

Barnesville Hospital

# 2020 Community Health Needs Assessment (CHNA)

Barnesville, OH

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## Background and Introduction

Provisions in the Affordable Care Act (ACA) of 2010 require tax-exempt (non-profit) hospitals to conduct a Community Health Needs Assessment (CHNA) and develop an Implementation Plan at least every three years. The regulations for the CHNA include defining the hospital's service area and compiling demographics and analysis of health indicators; taking into account input from the community, including public health professionals; identifying resources; and prioritizing community health needs.

The 2020 Barnesville Hospital CHNA incorporates the requirements described above and identifies the following prioritized needs:

- 1. Substance Use**
- 2. Obesity & Diabetes**
- 3. Mental Health**

This document serves as a roadmap for the Implementation Plan, which will be developed during the months following the completion of the 2020 CHNA and specify planned actions to be taken by the hospital and collaborators, available resources, and a plan for evaluating these activities. In addition to the requirement to conduct a CHNA, hospital leadership expressed the desire to go beyond regulatory requirements in serving patients and the community as a whole, as well as to build upon work done in previous cycles wherever applicable. To facilitate this goal for this cycle, Barnesville Hospital has partnered with West Virginia University's School of Public Health (WVU SPH) to complete this Needs Assessment. Using a robust community-based process, the leadership team engaged broad representation of community members, some already committed to this process through involvement in previous cycles' work and impact on community health outcomes. This process was led by Dr. Tom Bias in the Health Research Center within the school. A CHNA leadership team including hospital and community leadership was convened to inform and guide the process.

## About the Hospital

Barnesville Hospital began as a maternity hospital in 1928 and was expanded to meet more of the community's needs the following year. This small 16-bed facility was forced to close in 1939 due to lack of funds, then in 1940, citizens began efforts to reopen the hospital. A part-time bookkeeper and a group of thirty-three women revitalized and expanded the hospital, which served the community from 1940-1953. In the early 1950s, it became apparent that more beds and updated technology were needed. By 1954, Mrs. Willard Groves, the existing Hospital

Auxiliary, and an additional one thousand women had raised enough money for the first addition, which housed new laboratory and x-ray departments, a modern operating room, and new labor and delivery rooms. The updated 33-bed facility gained the service of a radiologist one day a week, and the first surgeon established residence in 1957. Over the decades following, expansions to the facilities and modernization of services offered continued this growth.

In July 2004, Barnesville Hospital received federal designation as a Critical Access Hospital, and in 2011 and 2012 was named one of the Top 100 Critical Access Hospitals in the country. An emergency department opened in 2015, and in 2016 Barnesville Hospital was recognized by iVantage Health Analytics and the National Organization of State Office of Rural Health for overall excellence in quality and outcomes, boasting top quarter performance among all rural acute care hospitals in the nation. In early 2019, Barnesville Hospital entered into a management agreement and clinical affiliation with West Virginia University Hospital System.

## Previous CHNA Findings

The most recent CHNA was adopted in 2016. At the time, the service area of Barnesville Hospital was defined as five counties in Ohio: Belmont, Guernsey, Harrison, Monroe, and Noble. Focus groups were conducted throughout this area to gather perspective on residents' health concerns. This information was considered along with relevant federal, state, and local data to determine the following priority health areas:

- **Drug Addiction & Mental Health**
- **Lifestyle**
- **Access to Care**

## Definition of the Community Served

Following Barnesville Hospital's entering into a management agreement and clinical affiliation with West Virginia University Health System in 2019, this community health needs assessment process began. For this cycle, the hospital Leadership Team defined the service area as a two-county region of Ohio including Belmont and Monroe counties. Data collection took place via online survey collection, as well as collection of paper copies in the community at points strategically planned to maximize representation. Secondary data from the two counties was also analyzed for the purpose of this process. See Figure 1 below for a snapshot of the hospital's main service area.

**Figure 1. Barnesville Hospital Service Area**



The following table contains information from the US Census Bureau and shows the most current Quickfacts<sup>1</sup> for each county. It outlines some basic demographics about the population of the counties, as well as information about health insurance coverage, education, and poverty levels as context for interpreting the survey data. Appendix A includes the full list of Quickfacts for these counties.

<sup>1</sup> <http://www.census.gov/quickfacts>, 2018 estimates

**Table 1. Select Demographic Data**

	Belmont County, Ohio	Monroe County, Ohio
Population	67, 505	13,790
Residents under the age of 18	18.9%	20.3%
Non-white or more than one race	6.6%	4.3%
Hispanic or Latino	1.0%	0.6%
High School education or higher (ages 25+)	90.4%	88.1%
Bachelor’s degree or higher (ages 25+)	16.2%	11.9%
Under 65 years old and uninsured	6.5%	8.9%
Persons living in poverty	13.0%	14.1%

### Methodology and Community Input Process

The CHNA process began with a thorough review of the previous cycle’s needs assessment report and implementation plan. It also included a review of publicly available secondary data related to the two counties, including census data and County Health Rankings Data (Appendix B). Primary data collection consisted of a survey of community members’ perceptions of health issues, targeting a large annual event and other opportunities to survey a wide representation of community members. To ensure realistic perspective of any populations under-represented in survey data, surveying was followed by a community event attended by stakeholders representing an assortment of populations. This event focused on reviewing survey data, discussing experiences of those under-represented, brainstorming community resources and assets that impact population health in the area, and working as a group to outline possible implementation strategies for each area of concern. Then, reviewing all sources of information together, hospital leadership worked to prioritize the identified significant health concerns.

## Primary Methods of Collecting and Analyzing Information

Two primary sources of data informed the CHNA: (1) a public survey and (2) a community meeting. The public survey was developed by the WVU SPH with the leadership team following an iterative process. Survey topics included questions about perceptions of general health of community members, quality of life, access to healthcare and medical needs, personal habits, and demographic information including age, education, and income.

