2016 Community Health Needs Assessment
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Summary</td>
<td>3</td>
</tr>
<tr>
<td>Demographics</td>
<td>4</td>
</tr>
<tr>
<td>1. Service Area Map</td>
<td>4</td>
</tr>
<tr>
<td>2. Population</td>
<td>5</td>
</tr>
<tr>
<td>3. Age Distribution</td>
<td>6</td>
</tr>
<tr>
<td>4. Race</td>
<td>7</td>
</tr>
<tr>
<td>Socioeconomic Factors</td>
<td>8</td>
</tr>
<tr>
<td>1. Income</td>
<td>8</td>
</tr>
<tr>
<td>2. Poverty</td>
<td>9</td>
</tr>
<tr>
<td>3. Payer Mix</td>
<td>10</td>
</tr>
<tr>
<td>4. Employment by Major Industry</td>
<td>10</td>
</tr>
<tr>
<td>5. Education</td>
<td>11</td>
</tr>
<tr>
<td>Primary Health Care Risks</td>
<td>13</td>
</tr>
<tr>
<td>Methodology</td>
<td>20</td>
</tr>
<tr>
<td>1. Access</td>
<td>20</td>
</tr>
<tr>
<td>2. Plan</td>
<td>23</td>
</tr>
<tr>
<td>3. Implement</td>
<td>23</td>
</tr>
<tr>
<td>Priority Health Needs</td>
<td>23</td>
</tr>
<tr>
<td>1. Mental Health, Drugs, &amp; Alcohol</td>
<td>23</td>
</tr>
<tr>
<td>2. Lifestyle</td>
<td>26</td>
</tr>
<tr>
<td>3. Access to Health Care</td>
<td>29</td>
</tr>
<tr>
<td>2013 Plan Review</td>
<td>31</td>
</tr>
<tr>
<td>Implementation Plan</td>
<td>32</td>
</tr>
<tr>
<td>1. Lifestyle</td>
<td>32</td>
</tr>
<tr>
<td>2. Mental Health, Drugs, &amp; Alcohol</td>
<td>33</td>
</tr>
<tr>
<td>3. Access to Health Care</td>
<td>34</td>
</tr>
<tr>
<td>Appendices</td>
<td>35</td>
</tr>
<tr>
<td>1. MUA/HPSA Designated Areas</td>
<td>35</td>
</tr>
<tr>
<td>References</td>
<td>37</td>
</tr>
</tbody>
</table>
Executive Summary

In 2010, the Patient Protection and Affordable Care Act was signed into law and required charitable hospitals to conduct a community health needs assessment and to adopt strategies to meet community health needs identified through the assessment. Barnesville Hospital is a Critical Access Hospital which is a not for profit, charitable organization and is committed to caring for our communities. Barnesville Hospital has a sincere desire to identify and better understand the current health status and the community health needs and to actively work to improve the health for all residents within our service area. The Community Health Needs Assessment included collaborative efforts with other organizations, the collection of data and the active solicitation of feedback from area residents and organizations on the most significant healthcare needs and challenges we face today.

The Community Health Needs Assessment is aligned with Barnesville Hospital’s Mission Statement:

Barnesville Hospital’s mission statement:

- To improve the community’s health through the efficient provision, coordination and integration of quality health care services, and health education.
- To provide compassionate quality health services according to the physical, spiritual, psychological, social, religious, environmental and economic needs of our patients and communities.

The data was drawn from state and national sources and provided measures and indicators of the health and wellbeing of the residents in our region. The hospital worked with area community representatives and health care professionals to analyze the current health needs of the region.

The top three health-related issues identified as part of the Community Health Needs Assessment:

1. Drug Addiction/Mental Health
2. Lifestyle
3. Access to Care
Demographics

Service Area

This study focuses on the Barnesville Hospital service area of 25 zip codes within the counties of Belmont, Monroe, Guernsey, Harrison, and Noble. These 1,135 square miles have a population of 152,597 people, of which a significant percent of the residents fall below the poverty line in 2013. (US Census Bureau) Belmont County has 9,600 or 14.6% of population, Guernsey County 8,000 or 20.3% of population, Harrison 2,800 or 18.4 % of population, Monroe County 2,700 or 19.0 % of population and Noble 1,800 or 15.2 % of the population fall below the poverty guidelines.

