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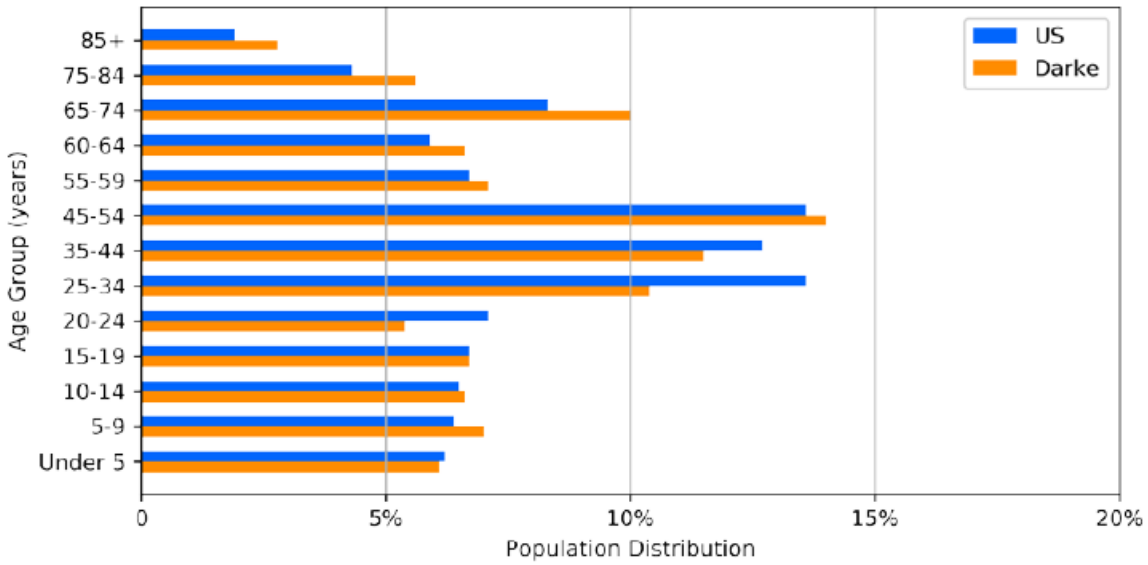
Introduction

Wayne HealthCare Service Area

The primary service area for Wayne HealthCare is defined as Darke County located in western Ohio. Darke County borders the state of Indiana and is a 30 to 90 minute drive from several major, Midwestern metropolitan communities including: Dayton, Cincinnati, and Columbus in Ohio, and Indianapolis, Indiana. According to the Office of Rural Health Policy, Darke County is considered a rural county. Approximately 82% of the county's land is cultivated crops; 3% of the land is pasture; 5% of the land is considered forest; 7% of land is developed; 0.17% of the land is open water; and 0.13% of the land is wetlands.

Darke County's total population is estimated to be about 52,507. Its largest community and city is Greenville with an estimated 13,227 residents. The Ohio Development Services Agency forecasts Darke County's overall population to decrease by approximately 9% by the year 2040. The population under the age of 65 years of age is projected to decrease by approximately 10% by the year 2040 while the population over the age of 65 is expected to increase by approximately 12% by the year 2040. The median age in Darke County is 42 years while the median age for the State of Ohio is 39.3 years, while the U.S. median age is 38. These age statistics provide important background information for the health priorities presented later in this report.

The following is a population chart for Darke County from years 2012-2016.



There are 20,803 households in Darke County and 14,265 family households. About 72.2% of housing units are owner-occupied and 27.8% are renter-occupied. Across the County, 3,180 people received food assistance from the Supplemental Nutrition Assistance Program (SNAP) in 2017, which is 6% of the population and is 9.15% less than the percentage that received food assistance in 2016. Approximately 10.5% of Darke County's population does not have a high school diploma.

