection (meeting or survey) and by type of respondent. Meeting attendees determined their priorities with the dot process, and survey respondents answered a question about their top priorities. The CHNA Team counted and identified most frequent key words and phrases recurring. Whenever possible, the CHNA Team respected the word choices of each respondent, and so there is some variation in terms. For example, access to care could include barriers such as lack of transportation or affordability as well as lack of providers or specialists in a rural area. When a specific type of access problem or challenge was repeated by many people, then the subordinate idea was also captured in its own right. So in some instances transportation became its own category because people felt so strongly about its importance to the health of the community. At the request of the CHNA Committee, each County Profile contains a "Consensus on Priorities" described by the different types of stakeholders.

Secondary Data: Xavier University's graduate students in Health Services Administration made possible more robust secondary data collection. Five years' worth of county-level data for our 4 county service area, using County Health Rankings was done. Two interns added considerably to the data sources, researched the best approach for some elusive data and data comparisons, and contacted county coroners and health departments as well as state health departments to fill in the blanks and help validate the data.

The CHR measures and the supplemental measures are listed below. More detail is available in Appendix C. List of Data Sources, which lists each measure and the years covered. Appendix D. Explanation of Measures and Trends describes the meaning of each trend.

County Health Rankings *(2015 and preceding years – drawn from the following sources)*

- Behavioral Risk Factor Surveillance Survey (BRFSS)
- Bureau of Labor Statistics
- Business Analyst - ESRI (aka Environmental Systems Research Institute)
- Centers for Disease Control (CDC) - Diabetes Interactive Atlas
- Centers for Disease Control - WONDER mortality data

- Centers for Medicare and Medicaid Services (CMS) - National Provider Identification File
- County Business Patterns
- Dartmouth Atlas of Health Care
- Data.gov
- Delorme Map Data
- Federal Bureau of Investigation (FBI) - Uniform Crime Reporting
- Feeding America - Map the Meal Gap
- Health Indicators Warehouse (HIW)
- Health Resources and Services Administration (HRSA) - Area Health Resource File/American Medical Association
- Health Resources and Services Administration - Area Health Resource File/National Provider Identification File
- National Center for Education Statistics
- National Center for Health Statistics
- National Center for HIV/AIDS, Viral Hepatitis, STD, and TB prevention
- National Highway Traffic Safety Administration (NHTSA) - Fatality Analysis Reporting System
- United States Census - American Community Survey
- United States Census - Population Estimates
- United States Census – Small Area Income and Poverty Estimates
- United States Census - Tigerline Files
- United States Department of Agriculture (USDA) - Food Environment Atlas

Supplements to County Health Rankings

- Centers for Disease Control - WONDER Mortality Data - Cause of Death & Underlying Causes of Death
- Community Commons (mapping based on County Health Rankings, 2014)
- Community Need Index (maintained by Dignity Health and Trueven Analytics)
- Environmental Protection Agency (EPA)
- Greater Cincinnati Community Health Status Survey (GCCHSS - regional, but excluding Pike, Preble, Scioto, and Union Counties)
- Health Indicators Warehouse (HIW)
- Healthy Ohio - Ohio Department of Health (ODH)
- Indiana Cancer Consortium
- Indiana State Department of Health
- Kentucky Cancer Registry
- Kentucky Department of Public Health
- New York Times - Enroll America and Civics Analytics
- Ohio Department of Mental Health and Addiction
- Pride Student Drug Use Survey (administered in some local counties by PreventionFIRST!)

Analysis of Secondary Data

After assembling data worksheets for a total of 106 measures for each county, the CHNA team applied the following criteria to determine the most significant health needs for a one-page summary, titled a County Snapshot. The criteria for inclusion on a County Snapshot and potential use as a ‘call-out’ were:

- Top causes of death
- Worsening trend
- Lagging national and state rates
- Falling behind a Healthy People 2020 target
- County in the bottom quartile for a measure (compared to other counties in the state)

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

Principles:

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

Collaborative – The hospitals were active participants in contributing to the design and execution of the CHNA as well as Interact for Health, a grant making nonprofit which serves 20 counties.

Inclusive – A wide net was cast to include vulnerable populations and the agencies serving them. Choices of meeting spaces took into consideration access, transportation, welcoming environment, and location in areas where underserved people live.

Participatory – Forty-five minutes to an hour of each community meeting was devoted to hearing from the people who arrived to share their ideas and experiences.

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

Transparent – Interns created ‘County Snapshots’ from secondary data to share at community meetings. Each County Snapshot was one page. Attached to the Snapshot was a Community Need Index (CNI) map for all the ZIP Codes per county, which was one or two pages depending on the number of ZIP Codes. Meeting attendees first answered the question about the ‘most serious health issues’ in their county before receiving the Snapshot and CNI map to avoid influencing their answers. Several times, attendees commented that they never before viewed health data about the community where they lived. They had the same information that the meeting facilitators had. At each meeting, facilitators shared where the final report will be available to the region, as well as on hospitals’ websites.

Assessment findings:

Butler County Ohio Summary Findings

Is a large county, and 9% of its population is still rural. The Census reported the Latino population at 4.3% of the total, a number that is likely underreported since some Latino residents are undocumented.

Consensus on Priorities

Substance abuse, and especially heroin addiction, was a top concern from every type of stakeholder. In the community meeting, it was linked with mental health. Mental health also emerged as a problem for agencies. Consumers, agencies, and health departments all cited obesity as a concern. Both agencies and health departments expressed concern about infant mortality. Access to care/services was identified as a serious issue by individuals, both at the meeting and in surveys.

Top Causes of Death

Deaths from Lung cancer and respiratory disease were high in 2013. Like the rates of death from lung cancer and Chronic Lower Respiratory Disease (which includes COPD), the rate of adult smokers in Butler County exceeded the national rate. The top causes of death for Butler County in 2013 (in descending order) were:

- Lung cancer
- Dementia
- Heart disease
- COPD
- AMI

Priorities from Community Meeting on July 30, 2015

The meeting had strong representation from leaders in the community. Seventeen participants represented the Cities of Fairfield, Hamilton, Middletown, and Oxford. Both the City of Hamilton and City of Middletown Health Commissioners attended. Several advocates for the Latino community shared their concerns. A couple of priorities under 'Addiction' and "Access" are also child health issues.

Butler County meeting priorities

Priority	# Votes	% Votes
Health behaviors	14	27%
Mental health and/or addiction	13	25%
Access to care (other than transportation)	8	16%
Transportation	8	16%
Child health issues (not already identified under Addiction or Access)	4	8%
Resources	3	6%
Dementia	1	2%

Survey Priorities

Below are the most common responses from individual consumers, living in Butler County, who completed a survey between June 15 and August 3, 2015. There were 93 who participated, and 79 people answered the question, “What are the most serious health issues facing your community?” They mentioned 136 health and/or health-related issues of particular concern to them.

Butler County: Consumer – most serious health issues

Most Serious Health Issues	# Mentions	% Mentions
Substance abuse (<i>heroin, opioid, or opiate mentioned 29 times</i>)	60	76.0%
Access to care/services	11	13.9%
Obesity	11	13.9%
Cancer	8	10.1%
Heart	7	8.9%

Nine organizations, serving Butler County, answered the survey. Substance abuse is a major concern to them, especially heroin addiction.