Current population demographics are relevant because these counts are necessary to quantify the community as defined and play a role in the types of health and social services needed.

Population
(Based on ZIP codes in service area)

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>POPULATION</th>
<th>LOCATION</th>
<th>POPULATION</th>
<th>LOCATION</th>
<th>POPULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alledonia</td>
<td>226</td>
<td>Barnesville</td>
<td>7,487</td>
<td>Beallsville</td>
<td>1,973</td>
</tr>
<tr>
<td>Jacobsburg</td>
<td>2,070</td>
<td>Jerusalem</td>
<td>1,083</td>
<td>Lafferty</td>
<td>84</td>
</tr>
<tr>
<td>Byesville</td>
<td>4,984</td>
<td>Lewisville</td>
<td>1,542</td>
<td>Senecaville</td>
<td>2,106</td>
</tr>
<tr>
<td>Fairview</td>
<td>55</td>
<td>Morristown</td>
<td>66</td>
<td>Summerfield</td>
<td>865</td>
</tr>
<tr>
<td>Flushing</td>
<td>2,407</td>
<td>Old Washington</td>
<td>275</td>
<td>Woodsfield</td>
<td>5110</td>
</tr>
<tr>
<td>Freeport</td>
<td>1,996</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Data Source: US Census Bureau, 2007-2011 American Survey 5 Year Estimates*
**Age Distribution**
*(Based on total population within counties)*

Age distribution is important to plan for services and programs and to accurately target primary age groups served. All five counties served by Barnesville Hospital have an aging population with the percentage of seniors outnumbering children by 2020. (Scripps Gerontology Center) Seniors typically have chronic conditions and access services at higher rates than younger age groups. Thus, our planning for health care needs is primarily geared toward the middle aged to senior adults.

### Age Distribution

<table>
<thead>
<tr>
<th>County</th>
<th>&lt; 18</th>
<th>18-64</th>
<th>65 &lt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belmont</td>
<td>19.2%</td>
<td>62.6%</td>
<td>18.2%</td>
</tr>
<tr>
<td>Guernsey</td>
<td>23.1%</td>
<td>60.0%</td>
<td>16.9%</td>
</tr>
<tr>
<td>Harrison</td>
<td>21.4%</td>
<td>59.7%</td>
<td>18.9%</td>
</tr>
<tr>
<td>Monroe</td>
<td>20.8%</td>
<td>58.4%</td>
<td>20.9%</td>
</tr>
<tr>
<td>Noble</td>
<td>18.6%</td>
<td>58.1%</td>
<td>23.3%</td>
</tr>
</tbody>
</table>

Race
(Based on median of counties served)

Due to the disproportionately low distribution of race within the service area, it was not considered as a primary indicator to consider during the planning and implementation processes.

<table>
<thead>
<tr>
<th>County</th>
<th>White</th>
<th>Black</th>
<th>Asian</th>
<th>American Indian/Alaska Native</th>
<th>Native Hawaiian/Pacific Islander</th>
<th>Some Other Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belmont</td>
<td>93.8%</td>
<td>4.2%</td>
<td>0.4%</td>
<td>0.2%</td>
<td>0%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Guernsey</td>
<td>95.6%</td>
<td>1.7%</td>
<td>0.3%</td>
<td>0.3%</td>
<td>0%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Harrison</td>
<td>95.8%</td>
<td>2.3%</td>
<td>0.2%</td>
<td>0.2%</td>
<td>0%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Monroe</td>
<td>97.8%</td>
<td>0.6%</td>
<td>0.2%</td>
<td>0.2%</td>
<td>0%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Noble</td>
<td>95.7%</td>
<td>2.7%</td>
<td>0.3%</td>
<td>0.4%</td>
<td>0%</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

Socioeconomic Factors

Many factors combine together to affect the health of individuals and communities. Individuals are generally unable to directly control many of these determinants of health. Influential factors include:

- Income
- Poverty Level
- Payer Mix
- Employment
- Education

Income

Income can impact health directly, as well as indirectly. Directly, income can influence such things as nutritional choices, living circumstances, access to health care, prescription medications, and compliance with the treatment plans. Indirectly, there is a relationship between income and social relationships, which may contribute to poor health.


