

Belmont County Community Health Needs Assessment

Prepared by: Jaclyn Yahn and Linda Mehl

2014-15

Belmont County Health Department



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Introduction

This report was conducted through funding by the Ohio Department of Health Child and Family Health Services Grant. According to the Ohio Department of Health, the community health assessment and program planning is the on-going process of identifying and analyzing a community's health problems, needs and assets, as well as its resources and capacity to address priority needs. Information obtained for the community health assessment is used to set priorities and to make decisions about program or organizational improvement and allocation of resources through the development of a community health action plan.

The model used for this assessment was the Community Health Improvement Cycle (CHIC) which was developed by the Ohio Department of Health and uses the following nine steps:

1. Self-assessment (capacity assessment)
2. External assessment
3. Partnership building
4. Planning for data collection
5. Data collection and analysis
6. Priority setting
7. Intervention planning
8. Implementation
9. Evaluation

Mission Statement:

The mission of the Belmont County Health Department is to prevent, promote and protect public health in Belmont County.

Assessment Overview

Geographic Scope

The geographic scope of this assessment includes all of Belmont County, which is comprised of the following twenty-nine (28) subdivisions:

1. Martins Ferry City
2. St. Clairsville City
3. Barnesville Village
4. Bellaire Village
5. Belmont Village
6. Bethesda Village
7. Bridgeport Village
8. Brookside Village
9. Flushing Village
10. Holloway Village
11. Morristown Village
12. Powhatan Point Village
13. Shadyside Village
14. Colerain Township
15. Flushing Township
16. Goshen Township
17. Kirkwood Township
18. Mead Township
19. Pease Township
20. Pultney Township
21. Richland Township
22. Smith Township
23. Somerset Township
24. Union Township
25. Warren Township
26. Wayne Township
27. Wheeling Township
28. York Township

Included Profiles

The following data-based profiles were included in the assessment with the most recent data available. Both state and national data are also included to compare to the data collected from Belmont County.

1. Demographic
2. Economic
3. Education
4. Health

Assessment Process

Partnership Building

In order to make more effective and efficient use of community resources a coalition was formed. Select members from multiple organizations worked together in a common effort to better the community of Belmont County.

Coalition Organizations:

1. Government Officials (Commissioner)
2. Health Agencies
3. Medical Facilities
4. Mental Health Services
5. Neighborhood Leaders
6. School Officials
7. Social Service Agencies

Coalition partners were chosen based on needed resources and political realities in order to have a mix of participants and ensure community ownership in the health improvement process.

Planning and Data Collection

In planning for the assessment, the first step was defining Belmont County as the community. It was then determined that data from both governmental and private sources would be gathered to provide the most comprehensive report possible. The report includes a variety of information that compares local, state and national data.

Data that shows statistic and empirical information was collected from reputable websites. Sources are listed under data graphs and tables, as well as a comprehensive site list at the end of this report.

In addition to collecting publicly available data, three different surveys were developed to gather information from community stakeholders.

1. A Maternal Child Health survey was developed to be completed by Women, Infants and Children center (WIC) clients.
2. A questionnaire/survey was developed for internal assessment of Belmont County Health Department employees and board members.
3. A survey was made available to a broad cross-section of county/city employees and community professionals for external assessment.

Internal Assessment

According to the Ohio Department of Health Child and Family Health Services program standards, a self-assessment is an appraisal of the capacity and/or readiness of a health department to initiate and participate in a Community Health Improvement Cycle (CHIC).

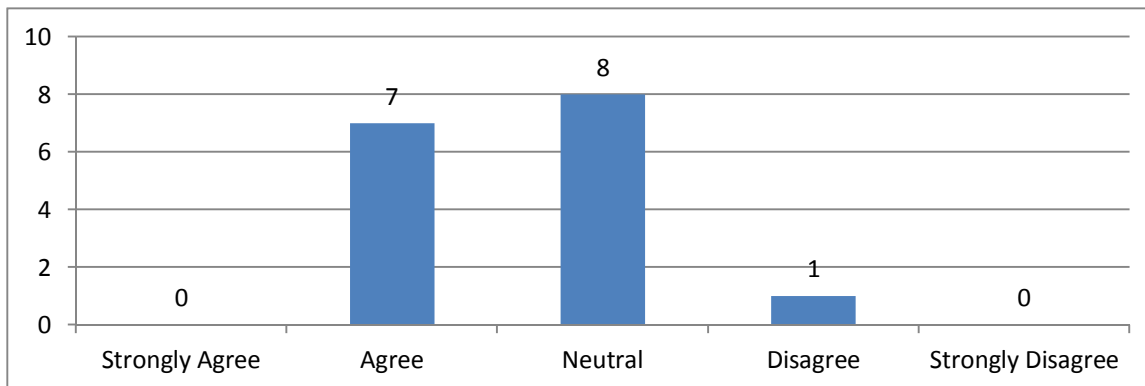
An internal assessment was completed in August of 2014. However, the prior assessment did not fulfill all of the specifications regarding the community health assessment, so it was revamped and included as the internal assessment that follows.

This assessment, done in July of 2015, provided the Belmont County Health Department an opportunity to recognize its need to build capacity, examine strengths and weaknesses, and initiate long term planning to bridge gaps. (Belmont County Health Department Board members, staff members and WIC employees participated in this assessment). The results are as follows:

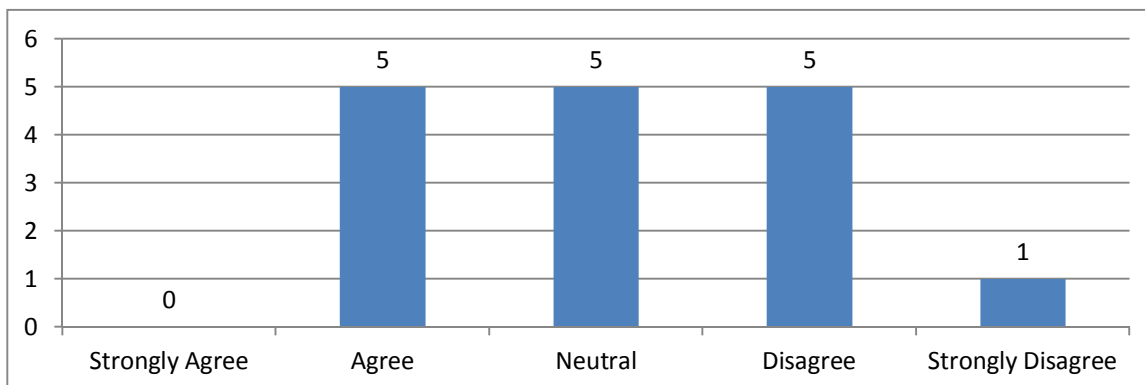
The purpose of this survey is to help the Belmont County Health Department better assess its capacity and/or readiness to initiate and participate in a Community Health Improvement Cycle (CHIC). Please select how you feel regarding each statement. Each statement should be answered on how important it is for your organization AT THIS TIME.

Organizational

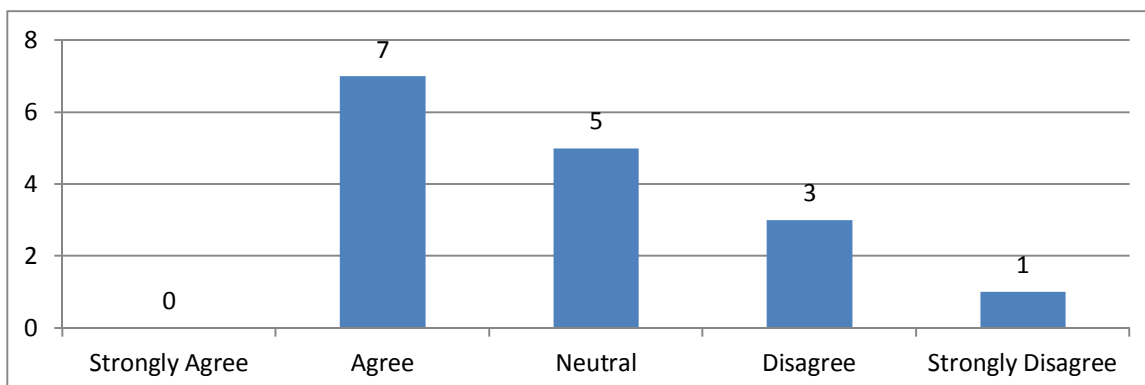
1. We have a clear mission and vision.



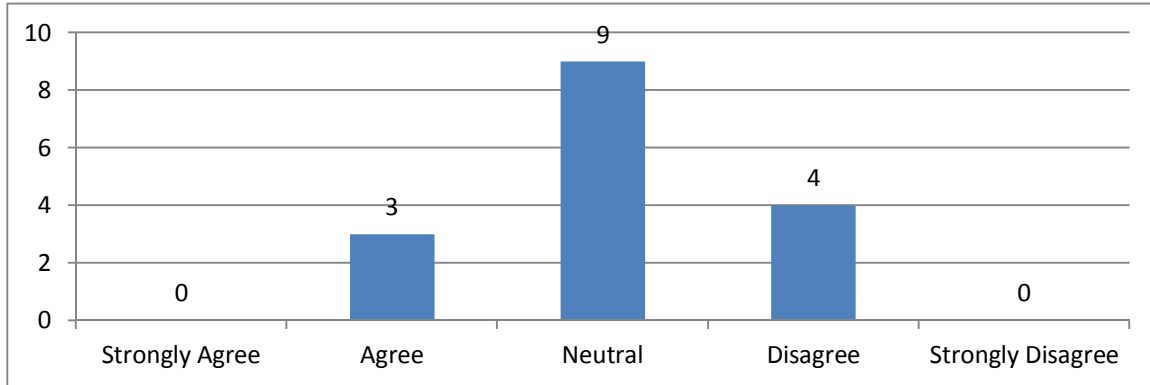
2. We have a clear structure and decision-making process for Board, staff and volunteers.



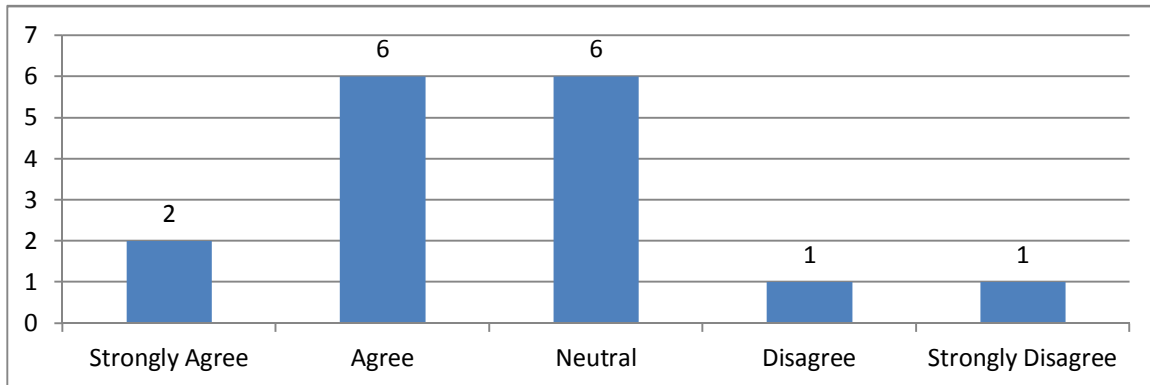
3. We have efficient and effective administrative systems.



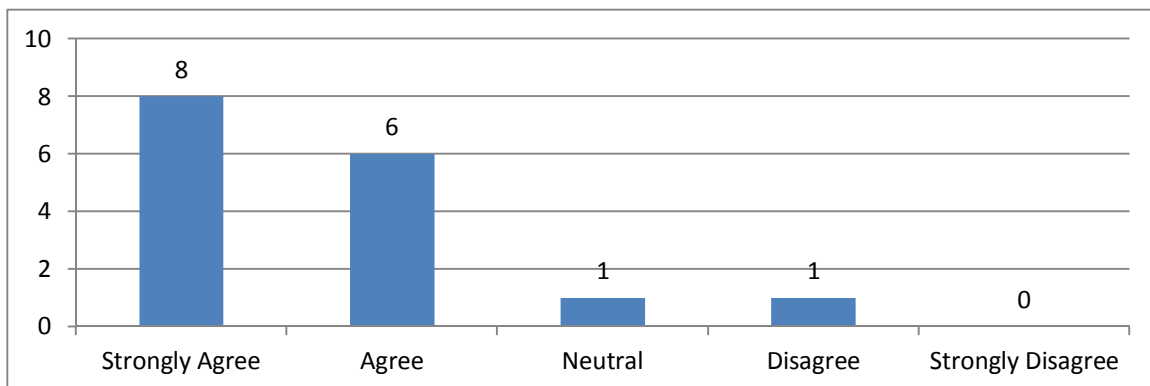
4. We have an annual work plan and budget that have been developed from a strategic plan.



5. The department is positively connected with the public.

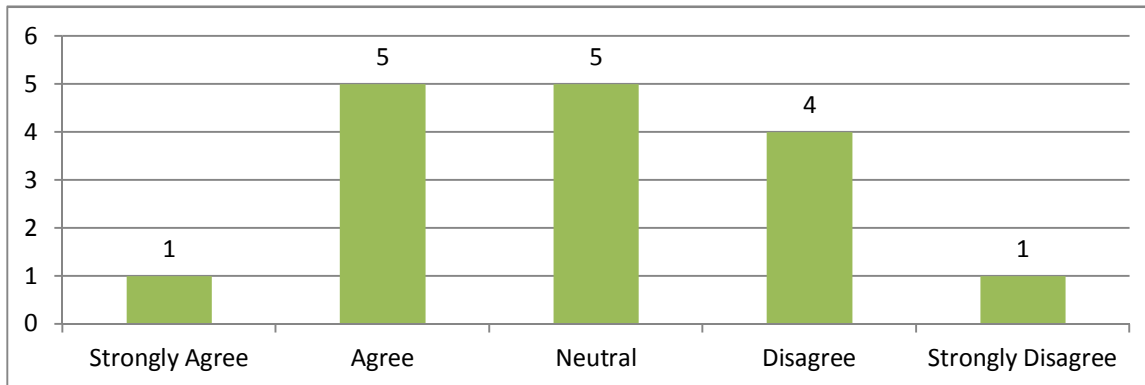


6. The department provides education from experienced and knowledgeable employees to the public.

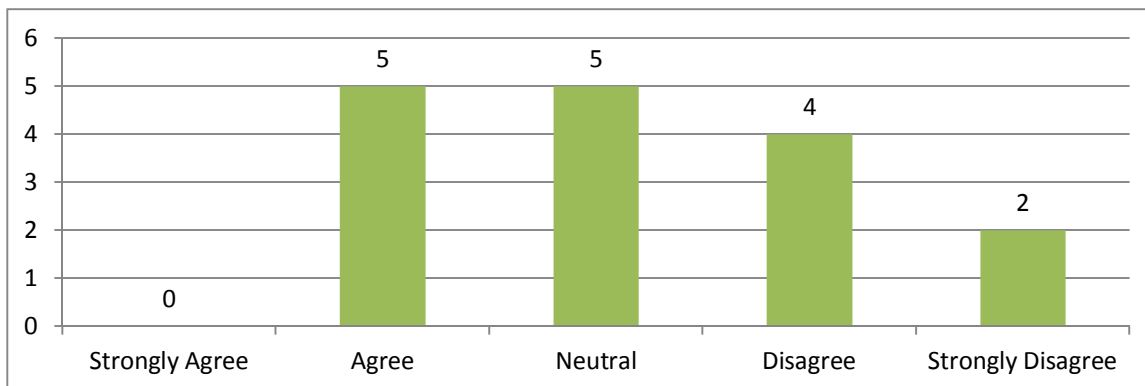


Leadership

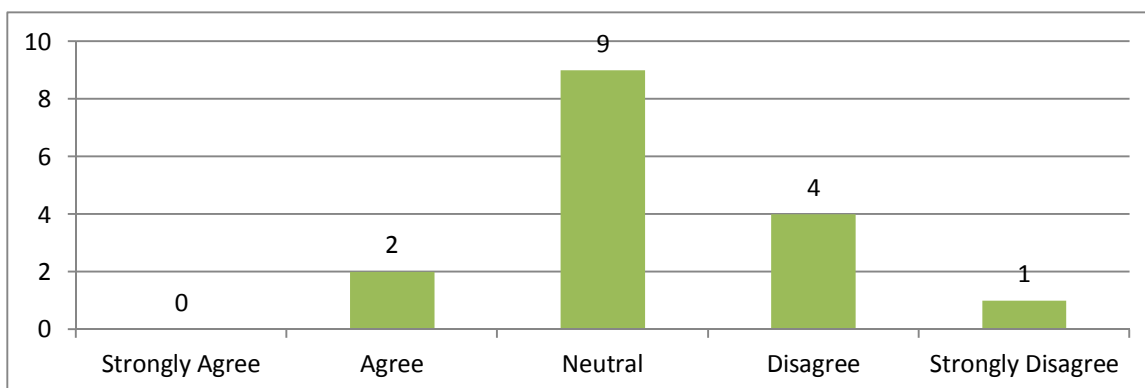
1. We have effective leaders on our Board with diverse skills and experiences.



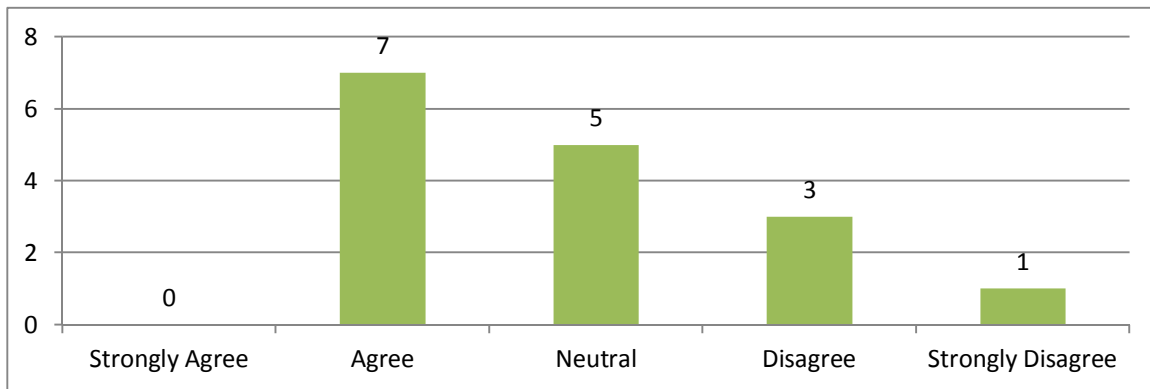
2. Our board sets policy and makes decision in a timely manner.



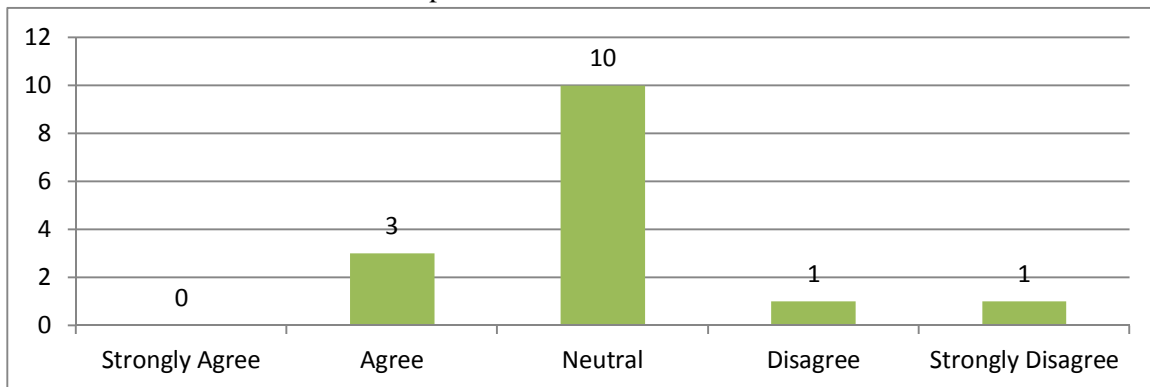
3. We have an effective process to recruit, train and orient Board members.



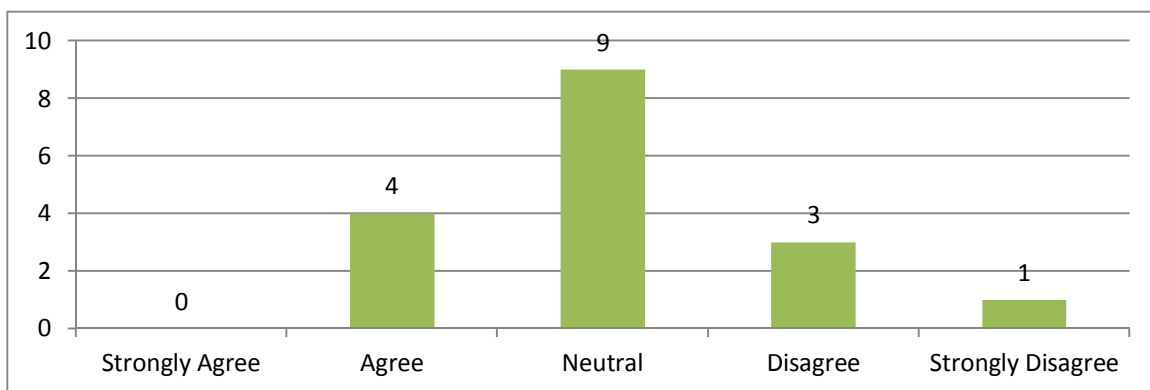
4. Our board members reflect the diversity of the community we serve.



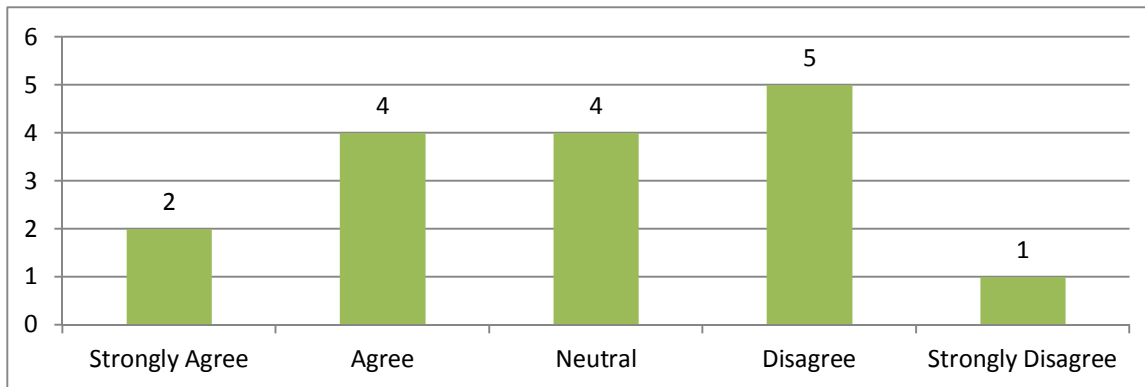
5. We have an effective assessment process for the Board.



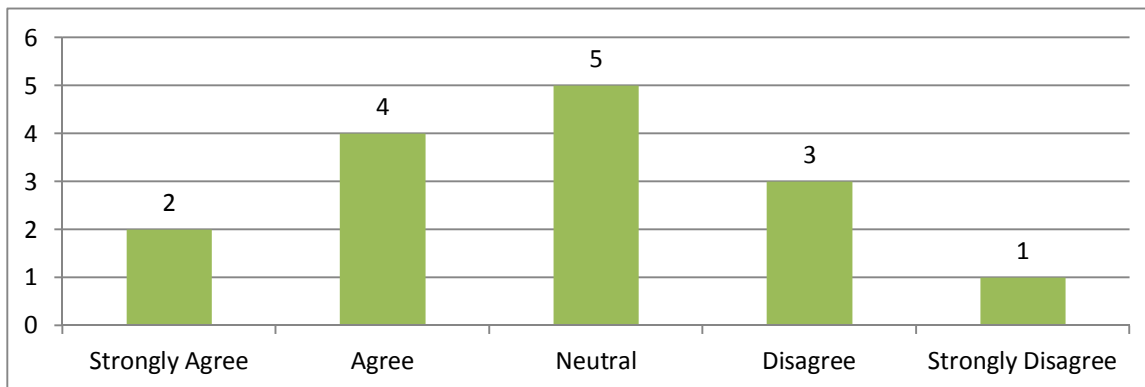
6. We have effective and efficient board members.



7. Our leaders address the most important issues first.

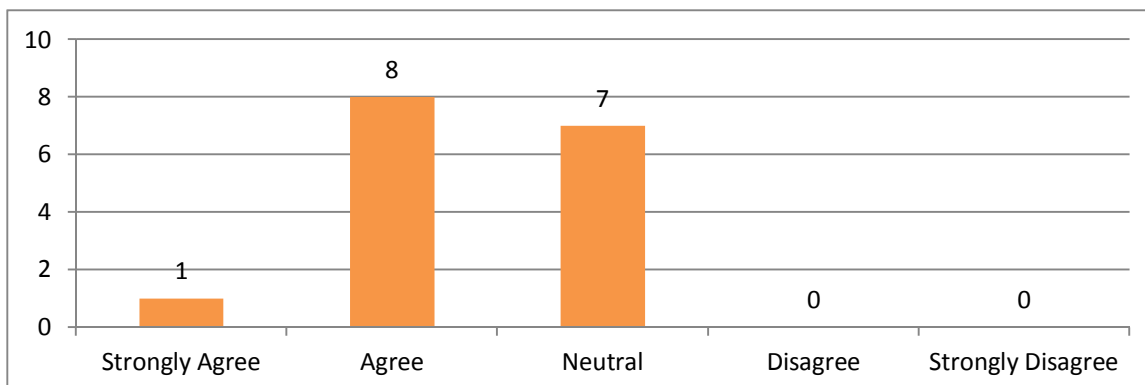


8. Our leaders are supportive.

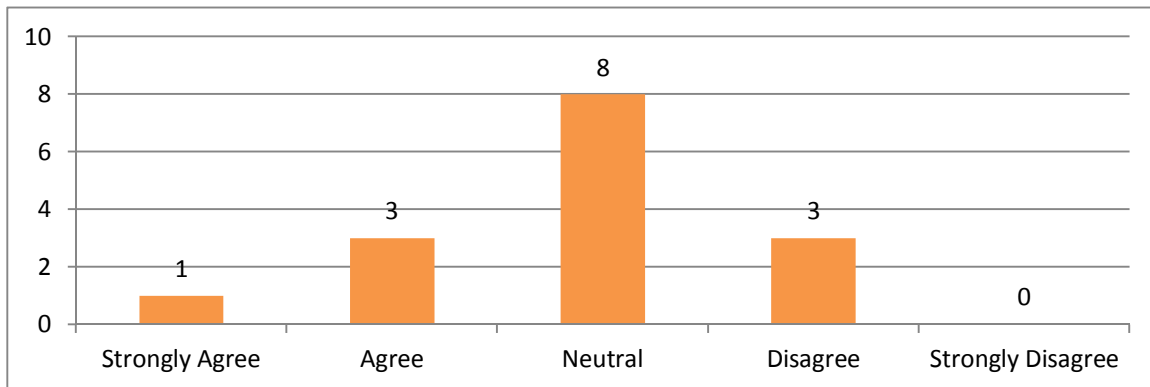


Financial

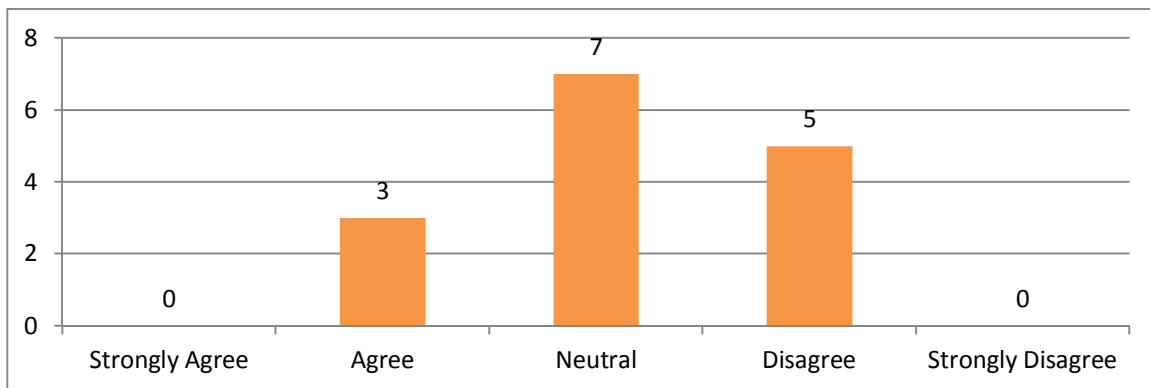
1. Our income and expenses are managed according to our budget.



2. We have financial statements and reports that give an accurate up-to-date and easily comprehensible picture of the organizations financial situation.

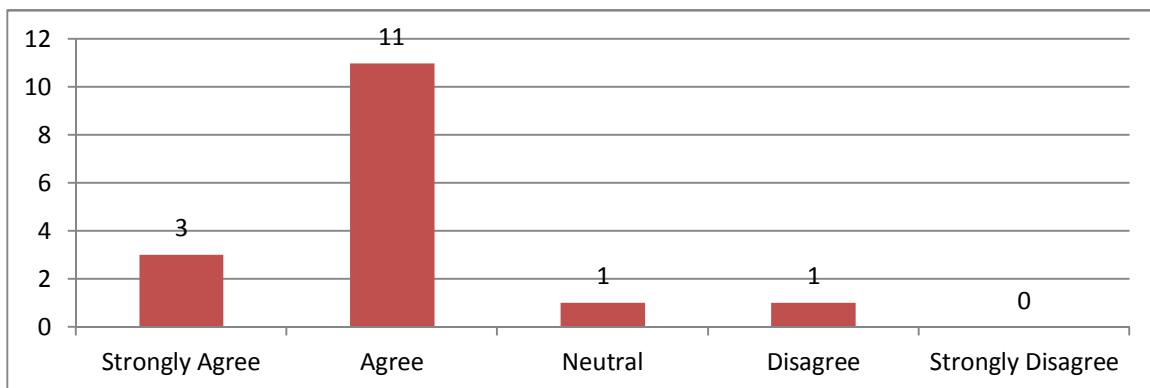


3. We have a strong, diversified stream of income.

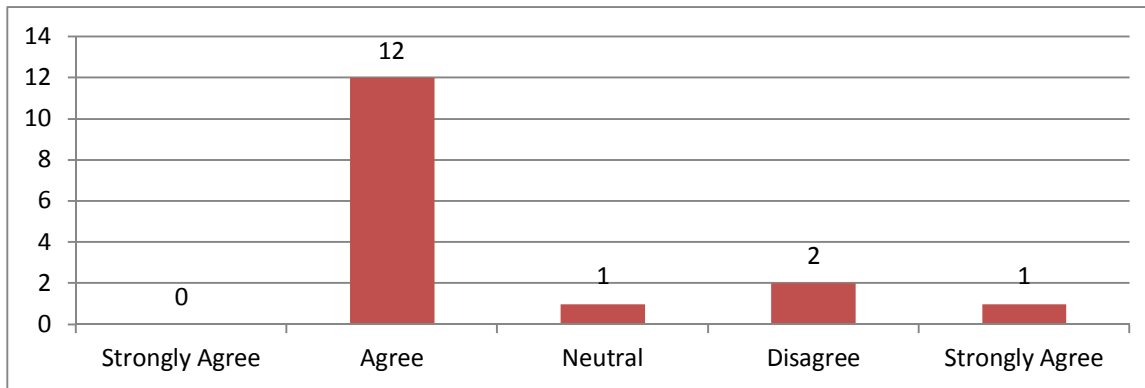


People/Communication

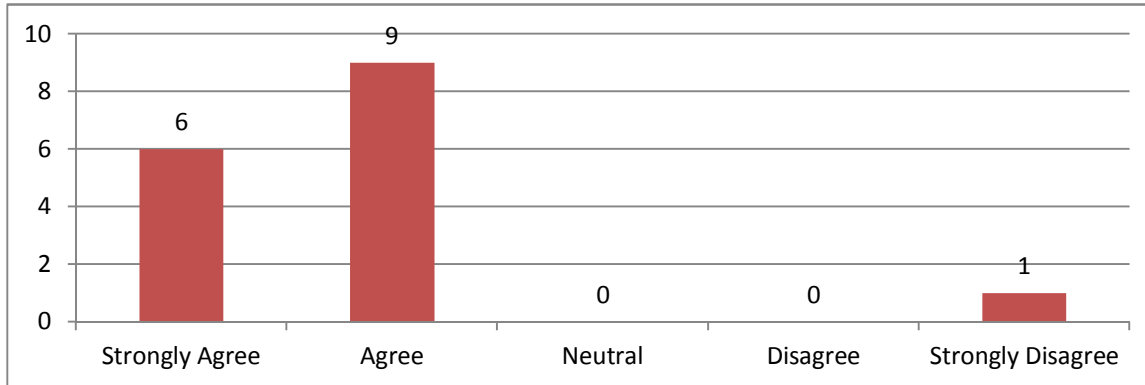
1. There are multiple channels for communicating with people we need to reach.



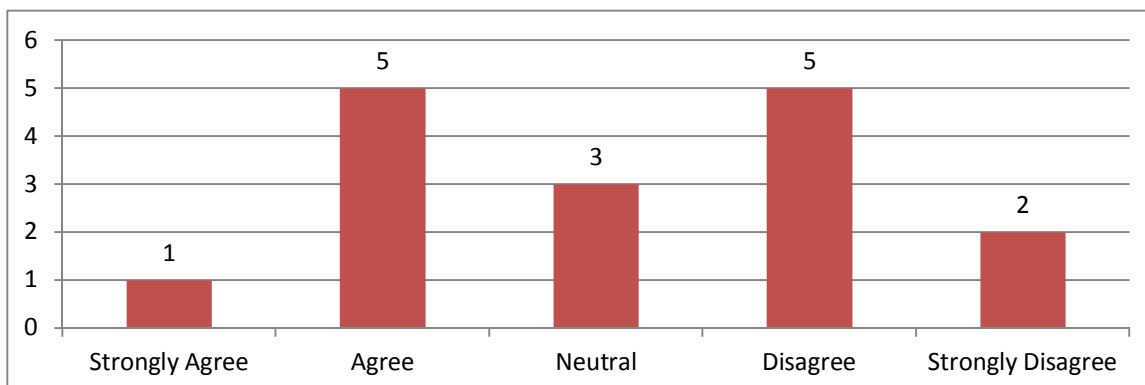
2. There is a broad awareness of our organization among the community we serve.



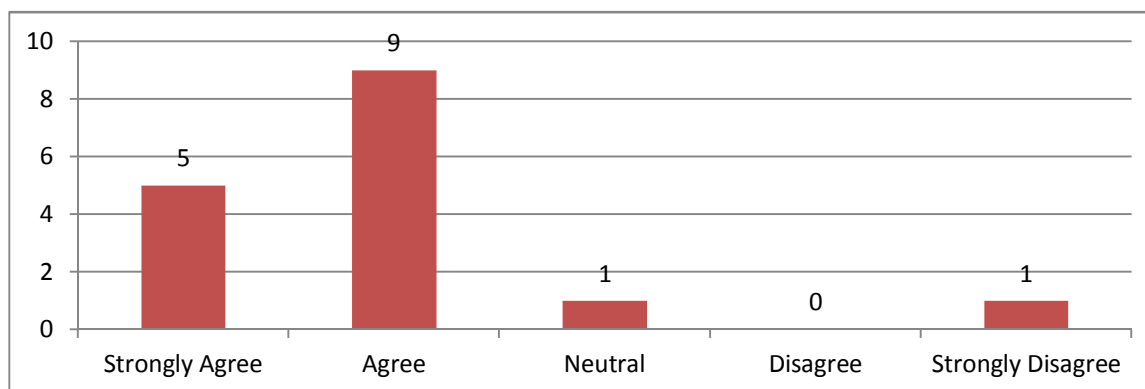
3. We have a skilled and certified staff.



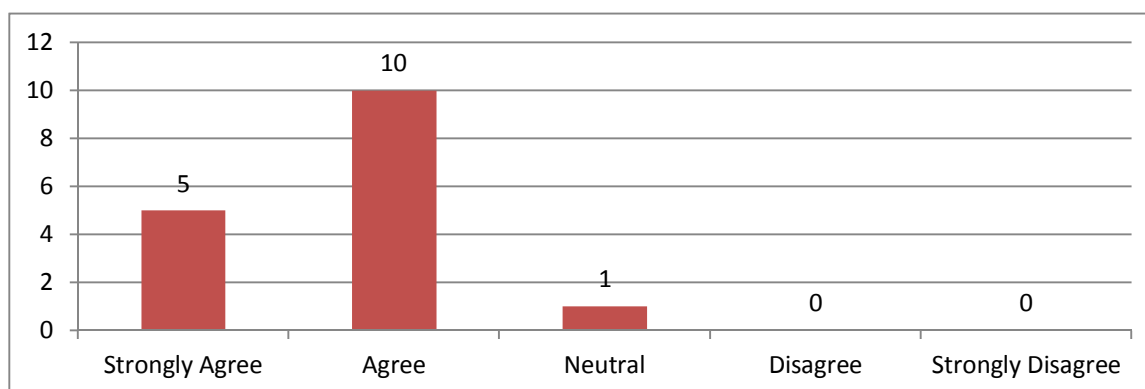
4. We have sufficient staff to handle/manage the current programs and workloads.



5. Staff is professional and respectful.

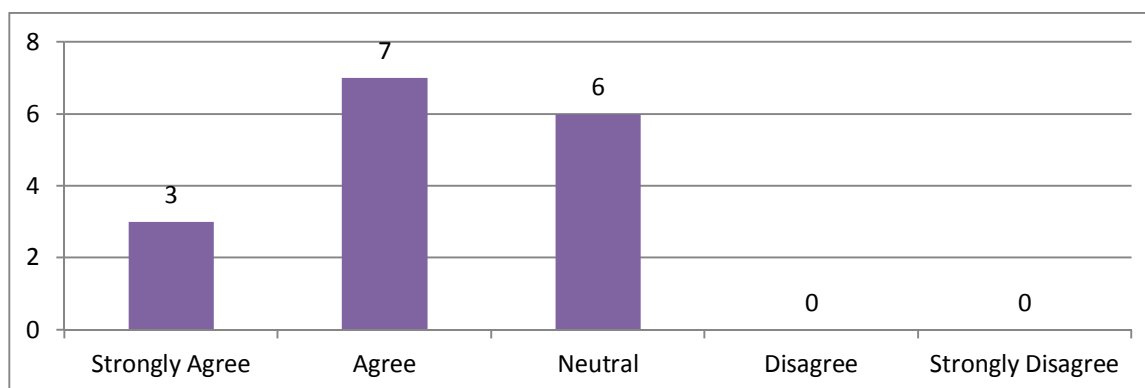


6. The department is committed to community health.

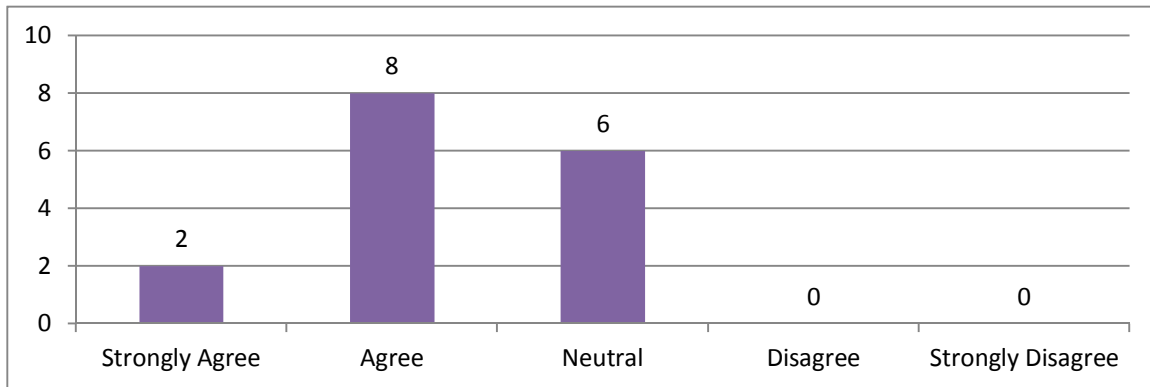


Health Assessment

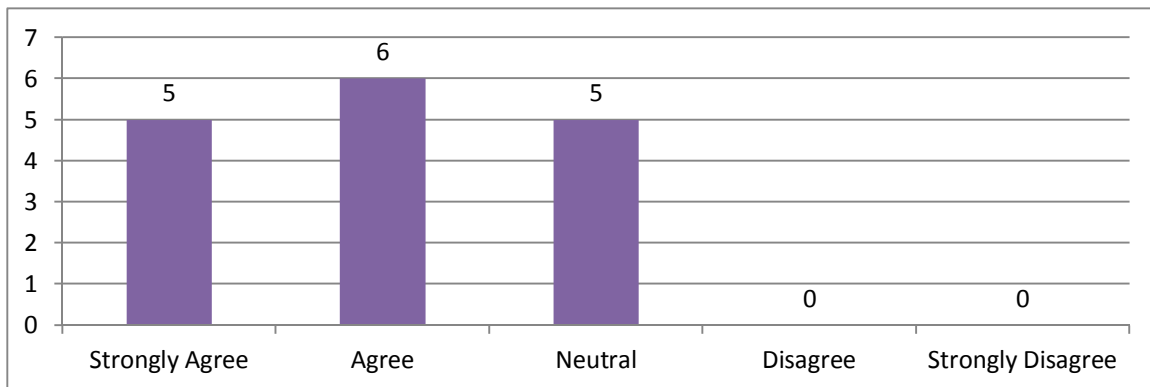
1. The department can fulfill the task of a community health assessment.