The survey (Appendix C) was collected both online and as paper copies from residents who were 18 or older. As the survey link was distributed through email lists and other digital avenues, recipients were encouraged to share it with their own personal and professional contacts. Some of the collection points and contact lists included:

- Barnesville Pumpkin Festival
- Civic Organizations
- Hospital Social Media
- Hospital Staff
- Leadership Team
- MyChart Patient Portal

This survey was not intended to be a representative, scientific sample of residents of the counties, but rather a mechanism to solicit the community's perception of their health needs, concerns, and "things that are working well" in and around Barnesville. Nearly 600 surveys were completed by community members from the area. The survey results were reported back to the leadership team in aggregate, but also broken down by income, age, education and other factors to ensure there were no significant differences in responses between differing demographics (Appendix D). Noteworthy limitations included disproportionate response representation from the lower-income population making less than \$30k/year and from those who struggle to access transportation (Appendix E). Despite these limitations, there were not noteworthy variations in health concerns reported by these subpopulations, and each of these groups was well-represented at the community meeting.

In addition to the survey, information was collected at a community meeting hosted by Barnesville Hospital leadership on November 19, 2019. This session, open to the public and with broad stakeholder representation, solicited input on community health needs and sought to identify groups and organizations already providing essential services. The group discussed the outcomes of the survey collection data and provided input regarding the gaps in demographic representation. After the survey data were reviewed, strategies for improving health outcomes in the most-reported topic areas were discussed, and feedback about existing

programs and resources was provided by the community. A summary of these resources (Appendix F) can be considered a springboard of potential collaborators when the leadership team begins implementation planning. Nineteen community members participated in this event - more detail on the makeup of this meeting is found below.

## Leadership Team and Community Organizations Involved

The following roles were represented on the Barnesville Hospital CHNA leadership team and provided thorough input throughout the process of developing the CHNA. These individuals informed the public input survey and were instrumental in dissemination. Additionally, they identified and invited members of the community to the meeting held in November and were charged as a group with collaborative discussion of primary and secondary data to determine health priorities.

### Leadership Team

- Jeff Britton - CEO, Ohio Hills Health Services FQHC
- Heather Caskey - Administrator, Astoria Place Nursing Facility
- Lindsay Dowdle - Marketing Specialist, Barnesville Hospital
- Jayn Devney - Executive Director, Mental Health & Recovery Board
- JP Dutton - Commissioner, Belmont County
- Vince Gianangeli - Director, Belmont County Job & Family Services
- Tim Hall - Fire Chief, Barnesville EMS/Fire
- Angie Hannahs - Superintendent, Barnesville Schools
- Danica Haverty - Project Director, Addiction Services of Eastern Ohio
- Carol Hehr - Accreditation Coordinator, Monroe County Health Department
- David Hilliard, MD - Chief of Staff, Barnesville Hospital
- Dave Ivan - Director, Belmont County Emergency Management Agency
- Karin Janiszewski - Director of Public Relations & Corporate Communications, WVUHS
- Alfred Mancz - Executive Director, Community Action Commission of Belmont County
- Leila Miller - Social Worker, Barnesville Hospital
- Brian Minder - Belmont County 911
- Aubrey Moore - Administrator, Emerald Pointe Nursing Facility
- David Phillips - President & CEO, Barnesville Hospital
- Ben Porter - Superintendent, Union Local Schools
- Shaun Roe, MD - Belmont Professional Associates
- Rocky Siriani - Chief of Police, Barnesville
- Robert Sproul - Deputy Health Director, Belmont County Health Department



A community meeting was held in Barnesville in November to get more input from the public, especially from organizations who provide social services to individuals within the service area of the hospital. The following organizations from local government, service agencies, and more were represented at this meeting. Representatives from these organizations held discussions in small groups to compile a working list of existing resources, programs, policies, and ideas to address each area of concern, in addition to raising questions and providing information and perspective during overall discussion of the survey data results. They also worked in their small groups and as part of a larger discussion to formulate some new suggestions to address each health area.

### Organizations Represented at Community Meeting

- Area Agency on Aging
- Barnesville Exempted Village School District
- Barnesville Hospital
- Bellaire Local Schools
- Belmont County Board of Developmental Disabilities
- Belmont County Health Department
- Belmont Metro Housing Authority
- Community Action Commission of Belmont County
- Epworth Center
- Interim Healthcare
- Mental Health & Recovery Board
- Monroe County Health Department
- National Church Residences
- Stonerise At Home Home Health & Hospice
- Three C's Cancer Support

### Community Health Needs Prioritization

Following the community meeting, the leadership team discussed the totality of information collected through the survey and community event, working to identify priority areas for developing implementation strategies.

With leadership and the community meeting group, WVU SPH reviewed the summarized survey data, including overall responses to the three most important health problems or issues. "Health problems" pertains to mainly clinical items such as health and disease topics; however, when creating the survey tool, hospital leadership saw value in asking about factors affecting health outcomes. For this reason, topics were grouped into three questions: clinical health and

disease items (e.g. heart disease, addiction, cancer), quality of life and built or natural environmental factors (e.g. air quality, availability of sidewalks, cost of medications), as well as things seen as personal choices or behaviors (e.g. vaping, distracted driving, poor eating choices). This allowed the leadership team to cross-reference clinical items with the life factors and personal choices for a deeper understanding of the common themes, and a snapshot perspective of where in life the hospital might be able to implement strategies that will impact many.

**Table 2. Community Health Concerns Survey Results**

Health & Disease	Quality of Life & Environment	Personal Choice & Risky Behaviors
Drug addiction/dependence - 65.1%	Cost of care/medications - 59.8%	Drug abuse - 50.2%
Cancers - 50.8%	Low income - 36.1%	Alcohol abuse - 43.0%
Obesity - 32.8%	Lack of employment opportunities or good jobs - 35.4%	Bad eating choices - 35.5%

Health issues were largely consistent when looking at things like county of residence, age, gender, income level, and other demographic variables. For example, drug abuse consistently appeared at the top of data breakdowns by race and ethnicity, gender, income levels, and in homes both with and without children. Health concerns varied slightly in priority when analyzed in these ways, but not significantly enough to affect prioritization decisions. Those working with populations of residents in these counties agreed that the outcomes of this survey accurately represent the concerns and challenges of those they serve.