Source: Ohio Development Services Agency, 2017, http://www.development.ohio.gov/files/research/C1020.pdf; U.S. Census Bureau, 2010 Census; U.S. Census Bureau, 2017, American Community Survey; Darke County Job and Family Services, 2013, http://jfs.ohio.gov/County/cntypro/pdf13/Darke.stm; Massachusetts Institute of Technology (MIT) Living Wage Calculator; http://livingwage.mit.edu/; Ohio Department of Job and Family Services, Ohio Labor Market Information, Local Area Unemployment Statistics (LAUS) Program, 2015, http://ohiolmi.com/laus/ColorRateMap.pdf; Department of Job and Family Services, Public Assistance Monthly Statistics, State Fiscal Year 2017http://jfs.ohio.gov/pams/PAM-2017-REPORTS/Updated-SFY2017.stm

Community Health Needs Assessment

Wayne HealthCare partnered with the Greater Dayton Area Hospital Association, the Southwest District of the Association of Ohio Health Commissioners, Ohio Department of Health, Darke County Health Department, Tri-county Board of Mental Health, Job & Family Services, the Darke County Chamber of Commerce, and Family Health to prepare the 2019-2021 Community Health Needs Assessment (CHNA) with Gwen Finegan serving as the lead consultant. Her role involved responsibility for the following activities:

- Day-to-day management of operations
- Identifying and vetting data resources
- Liaison with THC and GDAHA
- Regular reporting to THC
- Liaison with community organizations
- Liaison with Southwest Association of Ohio Health Commissioners
- Process design and implementation (including but not limited to timeline creation; creation of
- materials; creation of survey questions; meeting design; and overall approach and methodology)

- Quality control and oversight
- Supervision of subcontractors
- Support for hospital and public health representatives (including presentation at meetings, webinar training, communication by phone and email, facilitation of specific requests, and sharing best practice resources)
- Selection of data and creation of tables for mapping
- Creation of regional data tables
- Research for causes of death
- Designing and formatting final report
- Writing final report

A community health needs assessment engages community members and partners to collect and analyze health-related data from many sources.

Data Collection

To prepare the CHNA, primary and secondary data were compiled in order to comprehensively describe the region and Wayne HealthCare service area. Primary and secondary data were compiled and then the region's status was compared to state and national data where possible. Primary data are data collected from firsthand encounters. Secondary data analysis refers to reprocessing and reusing information that has already been collected, such as records from sources such as hospitals, the Ohio Department of Health, or the Centers for Disease Control and Prevention.
This CHNA included: 42 community meetings that attracted 440 (unduplicated) participants; 715 Individual Consumer Surveys (includes 223 Mobile Surveys); 96 Agency Surveys; 74 Latino Consumer Surveys; 39 Surveys from refugees from Rwanda; 29 Health Department Surveys; as well as analysis of secondary data from the local and state level. The study addresses secondary data for maternal and infant health, clinical and preventive services, hospital data, and leading causes of death. Secondary data sources included:

- AIDSvu - http://map.aidsvu.org/map?state=ky
- American Community Survey (5-year estimate 2012-2016)
- Business Analyst, Delorme map data, ESRI, U.S. Census provided by RWJF 2018 County Health Rankings
- Cancer Incidence: Ohio Department of Health, Ohio Cancer Incidence Surveillance System, 2014-2015
- Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. 500 Cities Project Data 2016
- Centers for Disease Control and Prevention, National Center for Health Statistics. CDC WONDER Online Database, Underlying Causes of Death and Multiple Causes of Death
- Centers for Disease Control and Prevention's Division of HIV/AIDS Prevention
- Centers for Disease Control and Prevention's national HIV surveillance program
- Comprehensive Housing Affordability Strategy (CHAS) data
- County Health Rankings 2018 - American Community Survey, 5-year estimates
- County Health Rankings 2018 - Area Health Resource File/American Medical Association
- County Health Rankings 2018 - Area Health Resource File/National Provider Identification File
- County Health Rankings 2018 - Behavioral Risk Factor Surveillance System
- County Health Rankings 2018 - Bureau of Labor Statistics