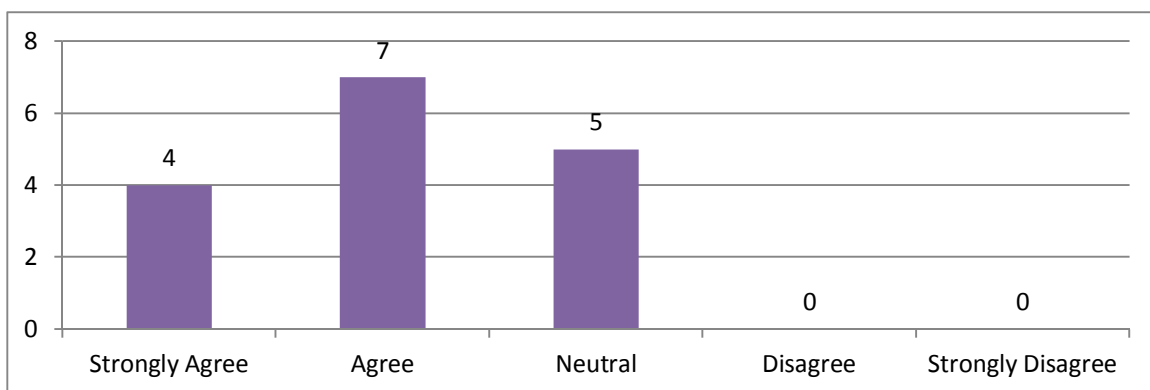
2. We can collect valid/reliable data.



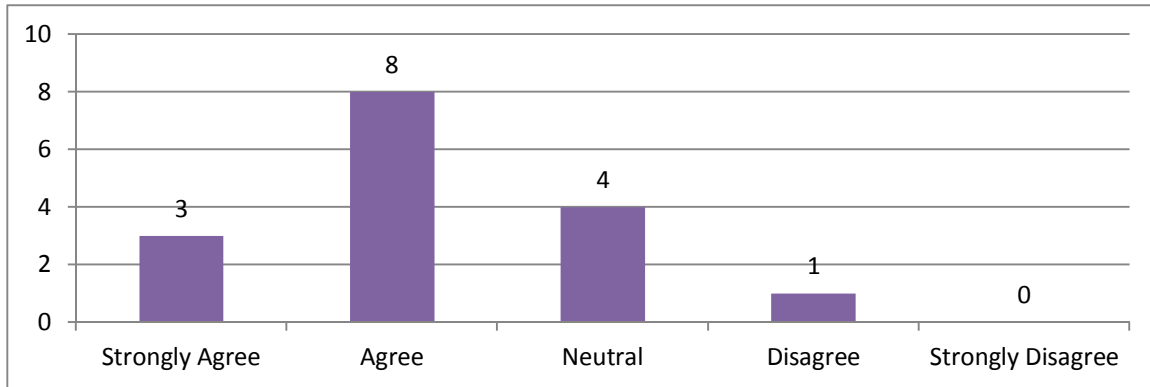
3. We have the contacts to coordinate with other public sectors to create a knowledgeable consortium.



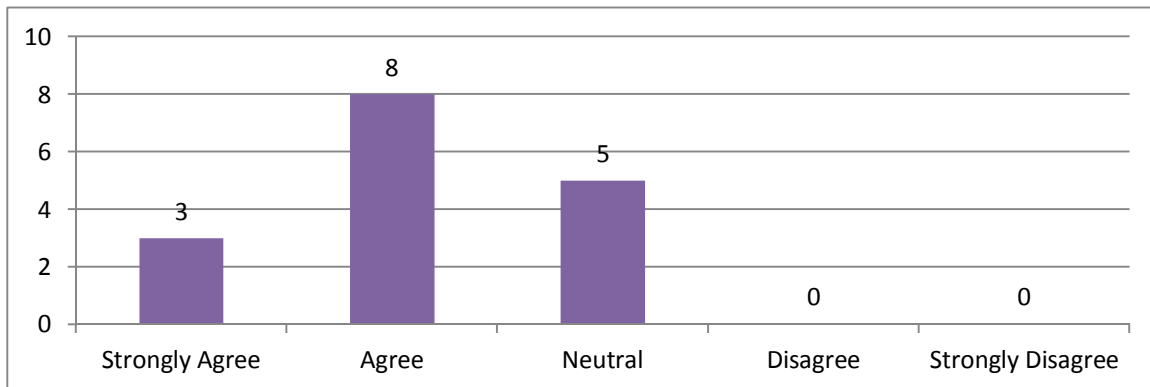
4. We can expect to benefit the county by completing this health assessment.



5. We have the capabilities to produce a health assessment that will fulfill grant requirements.

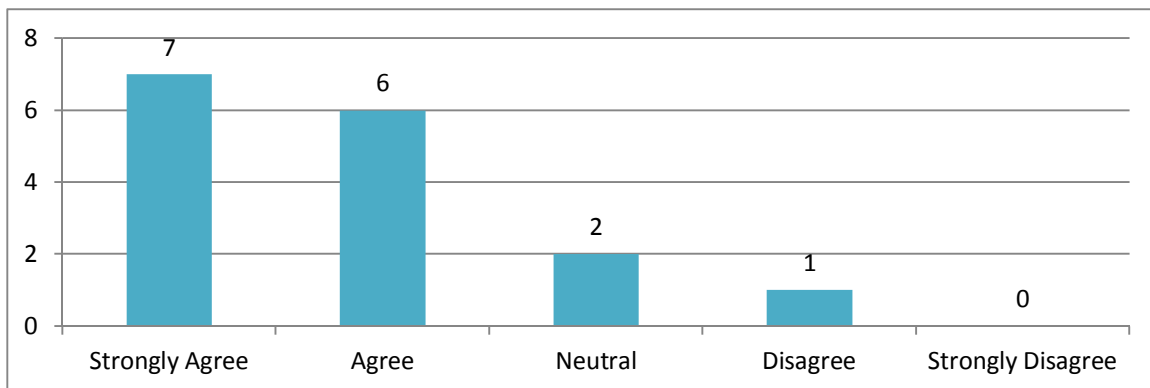


6. We will be able to develop a successful community action plan based on our county's identified health needs.

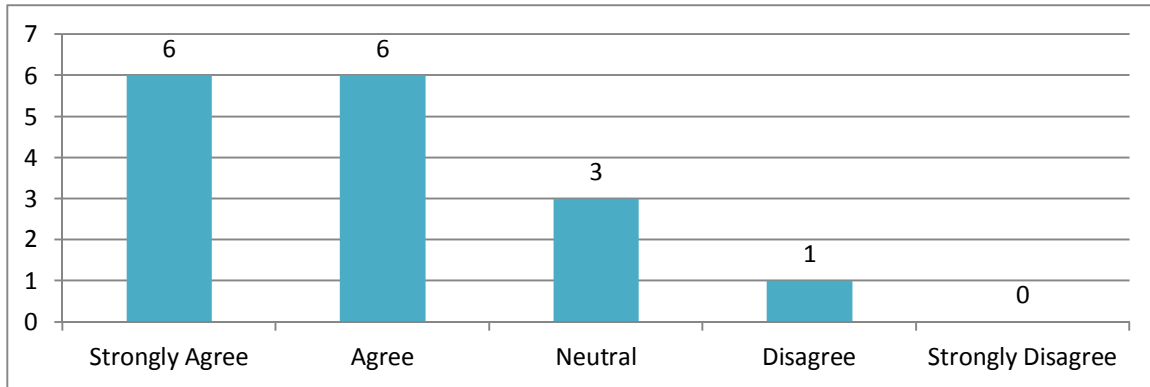


Overall

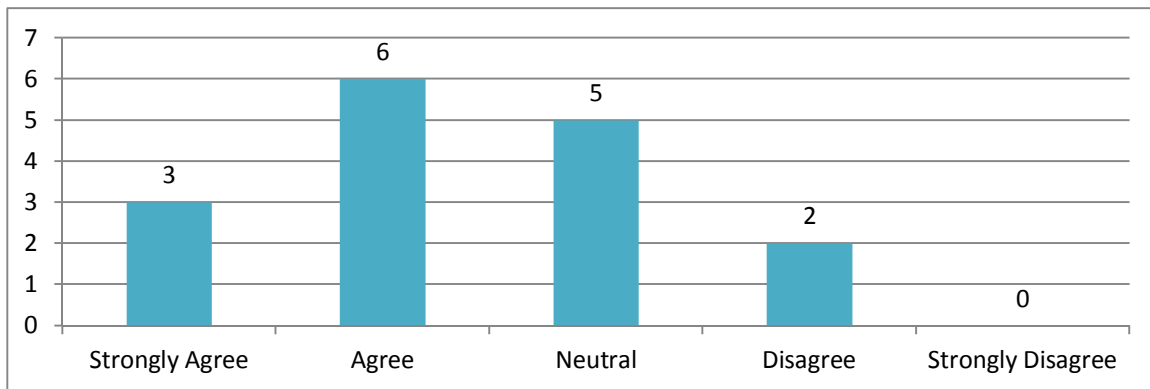
1. I enjoy working at this department.



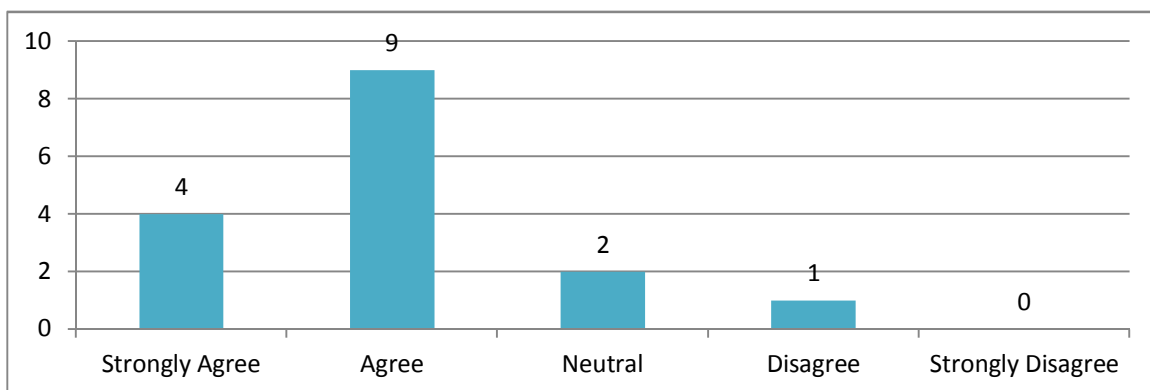
2. I have received training and support to help me achieve goals in my area.



3. Our programs/staff work well with one another.



4. Overall, I am satisfied with my job.



Please write down three adjectives you would use to describe the Belmont County Health Department:

- Accessible
- Complex
- Comprehensive
- Convenient
- Disorganized
- Educational
- Flexible
- Friendly
- Helpful
- Inconsistent
- Informative
- Interesting
- Joyful
- Mismanaged
- New
- Oblique
- Oblivious
- Out-dated
- Professional
- Public-Oriented
- Secretive
- Status-Quo
- Solid
- Underpaid
- Understaffed
- Unfair
- Unjust
- Unorganized

If you could change something within the Belmont County Health Department, what would it be?

- Lines of communication would be more open. Issues would be addressed in a timely manner. Board would be supportive of staff. Public relations would be improved. Pay would be adjusted in order to retain quality staff. The board would be more aware of what programs are offered and the jobs it entails.
- New to combine programs under one roof in a new building.
- Communication
- More support staff
- More help for the employees
- Communication among department heads
- Improvements to physical facility. Make the health department more conducive in promoting services. Morale at times is low. Personal opinion: Overall great place of employment.
- Physical building is getting old and too small
- Board members should be more knowledgeable of the programs and the work involved. They need to be more visible. The administration needs to work closely, follow the chain of command, and work with all employees and programs to become more cooperative and efficient.

- We need to look at changing people on the board more frequently and to have term limits on how long you can sit on the board. We need new fresh people to serve with new ideas. With such a high turn-over rate, I think a higher wage may retain more people. Wages should also be adjusted for experience on the job.

External Assessment

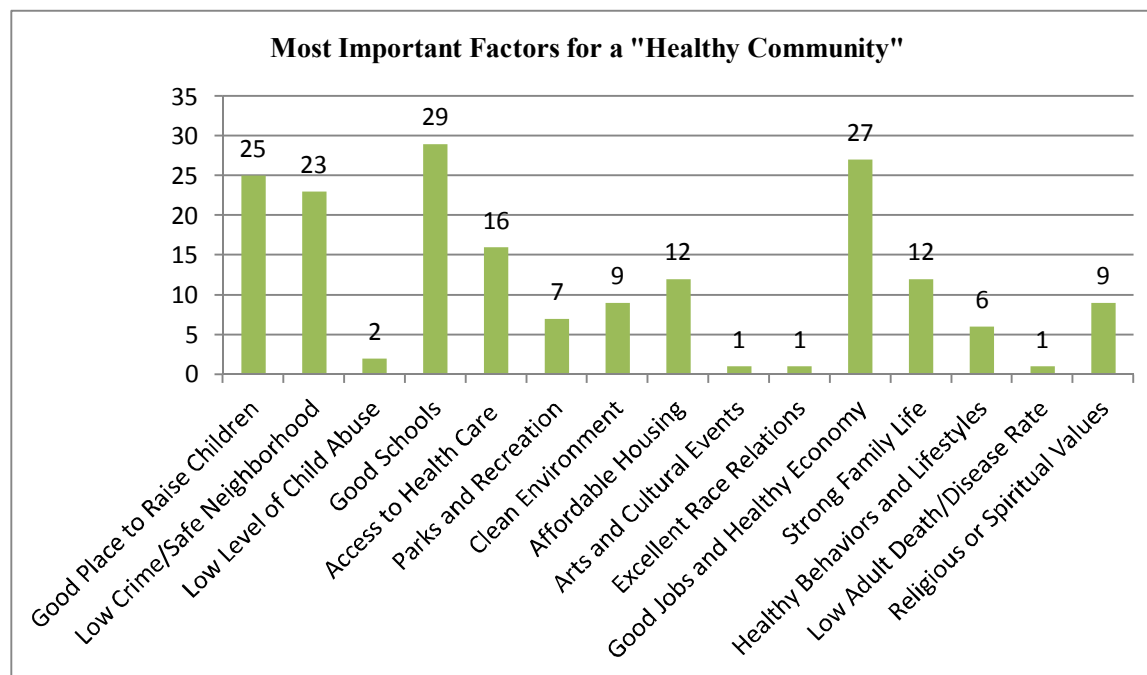
According to the Child and Family Health Services program standards under the Ohio Department of Health, an external assessment determines to what degree adequate organizational and individual commitments and resources are available and if your community is ready to undertake a community assessment. The goals of external assessment are to identify other organizations in the community that may already be involved in a CHIC process or who have access to key health-related data, to form a steering committee that will identify the formal coalition/partnership to implement the CHIC, and to assess the competencies and capacities of the local public health system.

Community Health Surveys were distributed to Belmont County Health Department employees, Interagency Meeting attendees, Family and Children First Council, Belmont-Bethesda-Morristown Rotary (BBM), and the Health District Advisory Council.

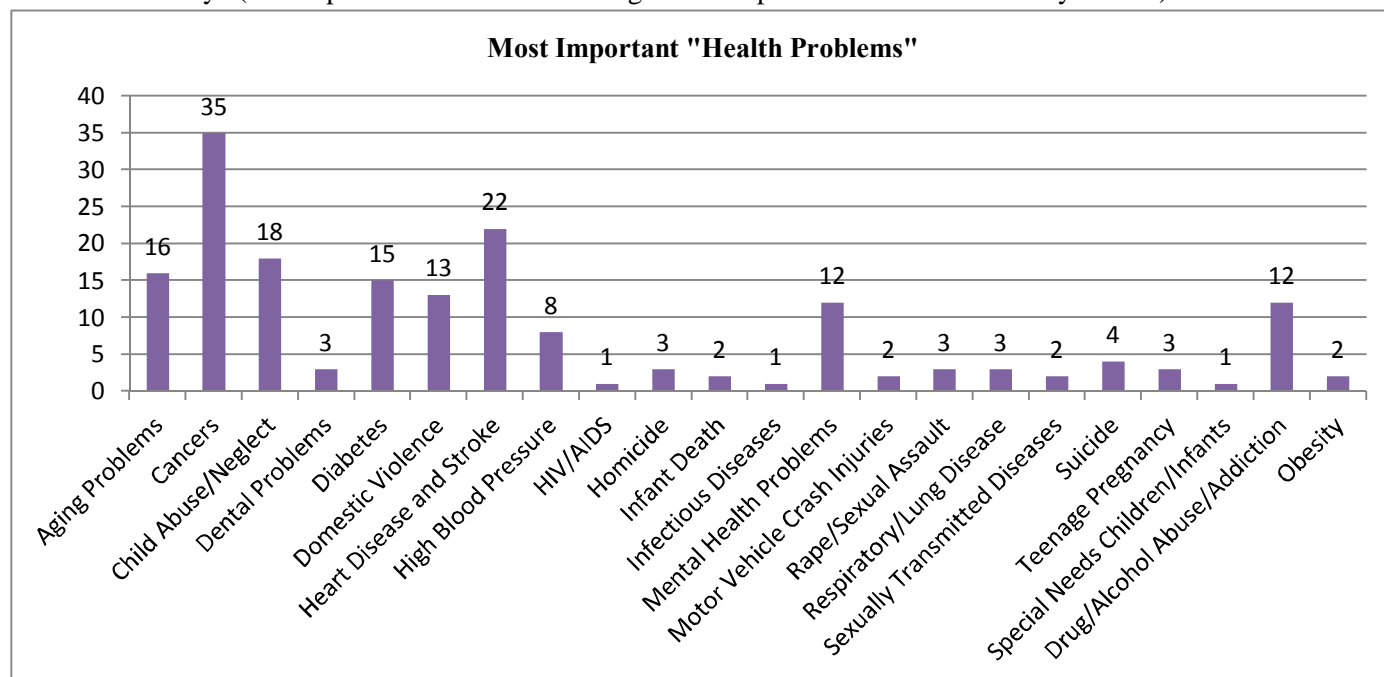
The results of the external assessment are as follows:

External Assessment

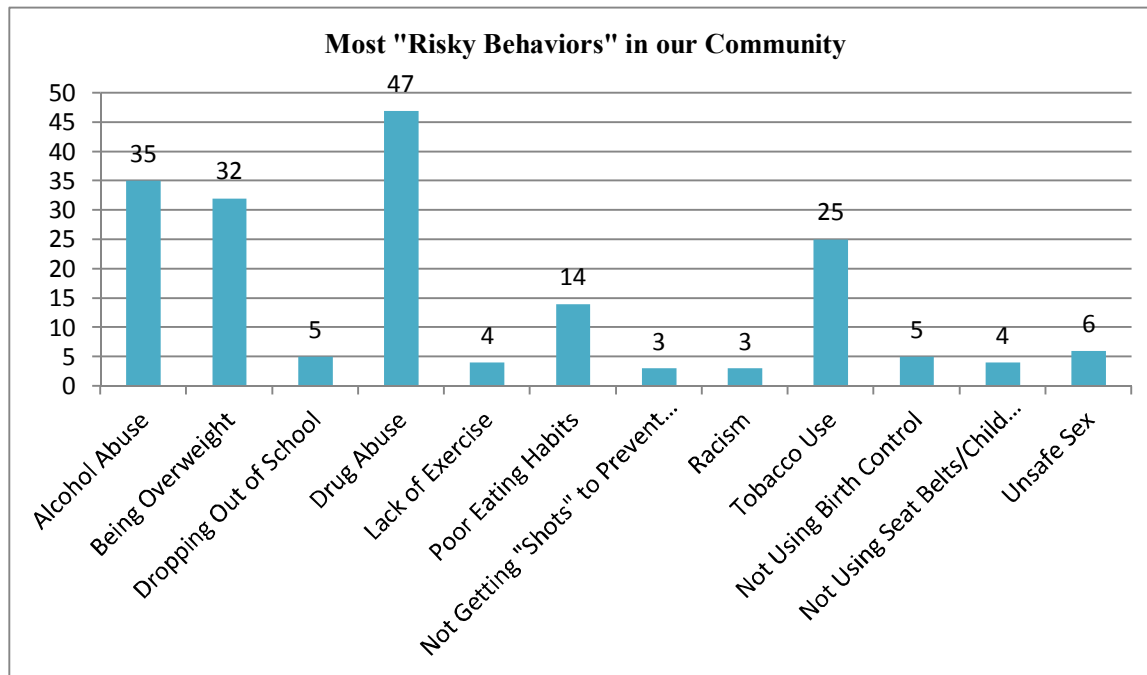
1. In the following list, what do you think are the three most important factors for a "Healthy Community"? (Those factors which most improve the quality of life in a community.)



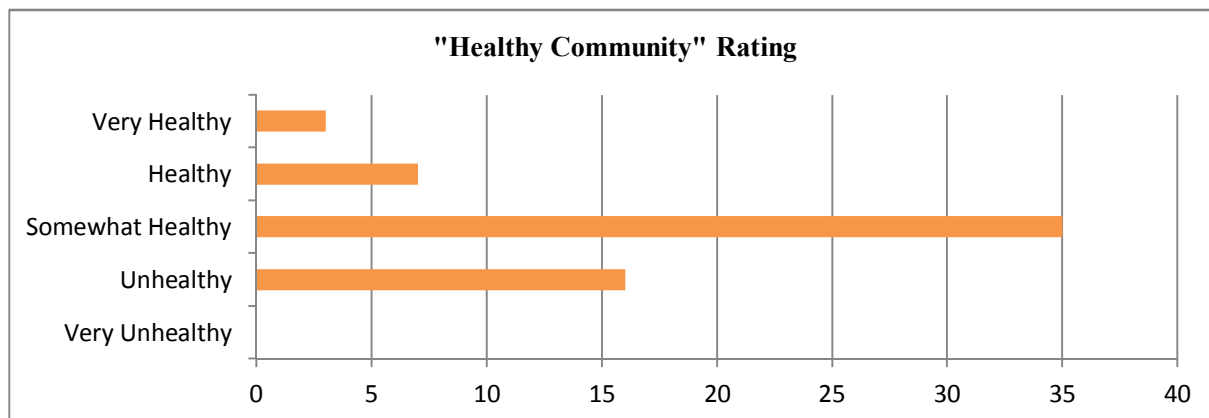
2. In the following list, what do you think are the three most important "health problems" in our community? (Those problems which have the greatest impact on overall community health.)



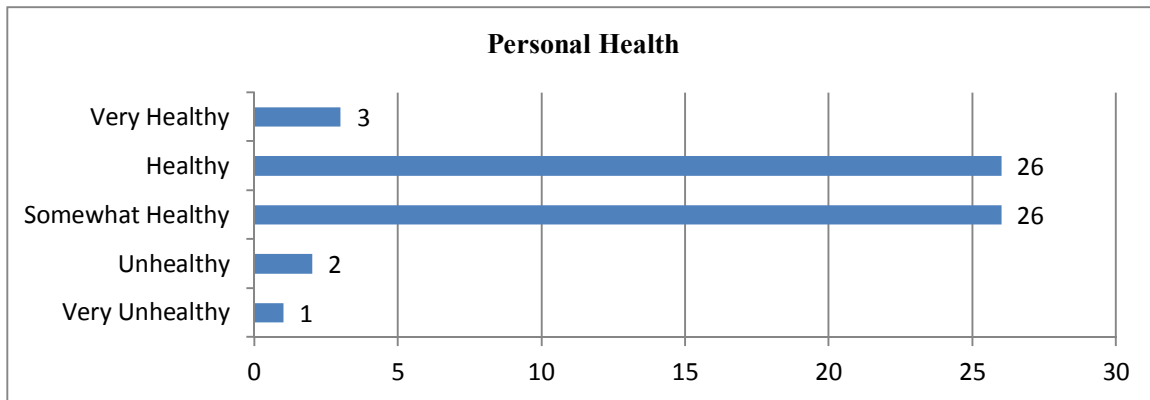
3. In the following list, what do you think are the three most important risky behaviors in our community? (Those behaviors which have the greatest impact on overall community health.)



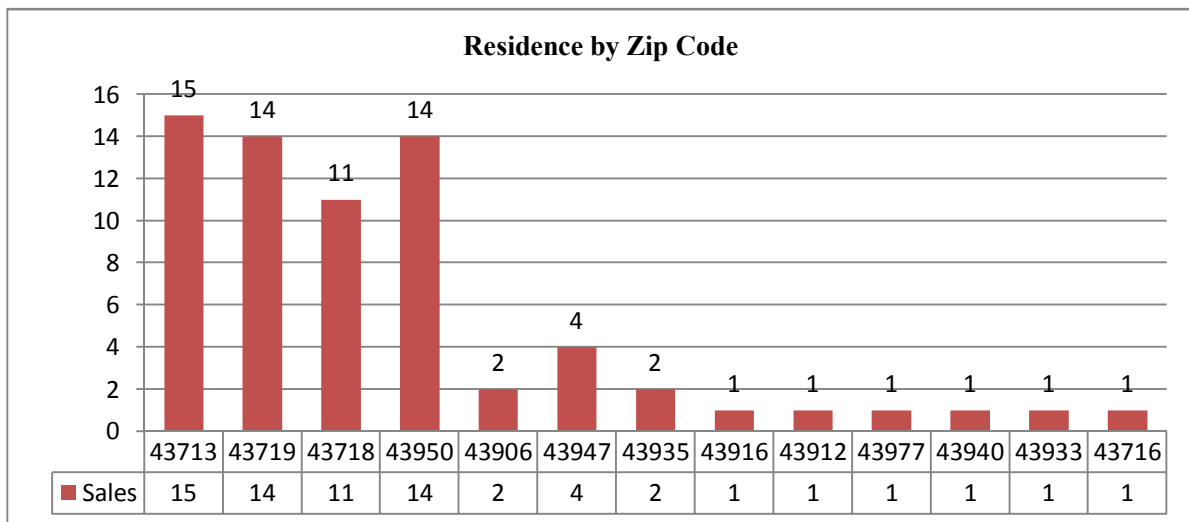
4. How would you rate our community as a "Healthy Community"?



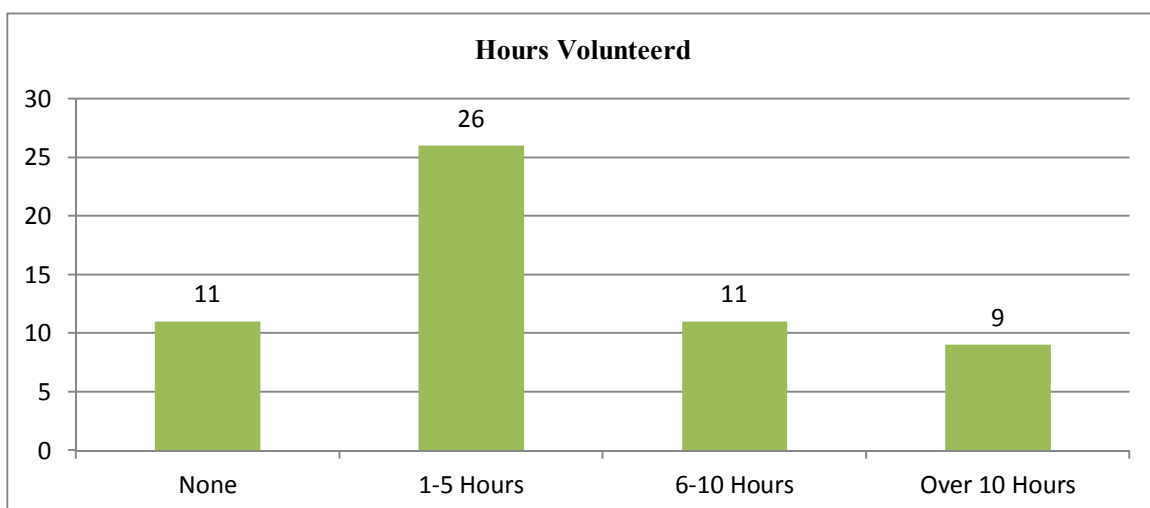
5. How would you rate your own personal health?



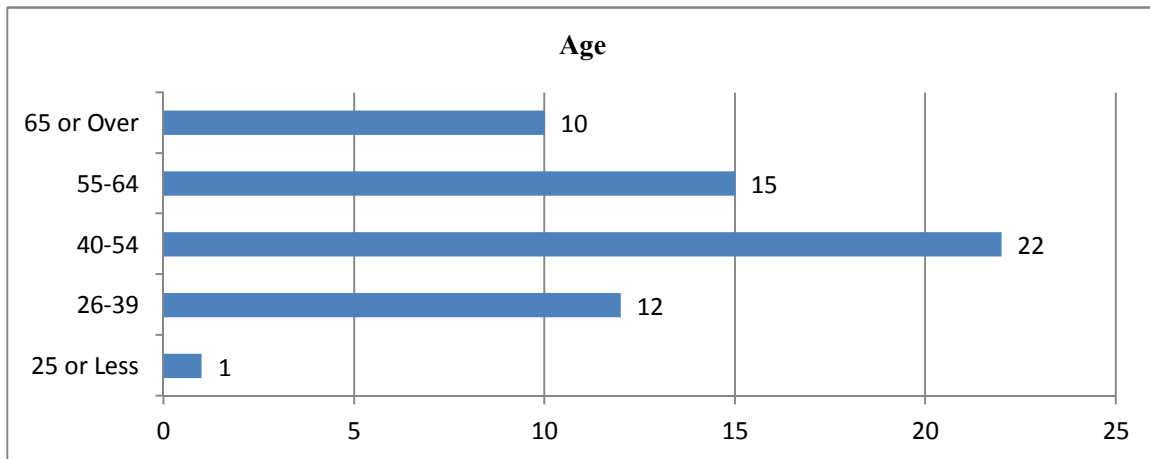
6. Please list the zip code where you live.



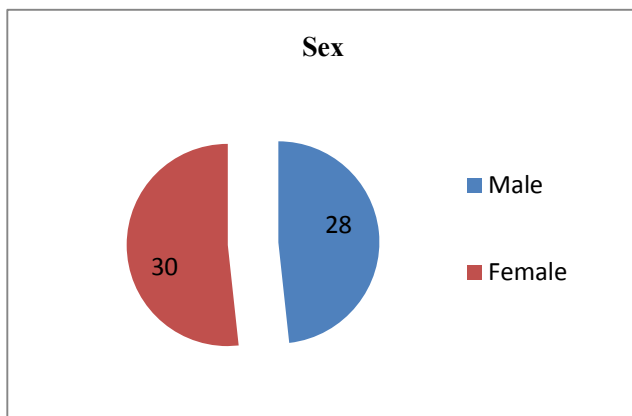
7. Approximately how many hours per month do you volunteer your time to community service? (e.g., schools, voluntary organizations, churches, hospitals, etc.)



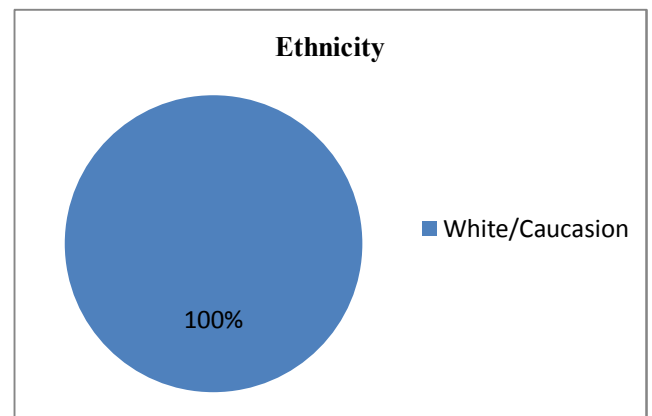
8. Age:



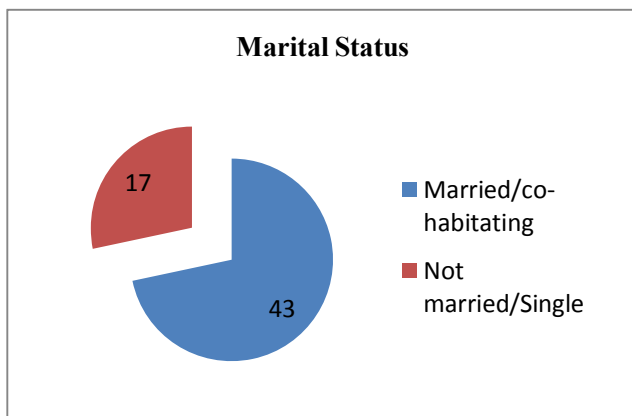
9. Sex:



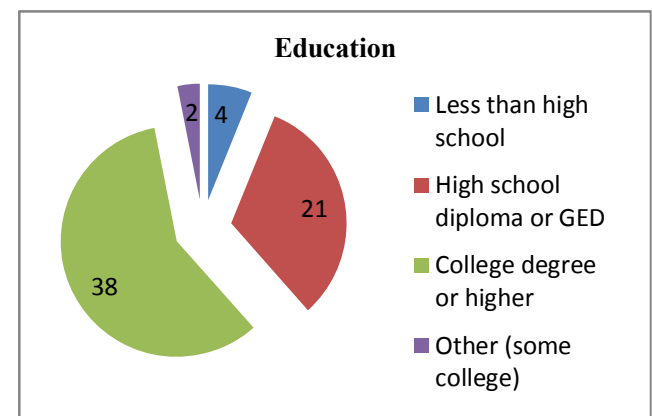
10. Ethnic Group you most identify with:



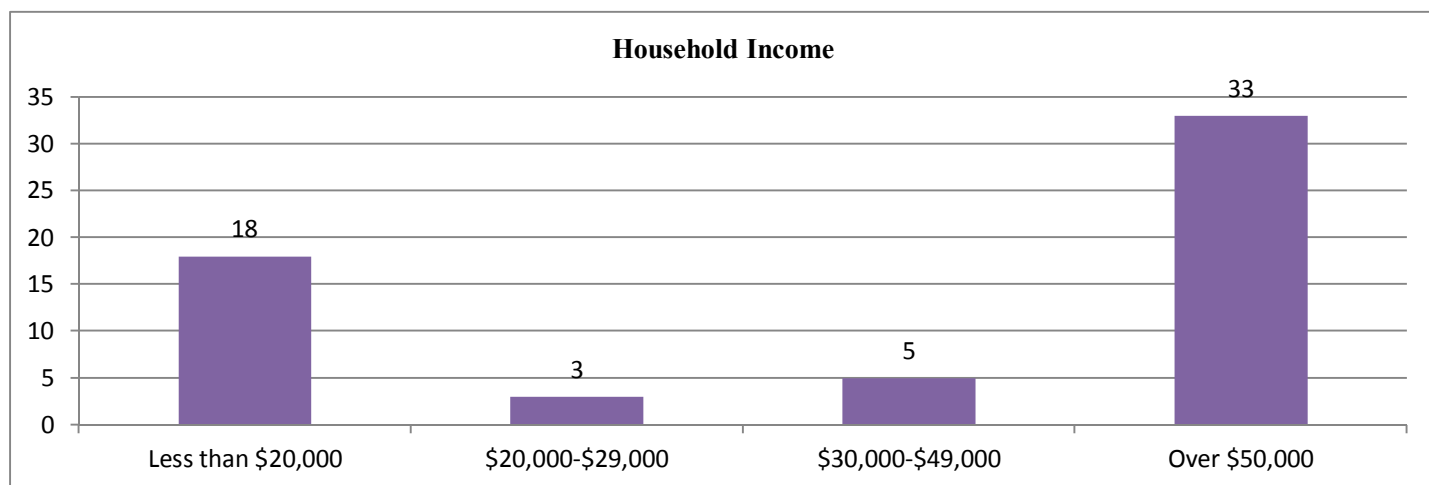
11. Marital Status:



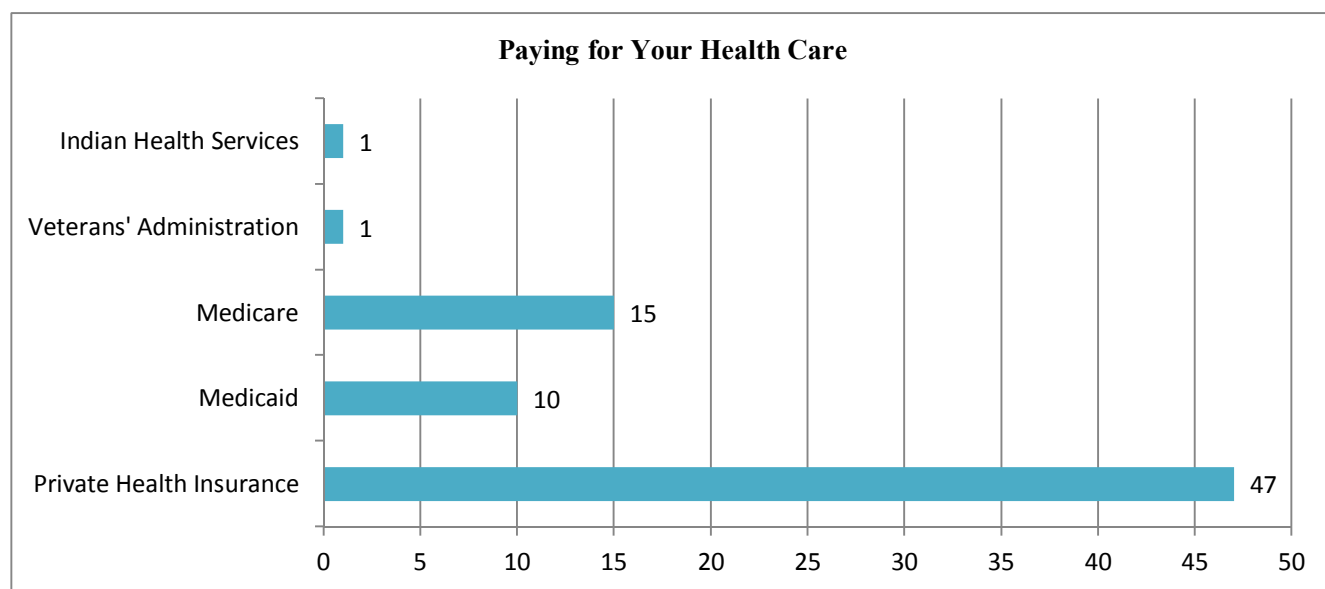
12. Education:



13. Household Income:



14. How do you pay for your health care? (check all that apply)



15. Where/How you got this survey: (check one)



Profile Summaries

The following profile summaries only highlight the data included in this report to provide a quick preview of Belmont County. The Table of Contents provides a comprehensive overview of the document in its entirety.