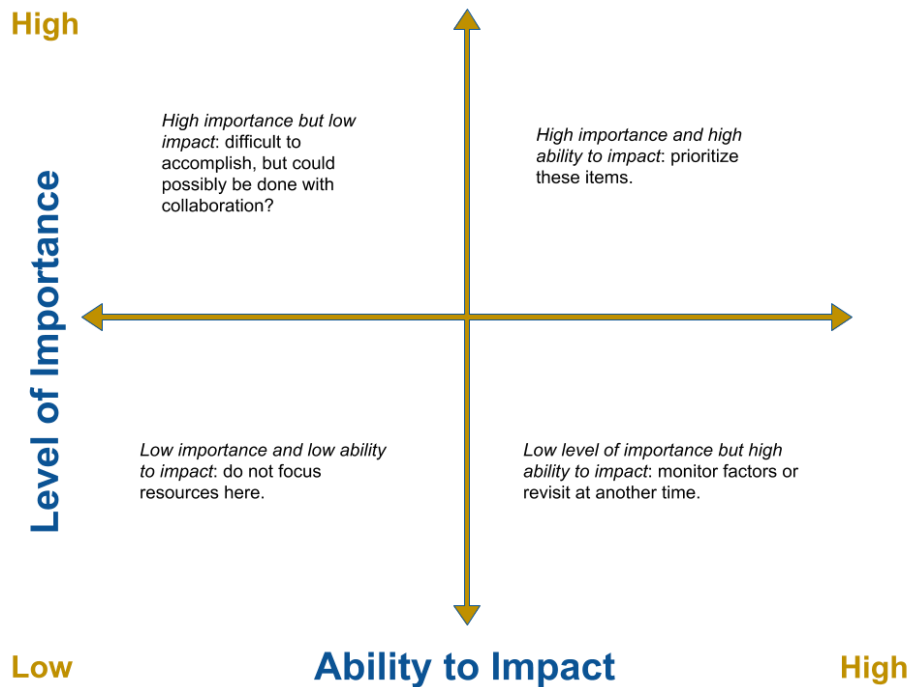
In terms of access to healthcare and other medical needs (see Table 3 below), a majority of respondents reported having access to adequate medical care when needed, but access to specialists is more difficult. A majority also indicated overall satisfaction with the quality of care received and the ability to schedule with a primary care physician when needed. A majority of respondents indicated that they sometimes have a problem paying for needed medications, but are slightly more often able to afford the care itself. (Note that some respondents reported that these questions were not applicable to them.) In light of overarching regional access to care issues, Barnesville leadership also incorporated questions about the closures of recent hospitals and access to mental health services to more clearly understand challenges faced by residents in their service area.

**Table 3. Access to Healthcare and Medical Needs**

	Agree	Disagree
I have easy access to the specialists I need (including substance abuse and/or mental health, if applicable)	48.7%	48.2%
I can get medical care whenever I need it	59.3%	38.7%
I am very satisfied with my medical care	67.6%	29.5%
I have access to adequate healthcare	68.1%	30.4%
At times I can't pay for my portion of my medical care	45.5%	44.0%
At times I can't pay for my portion of medications	41.5%	49.0%
I can access primary care when needed	59.3%	26.7%
I am able to access mental health services if/when needed	34.3%	29.4%
I have been affected by the recent closure of hospitals	47.6%	32.4%

During the prioritization process that followed the community meeting, leadership team members revisited common priority areas within the context of discussions and feedback from the morning. Utilizing a prioritization matrix (Figure 2, below) to guide discussion, the group considered the degree to which the hospital can realistically affect health outcomes for each priority health concern, endeavors already underway for each in the hospital and community settings, as well as level of importance relative to the reach of their impact.

**Figure 2. Prioritization Matrix**



Within this discussion of where and how the hospital can realistically have an impact, what they could accomplish with collaboration with partners, and what topics to monitor and revisit at a later time, the list of top health concerns was pared down and reconfigured to the three that will be the focus moving forward with implementation planning.

- 1.) Substance use and abuse** – This topic is of very high importance according to the survey data from the community, the relevant secondary data, and discussions with community stakeholders. Programs and partnerships addressing this significant concern are already in place in this community. Hospital leadership sees ways to build upon these partnerships, as well as explore new strategy ideas. In light of all of the above, this topic was identified as a high priority for strategy development.
- 2.) Obesity and diabetes** – Among the top health concerns revealed in all of the data were obesity and diabetes, which hospital leadership has chosen to address with activities that will impact health outcomes of both. These concerns were supported elsewhere in the data by an expressed lack of recreation spaces for all ages and community concern about poor eating choices. Barnesville Hospital has recently seen an increase in type 2 diabetes. Local health departments are keenly aware of the lack of nutritious eating among many families in their communities, often tied to busy lifestyles or low-nutrition options for families who utilize community resources to fill gaps in their ability to

purchase groceries. Thinking about potential strategies, hospital leadership recognizes a need to focus on educational programming and screenings regarding general health and nutrition for all ages. The team sees much opportunity to address these issues as a whole and has included this category in their priority items.

**3.) Mental health** - Lastly, community concern about mental health was very evident in the survey data and discussion - this includes resident struggles with mental health, access to treatment options, and stigma surrounding these issues. Hospital leadership discussed internal hospital data showing that in the last quarter, the Barnesville Hospital ED saw instances of patients receiving a primary mental health diagnosis rise to the double digits. In light of this, recent regional hospital closures, the unexpected closure of Cambridge Behavioral Hospital, and the ongoing challenge of finding placement for patients needing a treatment bed or crisis stabilization, the hospital is making this topic a high priority.

Hospital leadership did take the time to discuss some of the issues beyond the “top three” identified at the community meeting. Cancer and senior services, for example, are topics that the hospital recognizes as significant concerns. As a Critical Access Hospital, Barnesville Hospital has no cancer treatment program, and there are currently no options for satellite clinics with the remaining hospitals in the region. The hospital does conduct ongoing activities that potentially affect health outcomes related to cancer, free screenings and other services to the community provided by their breast cancer fund, but they have chosen not to prioritize the topic for this CHNA due to the lack of potential partners.

Similarly, the leadership team discussed, at length, issues facing senior citizens - especially that of transportation to needed medical appointments. Since the region does not have any form of public transportation and the hospital currently has limited capacity to address this problem, the team has chosen to focus their resources elsewhere. Ongoing awareness of this issue ensures that it will remain in consideration as new programs and partnerships may arise, and if it is found that there is an opportunity that will change the scope of the hospital’s ability to impact this topic, the team will bring it back to the table.

## Potential Resources

Each of the top priorities identified in the 2020 CHNA is consistent with concerns raised in 2016. In addition to resources already available to Barnesville Hospital, the following tables document organizations with missions aimed at addressing top health concerns identified during the community meeting, as well as ideas for each topic (Tables 4-6, below). Appendix F is a full resource guide including each organization and contact information. This list is not meant to be

exhaustive, but rather a starting point for drafting potential interventions in the forthcoming implementation plan.