**Poverty**

High rates of poverty, combined with payer mix, which includes a high percentage of area residents who have no insurance, or depend on Medicare or Medicaid, may be an obstacle to both patients served, as well as Barnesville Hospital. It can impact access, availability, and utilization of services.

### Ratio of Income to Poverty Level

![Graph showing the ratio of income to poverty level for different counties.]


### Percentage of County Population in Poverty

![Pie chart showing the percentage of population in poverty for different counties.]

*Data Source: 2010-2014 American Community Survey.* U.S. Census Bureau.
Employment by Major Industry
(Based on median of counties served)

Industry impacts the health of a community, both directly and indirectly. There may be environmental exposures, such as asbestos and air pollution, which can negatively impact health. Physical injuries, exposure to carcinogens or infectious disease, coupled with a sedentary lifestyle are only some factors affecting the health in a community.
Employment By Industrial Sector
(Average Employment Number)

<table>
<thead>
<tr>
<th>Industrial Sector</th>
<th>Belmont County</th>
<th>Guernsey County</th>
<th>Harrison County</th>
<th>Monroe County</th>
<th>Noble County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Sector</td>
<td>19,059</td>
<td>12,202</td>
<td>3,169</td>
<td>2,821</td>
<td>2,507</td>
</tr>
<tr>
<td>Goods-Producing</td>
<td>3,820</td>
<td>3,983</td>
<td>1,322</td>
<td>1,209</td>
<td>1,024</td>
</tr>
<tr>
<td>Natural Resources &amp; Mining</td>
<td>1,899</td>
<td>335</td>
<td>468</td>
<td>----</td>
<td>218</td>
</tr>
<tr>
<td>Construction</td>
<td>1,069</td>
<td>755</td>
<td>410</td>
<td>216</td>
<td>603</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>853</td>
<td>2,893</td>
<td>444</td>
<td>----</td>
<td>202</td>
</tr>
<tr>
<td>Service – Providing</td>
<td>15,239</td>
<td>8,219</td>
<td>1,847</td>
<td>1,612</td>
<td>1,484</td>
</tr>
<tr>
<td>Trade, Transportation &amp; Utilities</td>
<td>5,319</td>
<td>2,617</td>
<td>715</td>
<td>718</td>
<td>534</td>
</tr>
<tr>
<td>Information</td>
<td>336</td>
<td>102</td>
<td>----</td>
<td>16</td>
<td>14</td>
</tr>
<tr>
<td>Financial Services</td>
<td>1,071</td>
<td>308</td>
<td>136</td>
<td>189</td>
<td>112</td>
</tr>
<tr>
<td>Professional &amp; Business Services</td>
<td>1,157</td>
<td>758</td>
<td>138</td>
<td>92</td>
<td>149</td>
</tr>
<tr>
<td>Education &amp; Health Services</td>
<td>3,938</td>
<td>2,516</td>
<td>519</td>
<td>272</td>
<td>362</td>
</tr>
<tr>
<td>Leisure &amp; Hospitality</td>
<td>2,706</td>
<td>1,566</td>
<td>251</td>
<td>190</td>
<td>244</td>
</tr>
<tr>
<td>Other Services</td>
<td>698</td>
<td>352</td>
<td>----</td>
<td>135</td>
<td>68</td>
</tr>
<tr>
<td>Local Government</td>
<td>2,858</td>
<td>1,673</td>
<td>645</td>
<td>716</td>
<td>463</td>
</tr>
<tr>
<td>State Government</td>
<td>755</td>
<td>526</td>
<td>46</td>
<td>31</td>
<td>468</td>
</tr>
<tr>
<td>Federal Government</td>
<td>156</td>
<td>117</td>
<td>49</td>
<td>46</td>
<td>24</td>
</tr>
</tbody>
</table>


**Education**

Education is relevant because low levels of literacy may be a barrier to the understanding and use of health education materials, and may prevent or minimize patient adherence to medical advice. This project focuses on the average freshman graduation rate (AFGR), which measures the percentage of students receiving their high school diplomas within four years. The Healthy People 2020 Target is over 82.4%.
High School Diploma in 4 Years