Butler County: Agency – most serious health issues

Most Serious Health Issues	# Mentions	% Mentions
Substance abuse	6	22.2%
Obesity	4	14.8%
Access to care/services	3	11.1%
Mental health	3	11.1%
Diabetes	2	7.4%
Infant mortality	2	7.4%

Responses from Health Departments

Three health departments provided input: City of Hamilton, City of Middletown, and Butler County. All three Health Commissioners identified Obesity and Substance abuse as the most serious health issues, and, of the two, the top priority was addressing heroin and prescription drug abuse.

Butler County Health Departments – most serious health issues

Most Serious Health Issues	# Mentions	% Mentions
Obesity	3	23.1%
Substance abuse	3	23.1%
Infant mortality	2	15.4%

Butler County Ohio Health Snapshot (Source Date Range 2010-2015)

Health Outcomes:

Measure/Indicator	County	Trend	State	National
Alzheimer's disease or related disorders Medicare beneficiaries (%)	10.5	↓	10.2	9.8
Cancer mortality, Breast (rate per 100,000)	23.8	-	22.6	21.3
Cancer mortality, Lung (rate per 100,000)	66.1	↑	54.1	44.9
Cancer mortality, Overall (rate per 100,000)	185.8	↓	182	166.4
Child mortality (rate per 100,000)	50.7	-	59.1	50.7
Chronic Lower Respiratory Disease (CLRD) deaths age 65+ (rate per 100,000)	353.4	↓	332.9	284.5
Diabetes (%)	11.5	-	11.2	8.5
Infant Mortality (rate per 1000 live births)	7.7	-	7.8	6
Injury deaths rate per 100,000)	60.2	↑	62	58.8
Poor or fair health (%)	16.3	-	15	9.5
Poor physical health days (in past 30 days)	4	-	3.7	3.9

Health Behaviors

Measure/Indicator	County	Trend	State	National
Adult Obesity (%)	29.3	-	30	34.9
Adult Smoking	22.7	-	21	18.2
Alcohol impaired driving deaths	41.5	-	36	31
Chlamydia incidence (rate per 100,000)	351.9	↑	470.2	453.3
Gonorrhea incidence (rate per 100,000)	109	↑	138.9	106.7
HIV prevalence (rate per 100,000)	84.2	↑	178	18.3
Teen births (rate per 100,000 age 15-19)	34.1	↓	36	26.5
Total Syphilis (rate per 100,000)	9.4	↑	10.5	8.6

Substance Abuse/Mental Health

Measure/Indicator	County	Trend	State	National
Drug poisoning deaths (rate per 100,000)	19.3	↑	15	NA
Excessive Drinking	18.9	-	18	28.2
Heroin poisoning overdose deaths (rate per 100,000)	15.9	↑	8.5	NA

Population 371,272

Top Causes of Death

- Lung Cancer
- Dementia
- COPD

Cancer Mortality (compared to national rates)

- Breast: 12% ↑
- Lung: 47% ↑
- Overall: 12% ↑

Respiratory Health

- Smoking Rate ↑ than state and national rate
- Chronic Lower Respiratory Disease is 24% ↑ than national rate

Sexually Transmitted Diseases rates are high and increasing

Drug Abuse rate ↑ than state and national rates

- Heroin overdose deaths are 87% ↑
- 29% more overall drug overdose deaths

Access to Care

Measure/Indicator	County	Trend	State	National
Dentists (ratio)	217:1	-	1789:1	NA
Mammography screening (%)	58	-	60	72.4
Uninsured (%)	8	↓	9.4	16.9

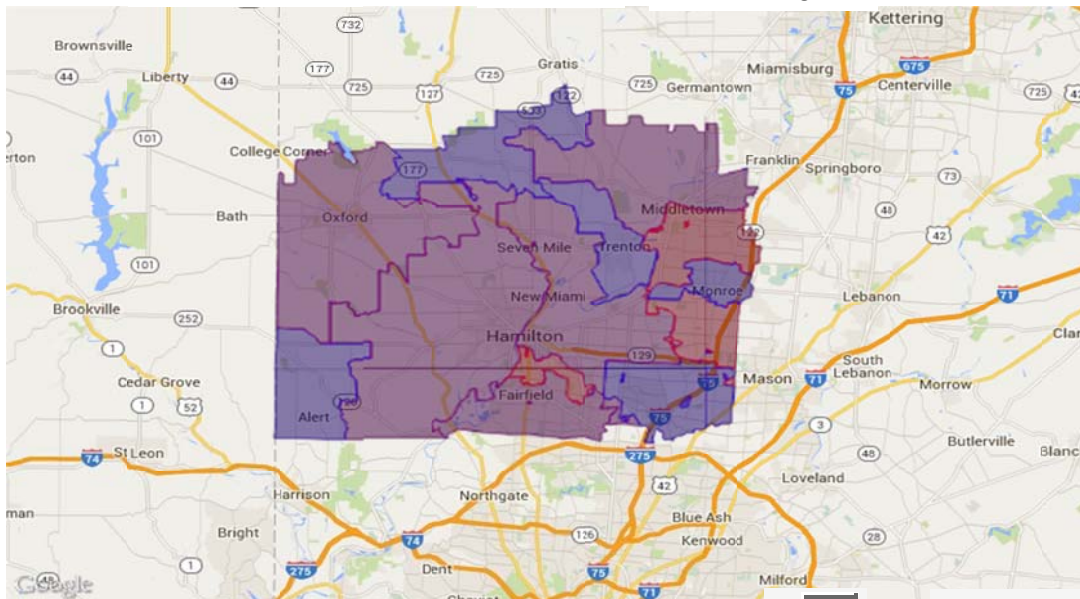
Socio-Economic/Demographic

Measure/Indicator	County	Trend	State
% African American	7.6	-	12.2
% Hispanic	4.3	-	3.4
% of population that is 65 and older	12.8	-	15.1
% of population that is under 18	24.4	-	22.9
Rural population (%)	9.3	-	22.1
Violent Crime (rate per 100,000)	353.1	↓	307

Community Health Index (CNI): A high score (3.4 – 5.0) is an indication for socioeconomic variation, barriers to care, and increased need for health service. No zip codes that are part of McCullough-Hyde/TriHealth fell into these scores. However, several including Oxford, and Hamilton (45013/45011) fell in the mid- range.