**Table 4. Identified Potential Resources and Ideas: Substance Use**

<b>Substance Use and Abuse</b>
AA and NA
AA at MACO in Woodsfield M-F
Addiction services in Barnesville
All ASAM levels of care are available (minus detox)
Awakenings
Crossroads Counseling Services
Health Departments (Belmont, Monroe; naloxone distribution grants)
Hope Alliance
K-12 prevention programming is needed in both counties
National Alliance on Mental Illness services
Neurobehavioral Medicine (Bellaire)

**Table 5. Identified Potential Resources and Ideas: Obesity and diabetes**

<b>Obesity and diabetes</b>
4-H
Barnesville Hospital (nutritional counselor)
Bike trail / more bike trails are needed
Chronic disease self-management through AAA9
DaVita Kidney Dialysis
DEEP - Diabetes Empowerment Education Program
Diabetic Self-management Program
Free pickleball in St. Clairesville and Belmont
Health Department's workplace wellness program
OSU Extension (Dining with Diabetes)
Walk with a Doc
Walking trails (Woodsfield, Hannibal, Belmont County, Epworth Park)
WIC

**Table 6. Identified Potential Resources and Ideas: Mental health**

<b>Mental Health</b>
Crisis intervention/stress management team in Belmont County is needed
Crossroads Counseling Services
Fox Run
Main Street Counseling
Mental Health and Recovery Board (Belmont County)
School-based mental health counseling needed in both counties
Southeast, Inc. (crisis access is needed)
Village Network



## Conclusion

The 2020 CHNA identified three health priorities to guide Barnesville Hospital's efforts to improve the health of community members. These priorities are:

- 1. Substance use**
- 2. Obesity and diabetes**
- 3. Mental health**

This succinct list of priorities will guide the implementation planning process. Implementation strategies will aim to address these issues using existing resources and partnerships with other community organizations where possible, build upon past success, and include past efforts to address health needs identified in the 2016 CHNA. In the coming months, this process will lead to the completion of an implementation plan for activities centered on these health needs.

# Appendices



- A. Secondary Data - Full Quickfacts for each county
- B. Secondary Data - Health Rankings & Roadmaps for each county
- C. Community Health Perceptions Survey
- D. Data summary
- E. Summary of respondents making income of <\$30k/year; citing transportation barriers
- F. Full resource guide of information gathered at community meeting

**QuickFacts**

**Monroe County, Ohio; Belmont County, Ohio; United States**

QuickFacts provides statistics for all states and counties, and for cities and towns with a *population of 5,000 or more*.

**Table**

All Topics 	Monroe County, Ohio	Belmont County, Ohio	United States
Population estimates, July 1, 2019, (V2019)	NA	NA	328,239,523
 <b>PEOPLE</b>			
<b>Population</b>			
Population estimates, July 1, 2019, (V2019)	NA	NA	328,239,523
Population estimates, July 1, 2018, (V2018)	13,790	67,505	327,167,434
Population estimates base, April 1, 2010, (V2019)	NA	NA	308,758,105
Population estimates base, April 1, 2010, (V2018)	14,631	70,405	308,758,105
Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	NA	NA	6.3%
Population, percent change - April 1, 2010 (estimates base) to July 1, 2018, (V2018)	-5.7%	-4.1%	6.0%
Population, Census, April 1, 2010	14,642	70,400	308,745,538
<b>Age and Sex</b>			
Persons under 5 years, percent	▲ 5.0%	▲ 4.8%	▲ 6.1%
Persons under 18 years, percent	▲ 20.3%	▲ 18.9%	▲ 22.4%
Persons 65 years and over, percent	▲ 23.5%	▲ 20.8%	▲ 16.0%
Female persons, percent	▲ 49.7%	▲ 48.9%	▲ 50.8%
<b>Race and Hispanic Origin</b>			
White alone, percent	▲ 97.7%	▲ 93.4%	▲ 76.5%
Black or African American alone, percent (a)	▲ 0.6%	▲ 4.3%	▲ 13.4%
American Indian and Alaska Native alone, percent (a)	▲ 0.2%	▲ 0.2%	▲ 1.3%
Asian alone, percent (a)	▲ 0.2%	▲ 0.5%	▲ 5.9%
Native Hawaiian and Other Pacific Islander alone, percent (a)	▲ Z	▲ Z	▲ 0.2%
Two or More Races, percent	▲ 1.4%	▲ 1.6%	▲ 2.7%
Hispanic or Latino, percent (b)	▲ 0.6%	▲ 1.0%	▲ 18.3%
White alone, not Hispanic or Latino, percent	▲ 97.1%	▲ 92.6%	▲ 60.4%
<b>Population Characteristics</b>			
Veterans, 2014-2018	978	4,919	18,611,432
Foreign born persons, percent, 2014-2018	0.5%	1.2%	13.5%
<b>Housing</b>			
Housing units, July 1, 2018, (V2018)	7,500	32,155	138,537,078
Owner-occupied housing unit rate, 2014-2018	75.6%	76.4%	63.8%
Median value of owner-occupied housing units, 2014-2018	\$104,700	\$98,500	\$204,900
Median selected monthly owner costs -with a mortgage, 2014-2018	\$881	\$973	\$1,558
Median selected monthly owner costs -without a mortgage, 2014-2018	\$361	\$379	\$490
Median gross rent, 2014-2018	\$577	\$633	\$1,023
Building permits, 2018	0	115	1,328,827
<b>Families &amp; Living Arrangements</b>			
Households, 2014-2018	5,945	26,200	119,730,128
Persons per household, 2014-2018	2.35	2.46	2.63
Living in same house 1 year ago, percent of persons age 1 year+, 2014-2018	92.2%	90.1%	85.5%
Language other than English spoken at home, percent of persons age 5 years+, 2014-2018	1.4%	1.7%	21.5%
<b>Computer and Internet Use</b>			
Households with a computer, percent, 2014-2018	74.3%	81.1%	88.8%
Households with a broadband Internet subscription, percent, 2014-2018	63.3%	70.8%	80.4%
<b>Education</b>			
High school graduate or higher, percent of persons age 25 years+, 2014-2018	88.1%	90.4%	87.7%
Bachelor's degree or higher, percent of persons age 25 years+, 2014-2018	11.9%	16.2%	31.5%