*Data Source:* http://www.countyhealthrankings.org (2016 data)

Primary Health Care Risks for our Region

Leading Causes of Death in Area Per 100,000 Population

Belmont County

Guernsey County
Leading Causes of Death for State of Ohio Average Per 100,000 Population

Heart Disease Deaths Per 100,000 People


Cardiovascular Disease (Stroke) Deaths Per 100,000 People


All Cancer Death Per 100,000 People


Chronic Lower Respiratory Disease (COPD) Deaths Per 100,000 People

**Pneumonia & Influenza Deaths Per 100,000**


**Diabetes Deaths Per 100,000 People**


**Suicide Deaths Per 100,000 People**

Accidents & Unintentional Injuries Deaths Per 100,000


Alzheimer's Deaths per 100,000

County Health rankings, 2016

Health Outcome- includes length of life and quality of life.

Health Behaviors include- adult smoking, adult obesity, food environment, physical inactivity, access to exercise opportunities, excessive drinking, alcohol impaired driving deaths, sexually transmitted infections

Clinical Care- access to care and quality of care


Physical Environment –air pollution, drinking water, severe housing problems, driving alone to work, long commute
Methodology

Barnesville Hospital has a sincere desire to identify and better understand the current health status and community health needs and to actively work to improve the health of all residents within our service area. The following model depicts the Community Health Needs Assessment as an ongoing process.

Assess: Phase I January 2016 – April 2016)

The first phase of assessment consisted of the compilation of relevant health data and trends for our region. Barnesville Hospital utilized national, state and local sources to collect pertinent health data. The data was reviewed and analyzed to identify priority concerns. Data sources included in part:

- Community Commons (http://www.chna.org)
- U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates
- County Health Rankings & Roadmaps (http://www.countyhealthrankings.org)
- Barnesville Hospital Statistical Report on ZIP codes of patients served

Barnesville Hospital worked collaboratively with Ohio Hills Health Services, a federally qualified health center, and the Belmont County Health Department as they conducted their community health needs assessments.
There is significant overlap in the service area served by these three organizations and it is not surprising the top health related issues identified were similar. Ohio Hills Health Services identified the following:

1. Lifestyle (Diet, Nutrition Exercise)
2. Dental Services
3. Mental Health and Substance Abuse

The Belmont County Health Department identified the following:

1. Substance Abuse
2. Mental Health
3. Obesity
4. Infant Mortality

**Assess: Phase II (May – July 2016)**

The second phase of the project consisted of targeted focus groups to gather feedback from citizens who represented the broad interests of the communities served by Barnesville Hospital. Barnesville Hospital selected individuals who were knowledgeable regarding their community and were willing and able to accurately reflect the health care needs.

**Focus Groups**

Focus groups were conducted to discuss what community representatives viewed as the most pressing health problems in their communities. Focus groups were held in:

- Barnesville
- Bethesda
- Woodsfield

In each focus group a Barnesville Hospital Senior Leader served as moderator and additional hospital staff served as scribes. Participants were provided with an overview of the community health needs assessment process. The importance of open dialogue was encouraged. It was stressed that “there were no wrong answers.” The moderator explained that, while there were many similarities among the communities, each had some unique characteristics. In order to provide feedback to the groups, Barnesville Hospital pledged to share the *2016 Community Health Needs Assessment Report* upon completion.
The following questions were asked to prompt discussion:

- What health care needs or problems are most common in your community?
- What role does Barnesville Hospital play in your community?
- What health care services are currently missing or unavailable in your community?

At the conclusion of the discussion participants were asked to prioritize results.