Demographic Profile

- The Belmont County population was 70,400 in 2010, which was an increase of less than 1% since the 2000 census when the population was 70,266. The estimated 2013 population is 69,571, which is a decrease of less than 1%.
- 94% of the county population is white non-Hispanic as compared to 83.6% for the state of Ohio.
- The homeownership percentage is 68.0% for the county as compared to 65.5% for the state. However, the median value of owner-occupied housing units is \$133,700, which is 26% lower than the state of Ohio average of \$181,400.
- The marriage and divorce rates in Belmont County are similar to the state rates.

Economic Profile

- The average per capita income for Belmont County from 2008 to 2012 was \$21,861 as compared to the state average of \$25,857, a 15% difference.
- The median household income is \$41,676, which is 13% less than the state of Ohio average of \$48,246.
- 14.6% of county residents are below 100% of the poverty level as compared to 14.9% for Ohio, with 25.3% of Belmont County children living below 100% of the poverty rate.
- The unemployment rate for August 2014 in Belmont County was 5.4, which ranks 36th in the state. The statewide average for the same period was 5.3.
- Between 2008 and 2012, 34.9% of county residents were covered by public health insurance and 10.9% had no health insurance coverage.
- Averaging the years of 2008 through 2012, Belmont County families headed by a single female with no husband present were more likely to live in poverty (63.6%).

Education Profile

- The high school graduation rate for persons age 25 and over (88.2%) exceeds the state of Ohio (85.7%). However, persons in that same age group with a Bachelor's degree or higher (24.7%) is lower than the state of Ohio (28.5%).
- An average of 47.27% students enrolled in public, parochial schools and private in Belmont County were receiving free or reduced price lunches in October 2013
- County wide student enrollment for October 2013 was 9,541 students.

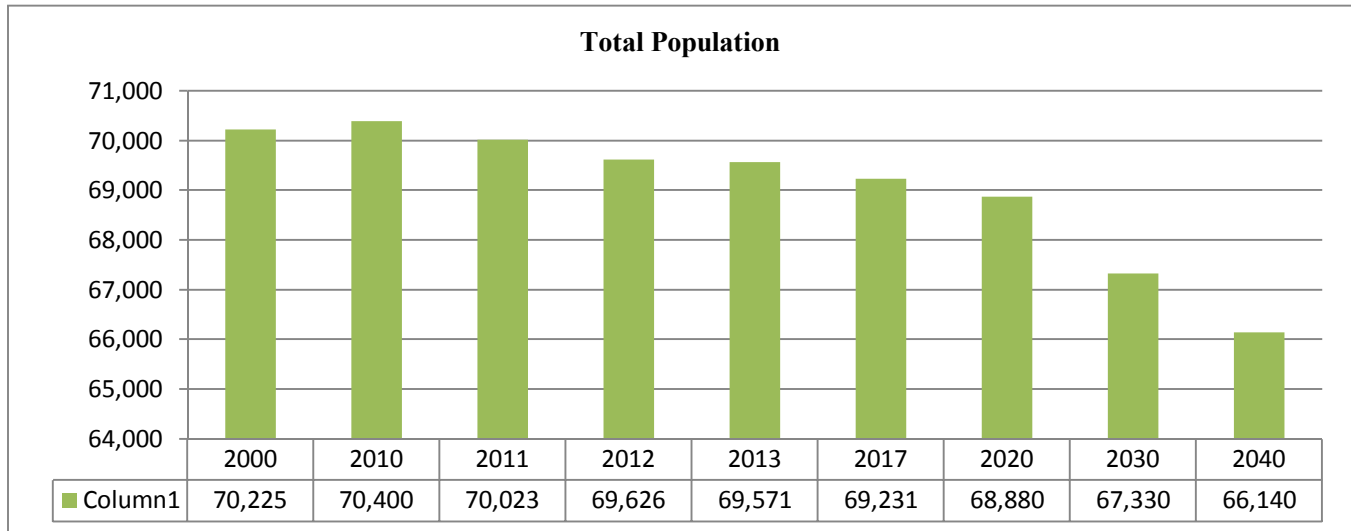
Health Profile

- Belmont County has been designated a Health Professional Shortage Area (HPSA) for physicians and dentists.
- In 2013, there were 702 births in Belmont County, with 26.8% of those paid by Medicaid.
- 6.4% of the births were low birth weight, as compared to 6.8% for Ohio.
- The percentage of preterm births (11.1%) exceeded the state average of 9.7%.
- In 2013, 26.6% of women giving birth initiated prenatal care in the first trimester, compared to 57.9% in the state of Ohio.
- 12.3% of mothers who gave birth smoked, which was lower than the state average of 17.8%.
- The birth rate to adolescents aged 15-17 between 2009 and 2011 was 14.6 for Belmont County as compared to the Ohio average of 16.3.
- The infant mortality rate for Belmont County in 2013 was 5.4, which was lower than the state average of 7.9.
- In 2012, there were 18 induced abortions reported by Belmont County residents outside of the county.
- Belmont County exceeds the state rate of deaths due to heart disease, chronic lower respiratory disease and stroke.
- From 2011 through 2013, there were 31 motor vehicle crash fatalities in Belmont County.
- In 2013, there were 10 child fatalities
- In 2014, Belmont County ranked 54th out of 88 counties for health outcomes and 53rd for health factors, which included elements such as health behaviors, clinical care, social and economic factors and the physical environment.
- In 2006, the estimated prevalence of asthma in Belmont County children was 14.9%, which exceeded the state of Ohio at 13.3%.
- In 2013, 19.3% of Belmont County children age 2-5 are overweight and 13.0% are obese, which both exceed the state of Ohio average.
- In 2009-10, 29.2% of Belmont County third grade students had untreated tooth decay as compared to 18.7% in Ohio.
- In 2012, 619 children were tested for lead, with less than 1% testing as positive for elevated blood lead levels (EBLs), which is slightly less than the state average.

Demographic Profile

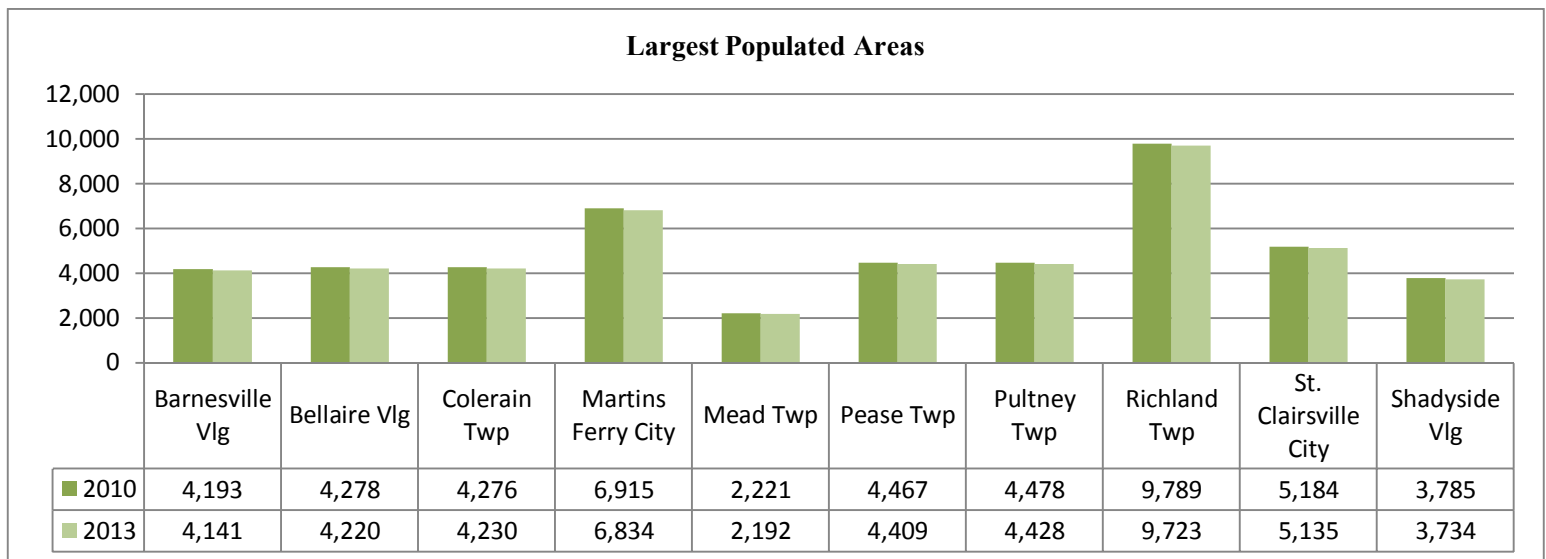
Total Population

The total population in Belmont County has been in a steady decline since 1950, when the population was 87,740. However, from 2000 to 2010 there was a 0.2% increase. The total population for the years 2017, 2020, 2030 and 2040 are projected.



Source: Office of Policy, Research and Strategic Planning (2013), 2000 and 2010 Census, ESRI, Urban Decision Group, Vogt Santer Insights

Largest Populated Areas

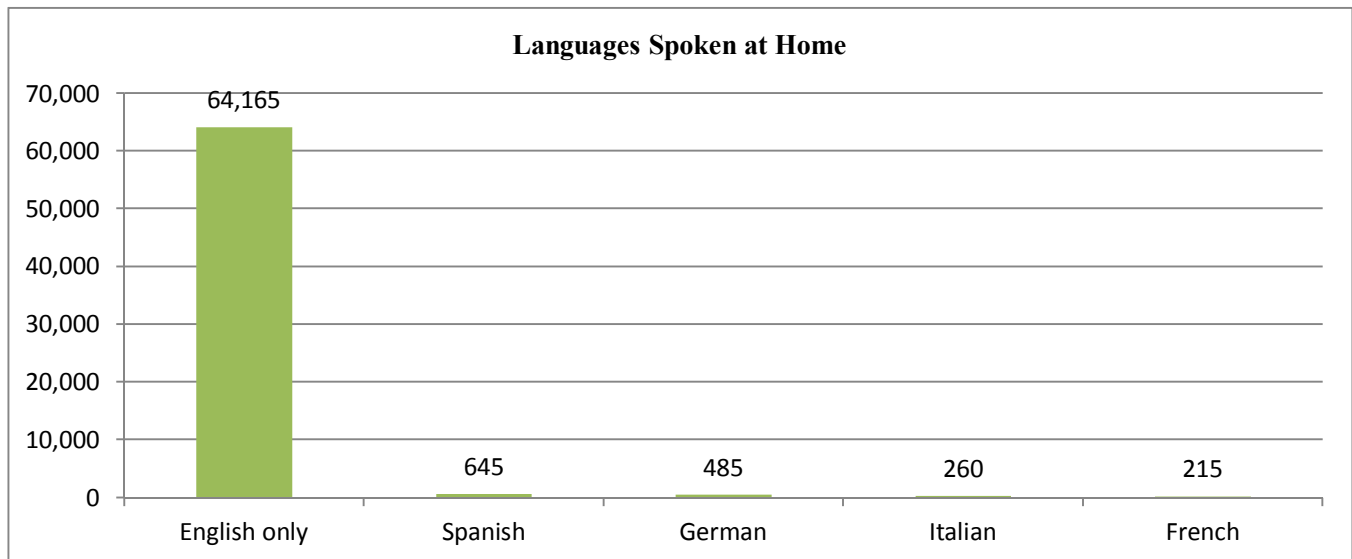


*2013 data is estimated. Townships are an unincorporated balance.

Source: Office of Policy, Research and Strategic Planning (2013)

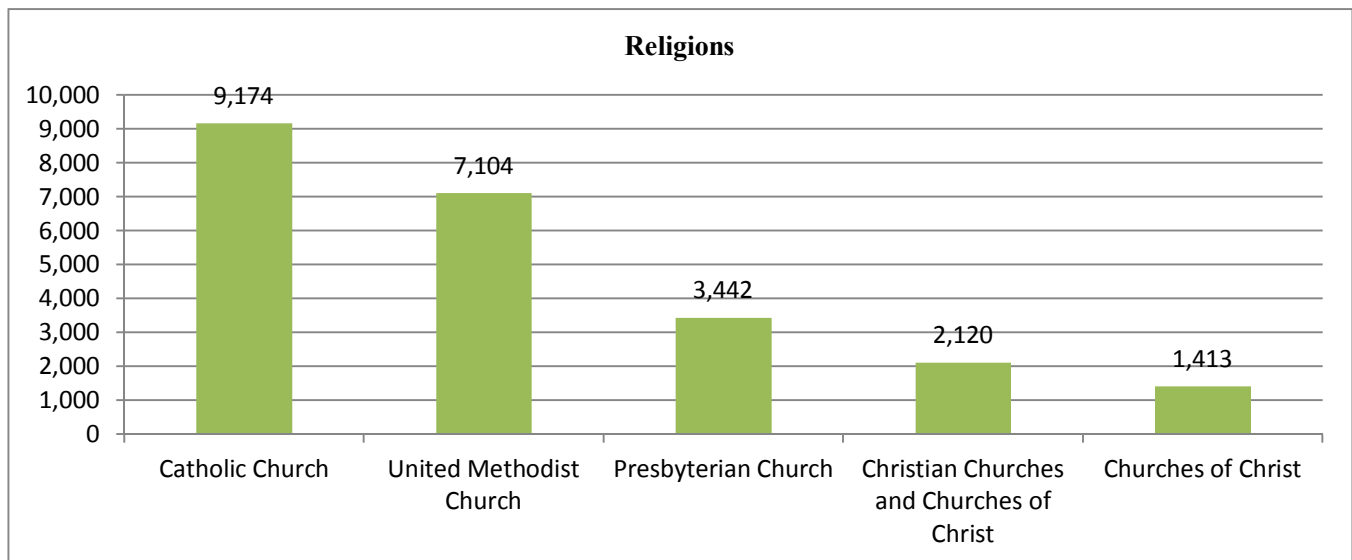
Top 5 Languages Spoken at Home

The Belmont County SNAPS data is derived from the 2000 U.S. Census and several 2003 CDC databases. Belmont County had a reported total of 685 immigrants.



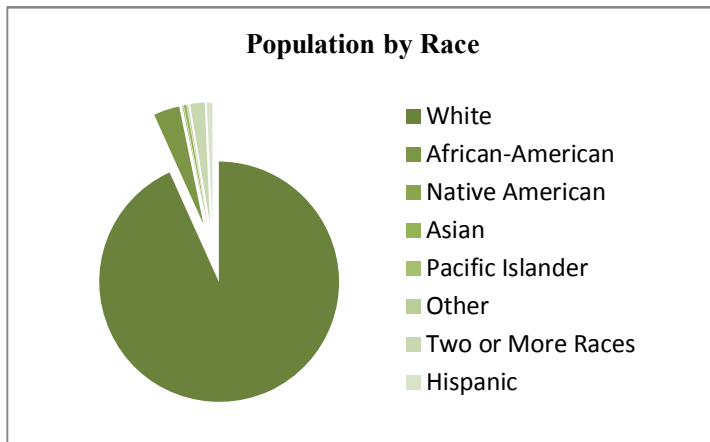
Source: U.S. Census Bureau (2000 Census)

Top 5 Religions by Adherents



Source: U.S. Census Bureau (2000 Census)

Population by Race

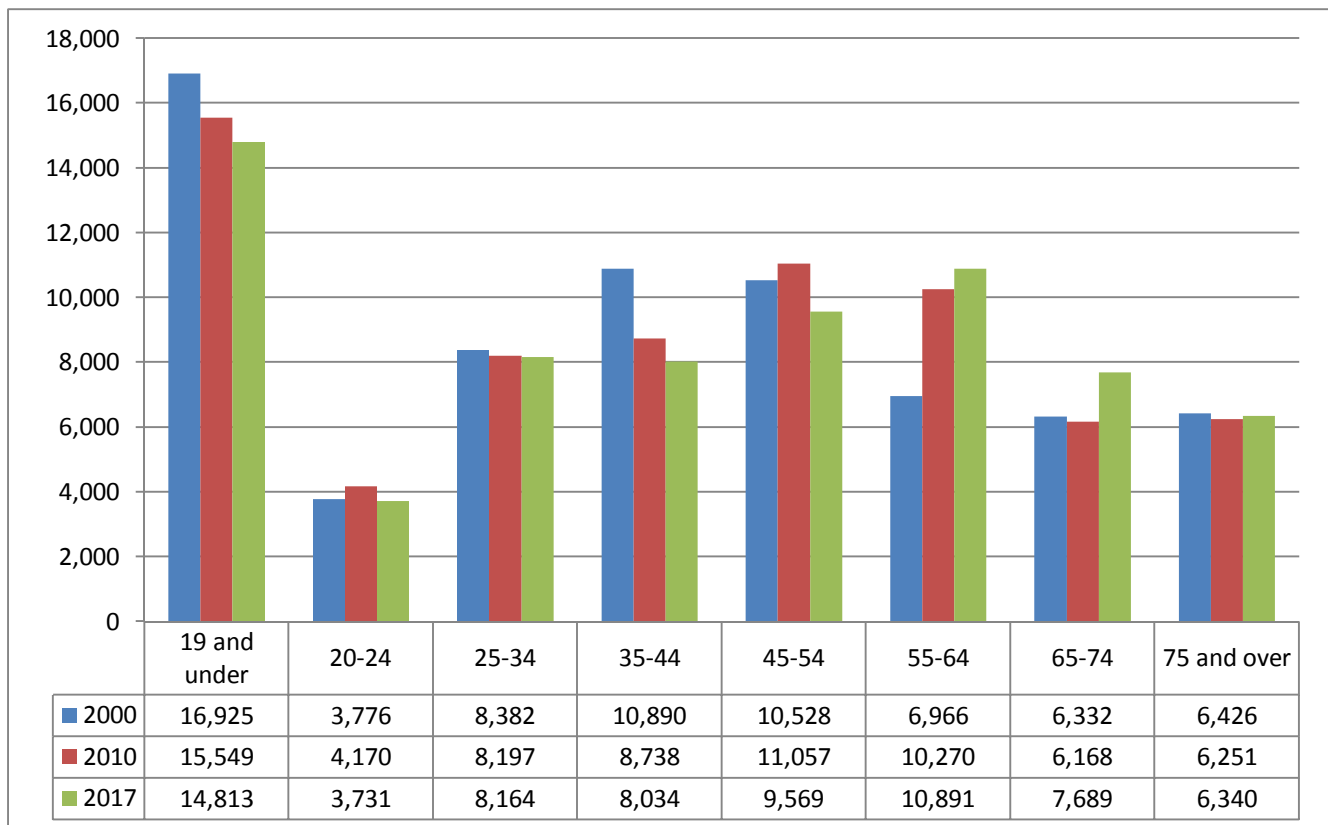


Race	Number	Percent
White	65,828	93.8%
African-American	2,467	3.5%
Native American	93	0.1%
Asian	255	0.4%
Pacific Islander	5	0.0%
Other	175	0.2%
Two or More Races	1,359	1.9%
Hispanic (may be of any race)	465	0.7%

Source: Office of Policy, Research and Strategic Planning (2013)

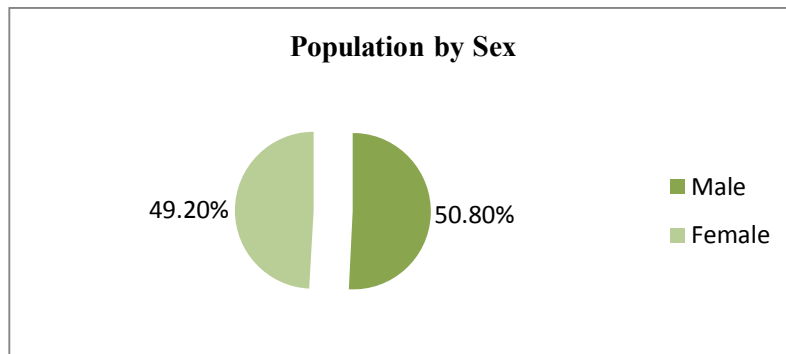
Population by Age

From the year 2010 to 2017 the population is projected to decrease by 1.7% (1,169). Population for the year 2017 is projected.



Source: 2000 and 2010 Census, ESRI, Urban Decision Group, Vogt Santer Insights

Population by Sex



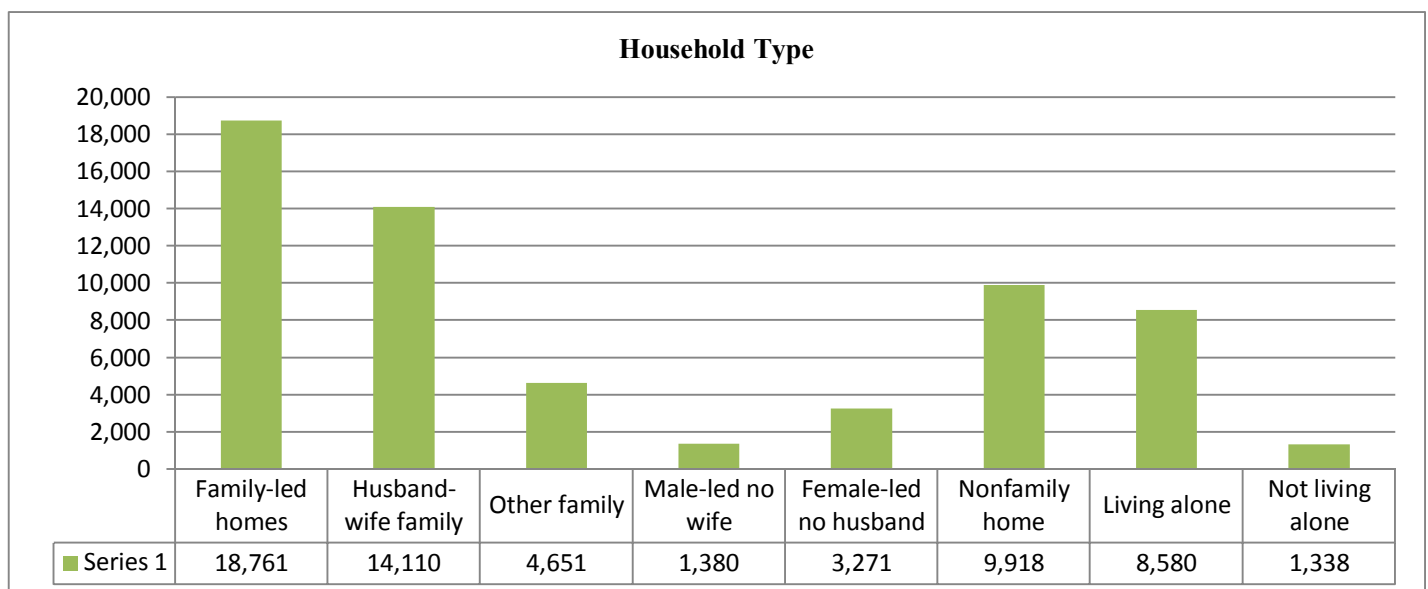
Source: U.S. Census Bureau (2013 Estimate)

Housing Units

Housing Units	Number	Percent
Total Housing Units	32,408	100.0%
Occupied housing units	28,716	88.6%
Owner occupied	21,481	74.8%
Renter occupied	7,235	25.2%
Vacant housing units	3,692	11.4%

Source: Office of Policy, Research and Strategic Planning (2013)

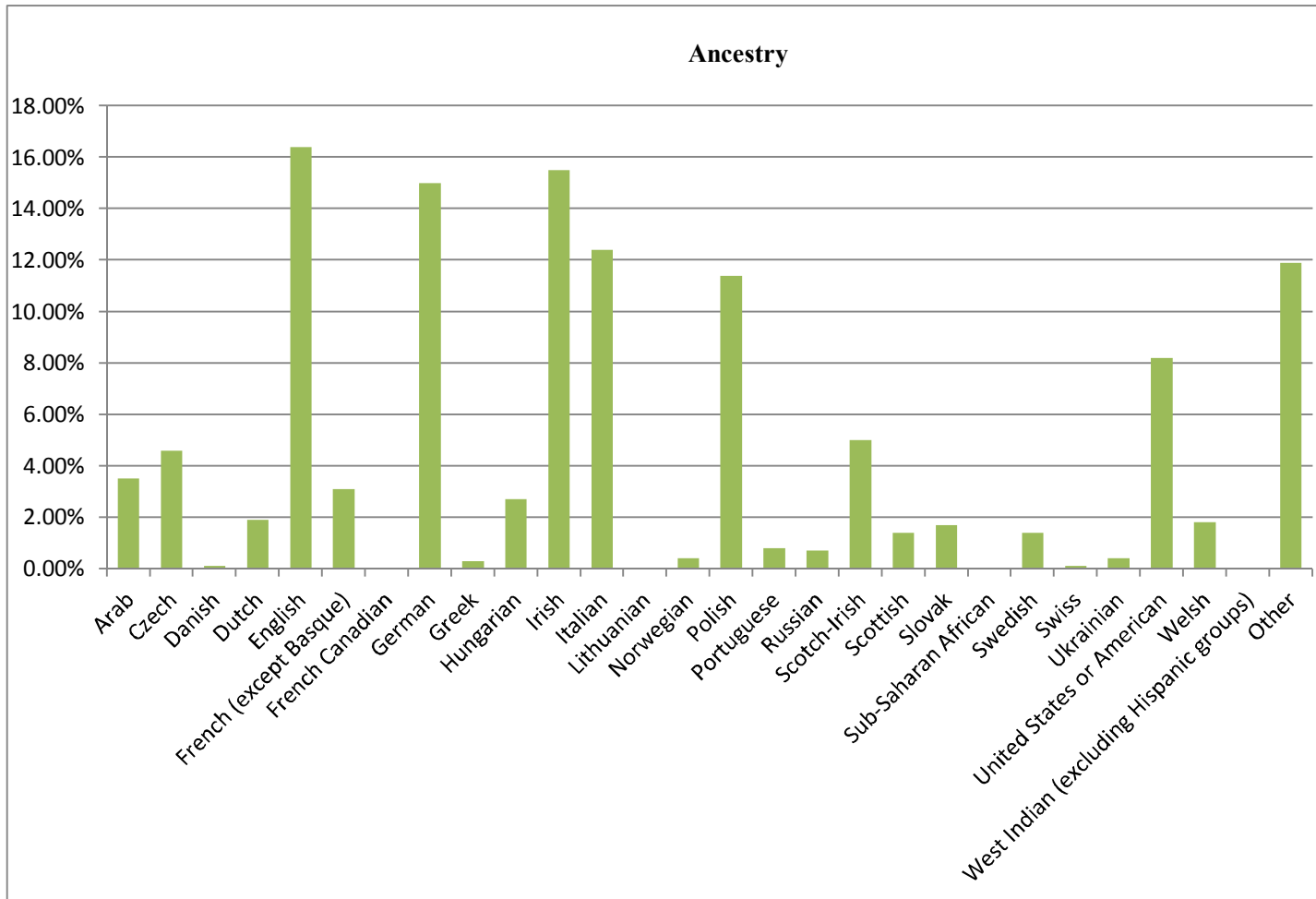
Household Type



Source: U.S. Census Bureau (2014-2015)

Ancestry (single or multiple)

Data is based on a sample of Belmont County (Union Township). The data is meant to show a sample of Belmont County's total population.

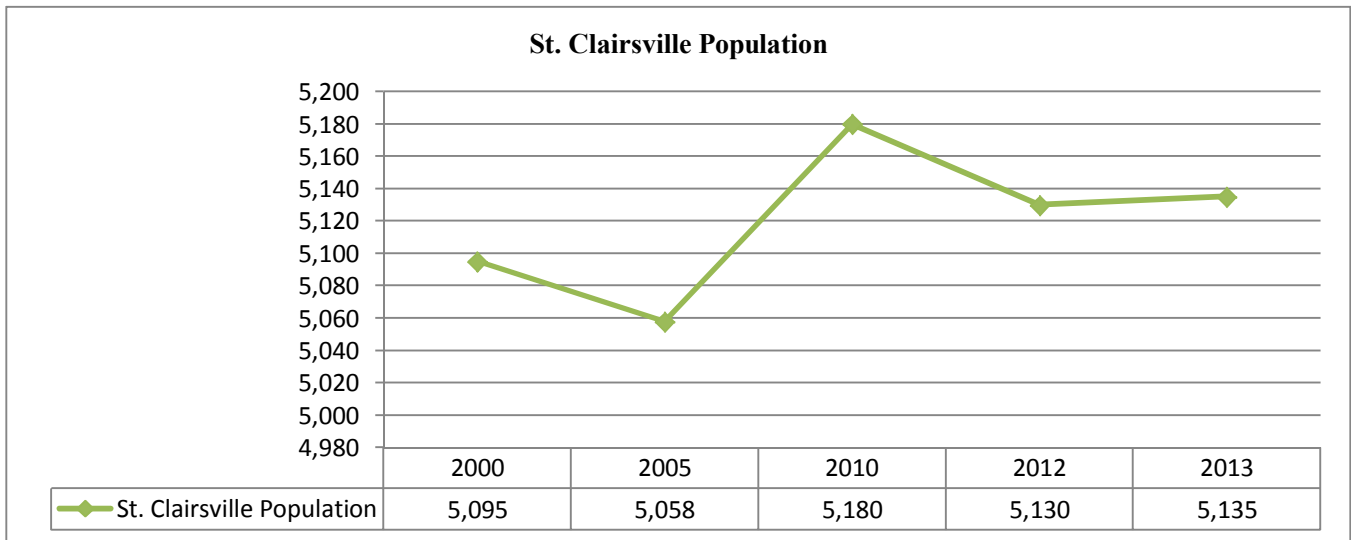


Name	Number	Percent	Name	Number	Percent
Arab	77	3.5	Polish	254	11.4
Czech	103	4.6	Portuguese	17	0.8
Danish	2	0.1	Russian	16	0.7
Dutch	43	1.9	Scotch-Irish	110	5.0
English	363	16.4	Scottish	31	1.4
French (except Basque)	68	3.1	Slovak	38	1.7
French Canadian	-	-	Sub-Saharan African	-	-
German	333	15.0	Swedish	30	1.4
Greek	7	0.3	Swiss	2	0.1
Hungarian	59	2.7	Ukrainian	8	0.4
Irish	344	15.5	United States or American	182	8.2
Italian	276	12.4	Welsh	40	1.8
Lithuanian	-	-	West Indian (excluding Hispanic groups)	-	-
Norwegian	8	0.4	Other ancestries	264	11.9

Source: U.S. Bureau of the Census, 2000 Census

St. Clairsville (County Seat) Population Trends

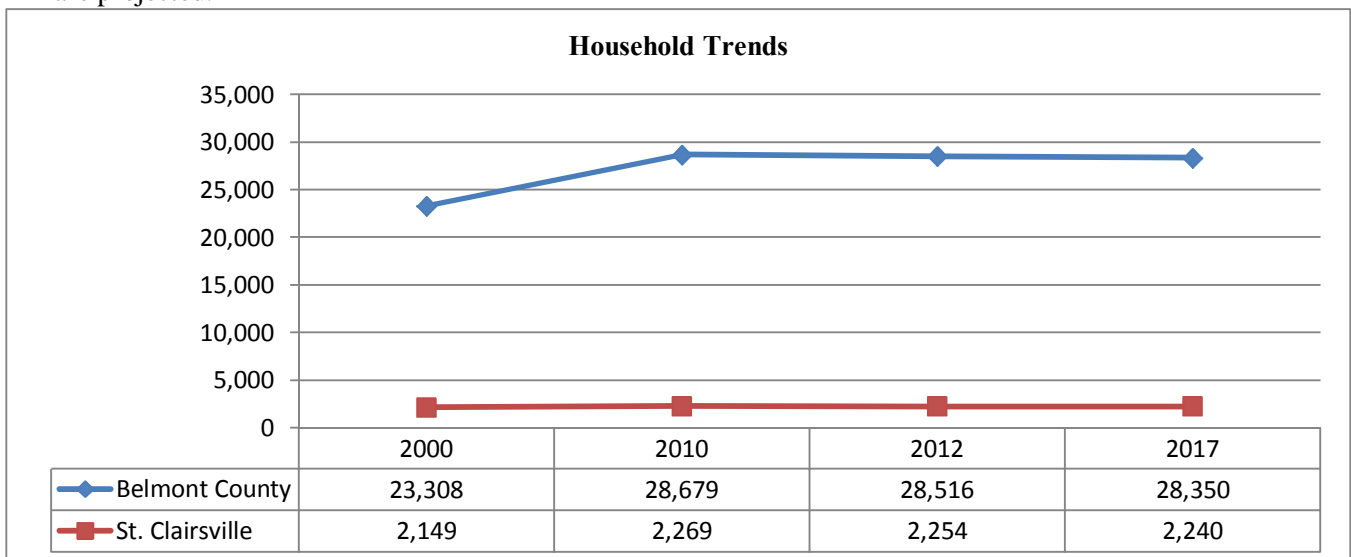
From 2000 to 2005 there was a slight decrease in the total population; however in 2010 the population rose to 5,180 which resembled the population in 1990 of 5,195.



Source: U.S. Census Bureau

Household Trends

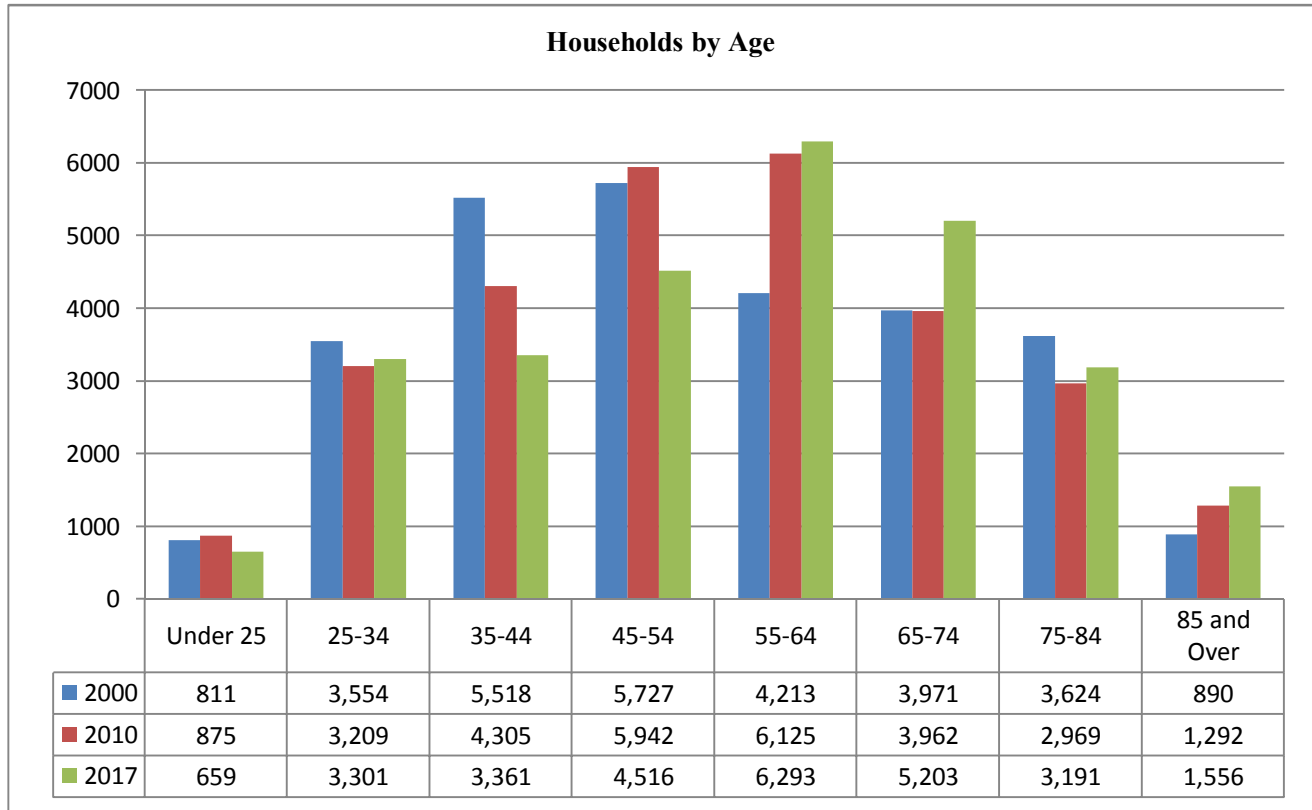
From 2010 to 2017 households are projected to decrease by 1.3%. Households in St. Clairsville are also projected to decrease by 1.3% from the year 2010 to 2017. Household trends for the years 2013 and 2017 are projected.



Source: 2000 and 2010 Census, ESRI, Urban Decision Group, Vogt Santer Insights

Households by Age

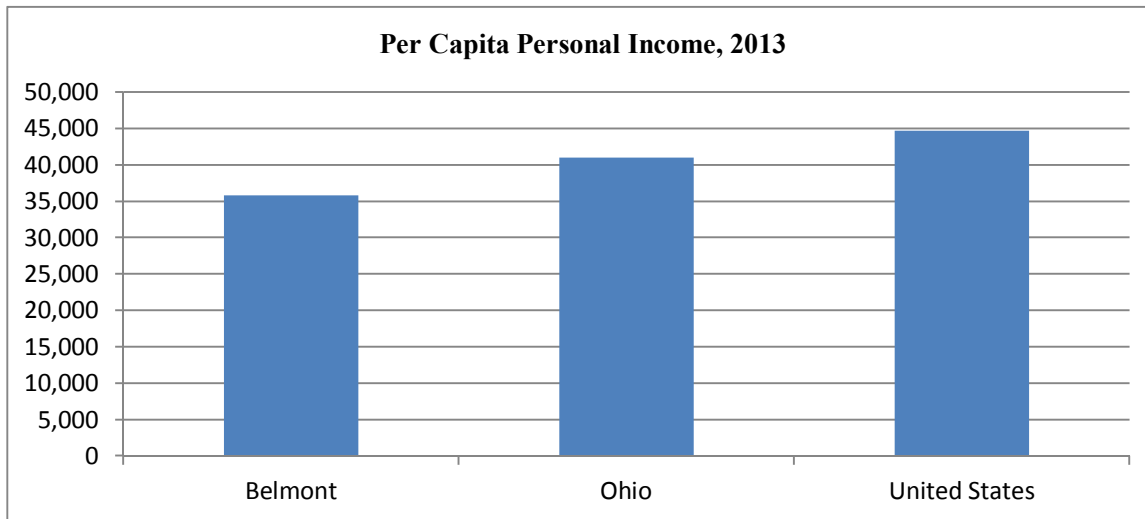
From 2010 to 2017 households aged 65-74 are projected to increase by 31.3%. Households under 25 years of age are projected to decrease by 24.7% from 2010 to 2017. Household by age for the years 2012 and 2017 are projected.
Source: 2000 and 2010 Census, ESRI, Urban Decision Group, Vogt Santer Insights



Economic Profile

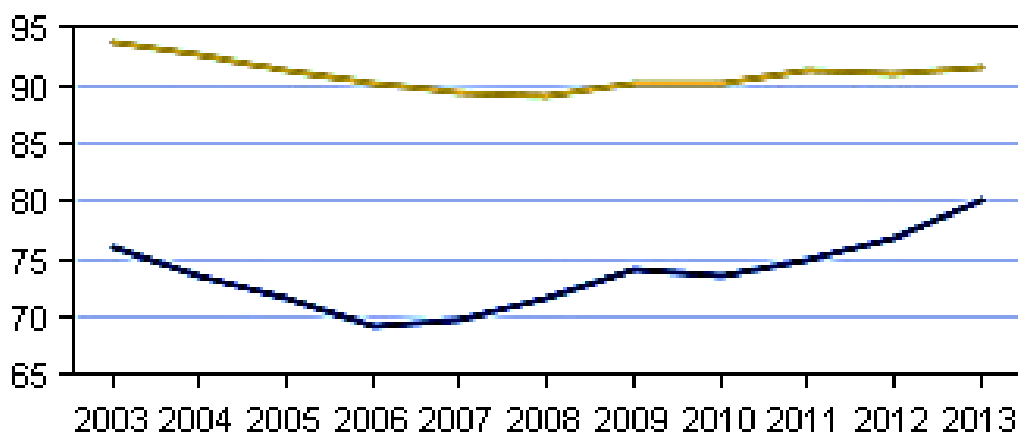
Per Capita Personal Income

In 2013, Belmont County had a per capita personal income (PCPI) of \$35,851. This PCPI ranked 43rd in the state, was 87% of the state average, and 80% of the national average. The 2013 PCPI reflected an increase of 5.6% from 2012. In 2003, the PCPI of Belmont County was \$24,855 and ranked 60th in the state. The 2003-2013 compound annual growth rate of PCPI was 3.7%.