**Health**

With a disability, under age 65 years, percent, 2014-2018	14.9%	11.4%	8.6%
Persons without health insurance, under age 65 years, percent	▲ 8.9%	▲ 6.5%	▲ 10.0%

**Economy**

In civilian labor force, total, percent of population age 16 years+, 2014-2018	48.4%	54.2%	62.9%
In civilian labor force, female, percent of population age 16 years+, 2014-2018	41.0%	51.0%	58.2%
Total accommodation and food services sales, 2012 (\$1,000) (c)	5,921	112,179	708,138,598
Total health care and social assistance receipts/revenue, 2012 (\$1,000) (c)	D	311,651	2,040,441,203
Total manufacturers shipments, 2012 (\$1,000) (c)	D	D	5,696,729,632
Total merchant wholesaler sales, 2012 (\$1,000) (c)	D	D	5,208,023,478
Total retail sales, 2012 (\$1,000) (c)	74,444	1,042,545	4,219,821,871
Total retail sales per capita, 2012 (c)	\$5,117	\$14,964	\$13,443

**Transportation**

Mean travel time to work (minutes), workers age 16 years+, 2014-2018	33.7	23.7	26.6
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**Income & Poverty**

Median household income (in 2018 dollars), 2014-2018	\$43,956	\$49,361	\$60,293
Per capita income in past 12 months (in 2018 dollars), 2014-2018	\$25,141	\$26,106	\$32,621
Persons in poverty, percent	▲ 14.1%	▲ 13.0%	▲ 11.8%

** BUSINESSES****Businesses**

Total employer establishments, 2017	251	1,436	7,860,674
Total employment, 2017	1,769	19,443	128,591,812
Total annual payroll, 2017 (\$1,000)	53,910	728,035	6,725,346,754
Total employment, percent change, 2016-2017	-23.6%	-2.5%	1.5%
Total nonemployer establishments, 2017	1,057	3,227	25,701,671
All firms, 2012	1,194	4,239	27,626,360
Men-owned firms, 2012	663	2,205	14,844,597
Women-owned firms, 2012	175	1,457	9,878,397
Minority-owned firms, 2012	F	190	7,952,386
Nonminority-owned firms, 2012	1,138	3,862	18,987,918
Veteran-owned firms, 2012	58	565	2,521,682
Nonveteran-owned firms, 2012	870	3,371	24,070,685

** GEOGRAPHY****Geography**

Population per square mile, 2010	32.1	132.3	87.4
Land area in square miles, 2010	455.72	532.13	3,531,905.43
FIPS Code	39111	39013	00

About datasets used in this table

Value Notes

Estimates are not comparable to other geographic levels due to methodology differences that may exist between different data sources.

Some estimates presented here come from sample data, and thus have sampling errors that may render some apparent differences between geographies statistically indistinguishable. Click the Quick Info icon to row in TABLE view to learn about sampling error.

The vintage year (e.g., V2019) refers to the final year of the series (2010 thru 2019). Different vintage years of estimates are not comparable.

Fact Notes

- (a) Includes persons reporting only one race
(b) Hispanics may be of any race, so also are included in applicable race categories
(c) Economic Census - Puerto Rico data are not comparable to U.S. Economic Census data

Value Flags

- Either no or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest or upper open ended distribution.
D Suppressed to avoid disclosure of confidential information
F Fewer than 25 firms
FN Footnote on this item in place of data
N Data for this geographic area cannot be displayed because the number of sample cases is too small.
NA Not available
S Suppressed; does not meet publication standards
X Not applicable
Z Value greater than zero but less than half unit of measure shown

QuickFacts data are derived from: Population Estimates, American Community Survey, Census of Population and Housing, Current Population Survey, Small Area Health Insurance Estimates, Small Area Income and Estimates, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits.

ABOUT US

- Are You in a Survey?
FAQs
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Regional Offices
History
Research
Scientific Integrity
Census Careers
Diversity @ Census
Business Opportunities
Congressional and Intergovernmental
Contact Us

FIND DATA

- QuickFacts
American FactFinder
2010 Census
Economic Census
Interactive Maps
Training & Workshops
Data Tools
Developers
Catalogs
Publications

BUSINESS & INDUSTRY

- Help With Your Forms
Economic Indicators
Economic Census
E-Stats
International Trade
Export Codes
NAICS
Governments
Longitudinal Employer-Household Dynamics (LEHD)
Survey of Business Owners

PEOPLE & HOUSEHOLDS

- 2020 Census
2010 Census
American Community Survey
Income
Poverty
Population Estimates
Population Projections
Health Insurance
Housing
International
Genealogy

SPECIAL TOPICS

- Advisors, Centers and Research Programs
Statistics in Schools
Tribal Resources (AIAN)
Emergency Preparedness
Statistical Abstract
Special Census Program
Data Linkage Infrastructure
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## Compare Counties

### 2019 Rankings

	Ohio	Belmont (BE), OH X	Monroe (MO), OH X
Health Outcomes		50	36
Length of Life		49	15
Premature death	8,500	8,600	6,900
Quality of Life		53	58
Poor or fair health	17%	17%	19%
Poor physical health days	4.0	3.8	4.0
Poor mental health days	4.3	4.0	4.2
Low birthweight	9%	8%	8%
Health Factors		59	75
Health Behaviors		67	63
Adult smoking	23%	22%	21%
Adult obesity**	32%	34%	36%
Food environment index**	6.7	7.6	7.4
Physical inactivity**	25%	30%	32%
Access to exercise opportunities	84%	61%	70%
Excessive drinking	19%	18%	17%
Alcohol-impaired driving deaths	33%	24%	40%
Sexually transmitted infections**	520.9	242.9	138.8
Teen births	26	33	31
Clinical Care		69	82
Uninsured	7%	7%	8%
Primary care physicians	1,300:1	2,370:1	7,110:1
Dentists	1,620:1	2,430:1	6,970:1
Mental health providers	470:1	620:1	4,650:1
Preventable hospital stays	5,135	7,085	5,313
Mammography screening	41%	42%	38%
Flu vaccinations	47%	43%	39%
Social & Economic Factors		54	76
High school graduation	85%	89%	92%