In addition to the community focus group an additional meeting was held with individuals having a special knowledge in public health, community organizations, and resources to utilize their expertise and to solicit their feedback. Collaborating partners within the community included:

- Clinical Quality, The Health Plan of the Upper Ohio Valley, Inc.
- 21st Century Grant Coordinator, Barnesville Exempted Village Schools
- Executive Director, Belmont County Emergency Management Agency
- Executive Director, Ohio Hills Health Services
- SE Ohio Regional Epidemiologist, Noble County Health Department
- Director, Crossroads Counseling
- Health Educator, Belmont County Health Department
- EMS Captain, Barnesville Fire Department
- Program Chair, Assistant Director of Nursing, Belmont College
- Director of Development, Barnesville Hospital Foundation
- CFO, Barnesville Hospital
- Chief Nursing Office, Barnesville Hospital
- Education and Projects, Ohio State Health Network
- Outreach, Southeastern Home Care
- Administrator, Astoria Place of Barnesville

There was general consensus from the group regarding the community health needs identified during the Assessment phases of the project. Needs were prioritized according to the number of individuals impacted by the problem; the severity of the problem, including the risk of morbidity and mortality; and the ability of Barnesville Hospital to impact the problem. Collaboration with other agencies within the service area will occur to the extent possible.

Town Hall Meetings- Two Town Hall Meetings were held to address the topic of Heroin Addiction. The Town Hall Meetings were hosted by Crossroads Counseling, Ohio Hills Health Services and Barnesville Hospital. While these meetings were directed toward a specific issue, the response and participation in the Town Hall Meetings confirms the concern area residents
have regarding the topics of drug abuse and addiction. Meetings were held in Barnesville, Ohio (250 area residents attended) and in Woodsfield, Ohio (125 area residents attended).

**Plan (August- November 2016)**

**Implement**

The top 3 priority needs will serve as a foundation for an implementation plan to meet community health needs. The implementation plan will be integrated into Barnesville Hospital’s Strategic Plan and considered adopted when reviewed and approved by the Barnesville Hospital Board of Trustees. Once approved, it will be made widely available to the community via print, social media, and the Barnesville Hospital webpage.

**Priority Health Needs**

The findings of the relevant health data and trends for our region, the input from the focus groups and Town Hall Meetings, and the recommendations from community leadership group were carefully reviewed by the Hospital’s Management Team. Consideration was given to the following:

1. **Consequential**- Will it make a difference if we address this as a priority? What will be the consequence of not addressing it?
2. **Community Support**- Are there sufficient resources that could be dedicated to this priority by community partners and Barnesville Hospital?
3. **Pragmatic**- Can we do something to address this problem?

**The Following Priorities were identified-**

**Key Findings #1- Drug Addiction/Mental Health**

Drug Addiction- The number of unintentional drug overdose deaths in Ohio increased again in 2015, driven by a sharp rise in fentanyl-related deaths, (Ohio Department of Health, 2015 Ohio Drug Overdose Data) the number of fentanyl related deaths in Ohio has increased from 84 in 2013, to 503 in 2014 and rose to 1,155 in 2015.

Overall, drug overdose in Ohio increased from 2,531 in 2014 to 3,050 in 2015. Heroin was involved in 46.7 percent of all overdose deaths. Consequently, it is not surprising that while Drug/Alcohol and Mental Health was listed as a concern during our previous Community Health
Needs Assessment in 2013 the importance area residents and health care professional have placed on this issue has increased dramatically.

**Drugs & Alcohol**

Unintentional Drug Overdose Death Rate Per 100,000 People

*Data Source: Ohio Department of Vital Statistics, 2007-2013*

It appears there is great disparity in how individual counties count deaths due to drug overdose. This graph may not be accurate as there is not a standard reporting practice locally.

**% Population Heavily Consuming Alcohol**

Mental Health

The ratio of mental health providers in our service area falls significantly behind the state ratio. There is also an alarming shortage of inpatient psychiatric beds.

Across the nation, the rate of inpatient psychiatric beds has plummeted to 1850 levels. There were over 558,000 public psychiatric beds in 1955 — which declined over 92 percent to around 43,300 beds by 2010, according to 2012 data from Treatment Advocacy Center. Ohio is one of 11 states to have a “critical bed shortage” for mentally ill patients needing hospitalized, according to the national nonprofit Treatment Advocacy Center. Ohio — which lost 152 beds between 2005 and 2010 — has only 18 percent of the beds necessary to meet the needs of its population with severe mental illness. Treatment Advocacy Center, 2015.