- County Health Rankings 2018 - Centers for Disease Control and Prevention Diabetes Interactive Atlas
- County Health Rankings 2018 - National Highway Traffic Safety Administration, Fatality Analysis Reporting System
- County Health Rankings 2018 - National Center for Education Statistics
- County Health Rankings 2018 - National Center for Health Statistics
- County Health Rankings 2018 - National Center for HIV/AIDS, Viral Hepatitis, STD, and TB prevention
- County Health Rankings 2018 - Small Area Income and Poverty Estimates
- County Health Rankings 2018 - U.S. Census Bureau's Small Area Health Insurance
- Dartmouth Atlas of Healthcare. Accessed at http://www.countyhealthrankings.org/explore-healthrankings/rankings-data on 2/6/18
- Data USA (Cincinnati) – Access to Care
- ED Facts provided by RWJF 2018 County Health Rankings
- Environmental Protection Agency. Air Quality System Monitoring Data. State Air Monitoring Data. Annual PM 2.5 Level (Monitor only). Accessed from Environmental Public Health Tracking Network:www.cdc.gov/ephtracking. Accessed on 03/01/2018
- Environmental Public Health Tracking Network
- Federal Bureau of Investigation (FBI), Uniform Crime Reporting (UCR), Crime in the United States. Available at: https://ucr.fbi.gov/crime-in-the-u.s/2016/crime-in-the-u.s.-2016/topic-pages/violentcrime
- Feeding America, Map the Meal Gap, Accessed March 9, 2018
- Greater Cincinnati Community Health Status Survey
- http://www.governing.com/gov-data/health/county-suicide-death-rates-map.html
- Indiana State Health Department
- Kentucky Cancer Registry
- Kentucky State Health Department
- kentuckyhealthfacts.org
- Measure of America
- National Center for Health Statistics - Data.CDC.gov
- National Center for Health Statistics - Mortality Files
- National Center for Health Statistics - Natality files
- National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Northern Kentucky Health District
- Ohio Department of Health, Death Certificates
- Ohio Department of Health, HIV/AIDS Surveillance Program. Data reported through 6/30/17
- Ohio Department of Health, STD Surveillance Program. Data reported through 5/7/2017
- Ohio Department of Health: Center for Public Health Statistics and Informatics. Ohio Public Health Information Warehouse
- Ohio Emergency Medical Services; Naloxone Administration by Ohio EMS Providers, accessed at http://www.ems.ohio.gov/links/emsNaloxoneAdminByCounty2017.pdf on 2/13/18
- Population: Bridged-Race County Population data from National Center for Health Statistics (NCHS), Ohio Department of Health, 2014-2015
- PreventionFIRST! Student Drug Use Survey, through 2017
- Safe Drinking Water Information System
- U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates
- U.S. Census Bureau, County Business Patterns
- U.S. Census Population Estimates

- Uniform Crime Reporting – FBI
- USDA Food Environment Atlas

To ensure broad representation but also inclusion of vulnerable populations, the CHNA Team and its partners did the following:

- Marketing the community meetings through hospitals, health departments, and community-based nonprofit organizations with follow-up email and phone calls to nonprofit agencies that had not been engaged in past CHNA meetings.
- Addressed two meetings of grantees for Interact for Health's Thriving Community initiative to publicize the meetings and share the link to the online survey.
- Solicited input in smaller focus group settings for people who were African-American; Latino; elderly; identifying as belonging within the LBGTQ+ community; or members of Cincinnati's Creating Healthy Communities initiative – and asked them to share the survey link with friends, family, and colleagues.
- Engaged native speakers who were health and outreach workers to conduct one-on-one surveys with Latinos and refugees from the conflict in Rwanda.
- Sent college student interns to community events and festivals, which attracted the general public as well as those which targeted specific populations, such as Cincy Cinco, Asian Food Fest, and Juneteenth (among others) – they conducted the surveys on mobile tablets with drop-down menus.
- People Working Cooperatively also administered mobile surveys in low-income homes, for elderly and disabled residents, where their nonprofit was making repairs and/or accessibility modifications.
- Medical offices shared surveys with patients who were minorities or receiving substance abuse treatment.

Using the key findings from the CHNA, key stakeholders identified and prioritized strategic areas of concern for Wayne HealthCare's service area. These strategic areas were used to develop the hospital's Implementation Strategy.

Selection of Community Health Priorities

Health needs were prioritized utilizing a method that takes into consideration the seriousness, trends, and impact of each health concern.