Some college	65%	59%	55%
Unemployment	5.0%	6.3%	8.5%
Children in poverty	20%	17%	24%
Income inequality	4.8	4.8	4.3
Children in single-parent households	36%	33%	35%
Social associations	11.2	16.3	18.3
Violent crime**	293	137	68
Injury deaths	82	80	77
Physical Environment		6	7
Air pollution - particulate matter	11.5	11.2	10.8
Drinking water violations		No	No
Severe housing problems	15%	8%	10%
Driving alone to work	83%	88%	83%
Long commute - driving alone	30%	28%	52%

\*\* Compare across states with caution

Note: Blank values reflect unreliable or missing data

# Barnesville Community Health Perceptions Survey

Residents of Belmont and Monroe counties, thank you for taking the following survey. We would like to get your input about health concerns in your community - your opinion is very important to us! Results will be used to help guide the Community Health Needs Assessment taking place at Barnesville Hospital and, along with other information, will be used to identify residents' main concerns that can be addressed by the hospital. **Your responses will not be associated with you in any way.** If you have recently completed this survey, please disregard. Thank you for your time and please contact us if you have any questions or need help completing this survey. Emily Sarkees, WVU School of Public Health - edillama@hsc.wvu.edu

1.) In which county do you currently live?

- Belmont County
- Monroe County
- Somewhere else

2.) In your opinion, what is the most important health problem/issue for residents of your county? \_\_\_\_\_

3.) Thinking about your own life, what local places, programs, or organizations have helped you or someone close to you practice or learn about healthy habits? \_\_\_\_\_

4.) How would you rate your county as a "healthy community"?

- Very Unhealthy
- Unhealthy
- Somewhat Unhealthy
- Healthy
- Very Healthy



5.) From the following list, which do you think are the 3 most important problems/issues related to health and disease in your county? **Please choose ONLY 3**.

Aging problems (e.g. arthritis, hearing/vision loss)

Cancers

Chronic disease

Dental problems

Diabetes ("sugar")

Depression/hopelessness

Drug and/or alcohol addiction/dependence

Heart disease/stroke

High blood pressure

HIV/AIDS

Maternal health issues

Mental health problems

Obesity

Respiratory/lung disease/asthma

Sexually transmitted diseases and infections

Other \_\_\_\_\_

6.) From the following list, which do you think are the 3 most important problems/issues related to quality of life and environment in your county? **Please choose ONLY 3.**

- Access to/availability of organized activities for children and teens
- Access to/availability of quality day care and preschool programs
- Air quality
- Bicycle & pedestrian safety/adequate sidewalks
- Cost of health care/medications
- Food insecurity/hunger/access to healthy foods
- Homelessness
- Inadequate housing
- Lack of access to affordable recreation facilities, play spaces, and healthy activities for children and adults
- Lack of access to or knowledge of public transportation
- Lack of employment opportunities/good jobs
- Lack of health insurance
- Lack of social support and positive interactions/loneliness
- Limited availability of social services and programs for those in need
- Low income
- Safety of neighborhoods, schools, playgrounds etc.
- Quality of public schools' health provisions (healthy food, adequate physical activity for students)
- Quality of public schools' health education (hygiene and personal care, sex education, etc.)
- Underinsured (meaning that existing coverage does not adequately meet needs)
- Water quality
- Other \_\_\_\_\_

7.) From the following list, which do you think are the 3 most important problems/issues related to personal choices or risky behaviors in your county? **Please choose ONLY 3.**

- Alcohol abuse
- ATV/4-wheeler crashes
- Bad eating choices
- Child abuse/neglect
- Crime
- Distracted driving (texting/cell use)
- Domestic violence
- Drug abuse
- Exclusion or discrimination based on race, religion, gender, sexual orientation, etc.
- Gun-related injuries
- Impaired driving (drugs/alcohol)
- Lack of exercise
- Lack of personal responsibility for health
- Not getting vaccinations to prevent disease
- Not using seatbelts and/or child safety seats
- Overeating
- Sexual assault/rape
- Suicide
- Tobacco - smoking
- Tobacco - chewing
- Unsafe/unprotected sex
- Vaping
- Other \_\_\_\_\_

8.) Please indicate your level of agreement with each of the following statements about your County:

	Access to healthcare and medical needs in your County.		
	Agree	Disagree	Not applicable
I have easy access to the medical specialists I need.			
I am very satisfied with the medical care I receive.			
I have access to adequate healthcare.			
Sometimes it is a problem for me to cover my share of the cost for a medical care visit.			
Sometimes it is a problem for me to cover my share of the cost of medication.			
I am able to get medical care whenever I need it.			
I am able to schedule an appointment with a primary care physician when needed.			
I am able to obtain mental health services if/when needed.			
I have been affected by the recent closure of local hospitals.			

9.) Did you experience any of the following before age 18? Please check all that apply. *(For local crisis help or resources call 1-800-354-4357 or text 4HOPE to 741741. For national resources text HOME to 741741.)*

A parent (or other adult in the household) being verbally abusive or acting in a way that made you fear being physically hurt.

A parent (or other adult in the household) pushing, grabbing, slapping, or throwing something at you, or hitting you so hard that you were injured.

Sexual abuse by someone at least five years older than you.

Feeling unloved or unimportant in your family, or feel that your family didn't look out for and support one another.

Feeling that you did not have basic needs met (food, clothing), someone to protect you, or felt that your parents were under the influence of substances to the extent that they could not care for you or get you to a doctor if you needed it.

Your parents were ever separated or divorced.

Your mother or stepmother was physically abused or threatened with a weapon.

You lived with someone who had problems with alcohol or drugs.

A household member was depressed, mentally ill, or attempted suicide.

A household member was in prison.

10.) With which gender do you identify?

Female

Male

Other \_\_\_\_\_

11.) What is your age range?

18 to 25 years

26 to 39 years

40 to 54 years

55 to 64 years

65 to 80 years

More than 80 years

12.) What is your marital status?

Married/partnered/cohabitating

Divorced

Never married

Separated

Widowed

Other (please specify) \_\_\_\_\_

13.) How many children under the age of 18 live in your household, if any? \_\_\_\_\_

14.) Are you of Hispanic or Latino origin or descent?

Yes, Hispanic or Latino

No, not Hispanic or Latino

15.) Which of these groups best describes your race? Please select all that apply.