■ 1-1.7 Lowest
 ■ 1.8- 2.5 2nd lowest
 ■ 2.6-3.3 mid
 ■ 3.4 – 4.1 2nd highest
 ■ 4.2 – 5 highest



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

- We held an **Oxford Community Meeting** on October 19, 2015 with 31 representatives from Oxford Agencies who serve the underserved community and citizens at large. The top 3 priorities in order were Mental Health, Obesity, Alcohol and other Drugs and Healthy Parenting. See Appendix B
- On November 6, 2016, we were given the opportunity to attend McCullough-Hyde/TriHealth's General Medical staff meeting. In 2013 the physicians had great insight of their patient's needs. The work on the implementation plan was shared. Top priorities for this group was Mental Health, Transportation, Obesity and Alcohol and other drugs.
- In the summer of 2016, the Coalition for a Healthy Community – Oxford Area, the United Way of Oxford and Vicinity and the Oxford Community foundation teamed up to present the work being done at each township in the Talawanda School District (Oxford, Hanover, Reily and Milford). Presentations were made to each Township Trustee meeting on the work being done. McCullough-Hyde represented the Coalition at 2 of those meetings. Interest was generated, and in the fall of 2015, listening sessions were held in each township with their residents to learn about the health, education, and social service's needs. McCullough-Hyde attended each session. At each township except Oxford, Transportation and communication were identified needs. With the ending of the Oxford Press, there does not seem to be any way to find out about events, learning opportunities and what is happening. Many of these communities still have dial up internet and many do not receive cell phone service. The 2nd theme was transportation. One woman stated it cost \$30 one way to get to her doctor in Oxford from her home in Milford Township.

Preble County, Ohio

More than 69% of Preble County's population is considered rural. None of its ZIP Codes have high CNI scores. The people who attended the community meeting expressed concern that Preble County wasn't poor enough to attract grant funding, but that the health of the community was not secure enough to stay healthy without additional funding for programs and services.

Consensus on Priorities

Access to care (especially access to providers who take Medicaid and specialists) was mentioned at the meeting, in a consumer survey, and most importantly by the health department. Substance abuse was also mentioned by three sources. Vascular disease (mentioned by an organization), and deaths due to atherosclerosis and atherosclerotic heart disease, highlight cardiovascular disease as an issue. Child health was cited twice.

Top Causes of Death

The top causes of death for Preble County in 2013 were (in descending order):

- Lung cancer
- Atherosclerosis
- Atherosclerotic heart disease
- Congestive heart failure

Priorities from Community Meeting on July 29, 2015

The afternoon meeting brought together very knowledgeable county representatives of local public health, Job & Family Services, and the Mental Health and Recovery Board. Part of the conversation, while not receiving specific votes, centered on the problem of environmental issues (e.g., bed bug infestation, households can't afford exterminator, need for solid waste removal) and the lack of funding to address these issues. Participants also expressed concern that small counties can't attract high quality doctors and specialists, when Dayton is nearby.

Preble County Meeting Priorities

Priority	# Votes	% Votes
Lack of providers/services	4	33%
Child health	3	25%
Lack of funding	2	17%
Drugs and alcohol	2	17%
Chronic health issues	1	8%

Survey Priorities

Below are the most common responses from individual consumers, living in Preble County, who completed a survey between August 3 and August 6, 2015. Two people answered the question, "What are the most serious health issues facing your community?" They each mentioned one issue.

Preble County: Consumer – most serious health issues

Most Serious Health Issues	# Mentions	% Mentions
Access to care/services	1	50%
Substance abuse	1	50%

Two organizations, serving Preble County, answered the survey. They described four issues of equal weight (in alphabetical order):

- Dementia/Alzheimer's
- Diabetes
- Mental health
- Vascular disease

Response from Health Department

The Health Department listed these four serious issues:

- Access to care
- Heroin
- Obesity
- Transportation

Access to care was its number one priority, especially in the areas of prenatal care, sexual health, immunizations, and child health.

Preble County Ohio Health Snapshot (Source Date Range 2010-2015)

Health Outcomes:

Measure/Indicator	County	Trend	State	National
Cancer mortality, Breast (rate per 100,000)	30.2	-	22.6	21.3
Cancer mortality, Colon (rate per 100,000)	18.4	-	16.1	14.7
Cancer mortality, Lung (rate per 100,000)	51	↓	54.1	44.9
Cancer mortality, Overall (rate per 100,000)	174.8	↓	182	166.4
Cancer mortality, Prostate (rate per 100,000)	22.1	-	19.2	19.6
Child mortality (rate per 100,000)	56.7	↑	59.1	50.7
Chronic Lower Respiratory Disease (CLRD) deaths age 65+ (rate per 100,000)	295.8	↓	332.9	284.5
Diabetes deaths (per 100,000)	33.2	-	25.4	21.2
Infant Mortality (rate per 1000 live births)	6.1	-	7.8	6
Injury deaths (rate per 100,000)	81	↑	62	58.8
Heart disease deaths (rate per 100,000)	208.3	-	187.9	169.8
Poor physical health days (in past 30 days)	4	-	3.7	3.9
Stroke deaths (rate per 100,000)	40	↓	39.9	36.2

Health Behaviors

Measure/Indicator	County	Trend	State	National
Adult Obesity (%)	31	-	30	34.9
Adult Smoking	22	-	21	18.2
Alcohol impaired driving deaths	34	↑	36	31
Gonorrhea incidence (rate per 100,000)	33.4	↑	138.9	106.7
HIV prevalence (rate per 100,000)	34	↑	178	18.3
Teen births (rate per 100,000 age 15-19)	38	↓	36	26.5
Physical inactivity (%)	29	-	26	NA
Motor vehicle crash deaths (rate per 100,000)	23	↑	36	26.5

Population 41,732

Top Causes of Death

- Lung Cancer
- Atherosclerosis

Heart Disease

Each risk factor is above the state rate

Injury Deaths

- Rate is ↑ than state and national rate
- Motor vehicle crash deaths are double the state rate

Diabetes

Diabetes death rate is ↑ than both state and national rates

Substance Abuse

Drug poisoning deaths and heroin overdose deaths are ↑ than state rates and increasing

Substance Abuse/Mental Health

Measure/Indicator	County	Trend	State	National
Drug poisoning deaths (rate per 100,000)	20	↑	15	NA
Excessive Drinking	21	-	18	28.2
Heroin poisoning overdose deaths (rate per 100,000)	23.7	↑	18.2	NA
Naloxone administration rate (rate per 10,000)	17.1	↑	10.5	NA
Poor Mental Health Days (last 30 days)	4.3	-	3.8	3.7
Suicide (rate per 100,000)	18	-	12.9	12.6

Access to Care

Measure/Indicator	County	Trend	State	National
Dentists (ratio)	6955:1	-	1789:1	NA
Mammography screening (%)	53.5	-	60	72.4
Uninsured (%)	9	↓	9.4	16.9
Preventable hospital stays (rate per 1,000 Medicare enrollees)	82	↓	78	NA
Primary Care Physicians (ratio)	4189:1	-	1332:1	NA