<table>
<thead>
<tr>
<th>Mental Health Professionals Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belmont</td>
</tr>
<tr>
<td>Guernsey</td>
</tr>
<tr>
<td>Harrison</td>
</tr>
<tr>
<td>Monroe</td>
</tr>
<tr>
<td>Noble</td>
</tr>
<tr>
<td>Ohio</td>
</tr>
</tbody>
</table>


Mental Health- In 2014, there were an estimated 43.6 million adults aged 18 or older in the United States with mental illness in the past year. This number represented 18.1% of all U.S. adults. (NIMH) In addition, 3.6%, or 1,387,000, rural residents experienced serious thoughts of suicide during the year.

While the prevalence of mental illness is similar between rural and urban residents, the services available are very different. Mental healthcare needs are often not met in many rural communities across the country because adequate services are not present. Providing mental health services can be a real challenge in rural areas.

The following factors are particular challenges to the provision of mental health and drug and alcohol services in rural communities:

- **Accessibility** - rural residents often travel long distances to receive services, are less likely to be insured for mental health services, and less likely to recognize the illness
• **Availability** – Chronic shortages of mental health professionals exist and mental health providers are more likely to live in urban centers

• **Acceptability** – the stigma of needing or receiving mental healthcare and the fewer choices of trained professionals who work in rural areas create barriers to care

**Key Findings #2 Lifestyle**

There is overwhelming evidence that lifestyle choices impact health. Poor lifestyle choices significantly contribute to the development of chronic diseases and increase healthcare costs. Harvard School of Public Health reports that 70 percent of heart attacks occur because of poor lifestyle choices such as smoking, a bad diet and lack of exercise.

**Nutrition & Weight Status**

Lack of proper nutrition has lead to an increase in adult and childhood obesity, putting individuals at greater risk for heart disease, stroke, and diabetes.

**Adult Obesity Rate**


**Childhood Obesity**

Childhood obesity and overweight affect approximately 30% of US children. Many of these children have obesity-related comorbidities, such as hypertension, dyslipidemia, fatty liver disease, diabetes, polycystic ovary syndrome (PCOS), sleep apnea, psychosocial problems, and others. (Children’s Hospital’s Association, August 2014)

In addition to suffering with poor physical health, overweight and obese children can often be targets of early social discrimination. The psychological stress of this social stigmatization can then cause low self-esteem which can then hinder academic and social functioning, and persist into adulthood. Physical fitness has been shown to associate with higher achievement. (2013 Ohio Youth Risk Behavior Survey from the Ohio Department of Health).
Activity

There is a need to reduce the proportion of adults who engage in no leisure time physical activity. The indicator **% of population with no leisure time physical activity** reports the percentage of adults aged 18 and older who self-report no leisure time for activity, based on the question: “During the past month, other than your regular job, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?” Factors negatively impacting the amount of time spent on physical activity include:

- Advancing age
- Low income
- Lack of time
- Low motivation
- Rural residency
- Perception of great effort needed for exercise
- Overweight or obesity
- Perception of poor health
- Lack of resources
- Being disabled

% of Population with No Leisure Time Physical Activity

According to the 2008 Physical Activity Guidelines for Americans, adults need 150 minutes of moderate-intensity activity each week and muscle-strengthening activities on 2 or more days a week, while children, ages 6-17 should have at least an hour daily. Inactive adults have a higher risk for early death, heart disease, stroke, type 2 diabetes, depression, and some cancers. The Healthy People 2020 target is 32.6%

For the first time the issue of safety was discussed as a deterrent to exercise and a healthy lifestyle. Parents are reluctant to let children play outdoors unsupervised and some women reported being unwilling to walk, run or go to the park unless in the company of others.

While our counties are predominantly rural and we are surrounded by the great outdoors, access to recreational and fitness parks and facilities are limited. Access is important because it encourages physical activity and other healthy behaviors.