White/Caucasian

Asian

Black or African American

American Indian or Alaskan Native

Native Hawaiian or Other Pacific Islander

Other (please specify) \_\_\_\_\_

16.) What is your approximate yearly household income?

Less than \$20,000

\$20,000 to \$29,999

\$30,000 to \$49,999

\$50,000 to \$74,999

\$75,000 to \$99,999

More than \$100,000

Prefer not to answer

17.) What is the highest level of education you have completed?

Less than high school graduate

High school diploma or equivalent

College degree or higher

Other (please specify) \_\_\_\_\_

18.) Are you an active or retired member of the US military?

Yes

No

19.) Do you see a healthcare provider on a regular basis for physicals, screenings, or other preventative medicine?

Yes

No (if no, why not?) \_\_\_\_\_

20.) How do you pay for healthcare? Please select all that apply.

I pay cash

I have private health insurance through my own employer, my spouse's employer, or my parents

Medicaid

Medicare

Veterans Administration

Indian Health Services

Other (please specify) \_\_\_\_\_

21.) During the past year, have you had a lapse in employment?

Yes

No

Not applicable

22.) How would you describe your overall health?

Excellent

Good

Fair

Poor

Very Poor

23.) What gets in the way of you being as healthy as you would like?

\_\_\_\_\_

24.) Where or to whom do you usually turn when you want to get information about health issues? \_\_\_\_\_

25.) Which of the following health problems have you been told by a health professional that you have? Please check all that apply.

High blood pressure

Diabetes ("sugar")

Heart disease/Heart failure

Asthma

Emphysema or COPD

Arthritis

Autoimmune disease such as Lupus, Fibromyalgia, or Rheumatoid Arthritis

Chronic pain

Traumatic brain injury

PTSD

Mental illness such as schizophrenia or bipolar disorder

Neurological problem such as seizures, MS, neuropathy

Substance use disorder

Depression

Other health problems \_\_\_\_\_

None



26.) How many days a week do you eat vegetables? \_\_\_\_\_

27.) Not counting juice, how many days a week do you eat fruit? \_\_\_\_\_

28.) How many days a week do you consume soda or other processed, sugary foods? \_\_\_\_\_

29.) How many days a week do you get at least 30 minutes of moderate physical activity such as brisk walking, bicycling, gardening, or anything else that causes some increase in breathing and heart rate? \_\_\_\_\_

30.) Do you smoke cigarettes every day, some days, or not at all?

- Every day
- Some days
- Not at all

31.) Have you smoked at least 100 cigarettes in your entire life?

- Yes
- No

32.) Do you use an e-cigarette/vape every day, some days, or not at all?

- Every day
- Some days
- Not at all

33.) If you are an e-cigarette/vape user, for how long have you been using? (In approximate months or years) \_\_\_\_\_

34.) About how tall are you (in feet and inches)? \_\_\_\_\_

35.) About how much do you weigh (in pounds)? \_\_\_\_\_

36.) Is there anything else you would like to say about health-related concerns or healthcare in your county? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Appendix D - Data Summary

<b>Health &amp; Disease</b>	
Drug and/or alcohol addiction and dependence	65.1%
Cancers	50.8%
Obesity	32.8%
Diabetes	28.0%
Mental health problems	26.1%

<b>Quality of Life &amp; Environment</b>	
Cost of health care/medications	59.8%
Low income	36.1%
Lack of employment opportunities/good jobs	35.4%
Lack of access to affordable recreation facilities/play spaces for all ages	28.1%
Access to/availability of organized activities for teens	23.5%

Personal Choice & Risky Behavior	
Drug abuse	52.0%
Alcohol abuse	43.0%
Bad eating choices	35.5%
Tobacco - smoking	22.3%
Lack of personal responsibility for health	20.9%

Field	Agree	Disagree	Not applicable
I have easy access to the medical specialists I need.	48.66% 199	48.17% 197	3.18% 13
I am very satisfied with the medical care I receive.	67.56% 277	29.51% 121	2.93% 12
I have access to adequate healthcare.	68.14% 278	30.39% 124	1.47% 6
Sometimes it is a problem for me to cover my share of the cost for a medical care visit.	45.45% 185	43.98% 179	10.57% 43
Sometimes it is a problem for me to cover my share of the cost of medication.	41.46% 170	49.02% 201	9.51% 39
I am able to get medical care whenever I need it.	59.31% 242	38.73% 158	1.96% 8
I am able to schedule an appointment with a primary care physician when needed.	71.39% 292	26.65% 109	1.96% 8
I am able to obtain mental health services if/when needed.	34.31% 140	29.41% 120	36.27% 148
I have been affected by the recent closure of local hospitals.	47.56% 195	32.44% 133	20.00% 82

Top Health & Disease Concerns by County			
Belmont (298)		Monroe (206)	
Drug and/or alcohol addiction/dependence	64.9%	Drug and/or alcohol addiction/dependence	65.2%
Cancers	45.5%	Cancers	58.3%
Obesity	35.1%	Obesity	30.0%
Mental health problems	30.7%	Diabetes	28.3%
Diabetes	27.7%	Aging problems (e.g. arthritis, hearing/vision loss)	25.1%

Top Health & Disease Concerns by Income Level					
Less than \$30,000 / year (75)		\$30,000 - \$74,999 (163)		More than \$75,000 / year (116)	
Drug and/or alcohol addiction or dependence	54.7%	Drug and/or alcohol addiction or dependence	63.2%	Drug and/or alcohol addiction or dependence	75.9%
Cancer	52.0%	Cancer	52.8%	Cancer	46.6%
Obesity	34.7%	Obesity	31.9%	Obesity	34.5%
Diabetes	30.7%	Mental health problems	28.8%	Mental health problems	28.5%
Aging problems	28.0%	Diabetes	27.6%	Diabetes	25.9%

Top Health & Disease Concerns by Race & Ethnicity			
White (399)		Non-white (10)	
Drug and/or alcohol addiction/dependence	65.7%	Drug and/or alcohol addiction/dependence	70.0%
Cancer	50.9%	Depression/hopelessness	40.0%
Obesity	34.3%	Diabetes	30.0%
Diabetes	28.0%	Heart disease/stroke	30.0%
Mental health problems	26.5%	High blood pressure	30.0%