The criteria used to select the health priorities are:

- Proportion of population impact
- Degree to which the issue is worse than the State and/or the Nation
- Rapid increase/decrease of the issue
- Number of hospitalizations/ED visits
- Number of deaths
- Impacts on other health outcomes
- Seriousness of the consequences of not addressing the issue

Leading Causes of Death

The top causes of death for 2016 were, in descending order:

- Atherosclerotic heart disease
- Lung cancer
- Acute Myocardial Infarction (heart attack)

Consensus on Priorities

Substance abuse proved to be an issue of concern as it was prioritized in the top 3 at the community meeting and in consumer and agency surveys. Access to care issues were prioritized highly at the meeting and by agencies and the Health District. Mental health was a lower priority, but mentioned at the meeting and in consumer and agency surveys.

Once all of these criteria were applied, the top three priorities were selected according to the criteria above and the prevalence of their contributing factors.

Priorities from Community Meeting

Fifteen attendees contributed votes to identify a total of 8 priorities. Below are the topics receiving at least 5% of the votes.

Priority	# Votes	% Votes
Access to care (Transportation, 3)	17	29.3%
Care for elderly	8	13.8%
Substance abuse (Addiction)	6	10.3%
Care for children	5	8.6%
Health education/promotion	5	8.6%
Mental health	4	6.9%
Parenting	4	6.9%

Survey Responses

Below are the most frequent responses from individual consumers, living in Darke County, who completed a survey between 6/19/18 and 8/3/18. 56 people participated. Respondents all answered the question, “Given the health issues facing the community, which ones would be your top priorities?” They mentioned 27 health and/or health-related issues of particular concern to them. The following table contains the issues that received more than 5% of all mentions.

Priority	# Mentions	% Mentions
Chronic disease (Cancer, 11; Obesity, 18)	36	36.7%
Substance abuse (Addiction, 13)	34	34.7%
Mental health	8	8.2%

Six organizations serving Darke County residents, especially vulnerable populations, responded with their priorities. These priorities are listed below.

Priority	# Mentions	% Mentions
Access to care	3	38%
Substance abuse	2	25%
Community collaboration	1	13%
Mental health	1	13%

Violence	1	13%

Health District Priorities

Darke County Public Health provided its health priorities for the community:

- Communicable disease
- Healthcare provider shortage

Health Needs to be Addressed

Wayne HealthCare representatives reviewed the identified health priorities while taking into consideration the hospital's services and programs, areas of expertise, resources, and existing community assets to determine which priority areas could be addressed. Specialists from Wayne HealthCare's Lifestyle Enhancement Center, along with representatives from administration, Diabetes Education, Senior Behavioral Health, Marketing, and other hospital departments came together to determine the health factors that this facility is best positioned to influence during the upcoming planning cycle using the hospital's existing and future programs and accessible resources. The priorities include:

- Chronic Disease
    - Health Education/Promotion
    - Primary & Secondary Prevention
- Mental Health
- Access to Care
    - Preventive care

Implementation Strategy

In support of the 2019-21 Community Health Needs Assessment and ongoing community benefit initiatives, Wayne HealthCare plans to implement the following strategies to impact and measure community health improvement. As Wayne HealthCare moves forward with each initiative, community needs will be continually monitored, and programming and services will be adjusted accordingly.

Darke County Health Snapshot

Darke County Health Snapshot				
Measure/Indicator	**County**	**Trend**	**State**	**U.S.**
Health Outcomes				
Cancer mortality, Breast (rate per 100,000	16.7	-	22.4	20.2
Cancer mortality, Lung (rate per 100,000	53.4	*	49.6	39.4
Cancer mortality, Overall (rate per 100,000	180.6	↑*	174.3	157.1
Childhood asthma (%)	10.7	-	11.0	8.4
Diabetes (%)	12.0	*	11.1	10.7
Heart disease deaths (rate per 100,000)	207.0	*	188.4	167.0
Infant mortality (rate per 1,000 live births)	6.0	-	7.2	5.9
Injury deaths (rate per 100,000)	94.0	*	61.2	45.3
Low birth weight (%)	6.0	-	8.5	8.2
Preterm birth (%)	7.5	-	10.3	9.6
Poor physical health days (last 30 days)	2.4	-	4.0	3.9
Poor mental health days (last 30 days)	4.1	*	4.0	3.7
Stroke deaths (rater per 100,000)	39.6	-	40.6	37.5
Health Behaviors				
Adult obesity (%)	34.0	↑*	30.6	29.2
Adult smoking	20.0	-	22.0	16.5
Alcohol-impaired driving deaths (%)	29.0	↓	34.0	30.0
Chlamydia incidence (rate per 100,000)	222.2	↑	521.6	497.3
Excessive drinking (%)	18.0	-	18.1	16.6
HIV prevalence (rate per 100,000)	74.0	-	199.5	305.2
Motor vehicle crash deaths (rate per 100,000)	17.0	↑*	10.3	11.5
Physical inactivity (%)	29.0	*	26.4	25.2