Source: U.S. Department of Commerce, Bureau of Economic Analysis

Per Capita Income as a Percent of the United States



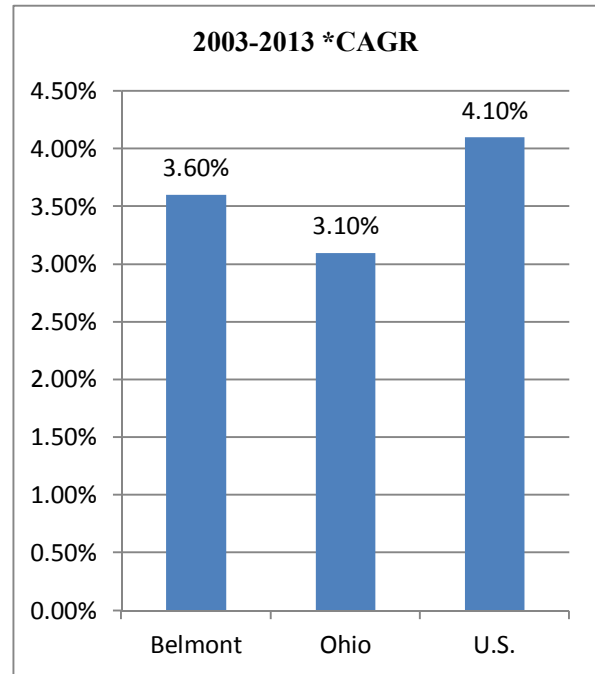
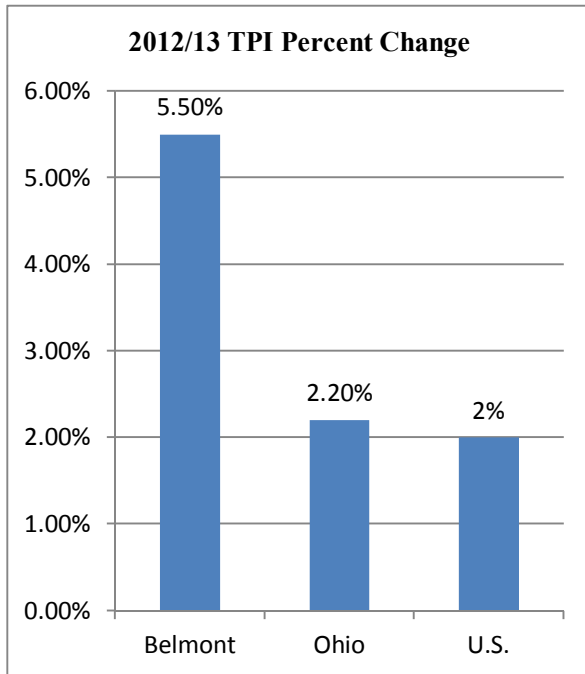
Source: U.S. Department of Commerce, Bureau of Economic Analysis

* State of Ohio: top line

**Belmont County: bottom line

Total Personal Income

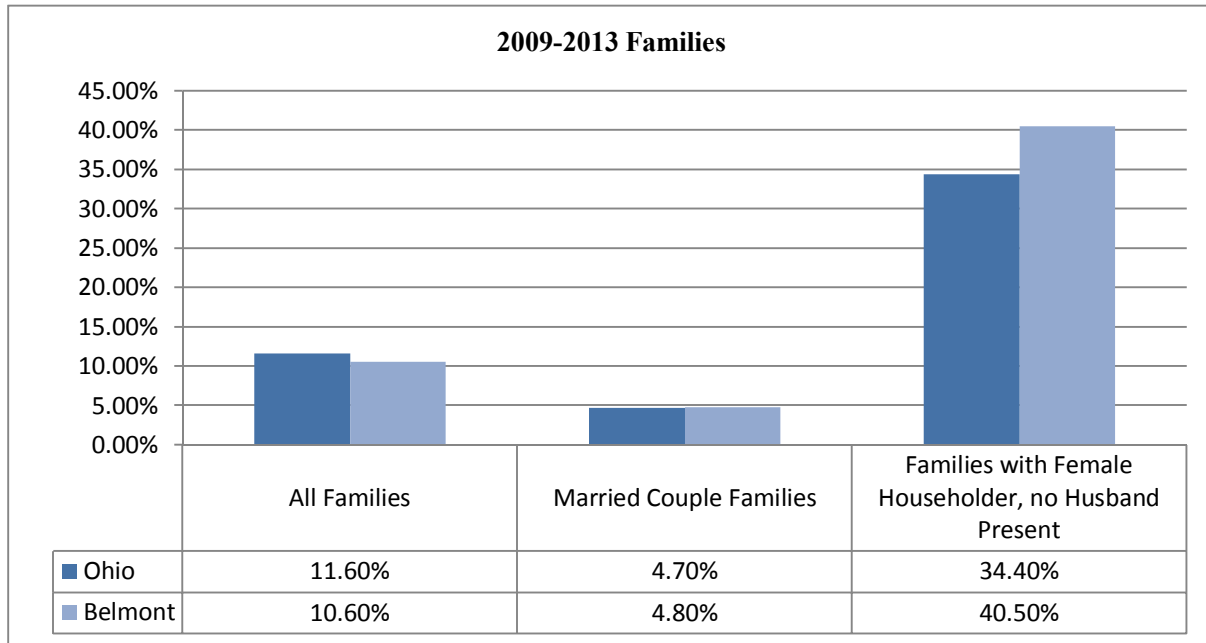
In 2013, Belmont had a total personal income (TPI) of \$2,494,164. This TPI ranked 35th in the state and accounted for 0.5% of the state total. In 2003, the TPI of Belmont County was \$1,745,310 and ranked 37th in the state.



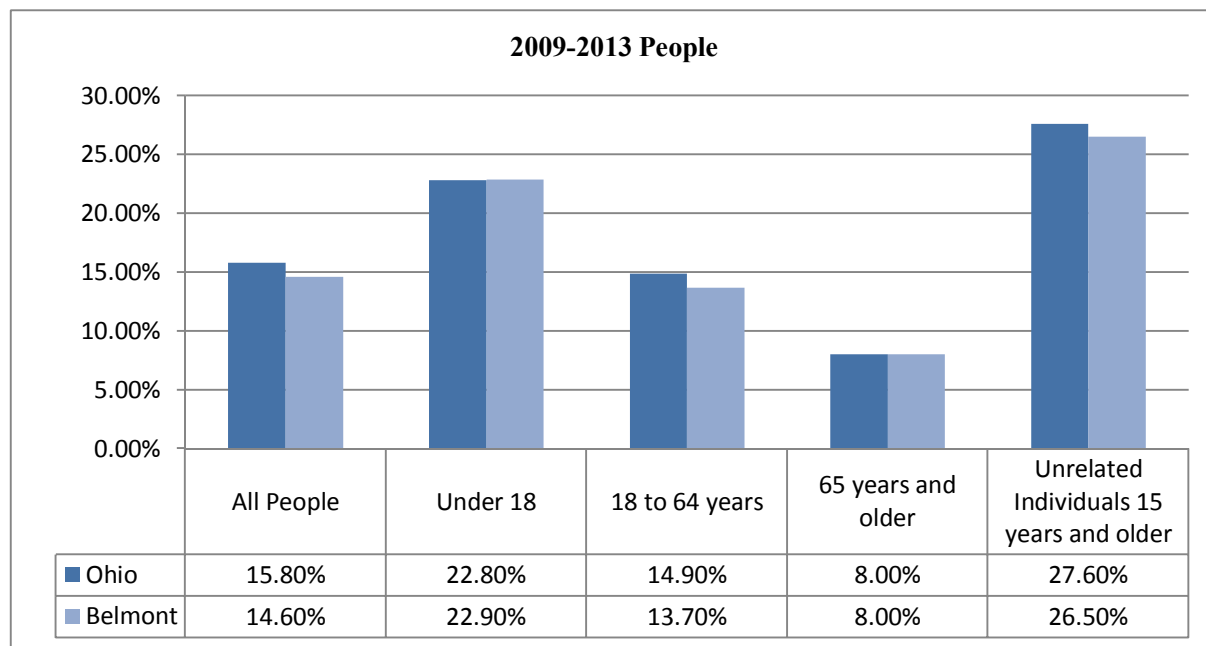
Source: U.S. Department of Commerce, Bureau of Economic Analysis

*CAGR: Compound Annual Growth Rate

Percentages of Families and People below Poverty Level

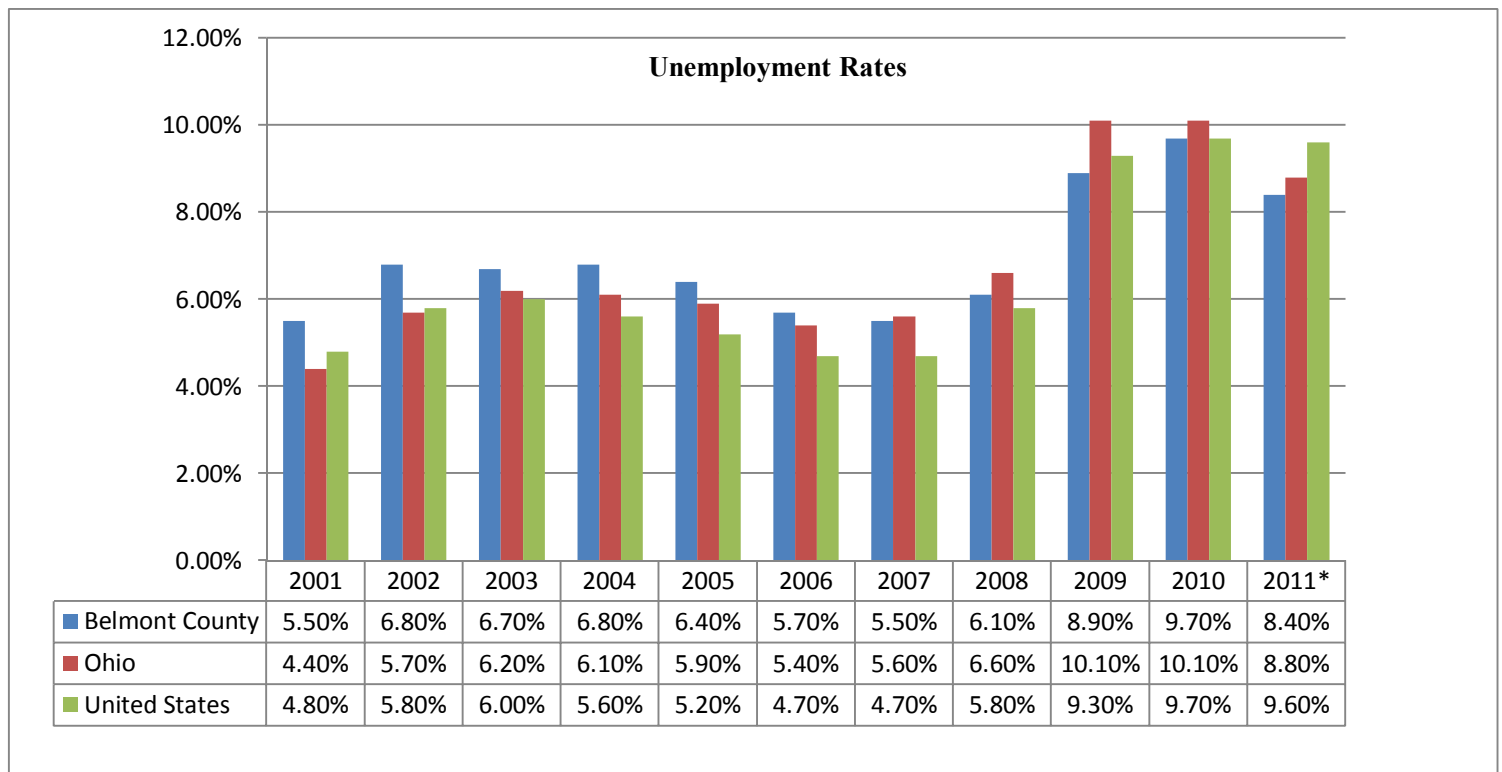


Source: U.S. Census Bureau, 5-Year American Community Survey



Source: U.S. Census Bureau, 5-Year American Community Survey

Unemployment Rates



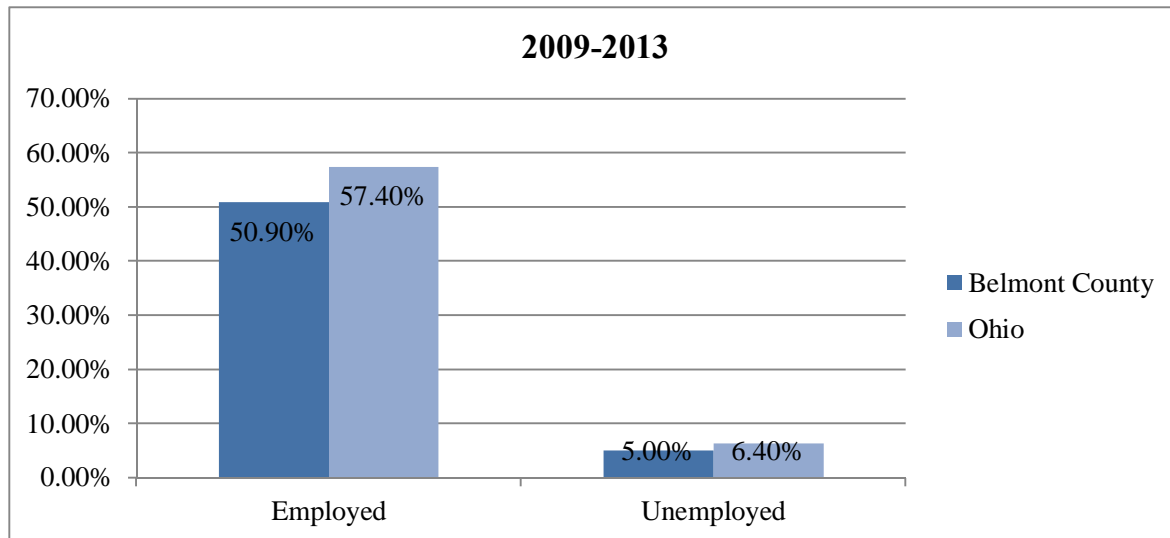
Source: Department of Labor, Bureau of Labor Statistics

*Through December

March 2015 unemployment rate 6.4% Belmont County

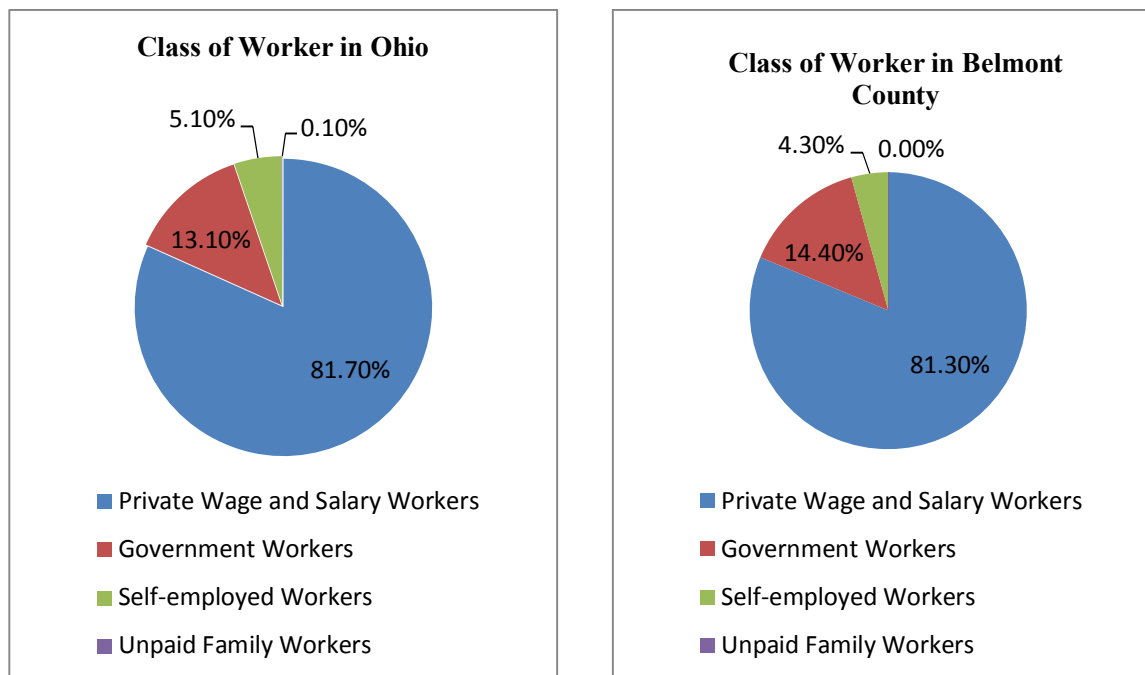
Employment Status

In Ohio, from 2009-2013, there was an estimated 5,266,386 people who were employed; 29,613 of those were employed in Belmont County. Belmont County has lower percentages of employment and unemployment than the state of Ohio.



Source: U.S. Census Bureau, 5-Year American Community Survey

Class of Workers (2009-2013)

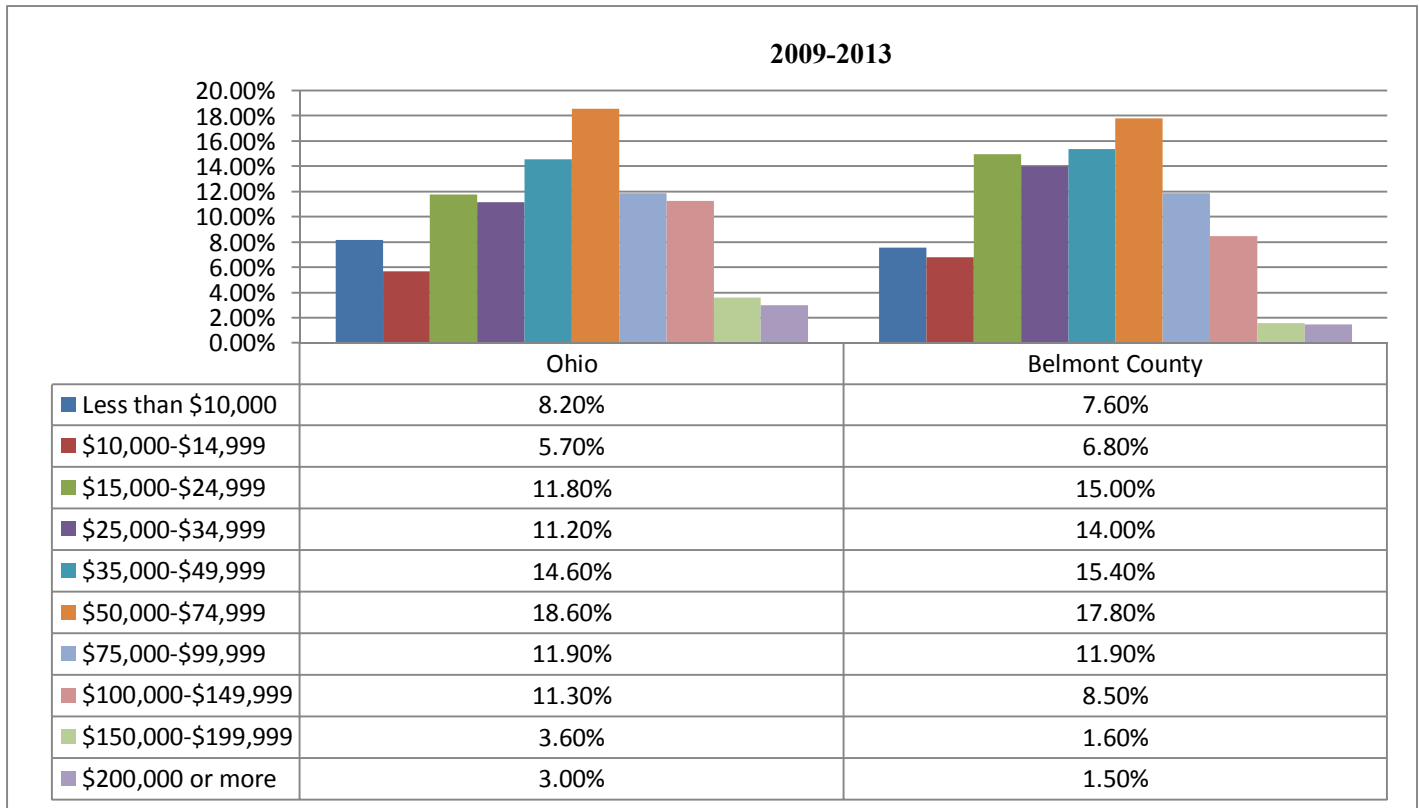


Source: U.S. Census Bureau, 5-Year American Community Survey

Income for Total Households (2013 Inflation-Adjusted Dollars)

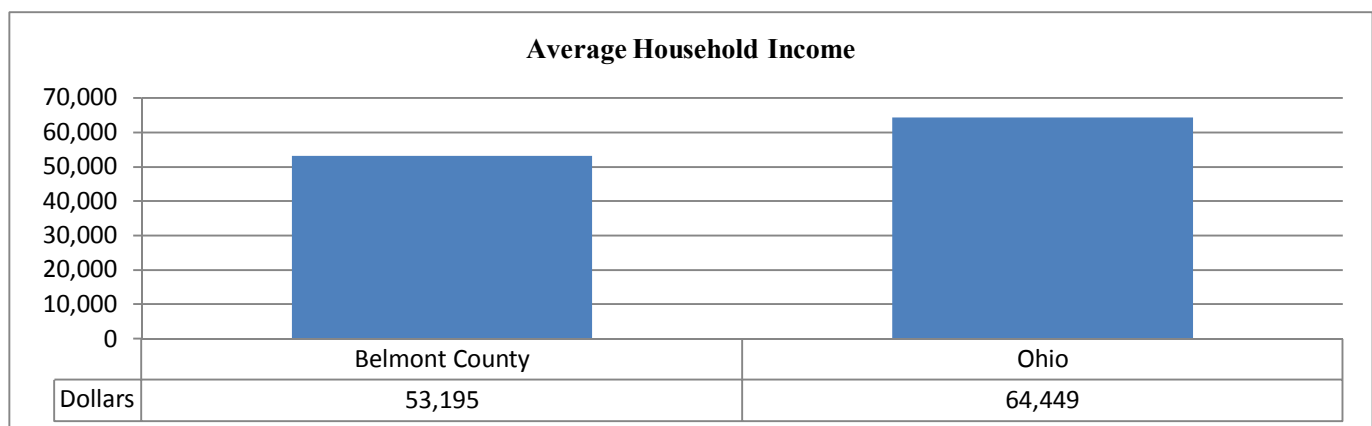
The 2009-2013 American Community 5-Year Survey showed there were an estimated 4,557,655 total households in Ohio and 28,329 total households in Belmont County. The chart below shows how the incomes of the state compare to the incomes of the county. The next chart shows that Belmont County has a lower average income than the state.

Source: U.S. Census Bureau, 5-Year American Community Survey



Source: U.S. Census Bureau, 5-Year American Community Survey

Median Household Income



Source: U.S. census Bureau, 5-Year American Community Survey

Civilian Labor Force

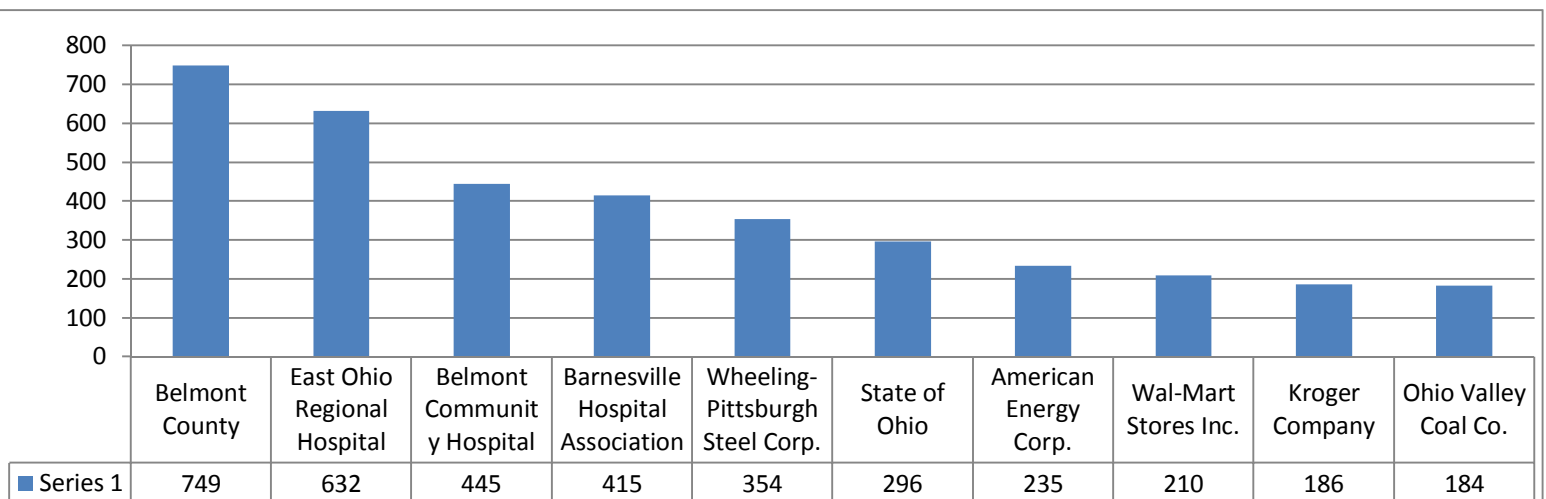
As defined by the U.S. census bureau, the civilian labor force is the subset of Americans who have jobs or are seeking a job, are at least 16 years old, are not serving in the military and are not institutionalized.



Source: Office of Policy, Research and Strategic Planning

Largest Employers

The 10 largest employers in Belmont County comprise a total of more than 3,500 employees. These employers are summarized as follows:

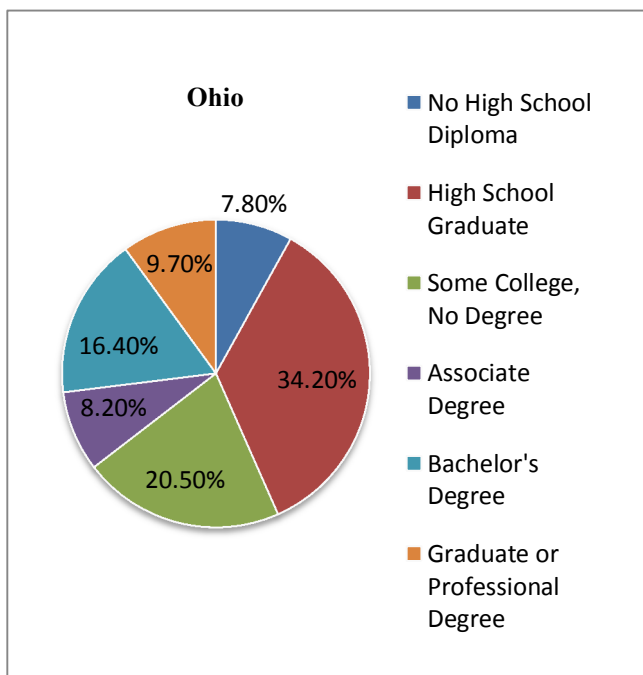
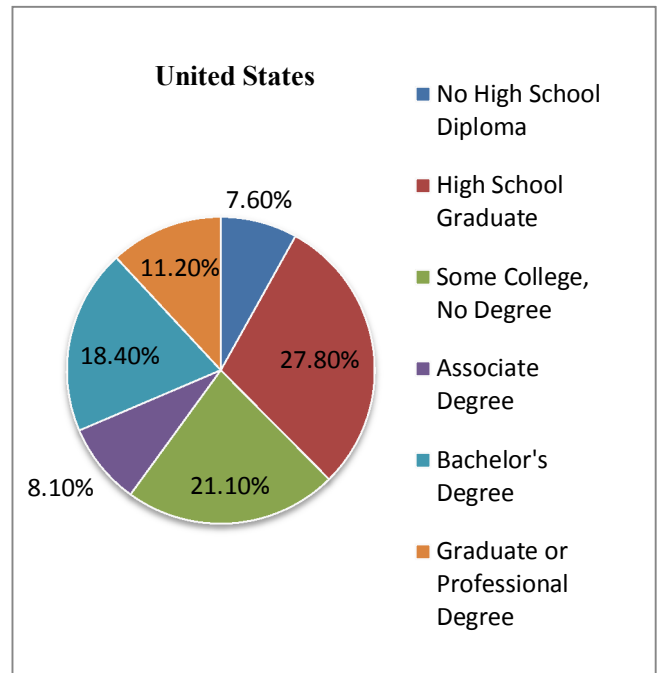
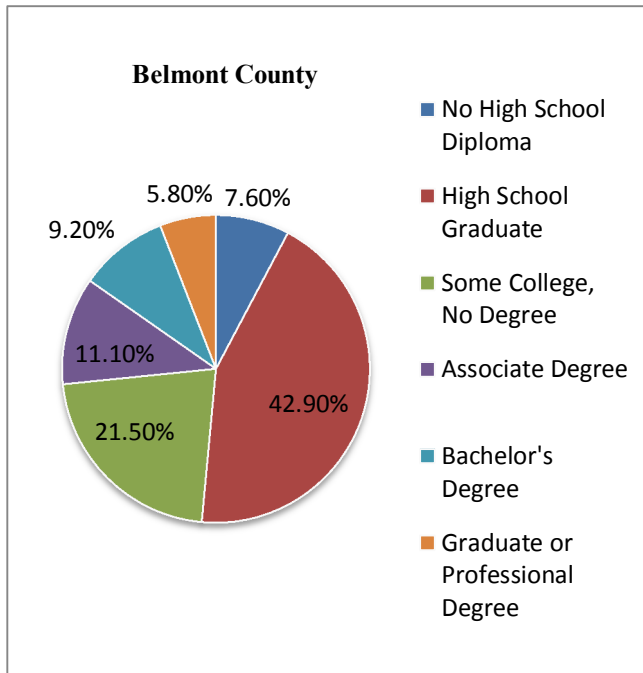


Source: Belmont County CAFR, (2010)

Education Profile

Educational Attainment for Belmont County, Ohio and U.S. Residents

For the population who were 25 years of age and older in 2014, Belmont County had a slightly lower percentage of people who had not yet attained a high school, or equivalent, diploma than in Ohio. However, Belmont County's percentage matched the national average for people with no diploma.



Source: U.S. Census Bureau American Community Survey (2013)

Student Enrollment

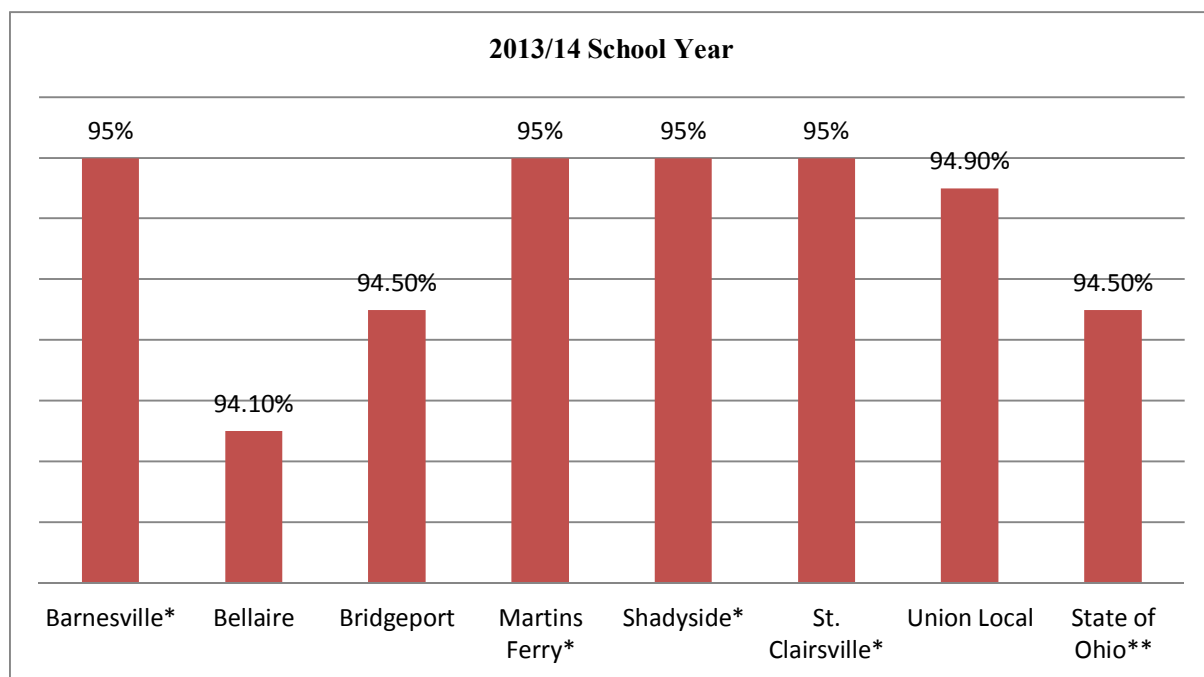
School Districts, 2010/11-2013/14

	2010/11	2011/12	2012/13	2013/14
Barnesville	1132	1161	1175	1265
Bellaire	1317	1234	1260	1262
Bridgeport	761	781	779	786
Martins Ferry	1565	1463	1462	1399
Shadyside	813	806	807	809
St. Clairsville	1667	1728	1690	1718
Union Local	1536	4824	1525	1518

Source: District Report Cards, Ohio Department of Education

Attendance Rates

All Belmont County public schools were above or equal to the state's attendance rate (94.5%), except for Bellaire (94.1%).



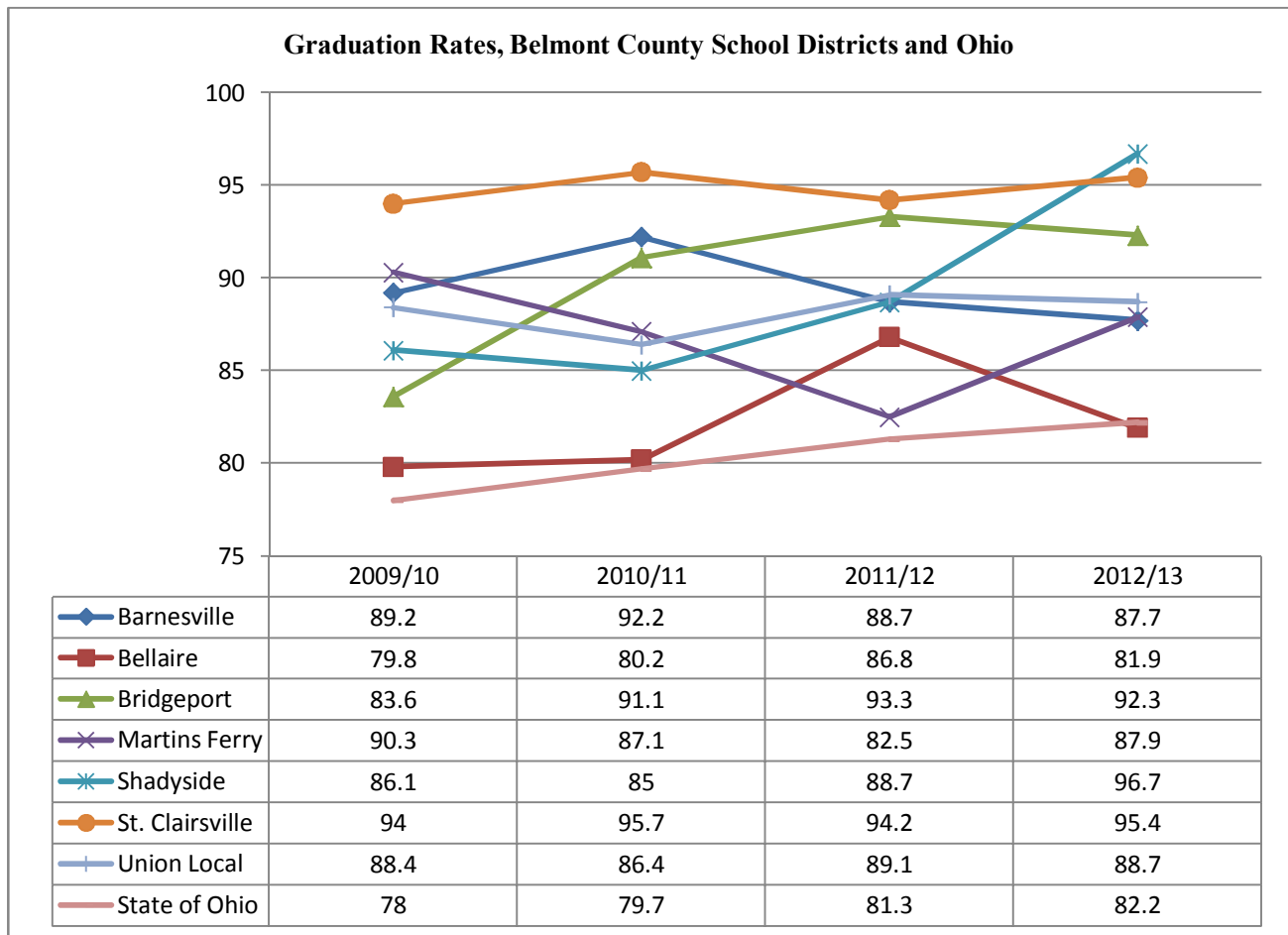
Source: District Report Cards, Ohio Department of Education

*School's student attendance rates were >95%.