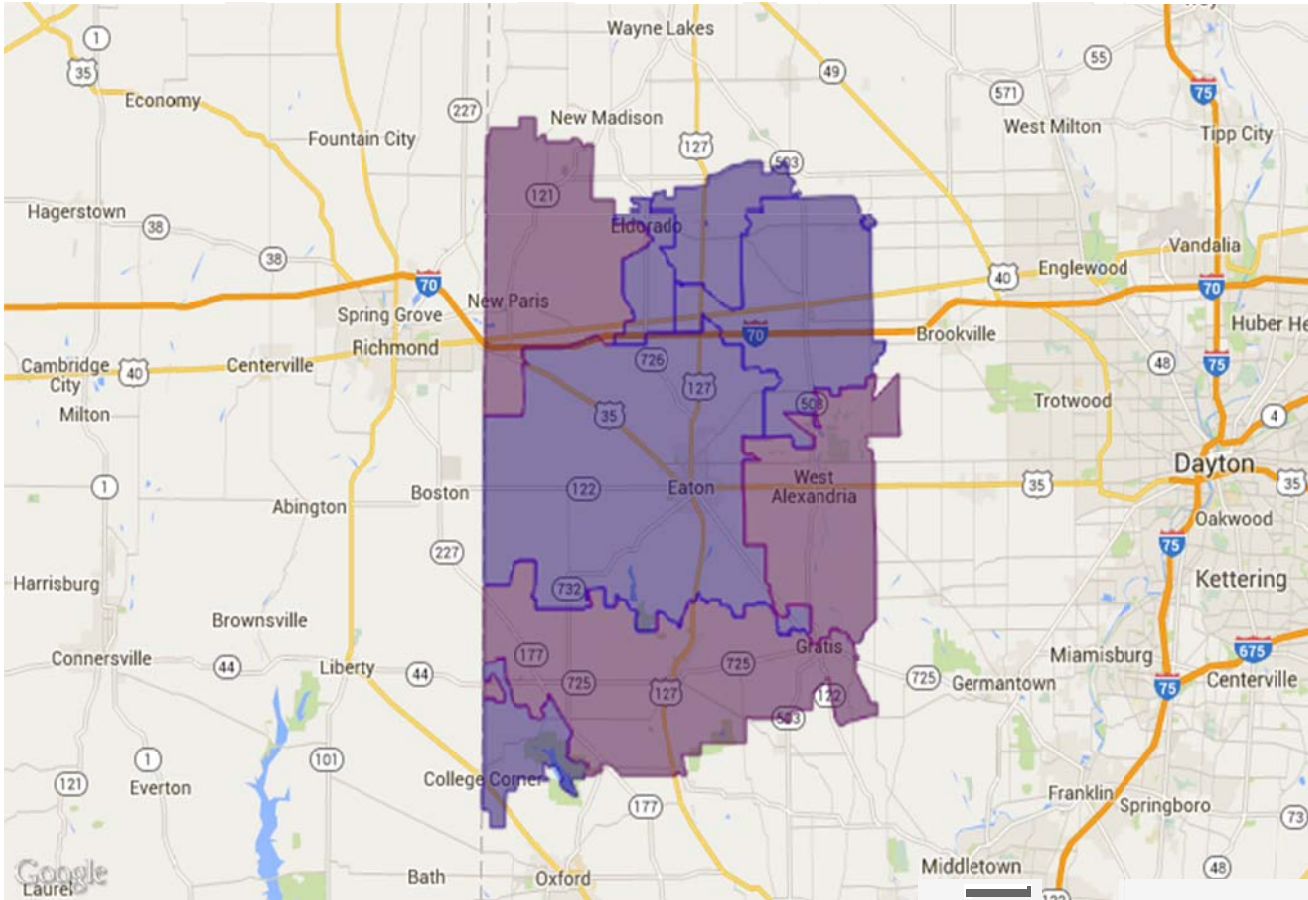
Socio-Economic/Demographic

Measure/Indicator	County	Trend	State
Children eligible for free lunch (%)	36	↑	38
Children in poverty (%)	20	-	23
% African American	0	-	12.2
% Hispanic	0.7	-	3.4
% of population that is 65 and older	16.7	-	15.1
% of population that is under 18	23.4	-	22.9
Rural population (%)	69.2	-	22.1

Community Health Index (CNI): A high score (3.4 – 5.0) is an indication for socioeconomic variation, barriers to care, and increased need for health service. No zip codes that are part of McCullough-Hyde/TriHealth fell into these scores.



■ 1 – 1.7 Lowest ■ 1.8 – 2.5 2nd Lowest ■ 2.6 – 3.3 Mid ■ 3.4 – 4.1 2nd Highest ■ 4.2 – 5 Highest



Franklin County, Indiana

Franklin County has a population that is 88.9% rural (four times the state average), and the percentage is growing. Although the County has no ZIP Codes with high CNI scores, it had some alarming health trends. The percentage of adult smokers was 74% higher than the national average, and the percentage of diabetes deaths was 69% higher than the national rate. The suicide rate exceeded the state and national rates in a county with not enough mental health or primary care providers. The percentage of people engaging in excessive drinking may be contributing to the 40% of alcohol-impaired driving deaths. Motor vehicle crash deaths in general were double the state average.

Consensus on Priorities

In meetings and surveys, individuals and agencies identified Substance abuse and mental health as serious health issues. Transportation was highlighted as a major concern at the meeting and in agency survey responses. This is not surprising given the rural nature of the county.

Top Causes of Death

- Heart disease
- Lung cancer
- COPD
- Dementia
- CHF

Priorities from Community Meeting on June 23, 2015

Twelve participants contributed a lot of ideas. The Brookville Library offered that it would love to continue and expand its efforts to provide and promote health-related programs and activities in the community. Given the rural nature of the county, one suggestion was to utilize small town post offices. For example, post offices could be the one public place where an AED might be made available.

Franklin County Meeting Priorities

Priority	# Votes	% Votes
Access to care, other	10	30%
Access to care, transportation	6	18%
Access to care, doctors have reached their limit for taking Medicaid patients	6	18%
Advocate for destigmatization of mental illness	4	12%
Lift restrictions on local providers of medical equipment (for traditional Medicare, due to competitive bidding)	3	9%
Drug abuse	1	3%
Funding to put AEDs in public places	1	3%
Health education	1	3%
Teenage STDs	1	3%

Survey Priorities

Below are the most common responses from individual consumers, living in Franklin County, who completed a survey between June 15 and June 29, 2015. Six people answered the question, “What are the most serious health issues facing your community?” They mentioned 11 health and/or health-related issues of particular concern to them. Below are the issues that received more than one mention.

Franklin County: Consumer – Most Serious Health Issues

Most Serious Health Issues	# Mentions	% Mentions
Substance abuse	5	45.5%
Mental health	3	27.3%

Eight organizations, serving Franklin County, answered the survey.

Franklin County: Agency – Most Serious Health Issues

Most Serious Health Issues	# Mentions	% Mentions
Mental health	4	20.0%
Substance abuse	4	20.0%
Smoking	3	15.0%
Diabetes	2	10.0%
Transportation	2	10.0%

Health Department

There was no response from the Franklin County Health Department, despite several attempts.