Access to Exercise Opportunities


Tobacco Use

In the Barnesville Hospital service area, an estimated 21% of adults report smoking cigarettes. (County Health Rankings, 2016) This indicator is relevant because tobacco use is linked to leading causes of death, such as cancer and cardiovascular disease. Also, there is no risk-free level of exposure to secondhand smoke, including a number of health problems in infants and children. There is also a financial impact of smoking. Smoking leads to $263 million in health care expenditures daily, nearly $200 billion in health care costs and lost productivity every year.
Key Finding #3 - Access to Health Care

Inadequate access to healthcare has been linked to poorer health outcomes and complications from untreated conditions and greater reliance on emergency departments for urgent health care needs. A large portion of the service area has been designated a Health Professional Shortage Area (HPSA) and/or a Medically Underserved Area (MUA).

Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community members access services such as health screenings, routine tests, and vaccinations. However, rural residents often experience barriers to healthcare that limit their ability to get the care they need. (Healthy People 2020)

Transportation

Lack of access to affordable transportation is a major contributor to health disparities. It isolates low-income people from health care facilities and forces families to spend a large percentage of their budgets on cars and other expensive options, at the expense of other needs, including health care.

The poorest fifth of American families spend 42% of their incomes on transportation. This massive expenditure can wipe out already limited budgets for out-of-pocket medical expenses, nutritious food, and healthy recreational activities.

Insurance

Lower-income employees have greater problems with health care access—broadly defined as not filling prescriptions because of cost, skipping doses to make medication last longer, not seeking preventative care, or delaying or avoiding getting health care because of cost. Low income employees may also be working jobs which do not offer paid time off; consequently missing work for a medical appointment means less income.

High Cost

One in four privately insured adults said it was difficult or impossible to afford their insurance premiums. Lower income adults had the greatest difficulty affording their co-payments and coinsurance. Two of five adults with high deductibles relative to their income delayed or avoided needed health care because of their deductible. (Commonwealth Fund Health Care Affordability Tracking, Survey, July-August, 2015)

Lack of Availability

Fewer medical students are choosing primary care careers, while the number of training programs for primary care is falling. To continue on this path means the existing shortage in underserved areas can only worsen, contributing to a deterioration of health outcomes, a widening of health disparities, and a rising price tag on the cost of health care.

Healthcare services frequently difficult to obtain in rural areas include OB/GYN, Mental Health, Dental, Substance Abuse and access to specialty physicians. All of these were mentioned in the Focus Groups.

<table>
<thead>
<tr>
<th>Primary Care Physician Ratio</th>
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<tr>
<td>Belmont</td>
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<td>Guernsey</td>
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<td>Harrison</td>
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<td>Monroe</td>
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<td>Noble</td>
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<td>Ohio</td>
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*Data Source: [http://www.countyhealthrankings.org](http://www.countyhealthrankings.org) (2016 data)*
Education regarding Availability of Services

Focus group members felt the problem was compounded by the fact area residents often were not aware of the services which were available locally.

Solving access problems is not possible without two elements:

1. A sufficient supply of primary care health professionals, including physicians, nurse practitioners, physician assistants, nurses, dental and behavioral health (i.e., mental health and substance abuse) professionals, plus other clinical staff.

2. Policy and incentives that permit distribution of the primary care workforce to serve populations and areas of greatest need.

Implementation Plan

2013 Community Health Needs Assessment Implementation Plan- Review

The 2013 Implementation Plan was carefully reviewed. Within the last three years we accomplished the following tasks.

Lifestyle

- A number of community education and outreach events were held to promote a positive lifestyle including nutrition, weight status, and physical activity.
- Assessment and when required education was provided to all inpatients regarding tobacco use.

Mental Health, Drugs and Alcohol

- A number of activities were held to address substance abuse including Drug Take Back Programs, School Programs and Medication Brown Bags.
- Plans were being explored for more active intervention strategies regarding drug use.