**School Year 2011/12

Graduation Rates

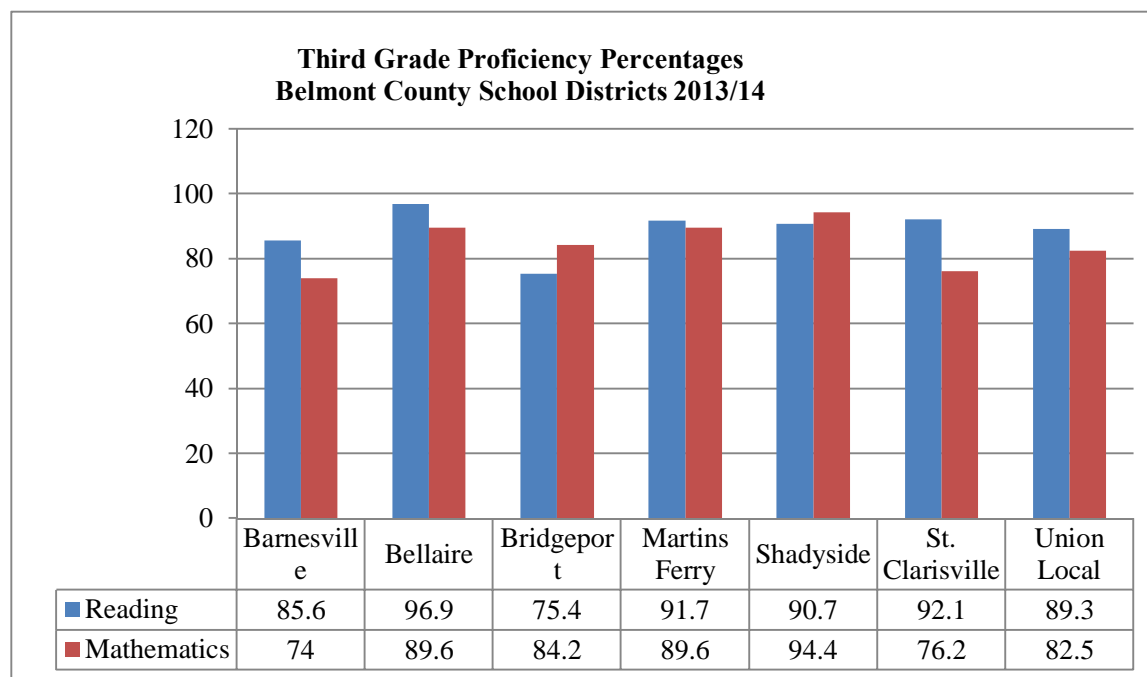
Belmont County public schools had higher graduation rates than public schools statewide 2009/10-2012/13. St. Clairsville High School had the highest graduation rate average over the four school years shown below (94.8%).



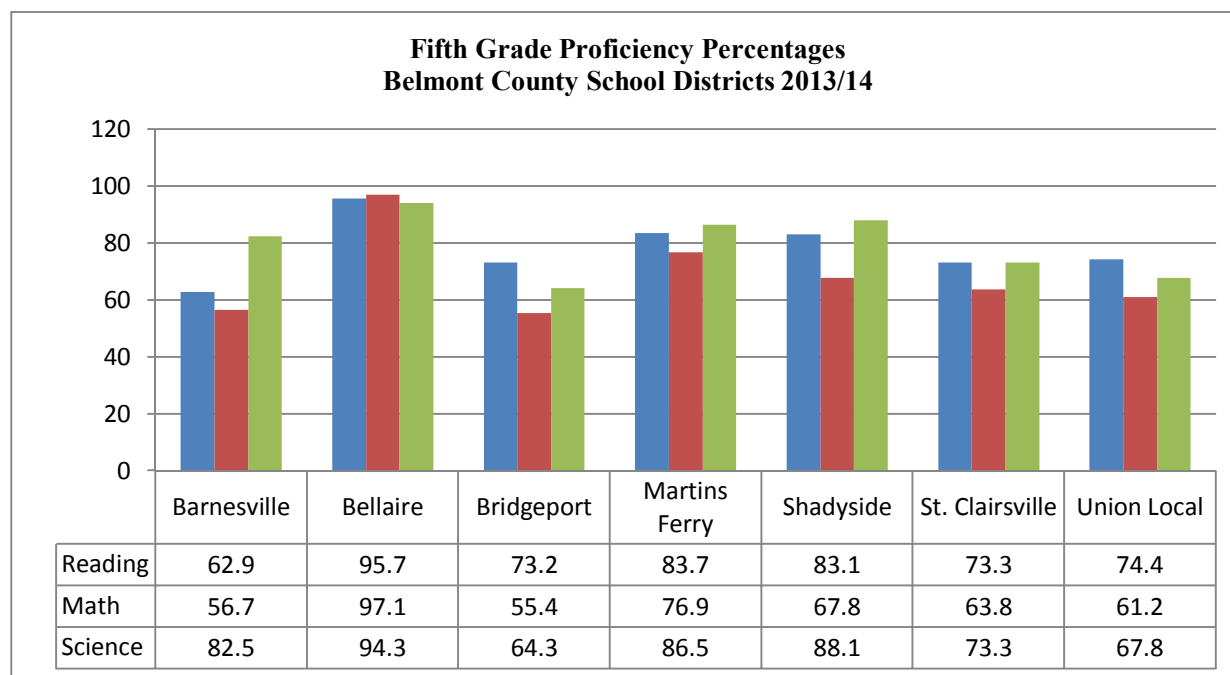
Source: District Report Cards, Ohio Department of Education

Achievement and Graduation Tests

The following charts show students' proficiency percentages (in the identified subject area) in Belmont County school districts. These achievement tests are administered each year under the Ohio Department of Education.

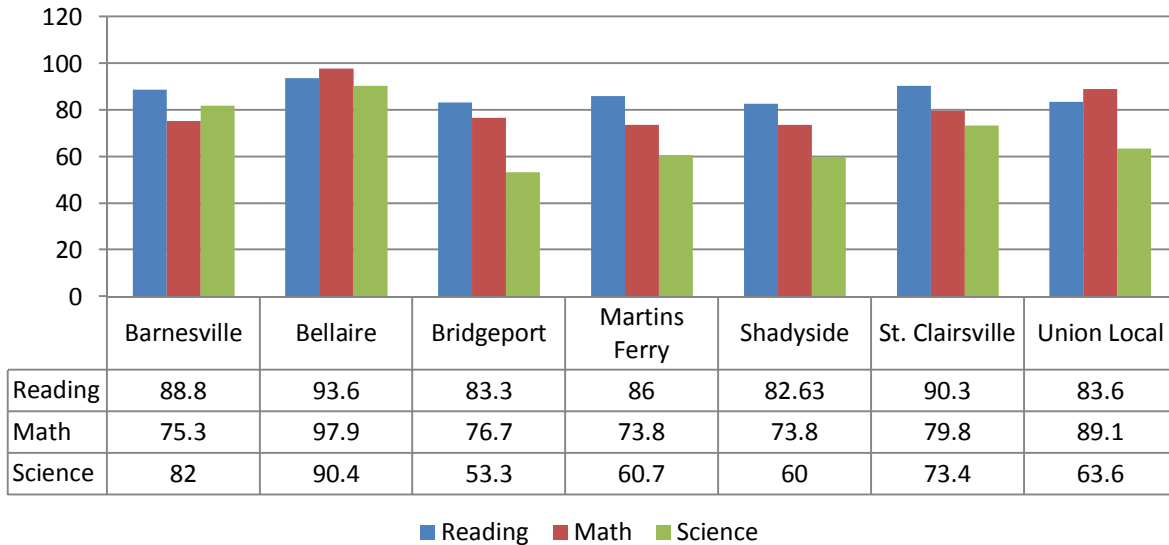


Source: District Report Cards, Ohio Department of Education



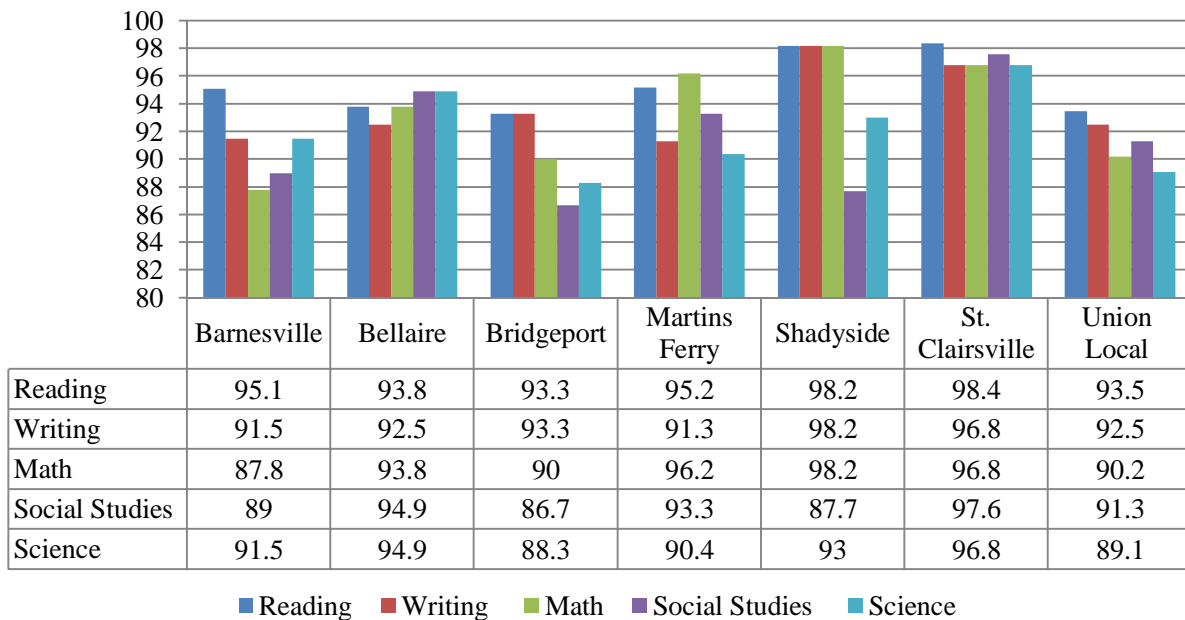
Source: District Report Cards, Ohio Department of Education

**Eighth Grade Proficiency Percentages
Belmont County School Districts 2013/14**



Source: District Report Cards, Ohio Department of Education

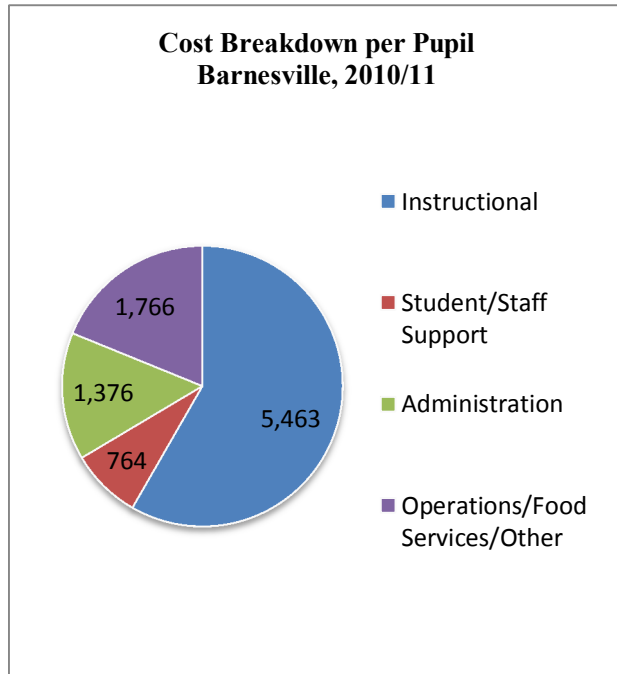
**Twelfth Grade Proficiency Percentages
Belmont County School Districts 2013/14**



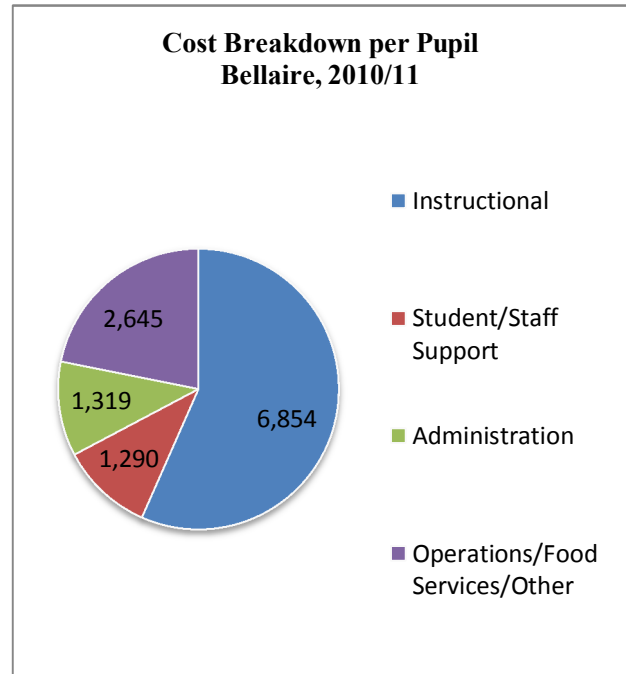
Source: District Report Cards, Ohio Department of Education

Public School Education Costs

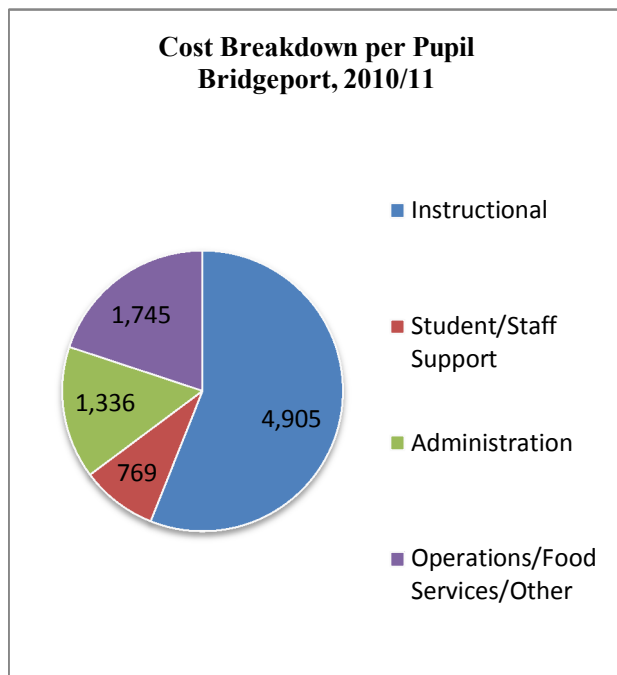
When costs per pupil were broken down into the categories shown below, every school allocated the most money to the Instructional category. When examining the total expenditure for each school, Bellaire had the highest per student (\$9,368) and Shadyside had the lowest (\$8,333).



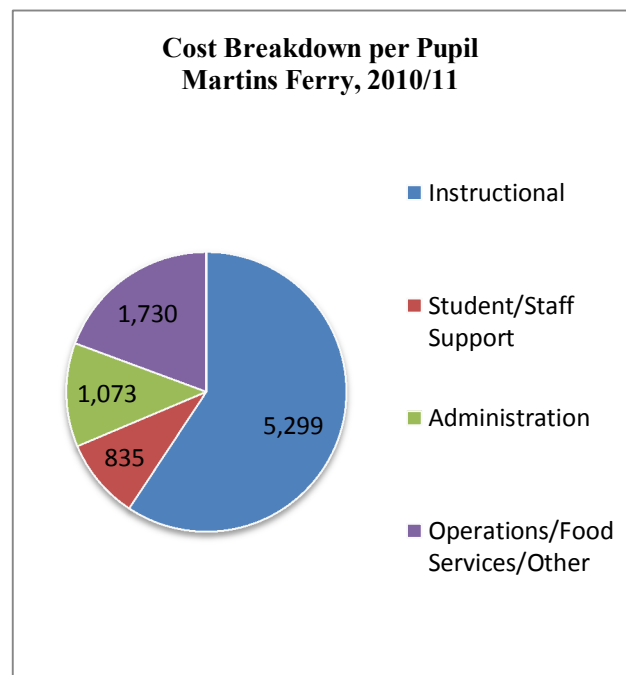
Source: National Center for Education Statistics



Source: National Center for Education Statistics

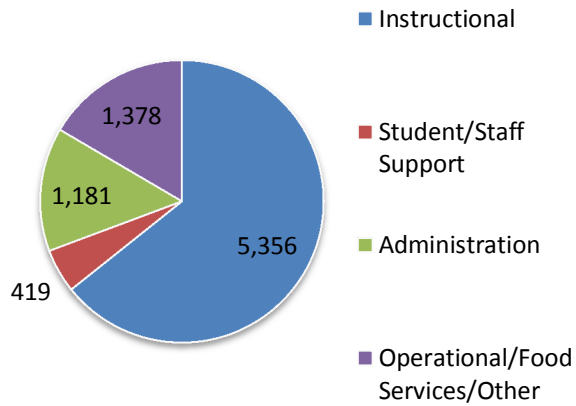


Source: National Center for Education Statistics



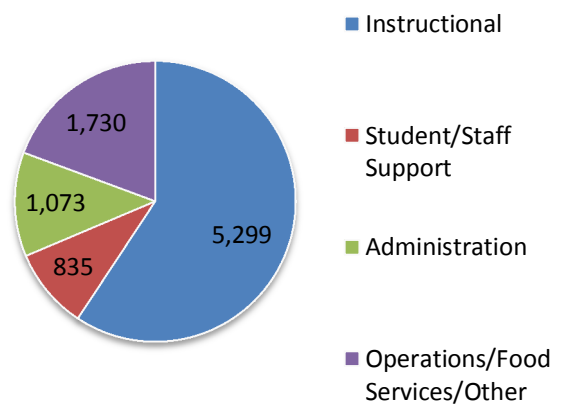
Source: National Center for Education Statistics

**Cost Breakdown per Pupil
Shadyside, 2010/11**



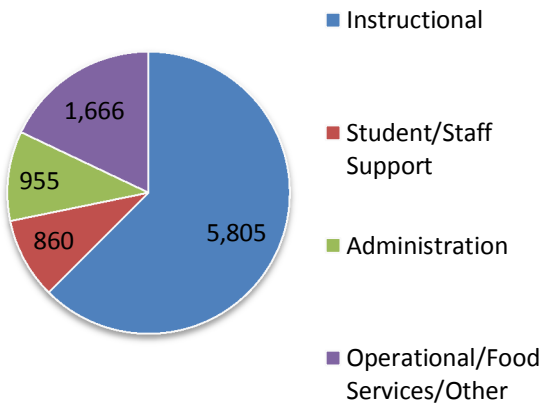
Source: National Center for Education Statistics

**Cost Breakdown per Pupil
St. Clairsville, 2010/11**



Source: National Center for Education Statistics

**Cost Breakdown per Pupil
Union Local, 2010/11**

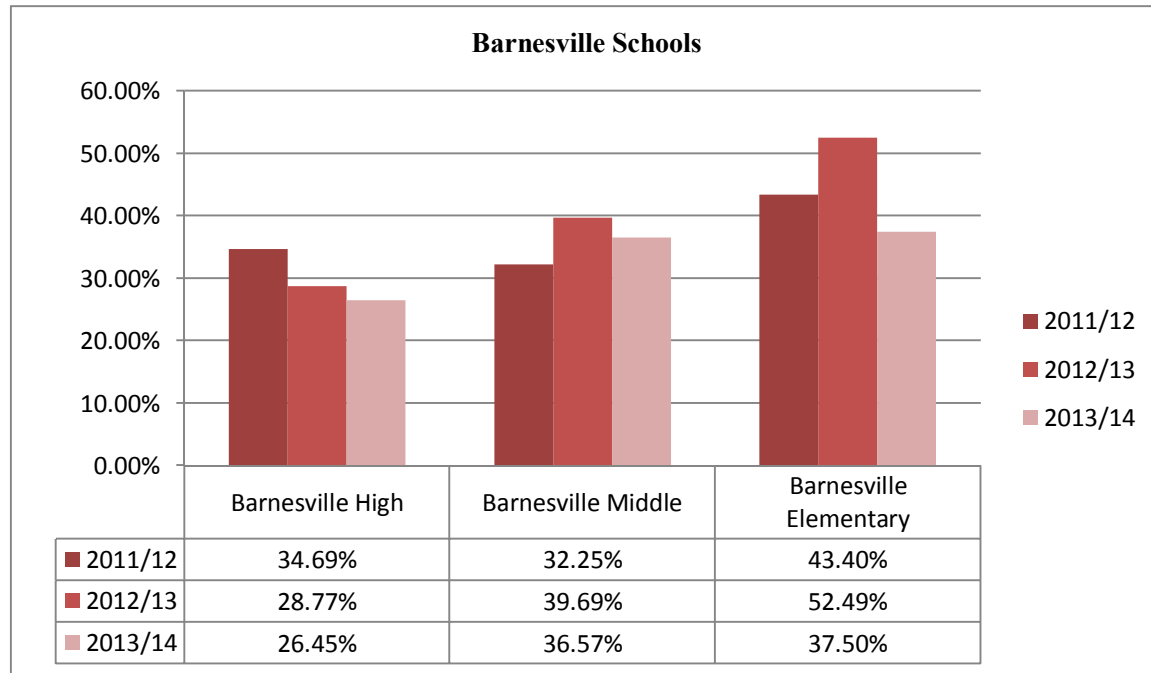


Source: National Center for Education Statistics

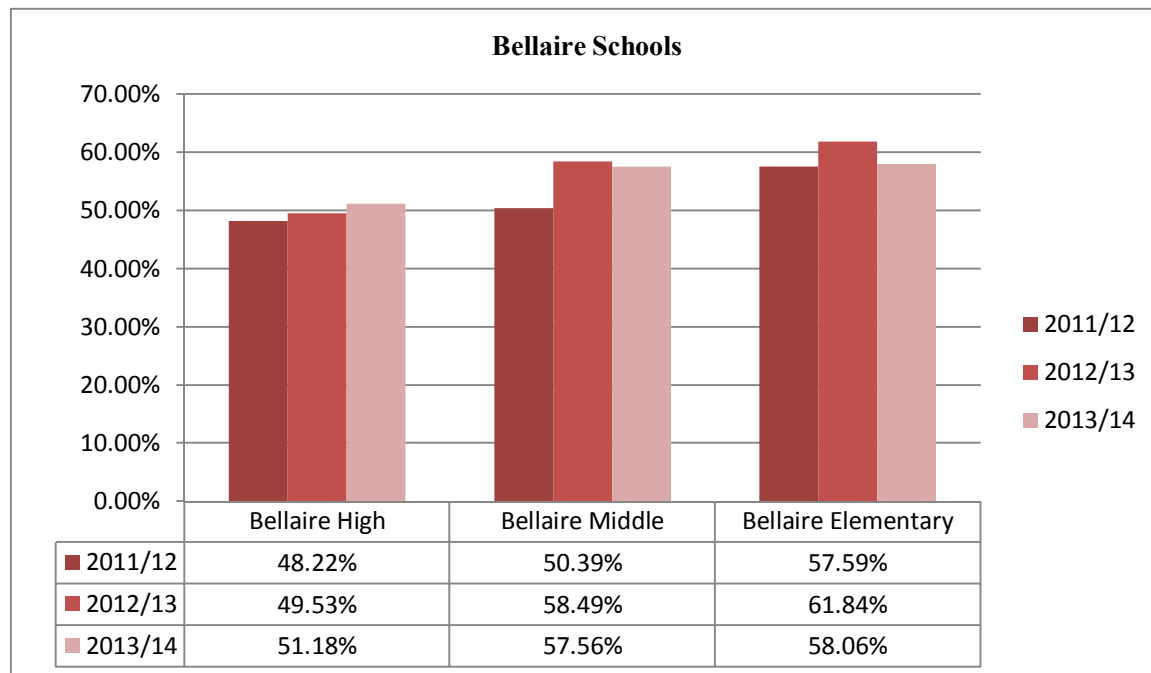
Percentage of Student Applications for Free and Reduced Lunches

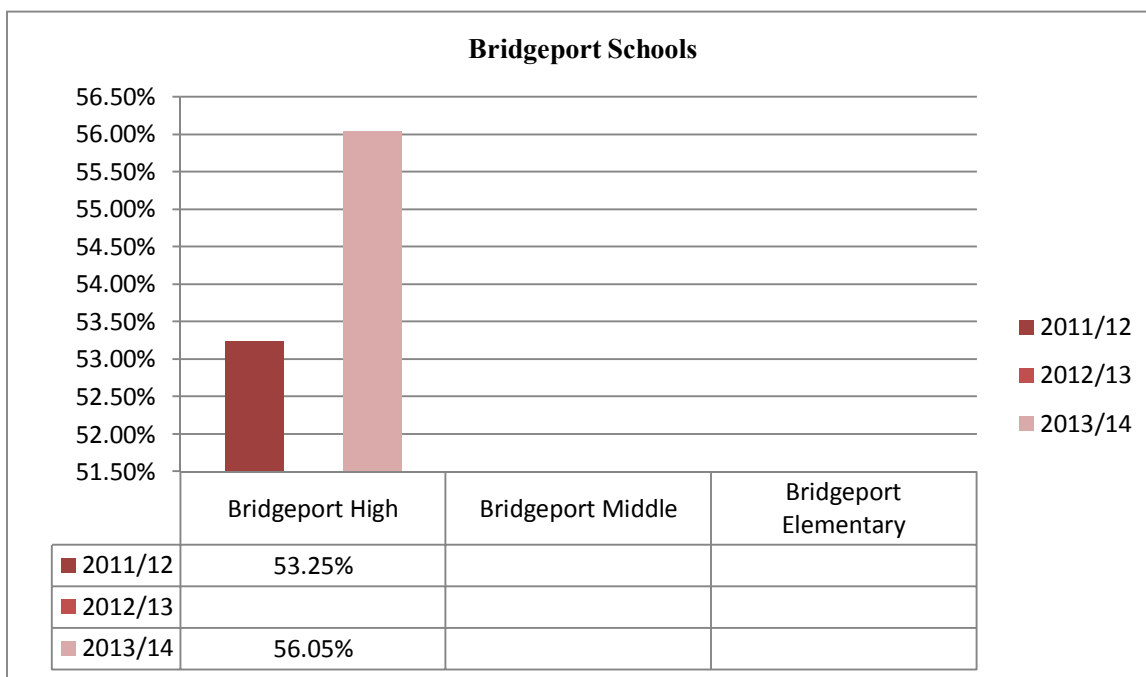
Each chart shows the percentage of student applicants approved for free meal benefits in Belmont County schools for the school years 2011/12 to 2012/13. If two grade sections are served from one cafeteria, it may be designated as a single reporting site. Not all schools participate in the National School Lunch Program.

The two schools that had the highest percentages of students who qualify for free lunches were Bellaire (52.06%) and Bridgeport (53.25%). St. Clairsville had the lowest amount of students who qualified for free lunches (17.94%).



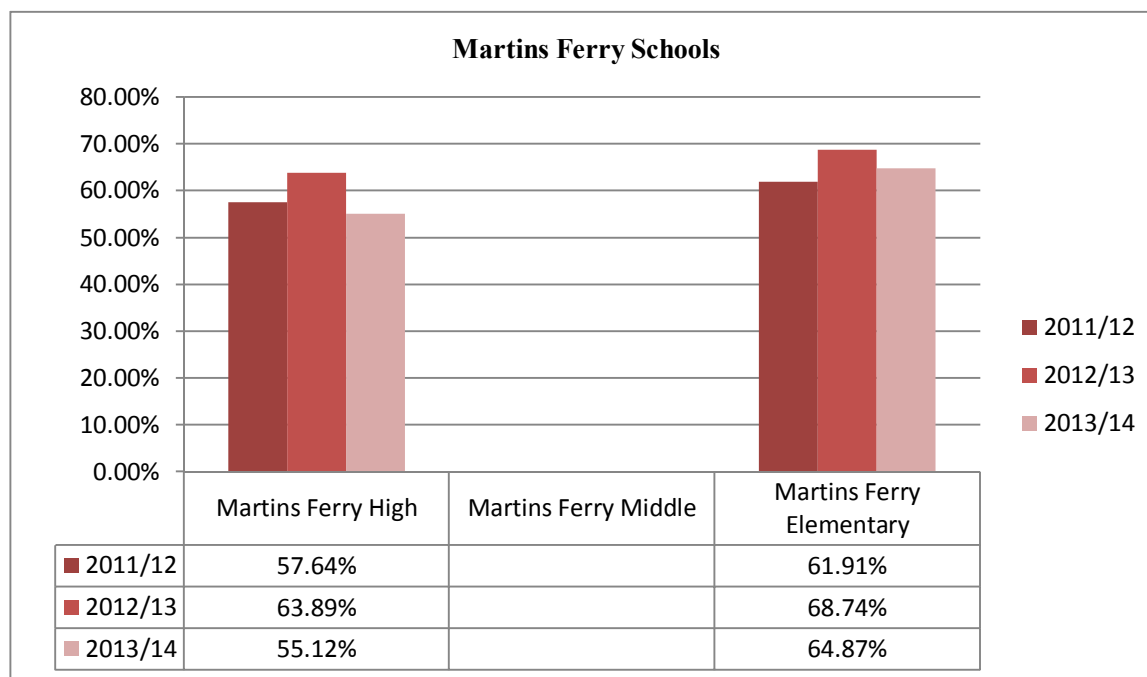
Source: Ohio Department of Education





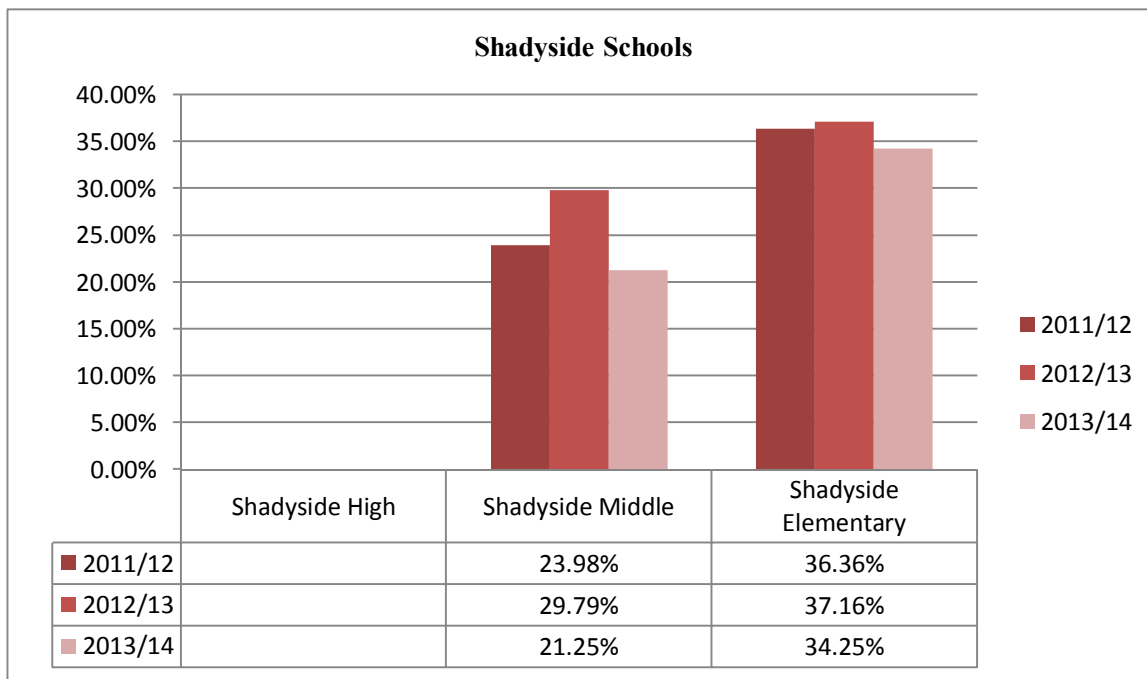
Source: Ohio Department of Education

*no data was compiled for the blank spaces



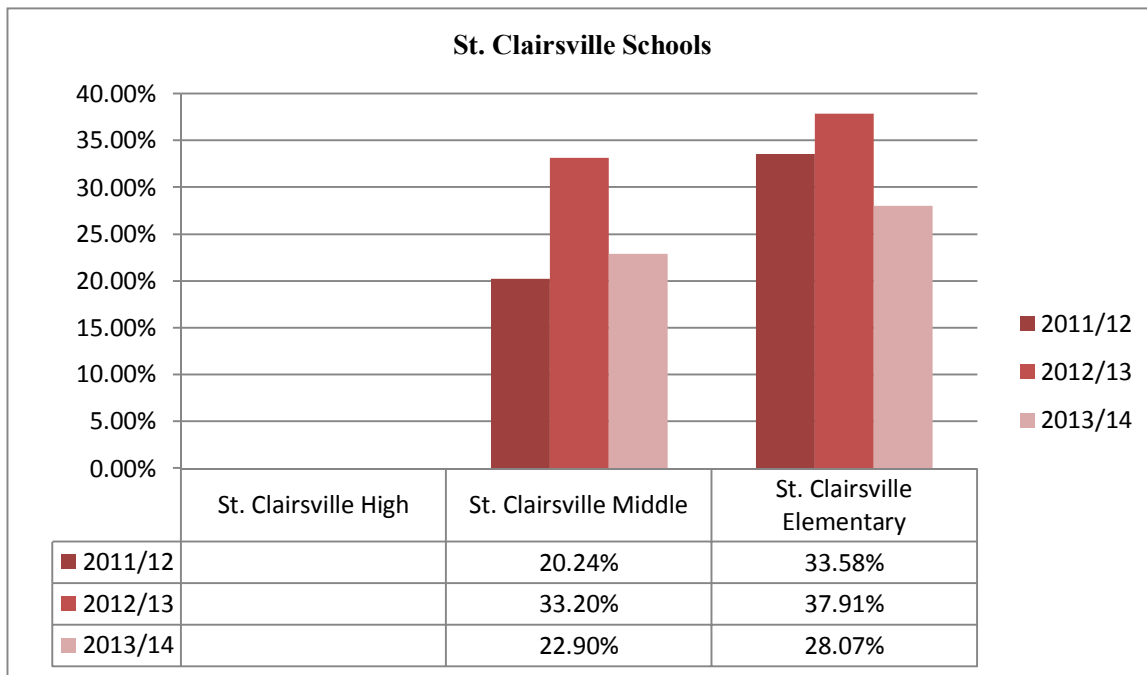
Source: Ohio Department of Education

*no data was compiled for the blank spaces



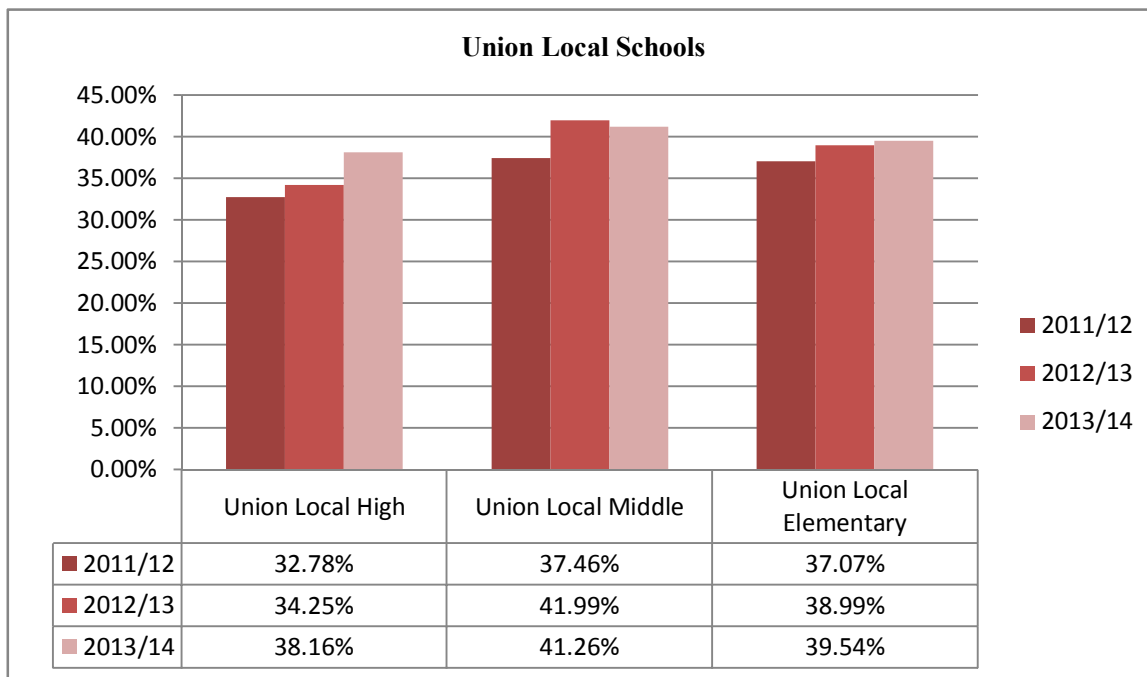
Source: Ohio Department of Education

*no data was compiled for blank spaces



Source: Ohio Department of Education

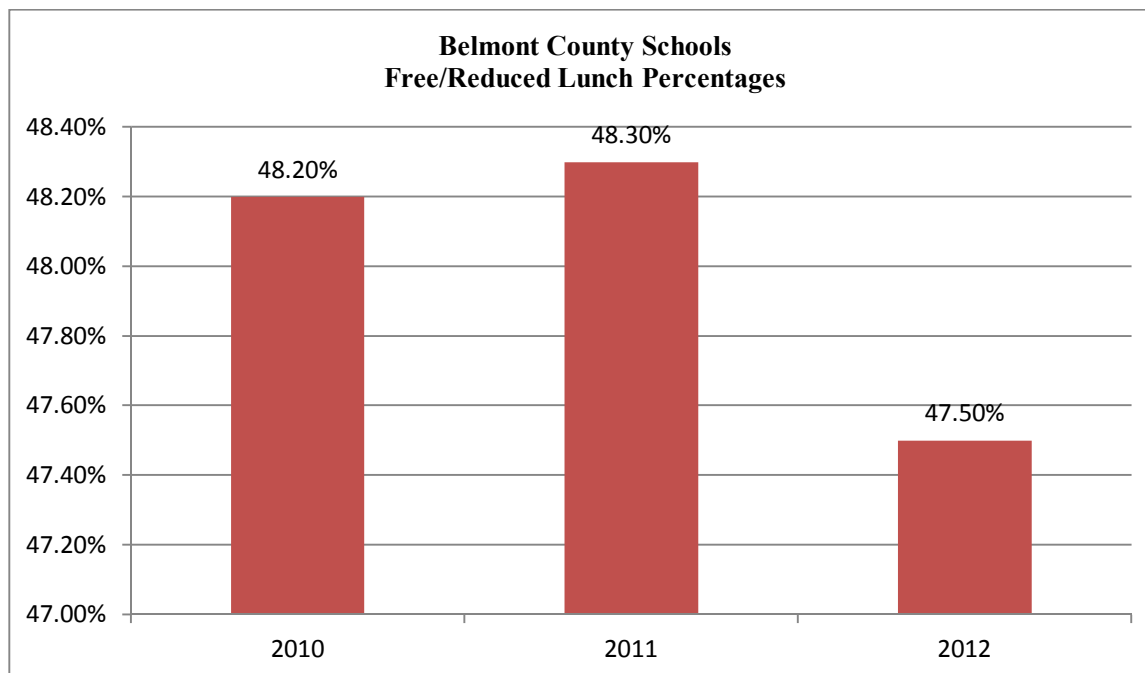
*no data was compiled for the blank spaces



Source: Ohio Department of Education

Percentage of Students Receiving Free/Reduced Lunch

This graph shows an estimate percentage of all students who participated in the National School Lunch Program, often referred to as free and reduced-price lunch, in Belmont County schools in October of each of the school years displayed below.