Franklin County Indiana Health Snapshot

Health Outcomes

Measure/Indicator	County	Trend	State	National
Cancer incidence, Prostate (rate per 100,000)	115.5	↑	99.6	113.1
Cancer mortality, Lung (rate per 100,000)	52.8	↑	55.8	44.9
Chronic Lower Respiratory Disease (CLRD) deaths age 65+ (rate per 100,000)	359.8	↑	392.3	284.5
Diabetes deaths (per 100,000)	35.9	-	26.3	21.2
Heart disease deaths (rate per 100,000)	158.7	↑	186.3	169.8
Injury deaths (rate per 100,000)	68.3	↓	62	58.8
Poor physical health days (in past 30 days)	4.6	-	3.6	3.9

Population 22,951

Top Causes of Death

- Lung Cancer
- COPD
- Dementia

Health Behaviors

Measure/Indicator	County	Trend	State	National
Access to exercise opportunities (%)	49.3	↓	75	NA
Adult Obesity (%)	27.5	↓	31	34.9
Adult Smoking (%)	31.7	-	23	18.2
Alcohol impaired driving deaths (%)	40	↑	26	31
Motor vehicle crash deaths (rate per 100,000)	23.5	↑	12	NA
Physical Inactivity (%)	27.1	↓	27	NA
Teen births (per 1,000) age 15-19	30.5	↓	39	26.5

Adult Smoking

74% ↑ than the national rate

Suicide

High rate
Low ratio of mental health providers

Substance Abuse/Mental Health

Measure/Indicator	County	Trend	State	National
Excessive Drinking	22	↑	16	28.2
Poor Mental Health Days (last 30 days)	3.1	-	3.7	3.7
Suicide (rate per 100,000)	14.8	-	14.3	12.6

Excessive Drinking

Rate high and growing

Related Driving deaths
54% ↑ than state

Access to Care

Measure/Indicator	County	Trend	State	National
Dentists (ratio)	1765:1	↓	1973:1	NA
Mammography screening (%)	64.8	↑	61	72.4
Mental health providers (ratio)	4590:1	↓	750:1	NA
People with a usual primary care provider (%)	80.5	↓	86.6	NA
Uninsured (%)	12	↓	13.5	16.9

Percent Rural

The % rural is quadruple the states

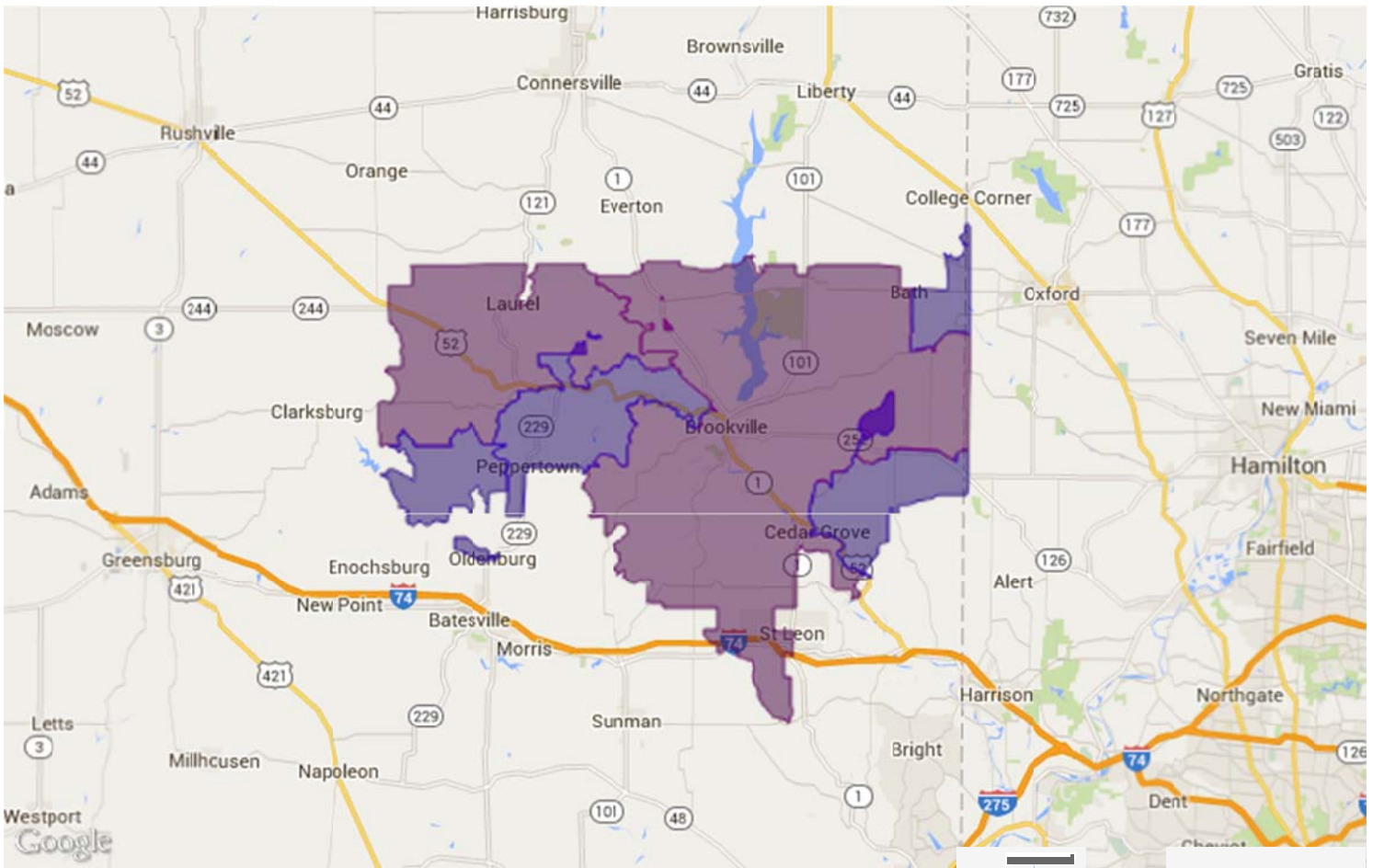
Socio-Economic/Demographic

Measure/Indicator	County	Trend	State
Children in poverty (%)	15.9	↓	22
Homicide (rate per 100,000)	6.9	-	5
% African American	0.3	↑	9.2
% Hispanic	1.1	↑	6.4
% of population that is 65 and older	15.2	↑	13.9
% of population that is under 18	24.8	↓	24.1
Rural population (%)	88.9	↑	22.1
Violent Crimes (rate per 100,000)	89.6	↓	33.4

Community Health Index (CNI): A high score (3.4 – 5.0) is an indication for socioeconomic variation, barriers to care, and increased need for health service. No zip codes that are part of McCullough-Hyde/TriHealth fell into these scores.



■ 1 – 1.7 Lowest ■ 1.8 – 2.5 2nd Lowest ■ 2.6 – 3.3 Mid ■ 3.4 – 4.1 2nd Highest ■ 4.2 – 5 Highest



Union County, Indiana

Union County has a 100% rural population. More than 16% of people were aged 65 or above, and the percentage is increasing. It is slightly higher than the state average of 13.9%. One ZIP Code, West College Corner, had a high CNI score. The County had a county-wide CNI score of 3.6. The County's rate of heart disease deaths was nearly 50% higher than the national rate, and it is increasing. Thirty percent of the adults smoked a rate that is 30% higher than the state rate and 65% higher than the national rate. The smoking rate continues to increase.

Consensus on Priorities

There were two areas of agreement: Mental health and Access to specialized providers and services.