Access to Health Care

- Active collaboration was implemented with Ohio Hills Health Service to provide education and onsite insurance counselors and the role of our Financial Counselor was promoted through the media.
- The recruitment of specialty physicians is always a challenge for rural hospitals, however, a dermatologist and audiologist began practicing at the Barnesville Hospital Medical Center.
<table>
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<tr>
<th>Priority Need</th>
<th>Plan</th>
<th>Implement</th>
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<tbody>
<tr>
<td><strong>1. Drug Addiction/Mental Health</strong></td>
<td>Reduce substance abuse &amp; alcohol consumption to protect the health, safety, and quality of life for all area residents.</td>
<td>Provide Drug Take Back programs on an annual basis as a means to educate the community on the need to reduce the availability of unwanted medication in the home and in the community and to offer a safe and confidential way to dispose of medications. Provide a Drop Box in the Hospital Lobby to allow community members a vehicle to dispose of unwanted medications and syringes on an as needed basis. Collaborate with the Belmont County Health Department to provide education regarding Narcan for community members and health care professionals and to provide Narcan free of charge through the Project Dawn program.</td>
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| Mental Health | Improve mental health through ensuring access to appropriate, quality mental health services. | • Explore feasibility of Tele-Psych with strategic partner Ohio State University Wexner Medical Center, to assist patients who are in a crisis situation in the Emergency Department or when admitted as an inpatient.  
• Develop referral brochure including mental health resources in service area which can be provided to patients and family members.  
• Educate staff as to the role Hospital’s medical social worker can play in assisting with appropriate referrals for counseling and in assisting in psychiatric placements when warranted. |
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<tr>
<td>2. Lifestyle</td>
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| Nutrition & Weight Status | Promote health and reduce chronic disease risk by encouraging the consumption of healthful diets and achievement and maintenance of health body weights. | • Offer education programs to address the top health risk factors which can be positively influenced by diet- Heart Disease and Diabetes.  
• Partner with Riesbeck’s to provide education on nutrition programs such as label reading education, preparing healthy school lunches, etc.  
• Facilitate a weight loss program for employees and community members |
| Physical Activity | Improve health, fitness, and quality of life through daily physical activity. | • Conduct fitness screenings in the community – body composition analysis, flexibility testing, grip strength, blood pressure.  
• Provide fitness opportunities for employees and community members such as exercise classes, preparing for 5K, water aerobics, etc. |
<table>
<thead>
<tr>
<th>Education</th>
<th>Unhealthy lifestyle choices are a detriment to good health.</th>
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<tr>
<td></td>
<td>- Hospital will offer health and wellness programs emphasizing proper nutrition, the importance of exercise and the benefits of smoking cessation.</td>
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<td>- Offer community wellness program on topics pertinent to community members</td>
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<tr>
<th>3. Access to Health Care</th>
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<tr>
<td>Transportation</td>
<td>To improve access to medical care through the provision and availability of transportation services</td>
</tr>
<tr>
<td></td>
<td>- Develop a guide for patients and families detailing available transportation services.</td>
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<tr>
<td></td>
<td>- Transportation is a community wide issue which the Hospital cannot address on our own, however, we will continue to network with other community organizations regarding the need and options for transportation.</td>
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<tr>
<th>Affordable Health Care</th>
<th>To ensure area residents have access to information regarding the availability and support to navigate insurance and assistance options.</th>
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<tr>
<td></td>
<td>- Actively work with Ohio Hills Health Services financial counselors to provide education and assistance regarding accessing and options regarding insurance.</td>
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<td></td>
<td>- Promote the availability of Hospital’s Financial Counselor who can refer patients to appropriate resources to assist with medical bills and explore options to assist patients with outstanding medical bills.</td>
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<thead>
<tr>
<th>Lack of Availability</th>
<th>Increase patient’s access to physicians and healthcare they need to maintain good health.</th>
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<td>- Continue to recruit and provide primary care and specialty physicians to meet the needs of those residents in service areas.</td>
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<td></td>
<td>- Explore Tele-Medicine as an option to have specialists readily available to serve our rural region.</td>
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<td></td>
<td>- Explore feasibility of Urgent Care to meet the needs of area residents and possibly the transient workers associated with Oil and Gas.</td>
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<td></td>
<td>- Educate community on services available at Barnesville Hospital.</td>
</tr>
</tbody>
</table>
Medical primary care health professional and mental health shortage and medically underserved areas, 2016
Mental Health Professional Shortage Areas
HRSA Data Warehouse, 2016

References

- 2010-2014 American Community Survey, U.S. Census Bureau
- Community Health Rankings (http://www.countyhealthrankings.org (2016 data))
• Healthy People 2020

• Ohio Department of Vital Statistics, 2007-2013


• (2013 Ohio Youth Risk Behavior Survey from the Ohio Department of Health).