Darke County Health Snapshot Cont'				
Measure/Indicator	**County**	**Trend**	**State**	**U.S.**
Substance Abuse/Mental Health				
Depression (%)	9.7	-	18.5	17.1
Drug overdose mortality rate (per 100,000)	31.0	↑*	26.2	17.0
Suicide (rate per 100,000)	15.6	*	13.3	13.4
Access to Clinical Care				
Dentists (ratio)	3050:1	↓*	1656:1	1480:1
Mammography screening (%)	66.0	↑	73.7	72.7
Mental health providers (ratio)	1440:1	-*	561:1	470:1
Primary care physicians (ratio)	1860:1	↓*	1307:1	1320:1
Uninsured (%)	8.0	↓	8.0	11.0
Socio-Economic/Demographic				
Children in poverty (%)	18.2	↓	22.1	20.0
African American (%)	0.6		12.1	12.4
Population that is 65 and older (%)	19.1	↑*	14.5	16.0
Population below 18 years of age (%)	24.0	*	23.0	22.3
Source data range: 2014-2017				
*=higher than state and national averages				

Top Causes of Death	**Adult Obesity**	**Rising Death Rates**	**Mental Health**
- Heart Disease - Lung Cancer - AMI (Heart Attack)	Rate increasing and higher than OH & US percentages	(Higher than OH & US) cancer; motor vehicle crash; drug overdose	Fewer providers and higher suicide rates than OH & US

Priority: Chronic Disease Prevention & Health Education/Promotion

Rationale

Mortality from some cancers, mortality from heart disease, and diabetes rates are higher among Darke County residents than the state and national average. Additionally, risk factors for chronic conditions like obesity and physical activity are higher than state and national averages. Adult obesity continues to trend upward among the Darke County population, which could lead to increasing rates of certain chronic conditions, particularly within an aging population. The population over the age of 65 is expected to increase by approximately 12% by the year 2040. The expected rise in population of those 65 and over, coupled with heightened risk factors for chronic conditions, makes chronic disease prevention and health education a needed priority.

Chronic Disease Prevention & Health Education/Promotion Implementation Strategies

Goal: Improve opportunities for chronic disease prevention by supporting education and programming that focuses on risk factor management.

Objective 1: By December 2021, increase opportunities for health education/promotion and prevention programs outside of the traditional healthcare setting.

Activity 1: Inventory existing partnerships with organizations that do not directly provide healthcare services.

Activity 2: Partner with local businesses, human service organizations, libraries, and other entities that may not traditionally offer health education and prevention programs to meet people where they are by going to them with prevention-focused programming and educational opportunities.

Activity 3: Increase marketing of behavior change and risk factor management programs and availability of health education activities, such as the Healthy Living Series, Cardiopulmonary rehabilitation, and clinical exercise program, to organizations in the community.

Objective 2: By December 2021, increase participation in primary and secondary prevention programs and activities.

Activity 1: Increase participation in the Healthy Living Series Program (Prevent T2), which meets the guidelines for the National Diabetes Prevention Program and is approved by the Centers for Medicare and Medicaid Services.

Strategy 1: Provide enrollment and retention support for the National Diabetes Prevention Program through a grant from the Ohio Department of Health (ODH). The grant will cover the cost to participate in the program for those who meet grant requirements.

Strategy 2: Increase awareness of the program by using the new wellness digital platform to educate individuals in the community the lifestyle skills the program teaches.

Strategy 3: Partner with providers and community organizations to inform individuals in the community that Medicare will cover the cost of the program when they meet requirements to participate.