Top Causes of Death

The top cause of death in 2013 was AMI, or heart attack.

Priorities from Community Meeting on July 29, 2015

The Union County Health Department hosted eight people at a community meeting.

Union County Meeting Priorities

Priority	# Votes	% Votes
Promoting healthy behaviors	13	54%
Substance abuse	6	25%
Need for specialized services	5	21%

Survey Priorities

There was only one survey response from an individual consumer living in Union County. Three organizations, serving Union County, answered the survey. They identified seven issues, but only mental health received two mentions as a serious health issue.

Response from Health Department

The Health Department reported the following concerns as the community's most serious health issues:

- Chronic disease
- Smoking
- Mental health
- Access to mental health, eye and dental providers
- Hepatitis C

Chronic disease is the Health Department's number one priority, especially addressing obesity and including childhood obesity.

Union County Snapshot

Health Outcomes

Measure/Indicator	County	Trend	State	National
Cancer mortality, overall (rate per 100,000)	173.7	-	183.5	166.4
Diabetes (%)	11	-	11	8.5
Heart disease deaths (rate per 100,000)	252.2	↑	186.3	169.8
Poor or fair health (%)	15	↓	16	9.5

Population 7,277

Heart Disease Deaths

Nearly 50% ↑ than national rate

Health Behaviors

Measure/Indicator	County	Trend	State	National
Access to exercise opportunities (%)	65	↑	75	NA
Adult Obesity (%)	33	-	31	34.9
Adult Smoking (%)	30	↑	23	18.2
Alcohol impaired driving deaths (%)	30	↓	26	31
Motor vehicle crash deaths (rate per 100,000)	29	-	12	NA
Physical Inactivity (%)	29	↑	27	NA
Teen births (per 1,000) age 15-19	42	↓	39	26.5

Adult Smoking

- 65% ↑ than the national rate
- 30% ↑ than state rate

Screening Rates

Low and decreasing

Substance Abuse/Mental Health

Measure/Indicator	County	Trend	State	National
Heroin related poisoning deaths (rate per 100,000)	10	↑	10.7	NA

Percent Rural

100% of the county's residents are rural

Access to Care

Measure/Indicator	County	Trend	State	National
Dentists (ratio)	7530:1	↑	1973:1	NA
Mammography screening (%)	54.8	↓	61.4	72.4
Mental health providers (ratio)	7277:1	↑	750:1	NA
Uninsured (%)	14	↓	13.5	16.9

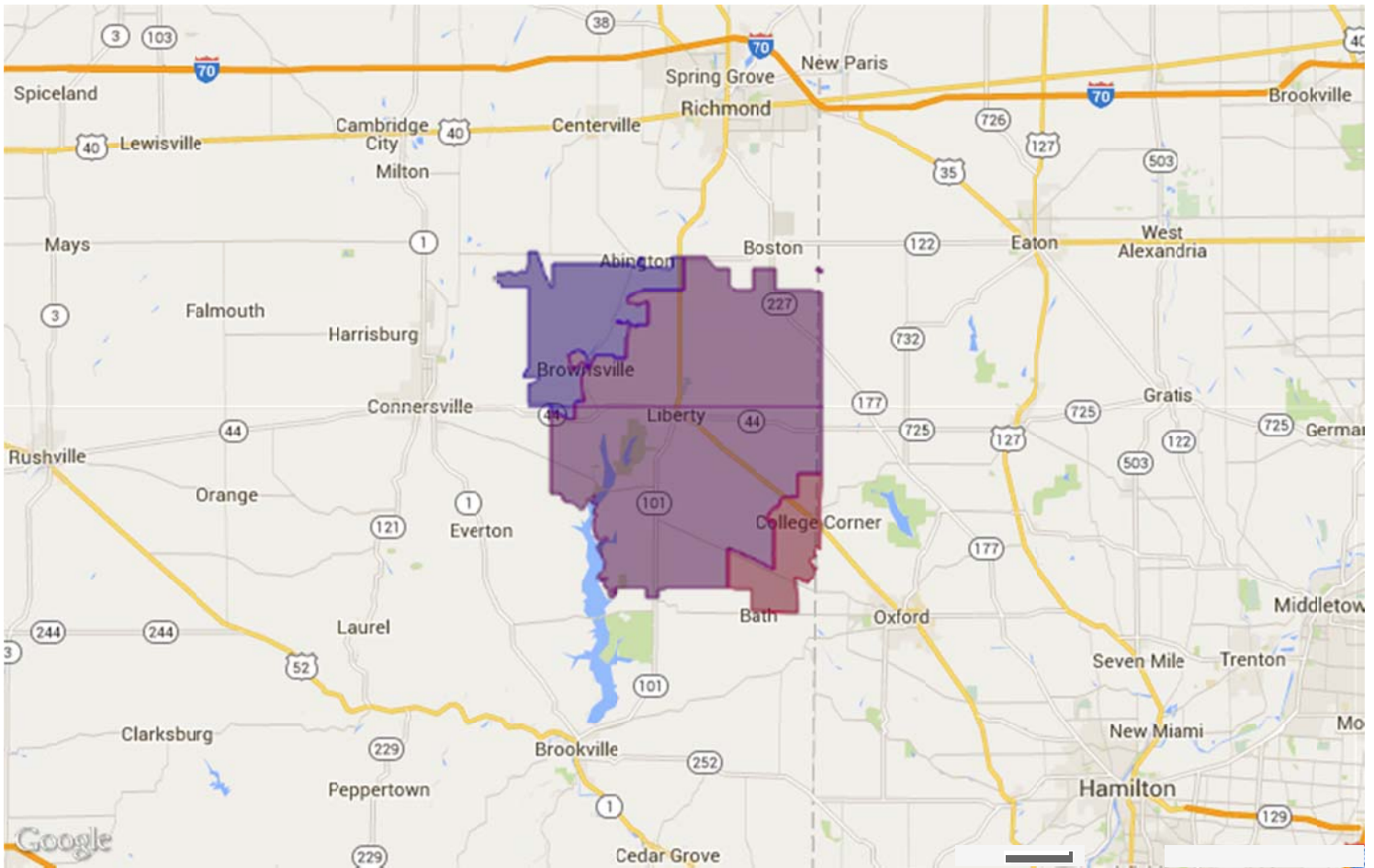
Socio-Economic/Demographic

Measure/Indicator	County	Trend	State
Children in poverty (%)	21	↓	22
% African American	0.6	↑	9.2
% Hispanic	1.3	↑	6.4
% of population that is 65 and older	16.5	↑	13.9
% of population that is under 18	23.4	↓	24.1
Rural population (%)	100	-	24.6

Community Health Index (CNI): A high score (3.4 – 5.0) is an indication for socioeconomic variation, barriers to care, and increased need for health service. In Union county, West College Corner, had a score of 3.6



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



Significant Community Needs Identified:

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

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

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

- Mental Health
- Alcohol and Other Drugs
- Obesity
- Access to Health Care/Transportation.