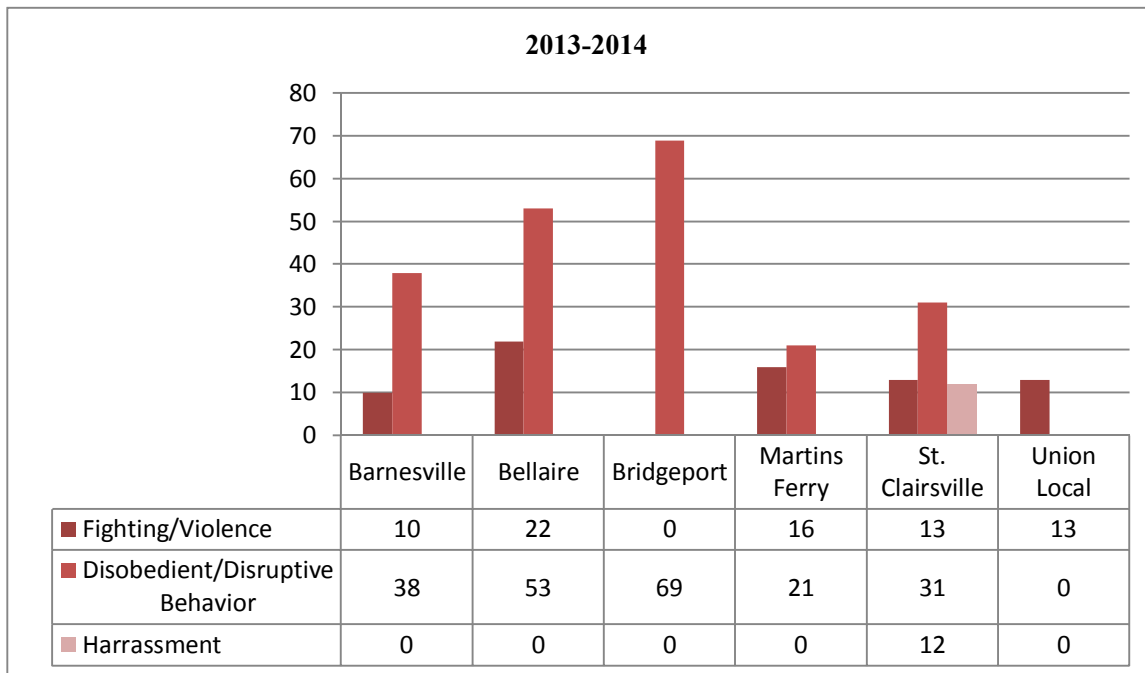


Source: Ohio Department of Education, MR81 report, Kids Count Data Center

Discipline Occurrences

This chart shows the disciplinary actions taken in each school for the reported act in the 2013/14 school year.

*Shadyside did not have any reported data.

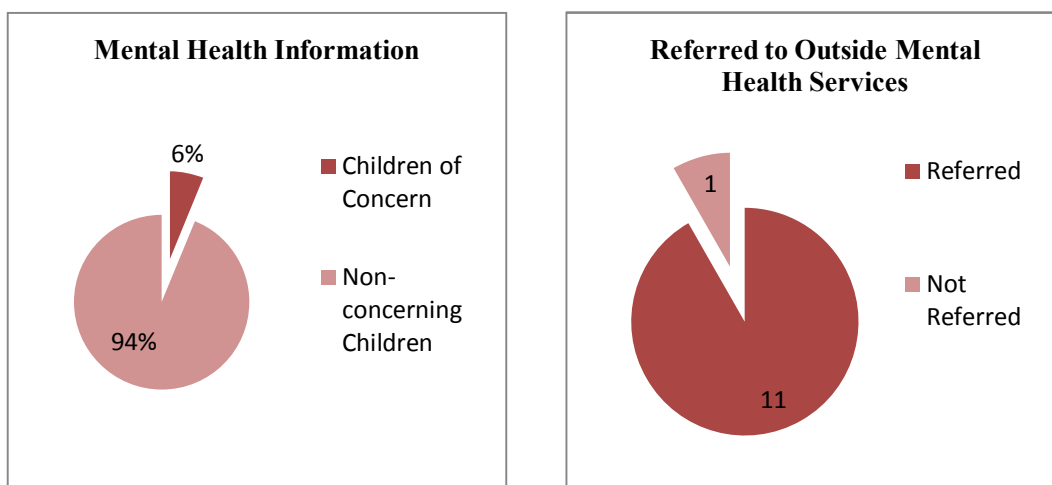


Source: Ohio Department of Education

Head Start Mental Health Information

During the fall/spring enrollment period of September 2014-February 2015, Belmont County Head Start enrolled 198 children (3-5 years old). South East Inc. facilitated all referrals, assessments and consultations for the Head Start students.

South East Inc. is a comprehensive provider of mental health, chemical dependency, healthcare, and homeless services assisting diverse populations regardless of their economic status.



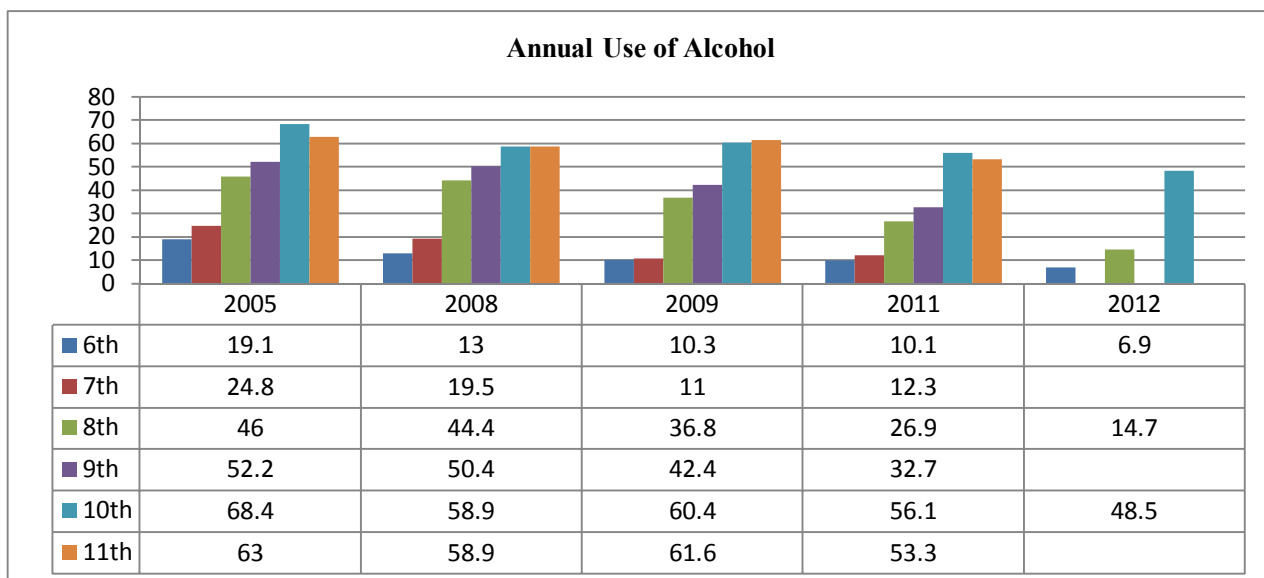
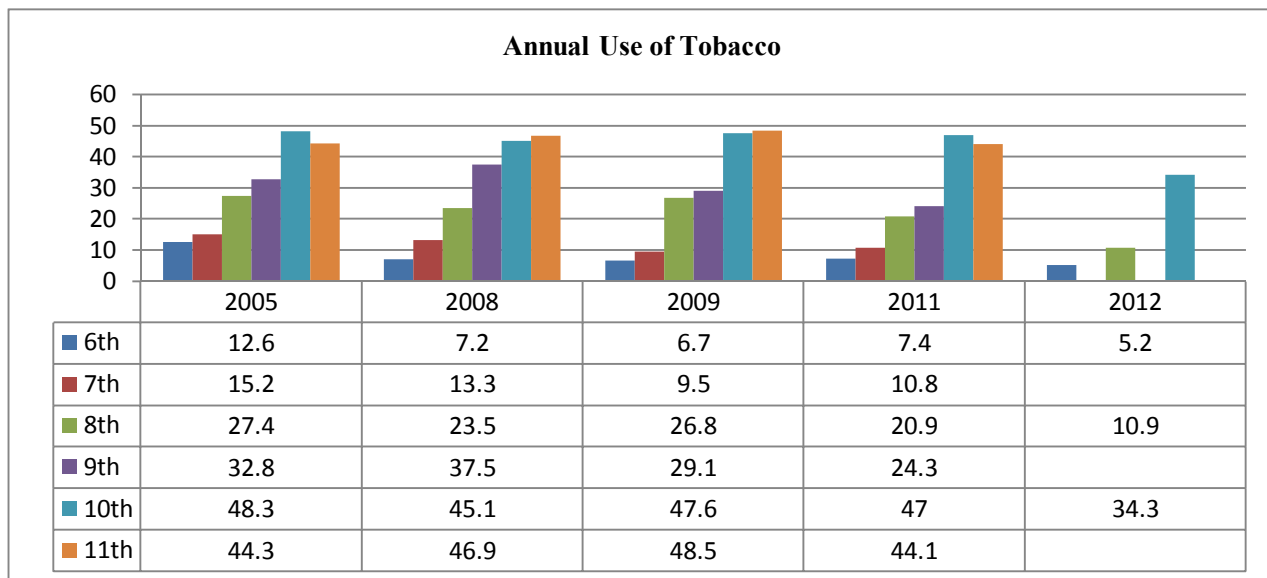
PRIDE Survey Belmont County Schools 2012

This data describes the findings for the Risk and Protective Factor Questionnaire for Grades 6-12 developed by PRIDE Surveys. This data is based on the student responses for 2012-13 Belmont County Schools, excluding Barnesville, St. Clairsville, and Union Local.

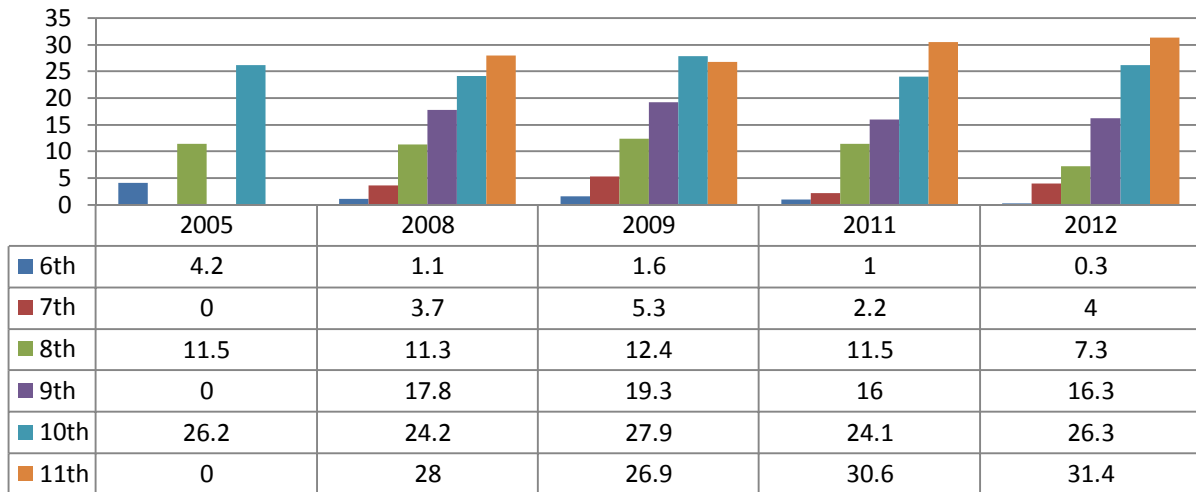
The Risk and Protective Factor Questionnaire for Grades 6-12 is designed to identify the levels of risk and protective factors that predict problem behaviors such as alcohol, tobacco and other drug use, poor school achievement, and delinquency. This data also shows the actual prevalence of drug use, violence and other antisocial behaviors among surveyed students.

Students recorded the highest prevalence-of-use rates in the last year for alcohol (27.6%), followed by tobacco (21.2%) and marijuana (14.0%).

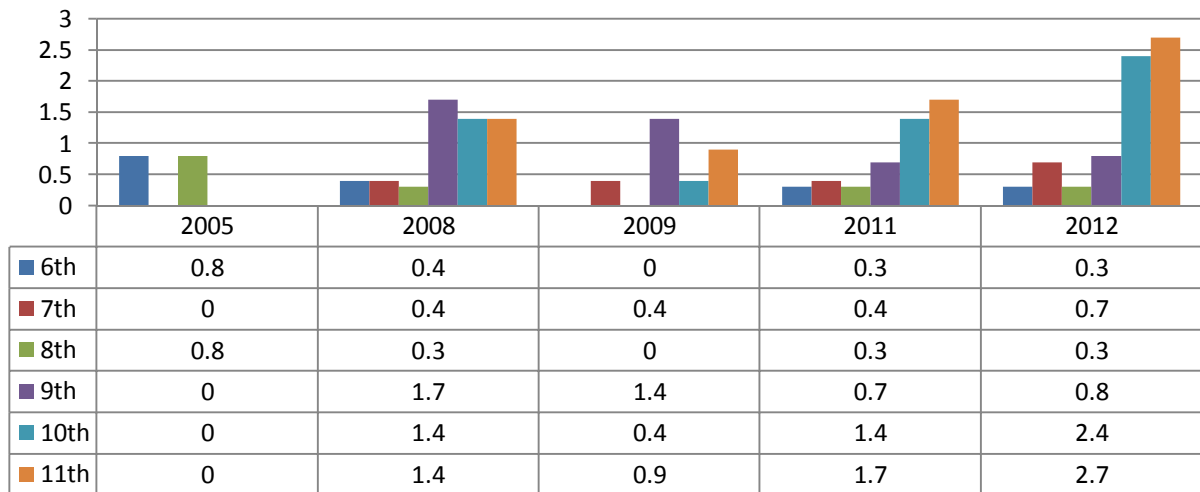
Annual Usage



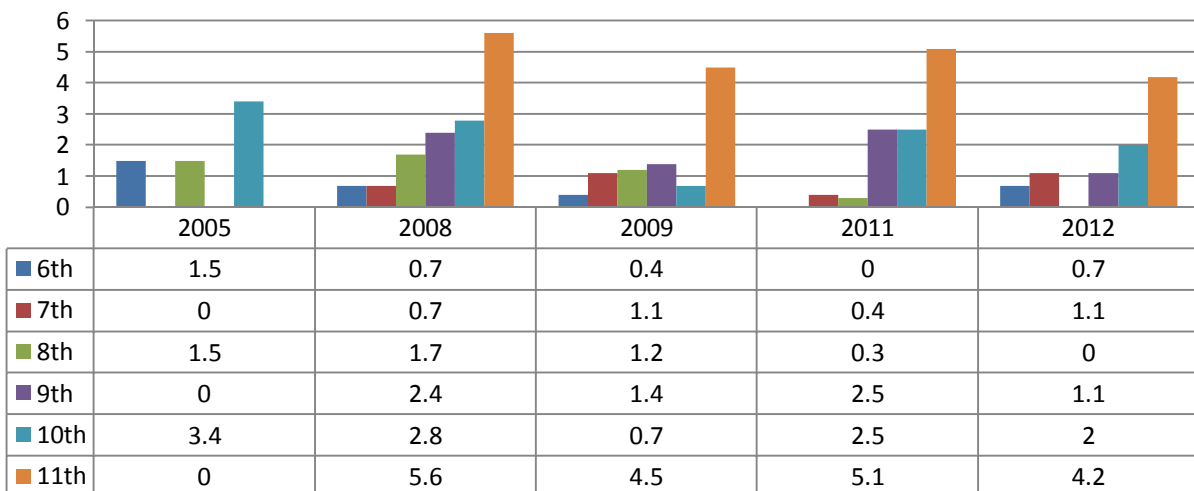
Annual Use of Marijuana

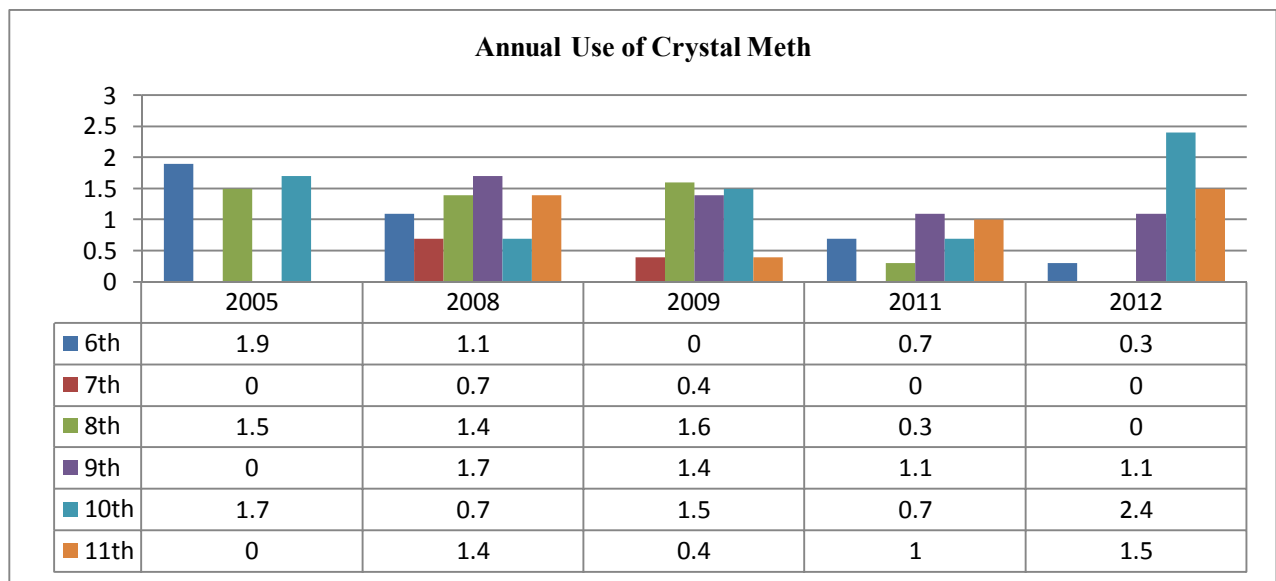


Annual Use of Heroin

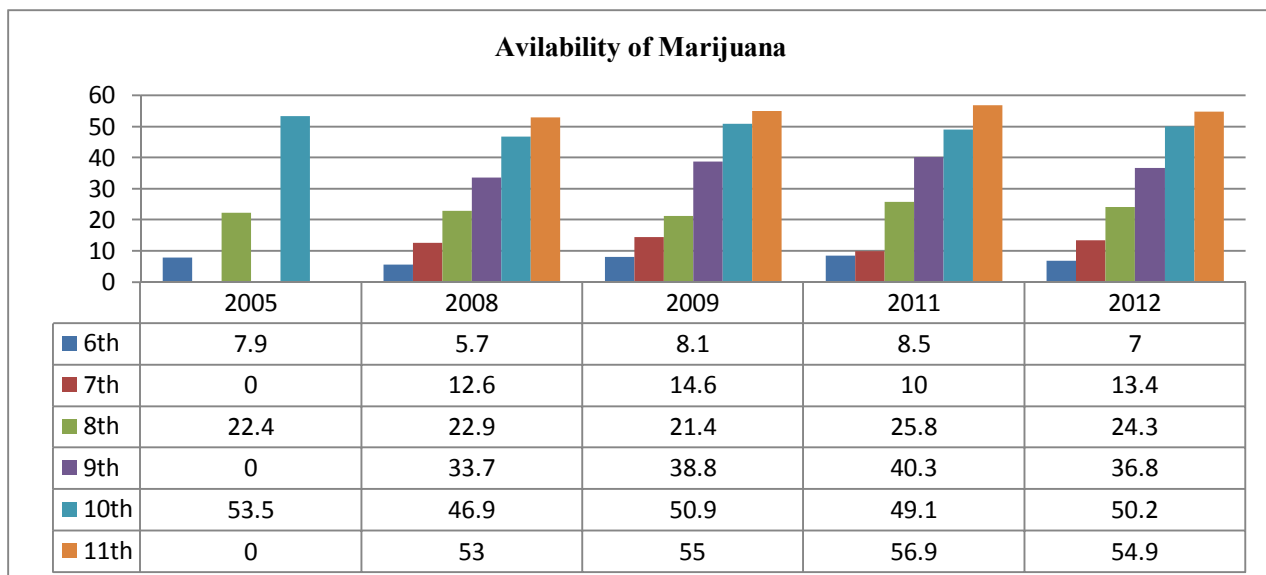
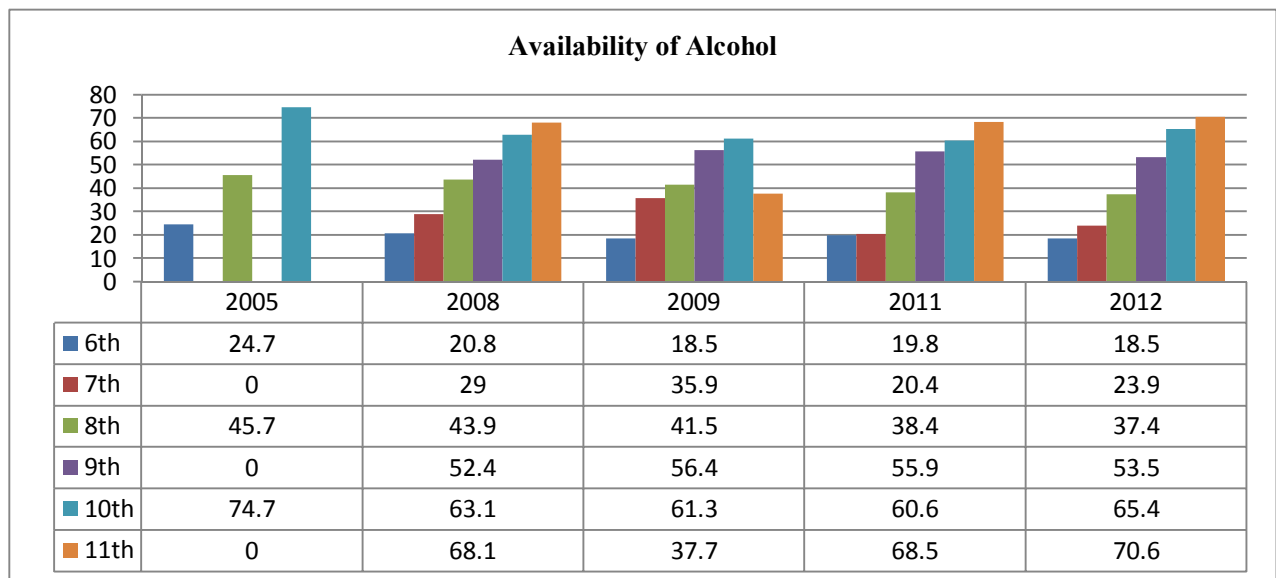


Annual Use of Cocaine





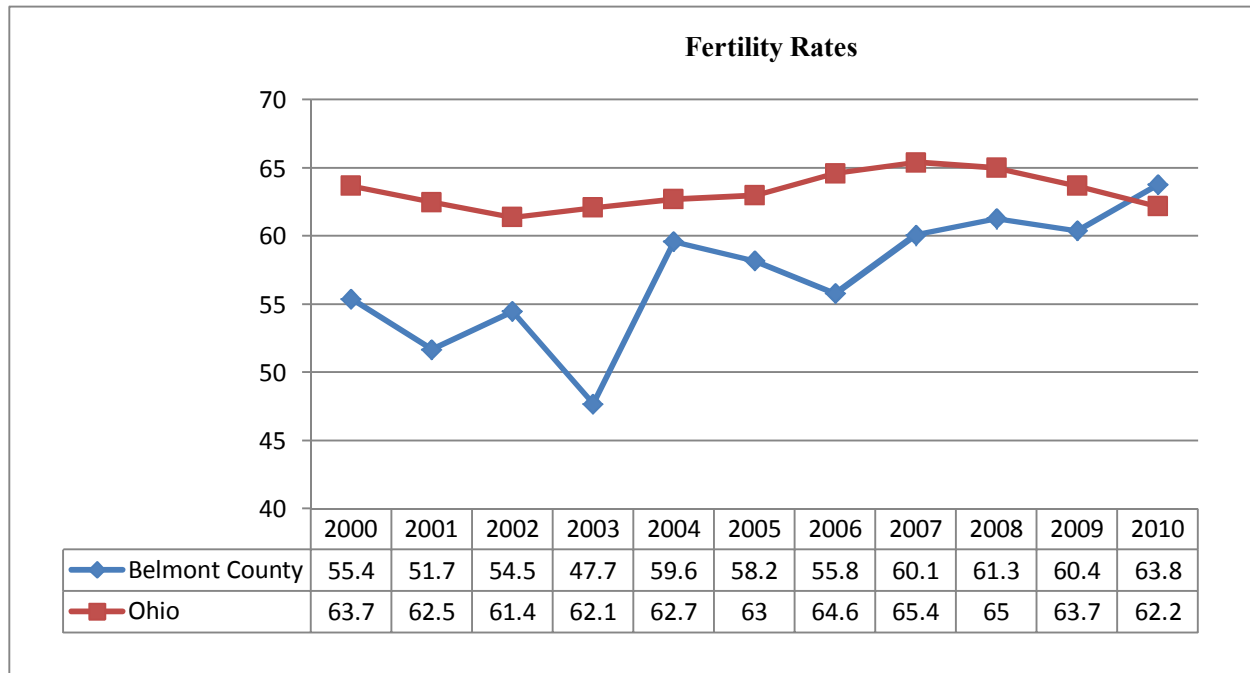
Availability



Health Profile

Fertility Rate

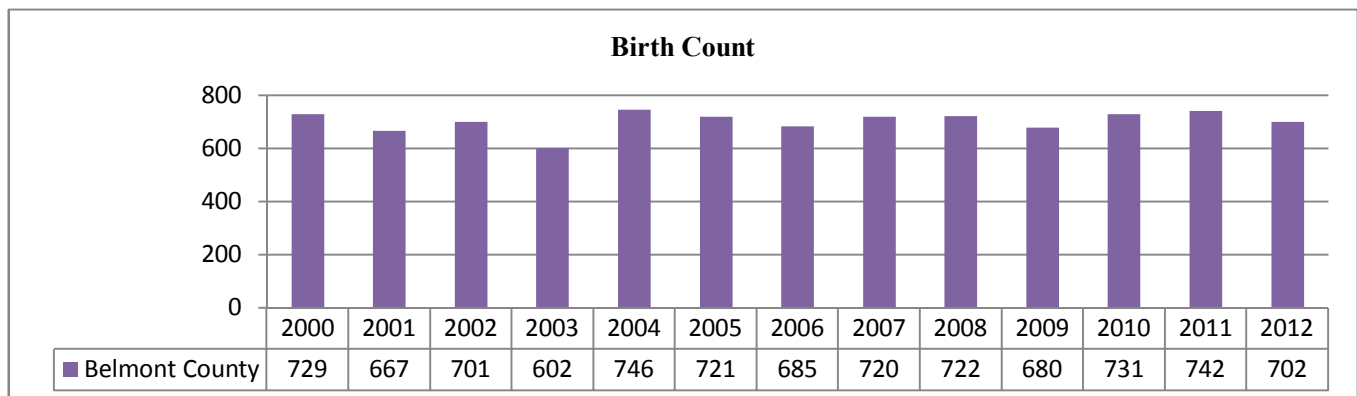
Fertility rates relate the number of births in an area to the number of persons residing in that area. Below are the fertility rates in Belmont County compared to those in the state of Ohio.



Source: Ohio Department of Health

Births

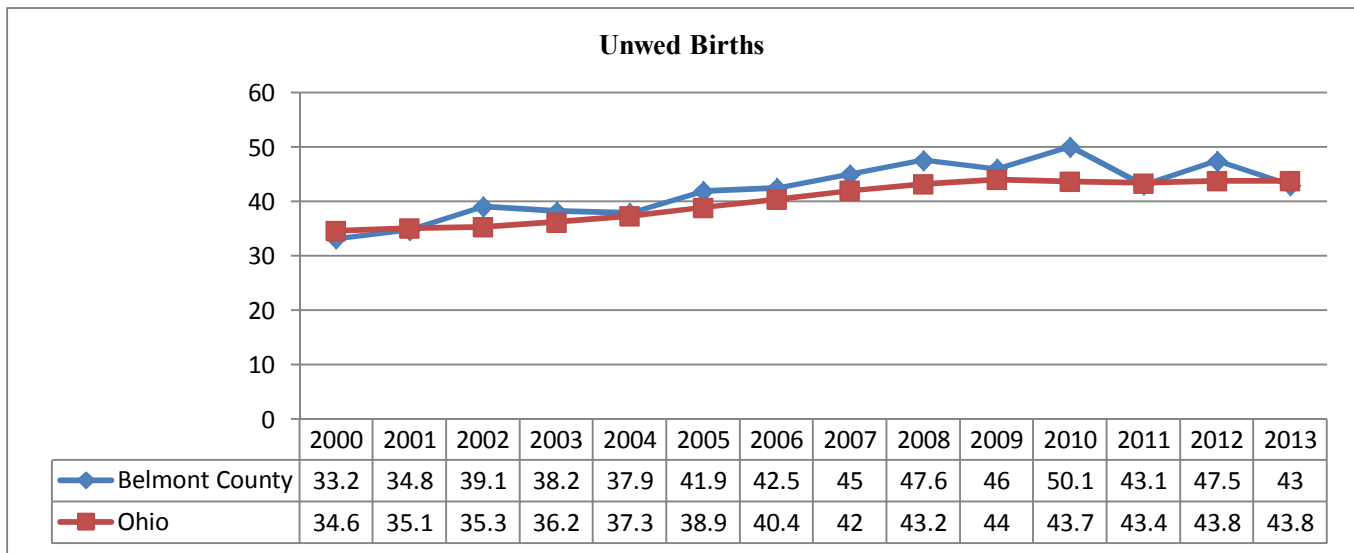
The birth rate to Belmont County women has remained relatively steady for the period spanning 2000 through 2014. However, in 2013 there were 702 births to Belmont County residents as compared to 729 in 2000, which is a decrease of 3%.



Source: Ohio Department of Health

Unwed Births

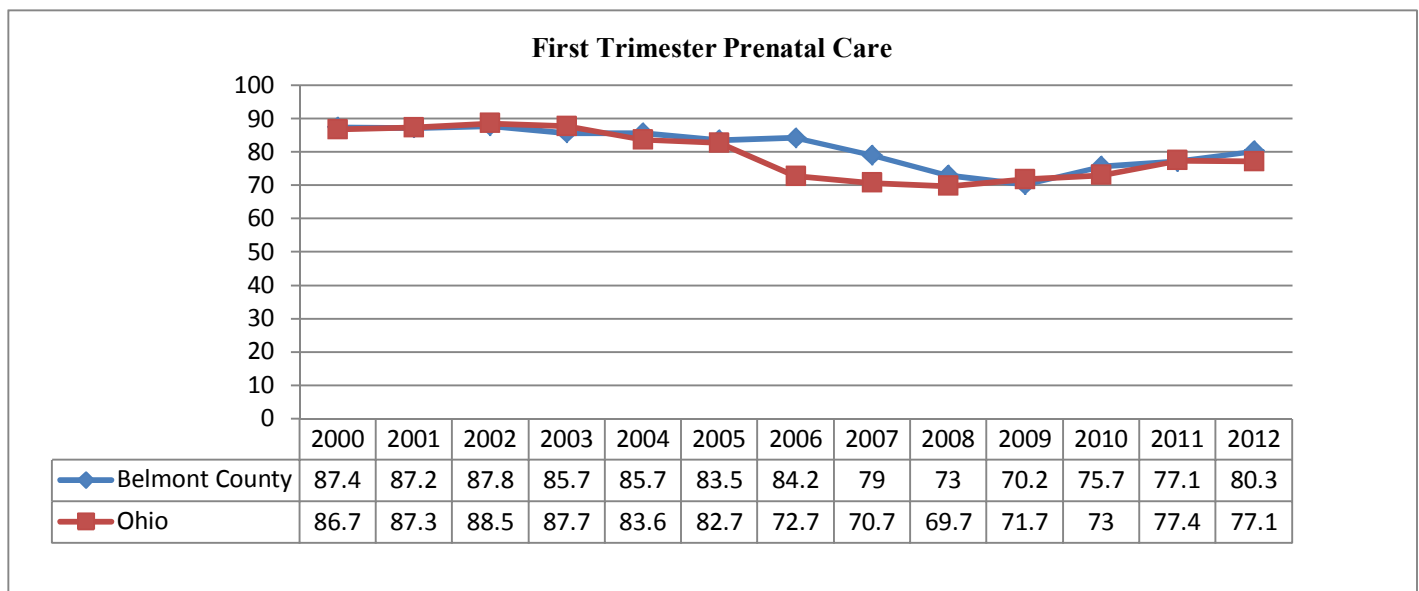
In Belmont County, about half of the births are to unmarried women. This has increased steadily between 2000 and 2010. However there was a slight decrease in 2011 and 2012. The chart below compares the percentages of Belmont County women who are unwed to the state of Ohio women who are unwed.



Source: Ohio Department of Health

Births with First Trimester Prenatal Care

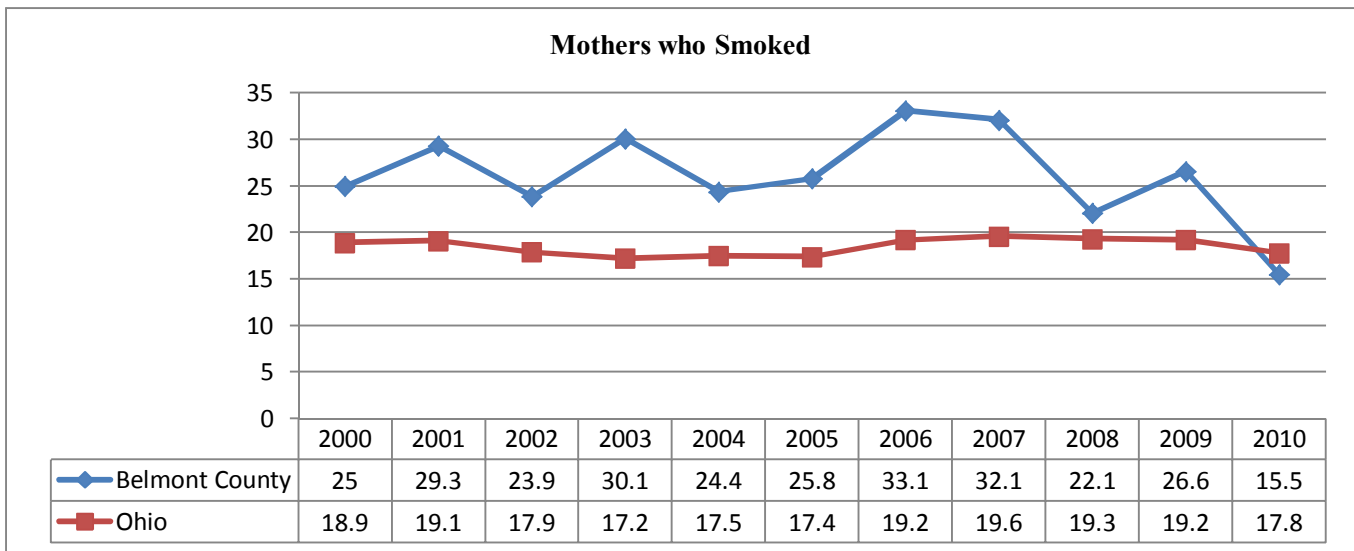
From the year 2000 through 2012, over 80% of pregnant women in Belmont County began prenatal care in the first trimester, which is slightly greater than the state of Ohio average. There has been a downward trend in the years between 2000 and 2010.



Source: Ohio Department of Health

Births to Mothers who Smoke

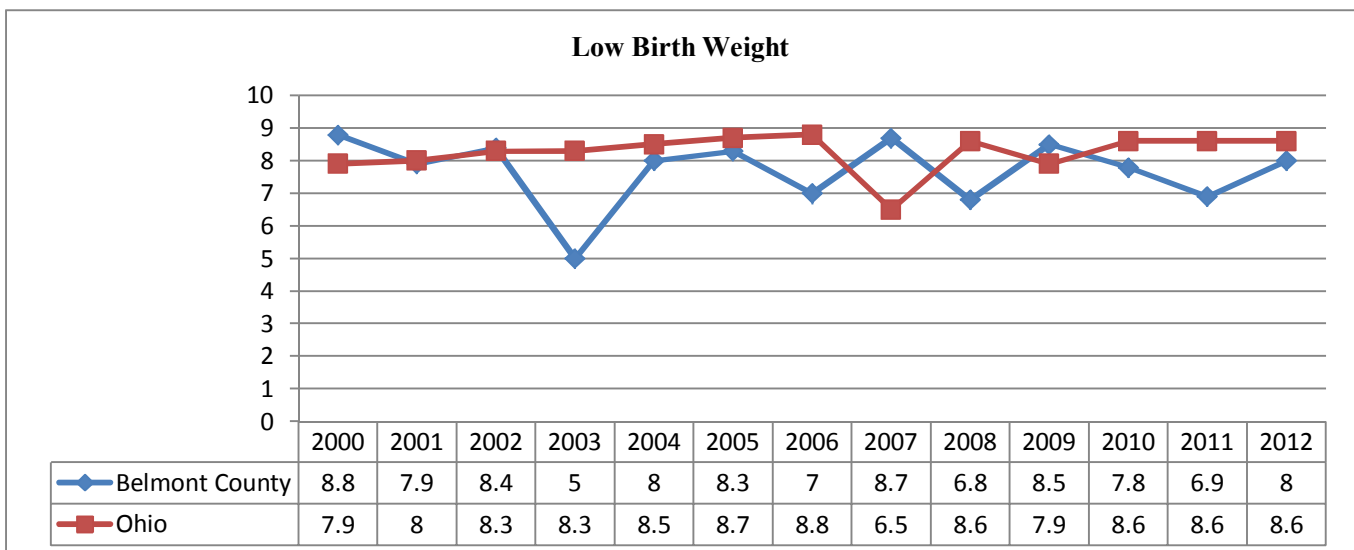
The percentage of Belmont County women who smoked during pregnancy decreased between 2000 and 2010. The percentage of pregnant women who smoke in Belmont County is slightly less than the state of Ohio average.



Source: Ohio Department of Health

Low Birth Weight

The percentage of babies born to Belmont County women with low birth weights has slightly decreased between 2000 and 2010 while the state percentage has slightly increased.



Source: Ohio Department of Health

Deaths

According to the Ohio Department of Health (ODH) Community Health Improvement Cycle (CHIC) needs assessment model, mortality data should be reviewed because deaths from chronic diseases are often preventable through behavior and lifestyle changes encouraged by individual and community-wide education. Intentional and unintentional injuries can also be prevented by changing related behaviors, creating policies and developing a supportive environment. Belmont County and Ohio rates are per 100,000 people and compared to the CDC Healthy People 2020 national health priorities.