Top Health & Disease Breakdown by Gender			
Female (329)		Male (69)	
Drug and/or alcohol addiction/dependence	65.8%	Drug and/or alcohol addiction/dependence	66.7%
Cancer	51.7%	Cancer	46.4%
Obesity	33.0%	Obesity	36.2%
Diabetes	28.1%	Heart disease/stroke	33.3%
Mental health problems	26.6%	Diabetes	27.5%

**Top Health & Disease Breakdown by Household Makeup**

<b>Kids in the home (156)</b>		<b>No kids in the home (237)</b>	
Drug and/or alcohol addiction/dependence	74.2%	Drug and/or alcohol addiction/dependence	60.4%
Cancer	49.0%	Cancer	51.5%
Obesity	36.1%	Obesity	32.8%
Mental health problems	34.8%	Diabetes	28.9%
Diabetes	24.5%	Aging problems	25.5%

**Summary of Community Health Perceptions Survey  
Respondents making less than \$30k/year**

Total respondents = 75 (19% of overall)

- 49 from Belmont County
- 26 from Monroe County

Of this subset:

- 81% are female
- 33% are under the age of 40 / 53% are over the age of 55
- 67% have no children in the home
- 49% have a high school diploma / 41% have a college degree
- 30% have private insurance / 24% have medicaid / 26% have medicare
- 26% have had a lapse in employment in the past year

<b>Top Health &amp; Disease Concerns</b>	<b>Top Quality of Life Concerns</b>	<b>Top Personal Choice Concerns</b>
Substance addiction/dependence	Cost of health care/medications	Drug abuse
Cancer	Low income	Alcohol abuse
Obesity	Lack of employment/jobs	Bad eating choices
Diabetes	Access to/availability of activities for teens	Distracted driving
Aging problems	Lack of recreation spaces for all ages	Lack of exercise
Mental health problems	Lack of insurance	Tobacco - smoking
Depression/hopelessness	Underinsurance	Impaired driving
Heart disease/stroke	Food insecurity	Lack of personal responsibility for health
Respiratory/lung disease	Water quality	Child abuse/neglect
Chronic disease	Lack of access to or knowledge of public transport	Suicide

Regarding access to care:

- Access to specialists is evenly divided, as with the overall response
- 62% are satisfied with medical care received
- 58% have access to adequate health care
- 55% sometimes have trouble covering cost of care
- 55% sometimes have trouble covering cost of meds
- 53% can get medical care when needed
- 65% can get an appointment with PCP when needed
- 37% are able to obtain mental health services when needed (28% indicated not applicable)
- 50% have been affected by the recent closure of hospitals

Additionally:

- 76% see a health care provider on a regular basis - of the remaining respondents who indicated a reason for not receiving preventative care, all cited cost of care, lack of health insurance, inability to take time off of work, or the recent closure of hospitals/PCP leaving the area as the reason

**Subset of respondents reporting that transportation is a top 3 quality of life issue:**

Total respondents = 37 (7% of overall)

- 54% are from Belmont County
- 46% are from Monroe County

Of this subset:

- 88% are female
- 6% are under the age of 40 / 63% are over the age of 55
- 79% have no children in the home
- 35% have a high school diploma / 59% have a college degree
- 55% have private insurance / 8% have medicaid / 33% have medicare
- 8% have had a lapse in employment in the past year
- All but 3 see a health care provider on a regular basis



<b>Top Health &amp; Disease Concerns</b>	<b>Top Quality of Life Concerns</b>	<b>Top Personal Choice Concerns</b>
Substance addiction/dependence	Lack of access to/knowledge of public transport	Drug abuse
Cancer	Cost of health care/medications	Alcohol abuse
Obesity	Low income	Bad eating choices
Diabetes	Lack of recreation spaces for all ages	Distracted driving
Aging problems	Inadequate housing	Lack of exercise
Heart disease/stroke	Lack of employment opportunities/good jobs	Suicide
Mental health problems	Access to/availability of activities for teens	Lack of personal responsibility for health
Chronic disease	Limited availability of social services/programs for those in need	Tobacco-smoking
Respiratory/lung disease	Air quality	Child abuse/neglect
Depression/hopelessness	Bicycle/pedestrian safety/adequate sidewalks	Vaping

Appendix F - Barnesville Hospital Resource Guide

<b>Program/Organization</b>	<b>Information</b>
4-H	<a href="https://ohio4h.org/">https://ohio4h.org/</a>
AA	<a href="https://www.aa.org/pages/en_US/find-local-aa">https://www.aa.org/pages/en_US/find-local-aa</a>
AAA9 Chronic Disease Self-management	<a href="http://aaa9.org">aaa9.org</a>
Addiction Services in Barnesville	740-425-5780
Awakenings	<a href="https://www.cxroadscounseling.com/awakenings">https://www.cxroadscounseling.com/awakenings</a>
Barnesville Hospital	740-425-3941
Belmont County Health Department	740-695-1202
Crossroads Counseling Services	<a href="https://www.cxroadscounseling.com/">https://www.cxroadscounseling.com/</a>
DaVita Kidney Dialysis	<a href="https://www.davita.com/">https://www.davita.com/</a>
DEEP - Diabetes Empowerment Education Program	<a href="https://www.aaa7.org/site/586/diabetes_empowerment_education_program_deep.aspx">https://www.aaa7.org/site/586/diabetes_empowerment_education_program_deep.aspx</a>
Fox Run	<a href="https://foxruncenter.com/">https://foxruncenter.com/</a>
Hope Alliance	<a href="https://hopealliancebiblechurch.org/">https://hopealliancebiblechurch.org/</a>
Main Street Counseling	740-425-9174
Mental Health Recovery Board	<a href="http://bhmbboard.org/">http://bhmbboard.org/</a>
Monroe County Health Department	740-427-1677
National Alliance on Mental Illness	<a href="https://www.nami.org/">https://www.nami.org/</a>
Neurobehavioral Medicine (Bellaire)	740-968-7006
OSU Extension (Dining with Diabetes)	<a href="https://extension.osu.edu/home">https://extension.osu.edu/home</a>
Southeast, Inc.	740-695-9344
Walk With A Doc	<a href="https://walkwithadoc.org/">https://walkwithadoc.org/</a>
WIC	<a href="https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/women-infants-children/resources/women-infants-children-description">https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/women-infants-children/resources/women-infants-children-description</a>
Village Network	<a href="https://thevillagenetwork.org/">https://thevillagenetwork.org/</a>