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

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

Addressing The Community's Significant Health Needs

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

The Alcohol and Other Drug Workgroup is chaired by Miami University's Student Wellness Director Rebecca Baudry and Miami Student Wellness Coordinator Janae Arno. The primary focus of this group is to address the issue of substance use and abuse at the community level, but it also implements and supports multiple strategies across multiple sectors of the community to lead to healthier lives by residents. This workgroup has hosted a community forum on

heroin/opiate use. This panel discussion included the Chief of Police, County Prosecutor, Addiction experts and physicians. Additionally, Operation Street Smart education has been provided. MHMH/TH has partnered with local law enforcement for medication take back events, and has established a permanent take back box at Miami Police Department. The medication take back has been used in senior living communities as well. MHMH/TH is currently piloting take back program with local physicians. The impact of this work on the community includes increased awareness and the removal of over 1100 pounds of expired medications the community.

The Mental Health Workgroup is chaired by Talawanda's Wellness Coordinator and the Coalition's Project Manager's Amy Macechko. The goal of this group is to increase mental health resources for residents and to reduce the stigma of mental illness. This workgroup has developed Mental Health Resource Lists that are being used throughout the community by physician offices, police department, faith communities, schools and others. These resource lists will be updated every 6 months. MHMH/TH has brought Mental Health First Aid to the community, targeting faith and schools district as the first priority. MHMH/TH's goal is to open these classes to the entire community by the end of 2016. Butler County Mental Health and Addiction Recovery Board also provides mental health services to community served. A new advisory board was formed, named "Butler Behavior Health Oxford Advisory Board", to help bring and maintain mental health services in the community served by MHMH/TH as well. Additionally, the Butler County NOMI group provides mental health supportive services. The impact of this work on the community includes the development of a strong foundation for the provision of mental health resources and the ability to increase the level of resources available to those in the community.

The Obesity Prevention/Reduction Workgroup is chaired by MHMH/TH's Community Wellness Director, Sharon Klein. The goal of this group is to engage community members of all ages to promote healthy life styles, especially in the areas of nutrition and exercise. This group has launched a social marketing campaign for healthy living in the community through the use of a healthy choices mascot, Rox the Fox. Rox was created by a Talawanda Middle School Student. This group provides organizational events, community events, held community walks, and obtained a Thriving Community Grant from Interact for Health. This group has supported Walk to School Days, Walking School Buses, and other events at the school district. Additionally, it supports community policies and infrastructure to help create a healthy Community and the Oxford Area Trails. The impact of this work on the community includes increased awareness and activity by the community, especially the youth.

Name	Ind.	Org	Org. Name	Street Address	ZIP	City	County	Date
Rachel Stall		x	Premier Health: Atrium Medical Center	One Medical Center Drive	45005	Middletown	Butler	7/30/2015
Heather Wells		x	Butler County Families and Children First Council	400 N. Fair Avenue	45011	Hamilton	Butler	7/30/2015
Marc Bellisario		x	Primary Health Solutions	210 S. Second Street	45011	Hamilton	Butler	7/30/2015
Shawna Noble		x	Butler County Commissioners	315 High Street	45011	Hamilton	Butler	7/30/2015
Kimball Stricklin		x	Butler Behavioral Health Services	1490 University Boulevard	45011	Hamilton	Butler	7/30/2015
Sarah Kinley		x	YWCA Hamilton	244 Dayton Street	45011	Hamilton	Butler	7/30/2015
Kay Farrar		x	City of Hamilton Health Department	345 High Street, Suite 330	45011	Hamilton	Butler	7/30/2015
Danielle Webb		x	Community First Solutions	230 Ludlow	45011	Hamilton	Butler	7/30/2015
Christi Valentini		x	Coalition for a Healthy, Safe and Drug-Free Greater	2935 Hamilton-Mason	45011	Hamilton	Butler	7/30/2015
Shirley Smith		x	TriHealth	412 S. Front Street	45013	Hamilton	Butler	7/30/2015
Araceli Ortiz		x	TriHealth Outreach Ministries	412 S. Front Street	45013	Hamilton	Butler	7/30/2015
Kecia C. Williams		x	Mercy Health - Fairfield OB Clinic	3000 Mack Road, Suite 110	45014	Fairfield	Butler	7/30/2015
Lauren Marsh		x	Butler County Coalition / Mental Health and Addiction	5963 Boymel Drive	45014	Fairfield	Butler	7/30/2015
Jackie Phillips		x	Middletown City Health Department	One Donham Plaza	45042	Middletown	Butler	7/30/2015
Sharon Klein		x	McCullough-Hyde Hospital	110 W. Poplar Street	45056	Oxford	Butler	7/30/2015

Name	Ind.	Org	Org. Name	Street Address	ZIP	City	County	Date
Paul Tyrer		x	Southeast Indiana Health Center	374 Northside Drive	47006	Batesville	Franklin	6/23/2015
Jennifer Profitt		x	Boone Health Partners	1034 Main Street	47012	Brookville	Franklin	6/23/2015
Melody Gault		x	Franklin County Public Library District	919 Main Street	47012	Brookville	Franklin	6/23/2015
Kelly Bulmer		x	United Way of Franklin County	527 Main Street	47012	Brookville	Franklin	6/23/2015
Devan Brown		x	Margaret Mary Health	615 E. 7th Street	47012	Brookville	Franklin	6/23/2015
Robin Lee		x	United Way of Franklin County	527 Main Street	47012	Brookville	Franklin	6/23/2015
Patty Riebsomer		x	George's Pharmacy	480 Main Street	47012	Brookville	Franklin	6/23/2015
Nanette Beres	x			P.O. Box 162	47012	Brookville	Franklin	6/23/2015
Becky Sorrell		x	Preble County Job & Family Services	1500 Park Avenue	45320	Eaton	Preble	7/29/2015
Erik Balster		x	Preble County Public Health	615 Hillcrest Drive	45320	Eaton	Preble	7/29/2015
Nan Smith		x	Preble County Public Health	615 Hillcrest Drive	45320	Eaton	Preble	7/29/2015
Amy Raynes		x	Preble County Mental Health and Recovery Board	225 N. Barron Street	45320	Eaton	Preble	7/29/2015
Tracey Crist		x	Purdue Extension Services / Union County Health	411 Patriot Boulevard	47353	Liberty	Union	7/29/2015
Teressa Smith	x			879 W. Snake Hill Road	47353	Liberty	Union	7/29/2015
Kim Klein		x	Union County Health Department	6139 S. Klein Road	47353	Liberty	Union	7/29/2015