Activity 4: Expand grant eligibility standards to reach more low-income participants.

Activity 2: Increase participation in primary and secondary prevention programs in the Lifestyle Enhancement Center.

Strategy 1: Expand opportunities for community to participate in clinical exercise program, with a renewed focus on weight management.

Strategy 2: Improve marketing aimed at the general community and providers regarding opportunities for cardiopulmonary rehabilitation.

Strategy 3: Increase retention rate of patients transitioning to maintenance phase of cardiopulmonary rehabilitation.

Activity 3: Expand availability of cancer-focused primary and secondary prevention programs.

Strategy 1: Initiate Survivor's Strength clinical exercise secondary prevention program.

Strategy 2: Expand marketing of tobacco cessation programs currently available to the public in the Lifestyle Enhancement Center.

Activity 4: Implement wellness portal to increase access to information on age-appropriate preventive screening, health education materials, and promote opportunities for engagement in primary and secondary prevention.

Priority: Mental Health

Rationale

Darke County has 1,440 residents for every mental health provider. The state ratio is 561:1, the national ratio is 470:1. Darke County is considered a Health Professional shortage Area with regard to mental

health. The population has few providers and higher suicide rates than Ohio and the United States. With the aging population, focusing on geriatric behavioral health will be a priority.

Mental Health Implementation Strategies

Goal: Improve opportunities for geriatric behavioral health management and support through patient screening and community education opportunities.

Objective 1:

By December 2021, implement geriatric depression and geriatric anxiety screenings on all patients to the inpatient Senior Behavioral Health unit.

Activity 1: Implement Geriatric Depression Scale screening on all patients admitted to the Senior Behavioral Health unit completed at the time of admission and the time of discharge.

Activity 2: Implement Geriatric Anxiety Scale screening on all patients admitted to the Senior Behavioral Health unit completed at the time of admission and the time of discharge.

Objective 2:

By December 2021, increase community education programming based on the data gathered through the geriatric screening tools.

Activity 1: Analyze data geriatric anxiety and depression screening results on patients admitted to the Senior Behavioral Health unit.

Activity 2: Increase the number of community partners, skilled facilities, and other geriatric health and wellness providers reached through outreach meetings, community activities, and other networking events, to promote and share the findings of the data collected.

Activity 3: Actively promote the online mental health screening tool provided by the Tri-County Board of Recovery and Mental Health Services during community outreach events

Activity 4: Partner with more organization to provide information on geriatric mental health and wellness at community events and health fairs.

Objective 3:

By December 2021, expand education opportunities among staff and volunteers for identifying mental health issues.

Activity 1: Expand opportunities for education on suicidal risk assessments and risk for self-harm assessment for all hospital personnel.

Activity 2: Improve competencies for nursing personnel regarding assessment of the psychiatric mental health patient.

Priority: Access to Care

Rationale

Darke County has far fewer dentists, mental health, and primary care providers when compared to Ohio and the rest of the United States. Access to clinical care is trending downward. A downward trend in access to care paired with an aging population makes prioritizing increasing access to care critical.

Access to Clinical Care	County	Trend	State	U.S.
Dentists (ratio)	3050:1	↓*	1656:1	1480:1
Mammography screening (%)	66.0	↑	73.7	72.7
Mental health providers (ratio)	1440:1	-*	561:1	470:1

Primary care physicians (ratio)	1860:1	↓*	1307:1	1320:1
Uninsured (%)	8.0	↓	8.0	11.0

Access to Care Implementation Strategies

Goal: Improve access to clinical care in Darke County.

Objective 1:

By December 2021, leverage Wayne HealthCare Professional Services LLC to increase primary care access in Darke County.

Activity 1: Continually assess needs and meet identified needs with appropriate service lines and personnel.

Activity 2: Increase primary care opportunities within Wayne HealthCare Professional Services LLC.

Activity 3: Increase marketing of current primary care providers and Walk-in Care.

Objective 2:

By December 2021, streamline processes to increase reach of OB/GYN services, with a focus on engagement in prenatal care.

Activity 1: Market availability of OB/GYN services

Activity 2: Increase health education regarding prenatal care, targeting vulnerable populations