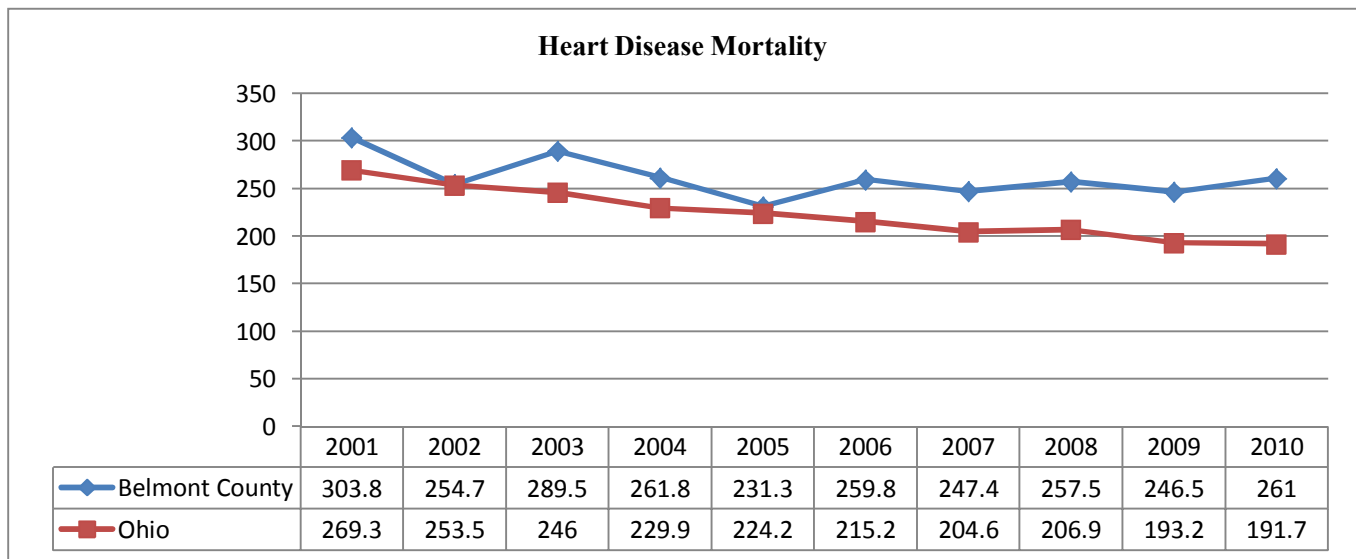
As illustrated in the table below, Belmont County exceeds the state rate of deaths due to heart disease, chronic lower respiratory disease and stroke.

Six Leading Causes of Death (ODH 2010)	Belmont County Rate*	Ohio Rate*	Percentage of State	Healthy People 2020 Goal
Heart Disease	261.0	191.7	137%	103.4
Cancer	183.8	187.3	99%	161.4
Chronic Lower Respiratory Disease	61.5	50.4	122%	N/A
Stroke	60.3	42.4	143%	34.8
Unintentional Injury (Accident)	37.1	41.6	90%	36.4
Alzheimer's Disease	26.0	29.7	88%	N/A

*Age adjusted rate per 100,000 people

Heart Disease Mortality Rates

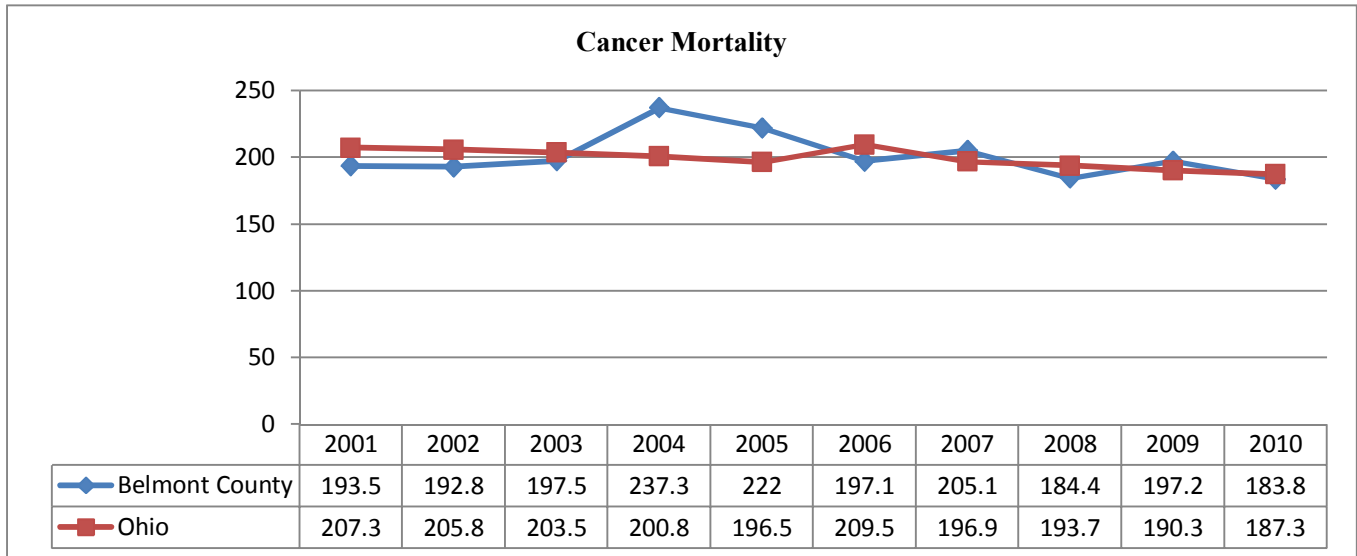
Deaths due to heart disease trended downward between 2001 and 2010 in Belmont County. However, the deaths due to heart disease in Belmont County in 2010, exceeds the state of Ohio rate by 37%.



Source: Ohio Department of Health

Cancer Mortality

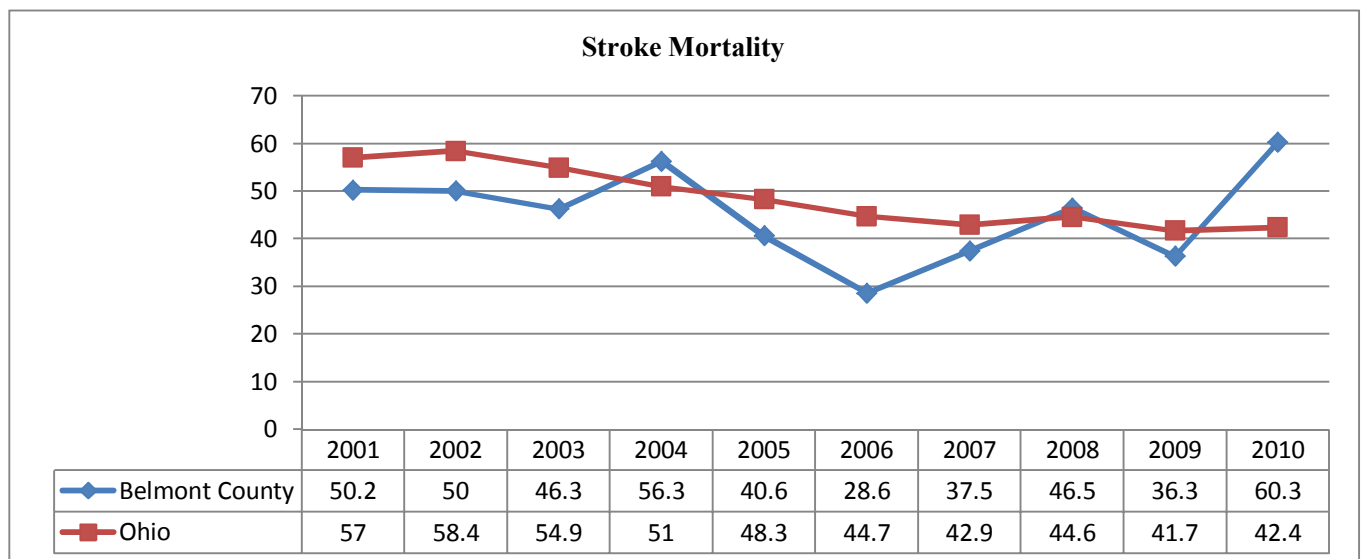
Resident deaths due to cancer in Belmont County have slightly decreased in the past ten years and are lower than the state average.



Source: Ohio Department of Health

Stroke Mortality

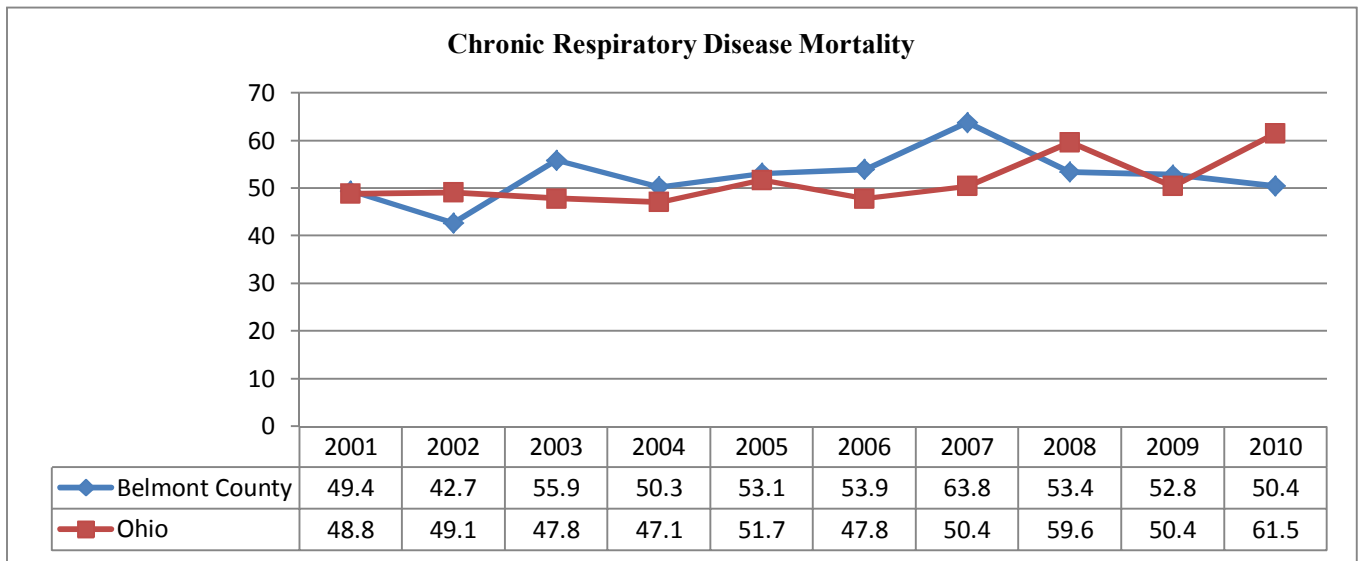
Resident deaths due to strokes in Belmont County had a sharp increase between 2009 and 2010 and exceeded the state of Ohio average by 43%.



Source: Ohio Department of Health

Chronic Respiratory Disease Mortality

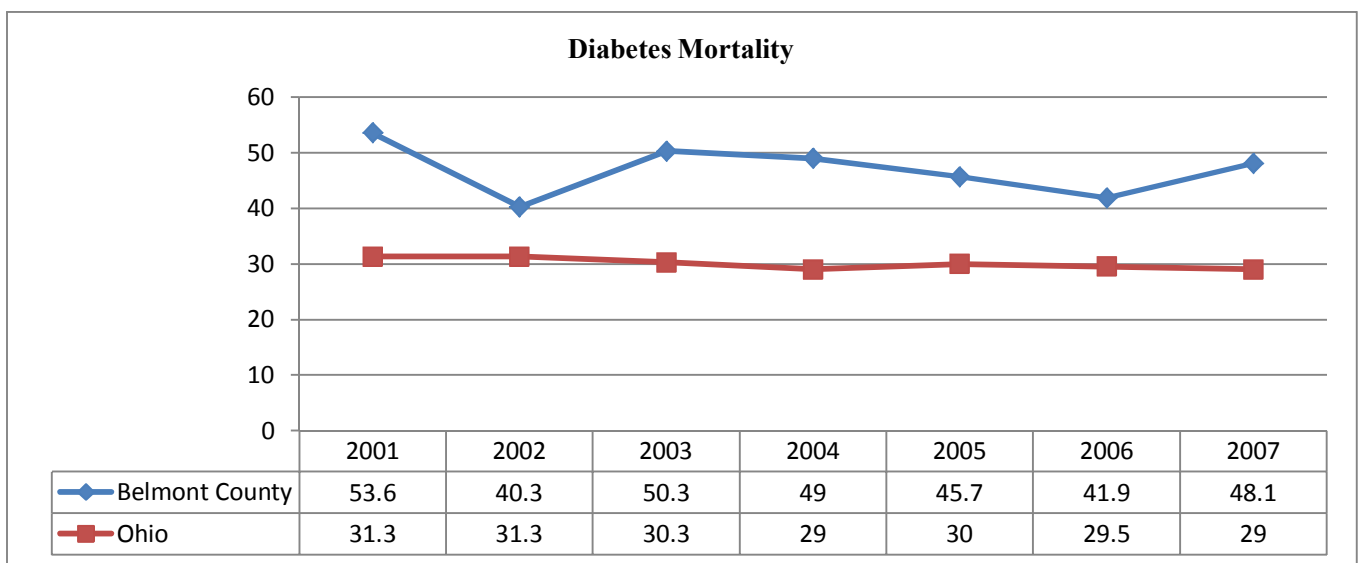
Resident deaths due to chronic respiratory disease for Belmont County residents remained relatively stable from 2000 to 2010 and are lower than the state of Ohio average.



Source: Ohio Department of Health

Diabetes Mortality

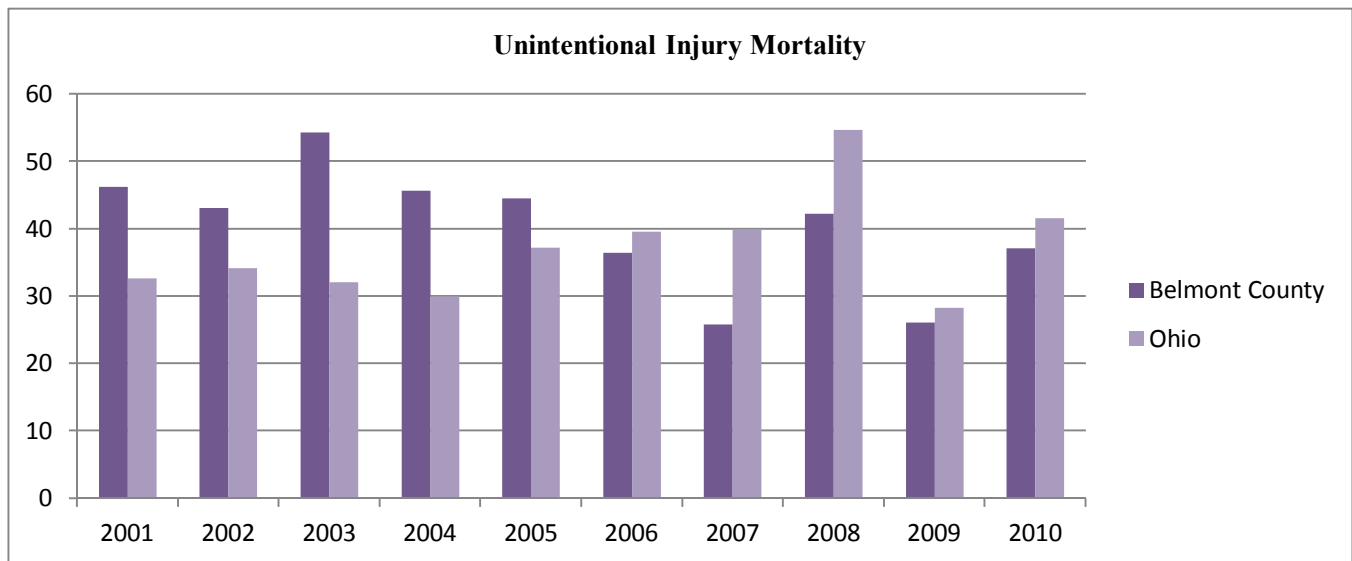
Resident deaths due to the complications from diabetes in Belmont County decreased slightly between 2000 and 2007, but exceeded the state of Ohio average by 66%.



Source: Ohio Department of Health

Unintentional Injury Mortality

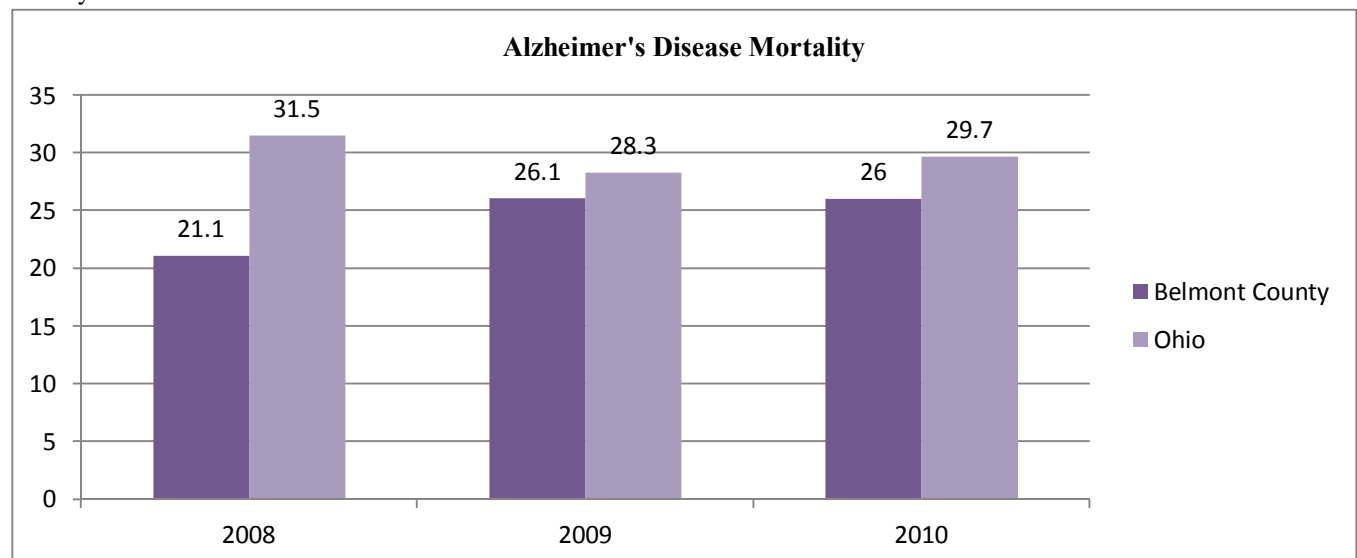
Unintentional injuries are those that are not intended to occur. The distinction between intentional and unintentional is more of a continuum than a dichotomy.



Source: Ohio Department of Health

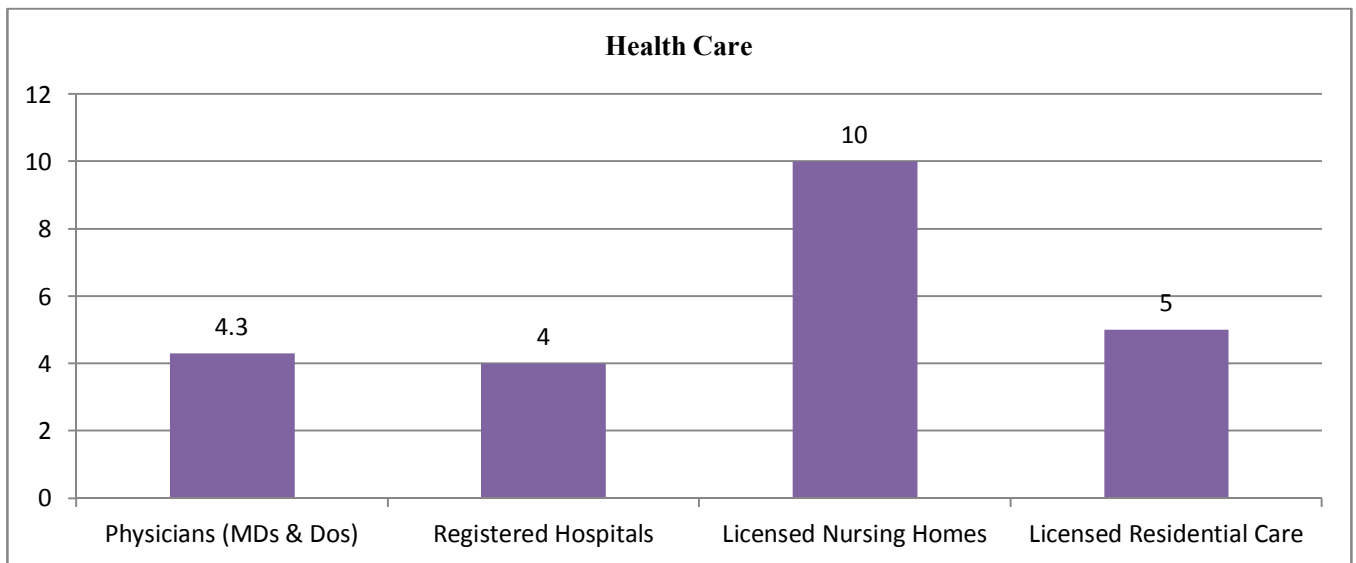
Alzheimer's Disease Mortality

This indicator shows the age-adjusted rate per 100,000 population due to Alzheimer's disease, the most common cause of dementia. Nationally, Alzheimer's disease is the 6th leading cause of death among adults aged 18 years and older. From The measurement period of 2009-2011 the age adjusted death rate per 100,000 population in Belmont County was 29.7.



Source: Ohio Department of Health,

Health Care



Health Care: Number of Beds

	Number of Beds
Registered Hospitals	303
Licensed Nursing Homes	796
Licensed Residential Care	192

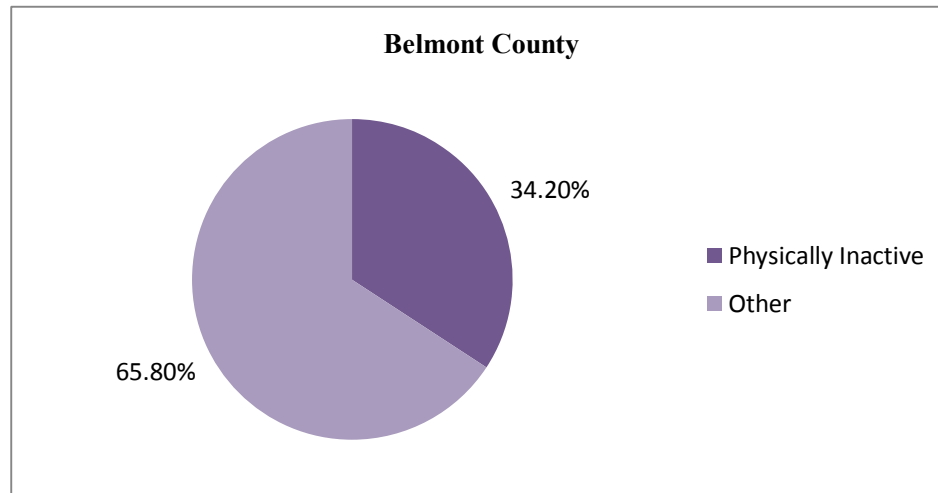
Health Care: Insurance

Persons with Health Insurance (0-64 years)	86.3%
Adults with Insurance	83.7%
Children with Insurance (under 19 years)	94.1%

Source: Office of Policy, Research and Strategic Planning (2013)

Physically Inactive Adults

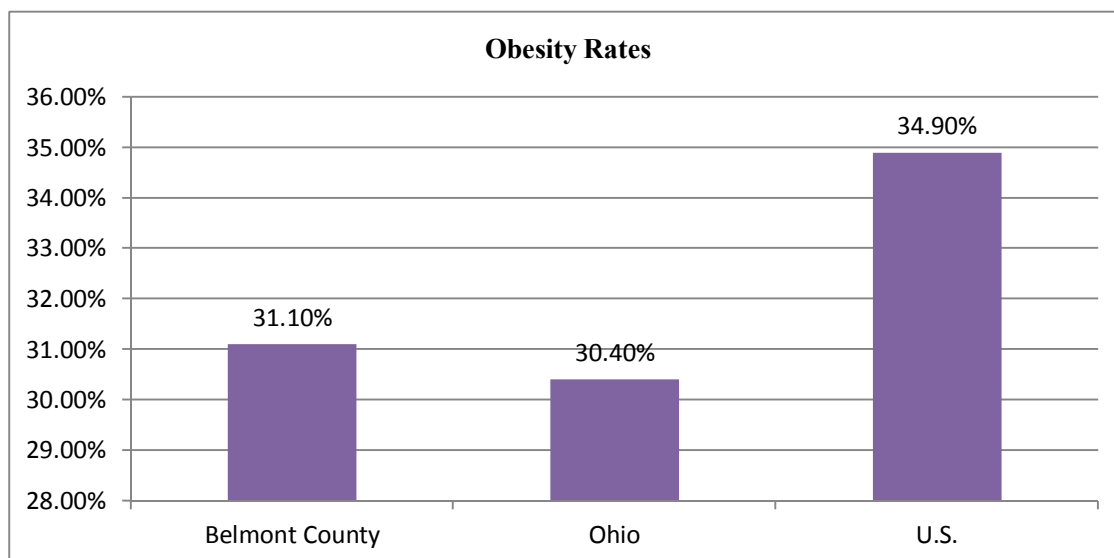
A person is considered physically inactive if during a month, other than a regular job, he or she did not participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise. More than 60% of adults in the United States do not engage in the recommended amount of activity, and about 25% of adults are not active at all.



Source: Ohio Department of Health (2010)

Obesity

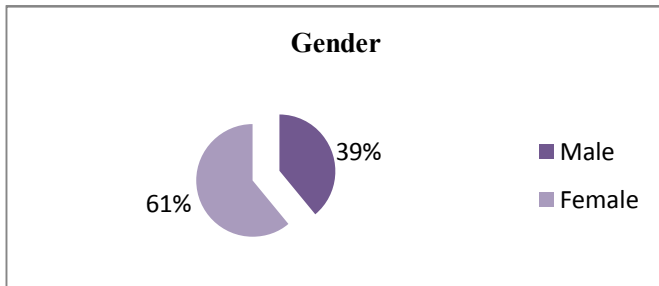
This graph shows the percentage of adults (aged 18 and older) who are obese according to Body Mass Index (BMI). A person's BMI is calculated by taking his/her weight and dividing it by their height squared in metric units. A BMI greater than or equal to 30 is considered obese. More than one-third (78.6 million) of U.S. adults are obese [Abstract: *Journal of American Medicine*].



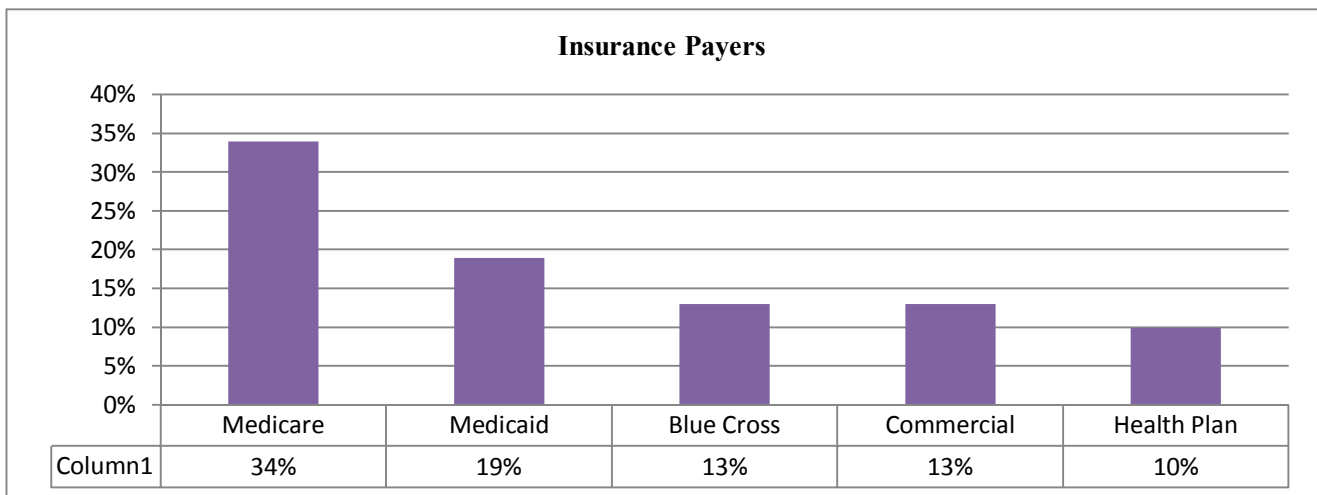
Sources: Centers for Disease and Control Prevention, Ohio Department of Health, The State of Obesity (2013)

2014 Wheeling Hospital: Belmont County Population Data

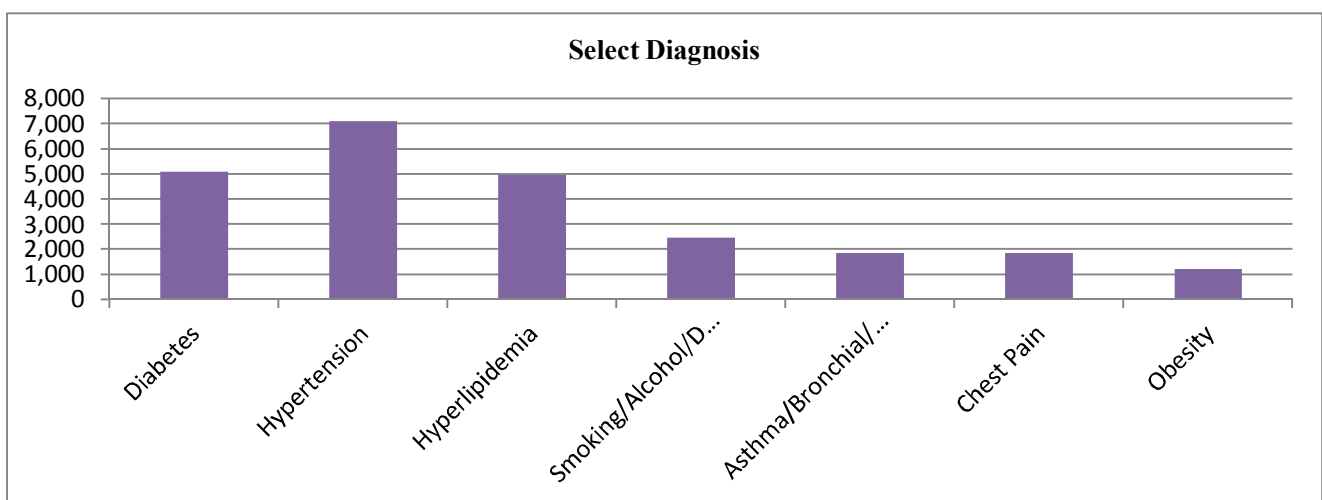
Patient Population by Gender



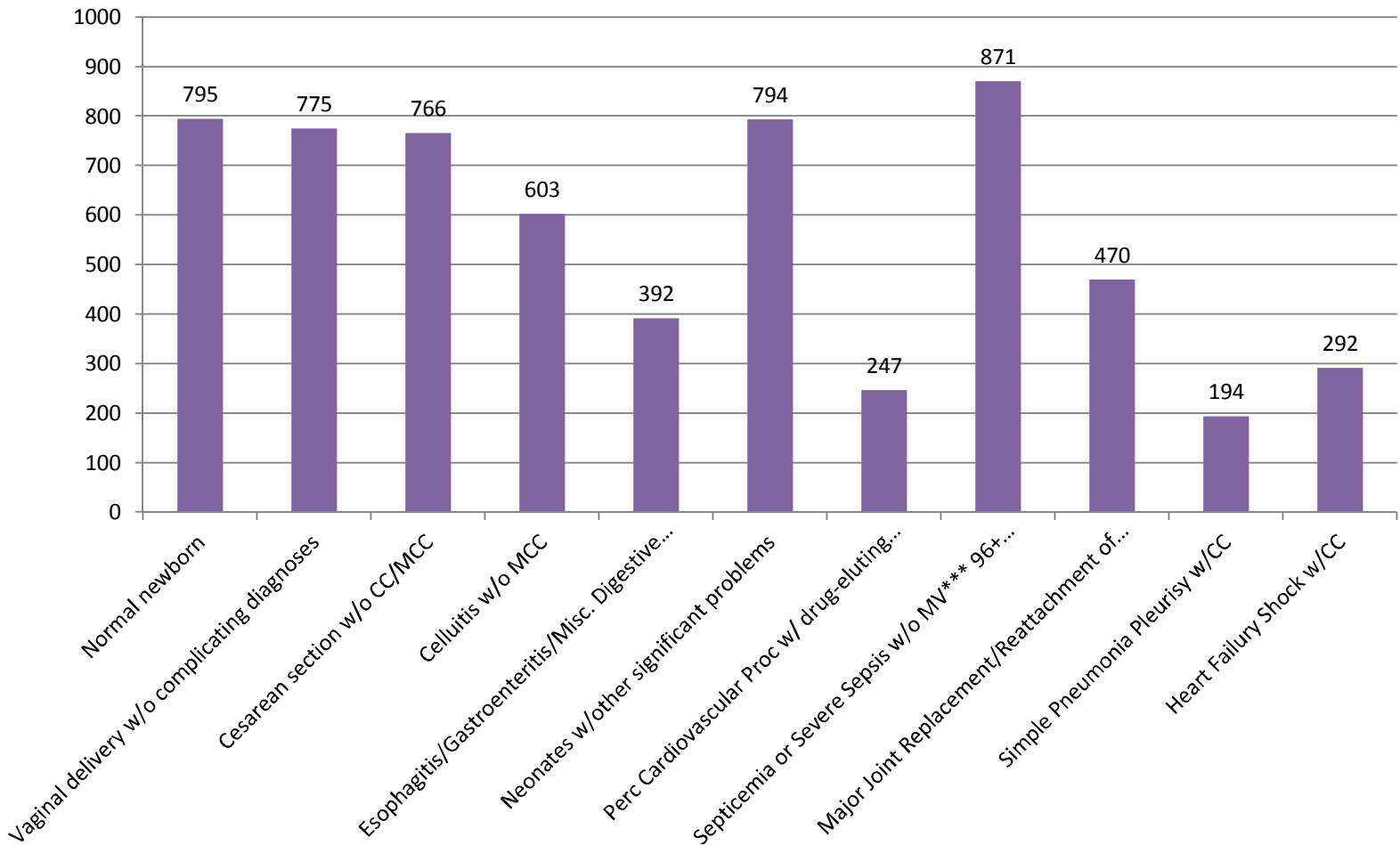
Patient Population's Top 5 Insurance Payers



Select Diagnosis Totals



Inpatient Population's Top Diagnosis Related Groupings (DRG)



CC: Complication or comorbidity

MCC: Major complication or comorbidity

Percutaneous: denoting the passage of substances through unbroken skin, as in absorption by inunction; also passage through the skin by needle puncture, including introduction of wires and catheters (PDR Medical Dictionary: Third Addition).

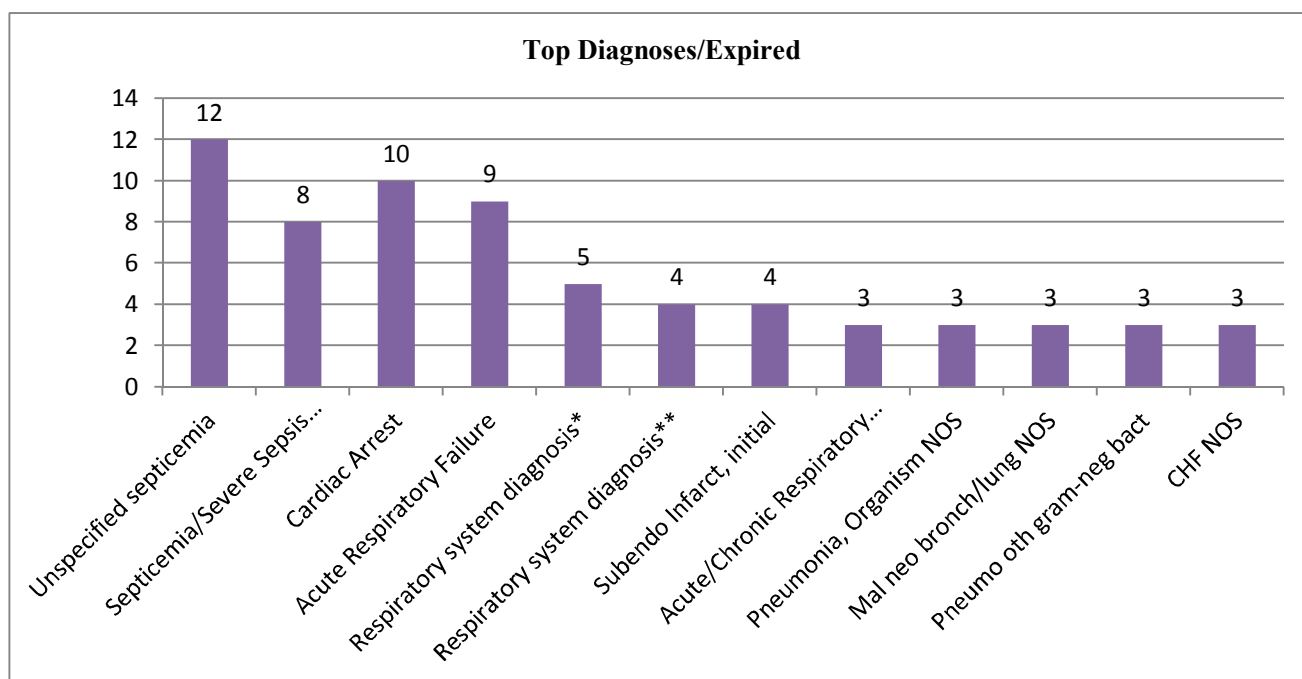
Patient Population's Discharges:

Total discharges (inpatient and outpatient)	84,740
Expired Discharges Only	116

Total Births:

Newborns	400
----------	-----

Patients Discharged as Expired



*Respiratory system diagnosis w/ventilator support (other specified leukemia)

** Respiratory system diagnosis w/ ventilator support (Leukemia of unspecified cell type)

* Cardiac Arrest, cardiorespiratory arrest

Septicemia:

Systemic disease caused by the spread of microorganisms and their toxins through circulating blood; formerly called blood poisoning.

Cardio respiratory arrest is only assigned under certain circumstances for hospital inpatients. The code for cardiac arrest is assigned as a secondary diagnosis only when the patient is resuscitated or resuscitation has been attempted.