Name	Ind.	Org	Org. Name	Street Address	ZIP	City	County	Date
Trisha Witham		x	Union County Council on Aging	615 W. High Street	47353	Liberty	Union	7/29/2015
Jim Franklin		x	Union County Emergency Management Agency	6 W. High Street	47353	Liberty	Union	7/29/2015
Joe Timberman		x	Union County Emergency Management Agency	6 W. High Street	47353	Liberty	Union	7/29/2015
Candy Guenther		x	Union County Health Department	1958 N. State Line Road	47353	Liberty	Union	7/29/2015
Diann Timberman		x	Union County Health Department	6 W. South Street	47353	Liberty	Union	7/29/2015
Janae Arno		x	Miami – Student Wellness		45056	Oxford	Butler	10/18/2015
Stacey Brekke		x	Knolls Senior Living		45056	Oxford	Butler	10/18/2015
Joan Burger Holt	x	x	American Addiction Centers		45056	Oxford	Butler	10/18/2015
Jung-Hun Chen		x	City of Oxford- Development Director		45056	Oxford	Butler	10/18/2015
Pamela Collins		x	McCullough-Hyde/TriHealth Chief Patient Officer		45056	Oxford	Butler	10/18/2015
Jennifer Greene		x	Miami – Senior Clinical Psychologist		45056	Oxford	Butler	10/18/2015
Bryan Hehemann		x	McCullough-Hyde/TriHealth CEO		45056	Oxford	Butler	10/18/2015
Ryan Himes		x	City of Oxford – Parks and Recreation Program Planner		45056	Oxford	Butler	10/18/2015
Sabrina Jewel		x	Oxford Senior Citizens		45056	Oxford	Butler	10/18/2015
Stephanie Johnson		x	Talawanda Schools – School Nurse		45056	Oxford	Butler	10/18/2015

Name	Ind.	Org	Org. Name	Street Address	ZIP	City	County	Date
Amy Macechko		x	Talawanda Schools – Wellness Coordinator and Coalition for a Healthy Community – Oxford Area Project Coordinator		45056	Oxford	Butler	10/18/2015
Marianne Marconi	x				45056	Oxford	Butler	10/18/2015
Lauren Marsh		x	Butler County Coalition for a Healthy, Safe Drug Free Community		45056	Oxford	Butler	10/18/2015
Kate Renneke	x				45056	Oxford	Butler	10/18/2015
Brian Revalee		x	United Way of Oxford and Vicinity – Exec. Director		45056	Oxford	Butler	10/18/2015
Ross Farnsworth		x	Knolls of Oxford Senior Living		45056	Oxford	Butler	10/18/2015
Marilyn Sasser			Oxford Free Clinic		45056	Oxford	Butler	10/18/2015
Emma Stuefen	x				45056	Oxford	Butler	10/18/2015
Shaunna Tafelski		x	Talawanda Schools – Treasurer		45056	Oxford	Butler	10/18/2015
Ann Whelpton	x				45056	Oxford	Butler	10/18/2015
Cassie Wilson		x	Miami – Employee Wellness Director		45056	Oxford	Butler	10/18/2015
Casey Wooddell		x	City of Oxford – Parks and Recreation Director		45056	Oxford	Butler	10/18/2015
David Annable		x	Talawanda Schools – Psychologist		45056	Oxford	Butler	10/18/2015
Dawn Fahner		x	Miami - Benefits Director		45056	Oxford	Butler	10/18/2015

Dr. Cangemi		MHMH Physician					11/6/2015
Dr. Davis		MHMH Physician					11/6/2015
Dr. Gray		MHMH Physician					11/6/2015
Dr. Harlan		MHMH Physician					11/6/2015
Dr. Hunt		MHMH Physician					11/6/2015
Dr. Moebius		MHMH Physician					11/6/2015
Dr. Bader		MHMH Physician					11/6/2015
Kim Belec		MHMH Physician					11/6/2015
Shara Spillane		MHMH Physician					11/6/2015



Date: October 19, 2015 **Location:** Community at Knolls of Oxford

Administered by: Sharon Klein and Amy Macechko

Populations Served: Talawanda School District

1. What are the most serious health issues facing your community?

- Lack of Mental Health Resources
- Obesity in all populations, but especially the youth
- Lack of support services for geriatric populations
- Affordable health care options
- Transportation to healthcare- especially children
- Drug and alcohol for youth
- Dual diagnosis resources
- Recovery community resources
- Prescription drug protection/education
- Support groups for patient and families
- Intensive case management and wrap around services
- Support for children living in AOD abuse filled homes
- Access to the food pantry
- Healthy food costs more
- Understanding coverage for behavioral health

2. Which important health issues are being handled well in your community? Please give an example.

- Community Collaboration is strong
- Coalition for a Healthy Community – Oxford area helps address issues
- Communication between agencies- example help with transportation
- MHMH has good resources, especially the Cancer Center and OB/GYN
- Many options for fitness
- Dental mobile unit
- Resources for seniors- Knolls, Senior Citizens, the Village Network
- Free Clinic
- Needs Awareness Meetings held by the Oxford Community Foundation every other month- share resources.
- TSD/MU Partnership
- Butler Tech options for youth

3. Which important health issues are not being addressed enough in your community? What more could be done?

- LGBTQ Community-need to learn more
- Psychiatric Services
- Sex Education in schools/decreasing teen pregnancy rates
- Ongoing connections with Butler County Boards (?)
- Difficulty to access Butler County Services due to location in county.
- Lack of dental care for those without insurance- especially adults
- Gap in ACA and providers

- Need more physicians and dentists – currently not accepting new patients
- Dentists who accept Medicaid

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

- Mental Health/Case management for the whole family
- Psychiatric Services
- Transportation and affordability
- Hunger
- Access to healthy food and education
- Obesity
- Oxford has easy access/availability to drugs and alcohol through MU student parties (easy to join in)
- Kids need to play outside

5. What would you say is the most important thing that can be done to improve child health in your community?

- Affordable health care and access to providers. Bring the services to the people
- Healthy parents and motivation to change
- Systems and rules for food programs
- Lack of childcare for working parents
- Family mentors and models – long term (similar to Big Brothers/Big Sisters Program)
- Faith meals – relationship development and healthy food to model.

6. What can the people, whom your agency serves, do to improve their health?

- Stop smoking
- Being Active and eating healthier
- Meaningful Education
- Taking personal responsibility
- Regular visits to their doctors and following the prescribed treatment plan
- Preventative mental health
- Circle of support and positive relationships
- Exercise more
- Be more mindful
- Get sleep – turn off electronics
- Less alcohol
- Healthy Stress Management
- Education when given pain meds-doctors need education too!

7. Have the people, whom you serve, experienced barriers to receiving health care in your community? (Barriers can be financial or non-financial)

<ul style="list-style-type: none"> • Poverty • Values • Time • Schedules • Trust • Long wait lists • Language Barriers 	<ul style="list-style-type: none"> • Connecting with “real people”, not automated machine • Bad experiences with system, so do not return • Connections are not being made • Resources for acute care • Not enough providers for children • Need for advocacy
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8. Given the health and health- related issues facing the community, which ones would be your top (people were given 2 dots and asked to vote for their top two concerns)

# of dots	Need/Concern
7	Lack of mental health resources
5	Healthy Parents and motivation
6	Obesity in all populations
5	Easy access to drugs and alcohol
4	Mental Health – Case management for the whole family
3	Preventative Mental Health
3	Affordable healthcare/access to providers
3	Intensive case management and wrap around services
2	Family mentors and models – long term (similar to Big Brothers/Big Sisters Program)
2	Transportation and Affordability
2	Psychiatric Services
1	Circle of support and positive relationships
1	Kids need to play outside
1	Access to healthy food and education
1	LGBTQ Community-need to learn more
1	Dual Diagnosis resources