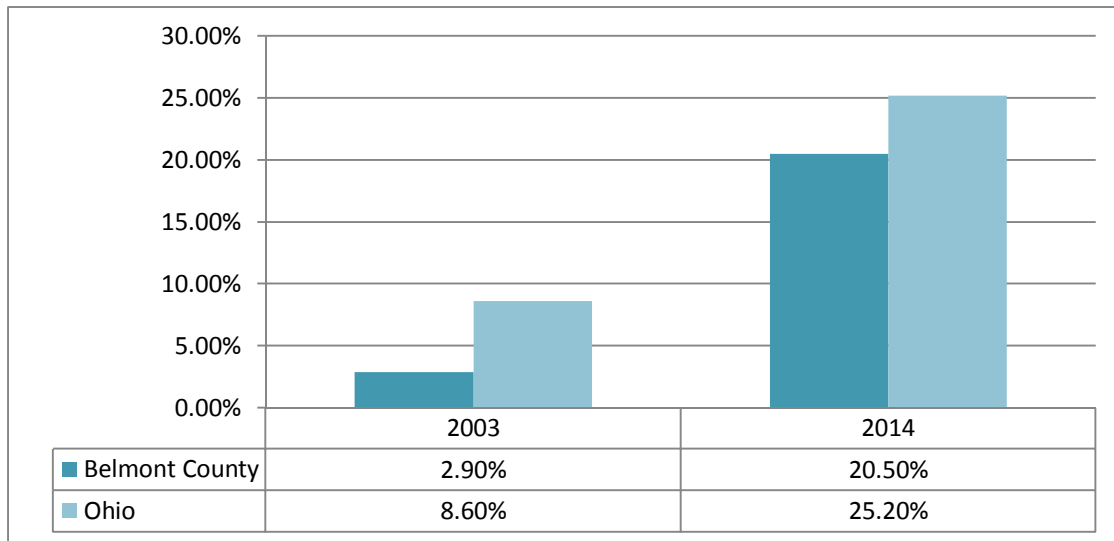
Subendocardial infarction: Non-ST elevation myocardial infarction (STEMI)

A myocardial infarction that involves the innermost layer and, in some cases, parts of the middle layer of the myocardium but does not extend to the epicardium

Drug Information

Hospital Admissions for Opiate Abuse and Dependence

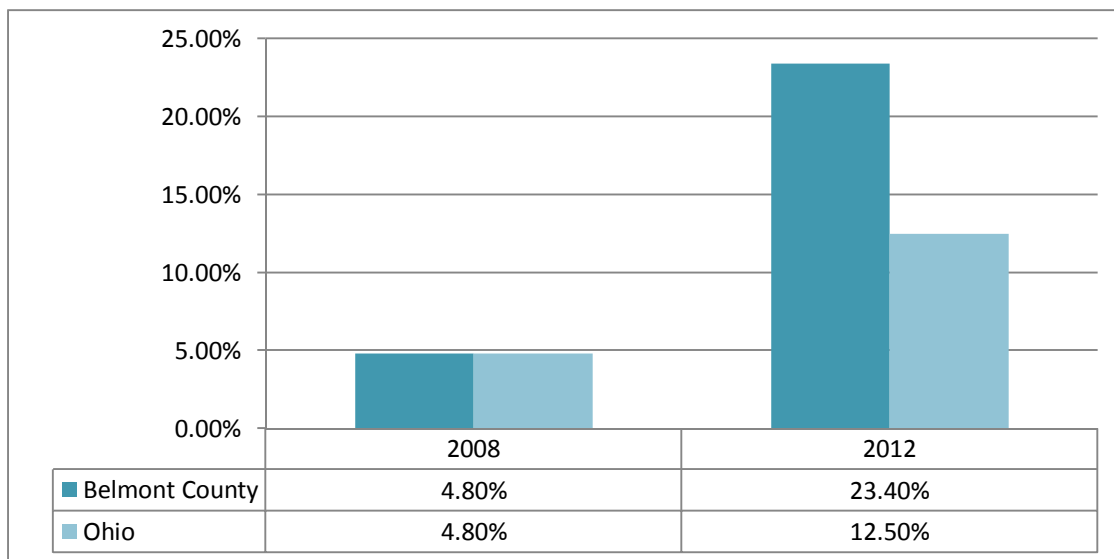
In Belmont County, 20.5% of hospital admissions were for opiate abuse and dependence compared to 25.5% for the state of Ohio. This reflects a more than sevenfold increase since 2003, when only 2.9% of hospital admissions were for opiate abuse and dependence. The state percentage in 2003 was 8.6%.



Source: Ohio Mental Health and Addiction Services

Unduplicated Clients in Treatment (Drug of Choice: Opioids)

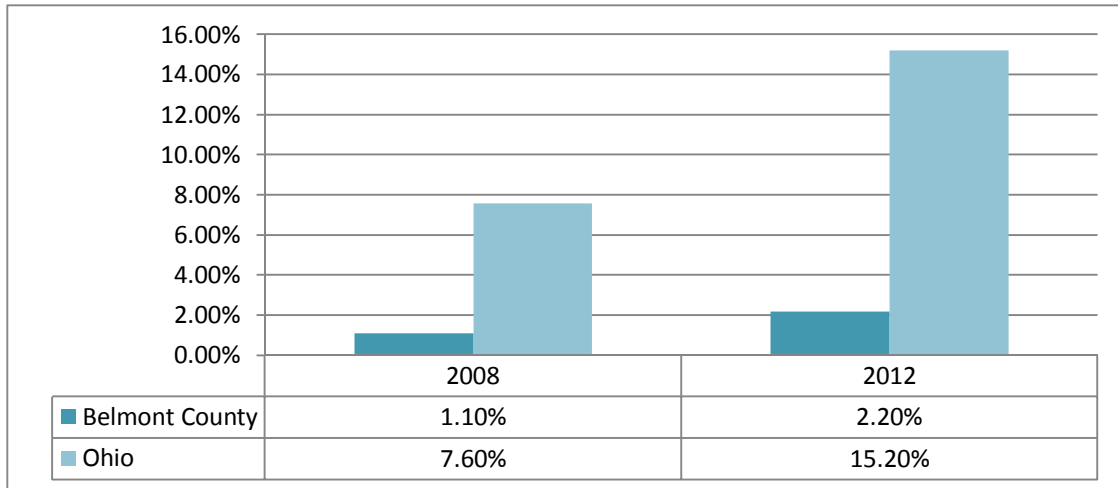
The percentage of unduplicated clients in treatment who list opioids as a primary drug of choice in 2012 in Belmont County was 23.4% as compared to 12.5% for Ohio. This reflects a more than 400% increase since 2008, when the percentage was 4.8% and equaled the state average.



Source: Ohio Mental Health and Addiction Services

Clients in Treatment (Drug of Choice: Heroin)

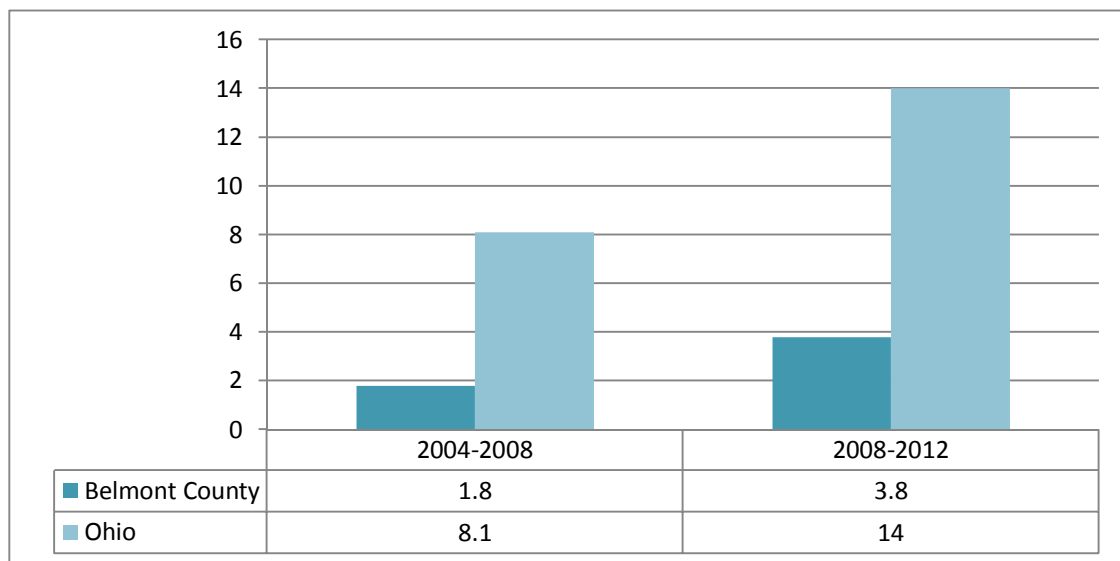
In 2012, 2.2% of clients in treatment in Belmont County listed heroin as a primary drug of choice, which is less than the state average of 15.2%. This is a 200% increase since 2008, when the Belmont County average was 1.1%. The Ohio average in 2008 was 7.6%.



Source: Ohio Mental Health and Addiction Services

Emergency Room Discharge Rates: Opiate Abuse, Dependence or Poisoning

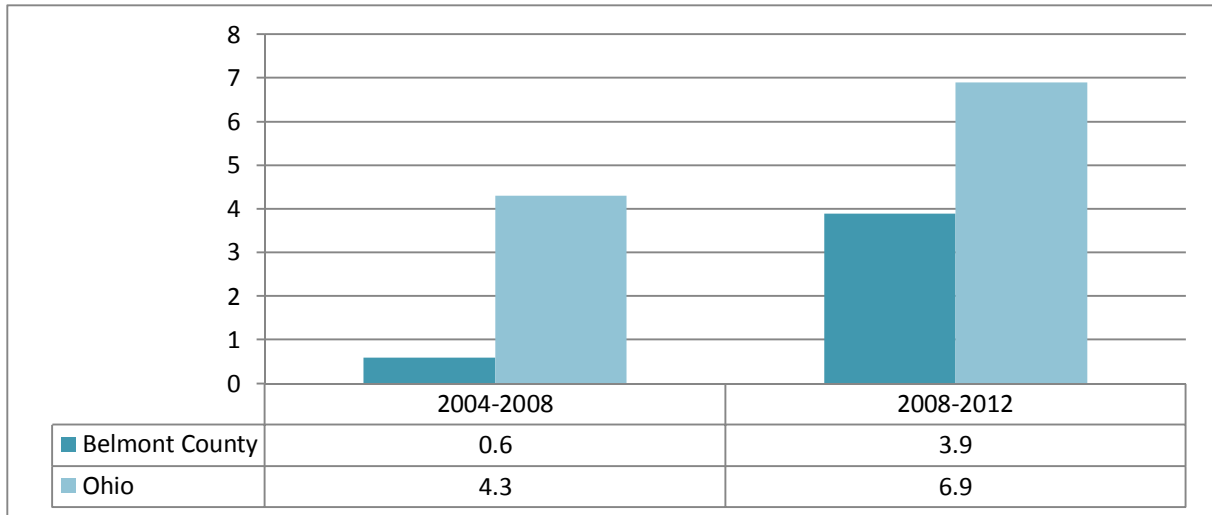
Emergency room discharge rates for persons diagnosed with opiate abuse, dependence or poisoning from 2008-2012 (average) for Belmont County were 3.8 compared to the state average of 14.0. This is more than a 200% increase since the previous period of 2004-2008, when the rate was 1.8. The state rate during that period was 8.1 per 10,000 persons.



Source: Ohio Mental Health and Addiction Services

Neonates Discharged from the Hospital with Neonatal Abstinence Syndrome

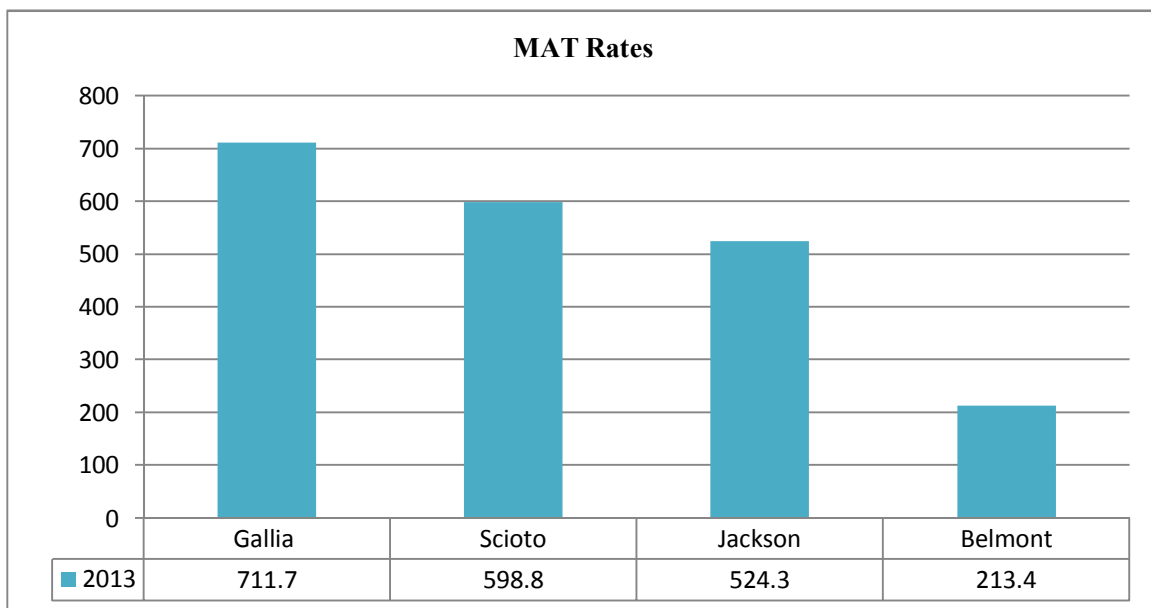
From 2008-2012, Belmont County had an average rate of 3.9 neonates that were discharged from the hospital with neonatal abstinence syndrome as compared to 6.9 for the state of Ohio. The average rate for the previous period of 2004-2008 was 0.6 for Belmont County compared to 2.2 for Ohio.



Source: Ohio Mental Health and Addiction Services

Medication Assisted Treatment (MAT) Rates

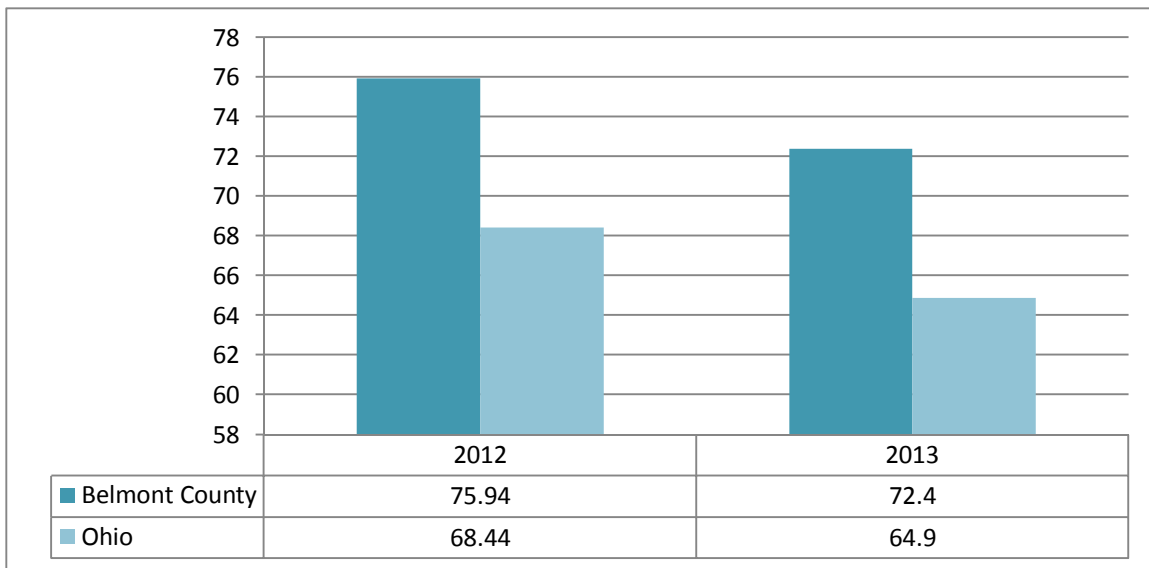
Medication assisted treatment (MAT) rates for Belmont County in 2013 were 213.4 per 100,000 people. Gallia, Scioto, and Jackson had the three highest rates in the state of Ohio. There was a 23.2% increase in the MAT rates between 2012 and 2013.



Source: Ohio Mental Health and Addiction Services

Per Capita Opioid Doses for Belmont County Residents

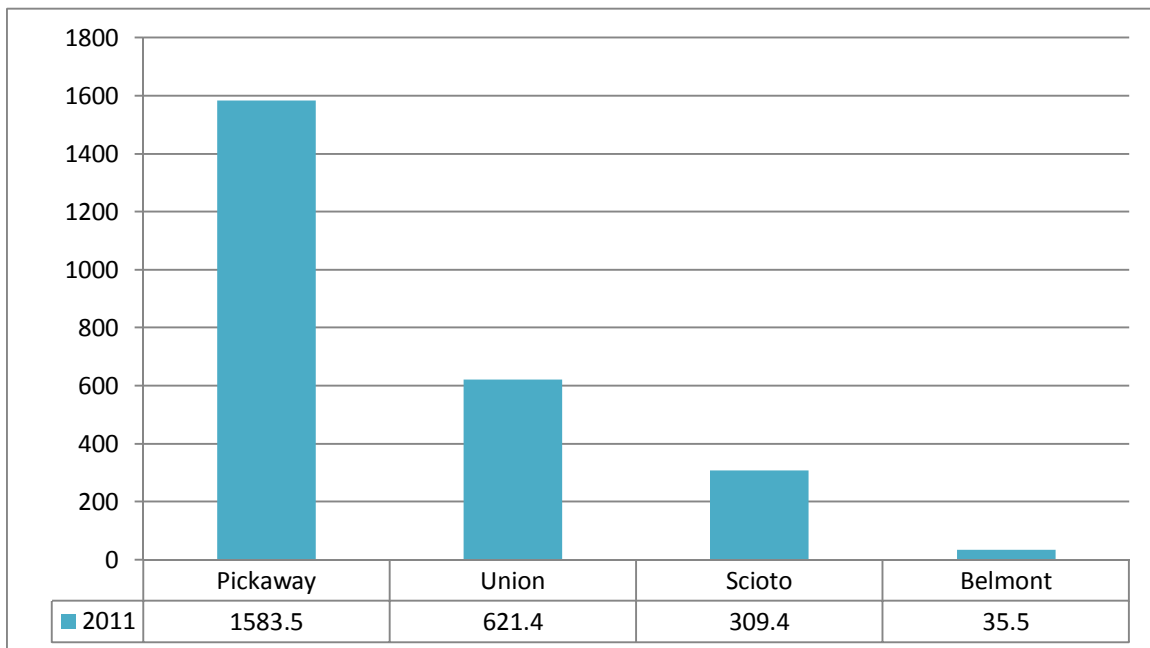
In 2013, per capita opioid doses for Belmont County residents were 72.4 compared to 64.9 for the state of Ohio. This reflects a decrease of 4.9% since the previous year. Statewide, the average drop was 3%.



Source: Ohio Mental Health and Addiction Services

Hepatitis C Rates

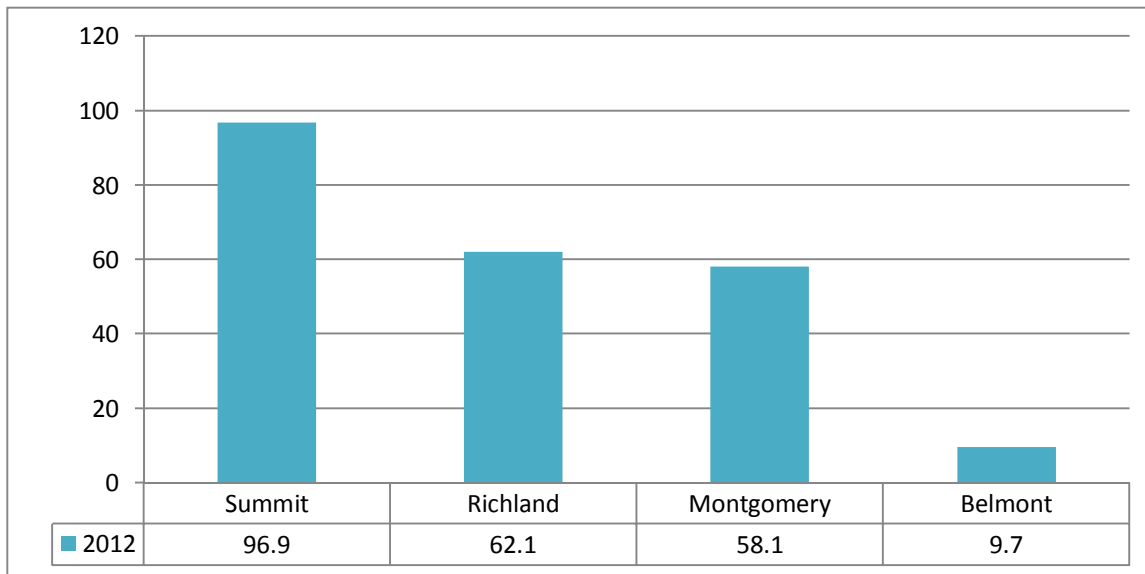
The 2011 Hepatitis C rate in Belmont County was 33.5 per 100,000 people. The counties with the highest rates in Ohio were Pickaway, Union, and Scioto.



Source: Ohio Mental Health and Addiction Services

Rates of Drug Possession Charges

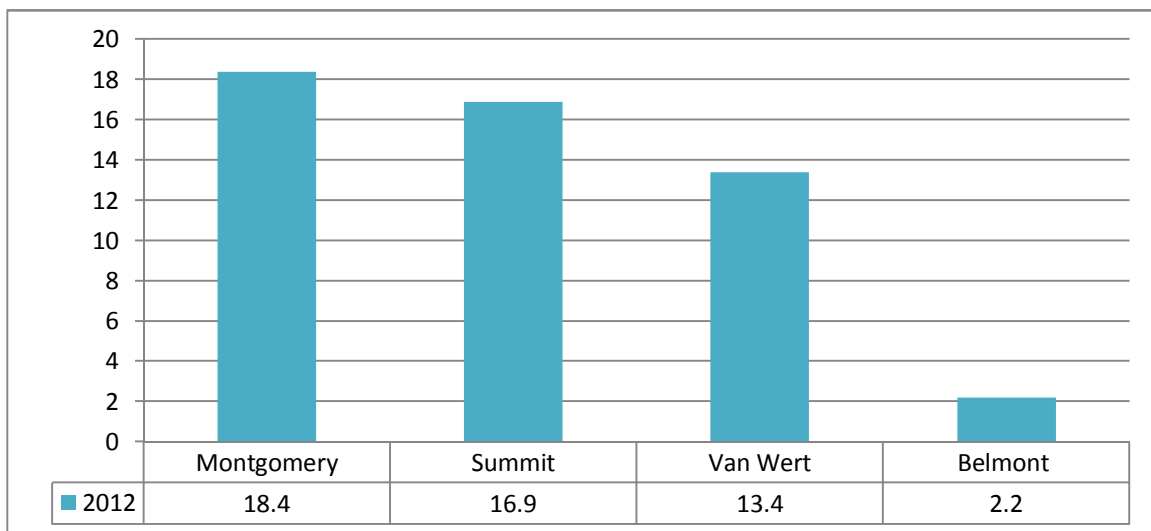
In 2012, the rate of drug possession charges per 10,000 people in Belmont County was 9.7. The counties with the highest rates of drug possession were Summit, Richland, and Montgomery.



Source: Ohio Mental Health and Addiction Services

Opiate Possession Charges

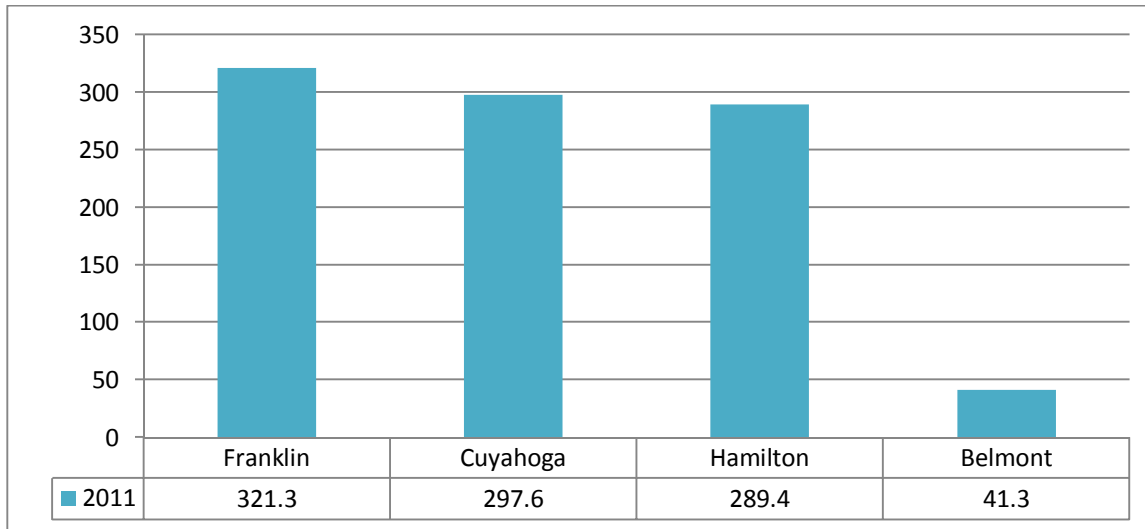
In 2012, opiate possession charges per 10,000 people were 2.2. The counties with the highest rates in Ohio were Montgomery, Summit and Van Wert.



Source: Ohio Mental Health and Addiction Services

HIV/AIDS Rates

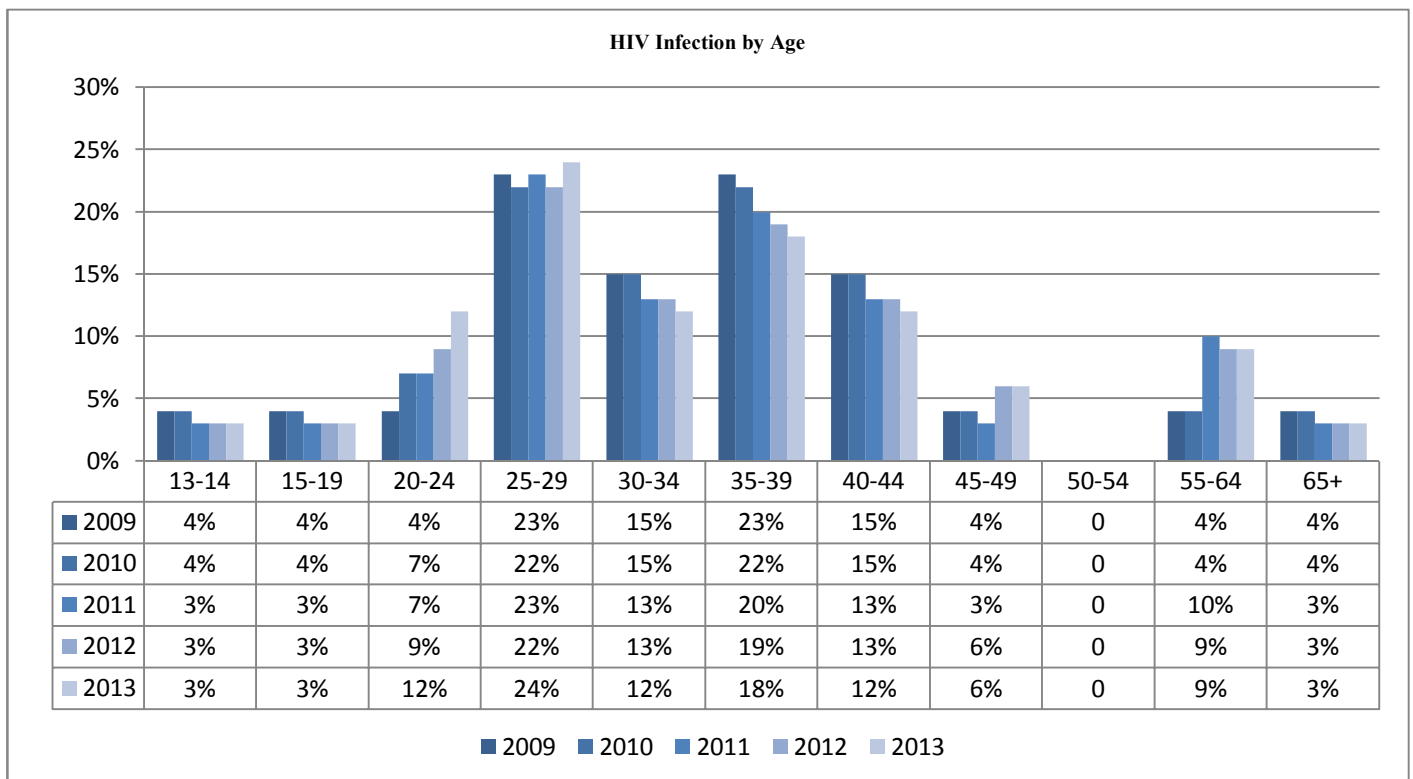
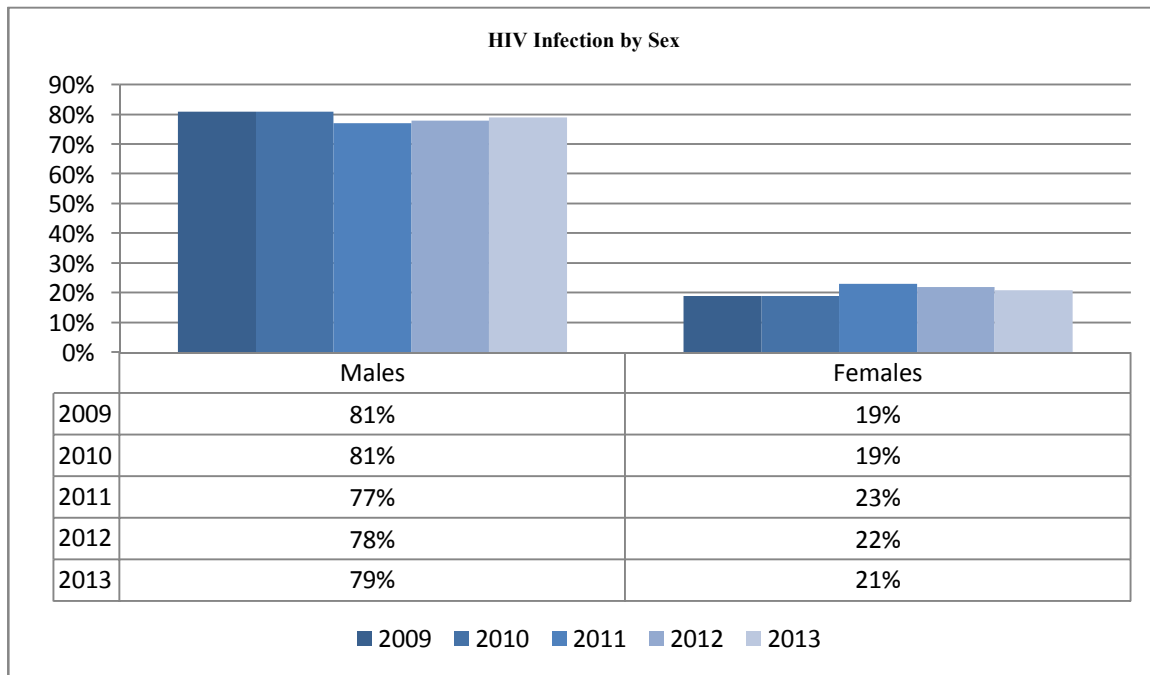
In 2011, the rate of HIV or AIDS in Belmont County was 43.1 per 100,000. The counties with the highest HIV/AIDS rates were Franklin, Cuyahoga, and Hamilton.



Source: Ohio Mental Health and Addiction Services

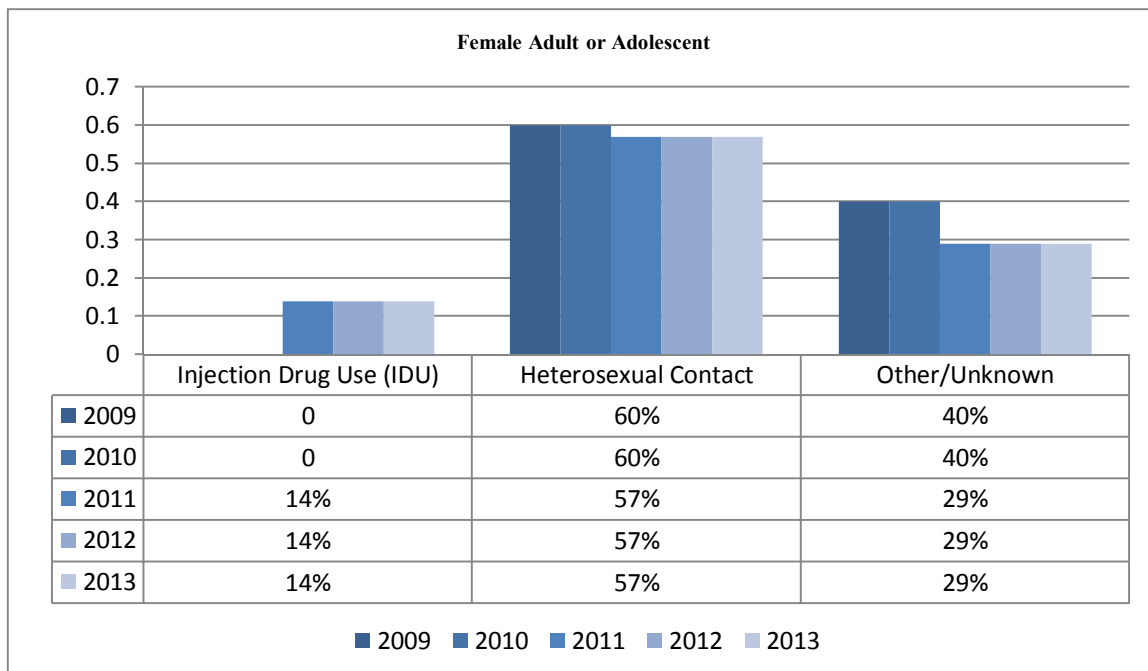
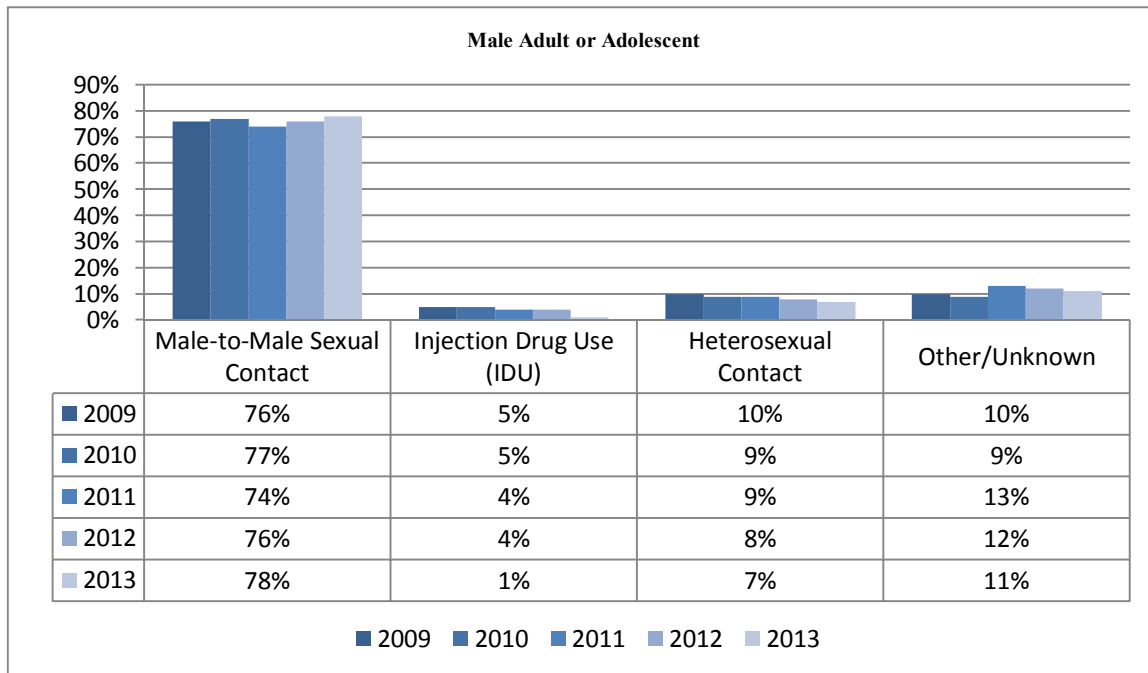
Reported Persons Living with a Diagnosis of HIV Infection

Living with a diagnosis of HIV infection by year (2009-2013) represents all persons ever diagnosed and reported with HIV or AIDS who have not been reported as having died as of December 31, 2013. Living with a diagnosis of HIV infection includes those diagnosed with HIV (not AIDS) and those diagnosed with AIDS by current disease status as of December 31, 2013.



Reported Persons Living with a Diagnosis of HIV Infection by Transmission Category

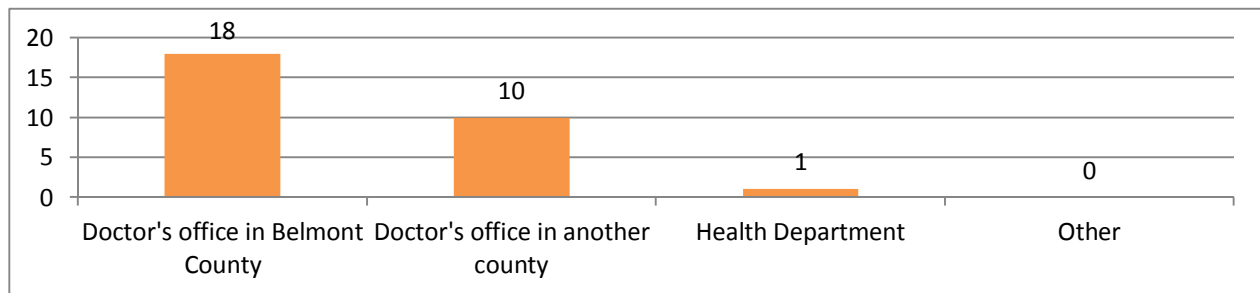
Transmission categories are mutually exclusive, hierarchical risk categories determined by the CDC. A person with multiple risks is only represented in the highest category based on the CDC hierarchical algorithm.



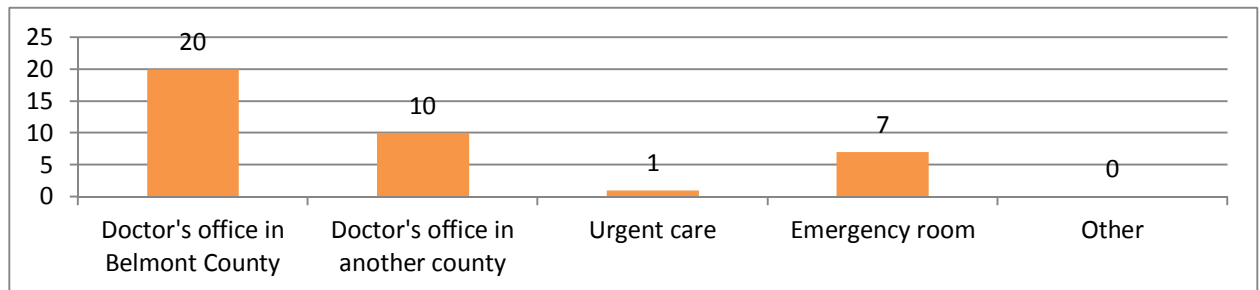
Source for HIV Infection Data: Ohio Department of Health HIV/AIDS Surveillance Program

Maternal Child Health Survey Results (WIC Clients)

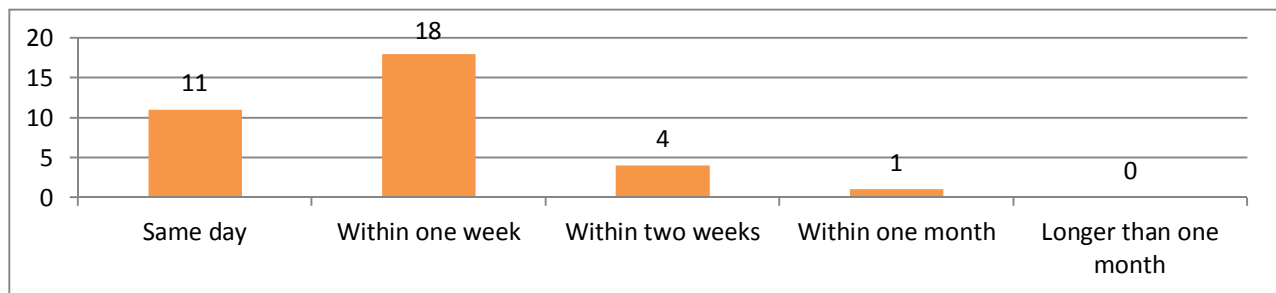
1. Where does your child get immunizations (shots) and check-ups? (check all that apply)



2. Where do you take your child when he/she is sick?

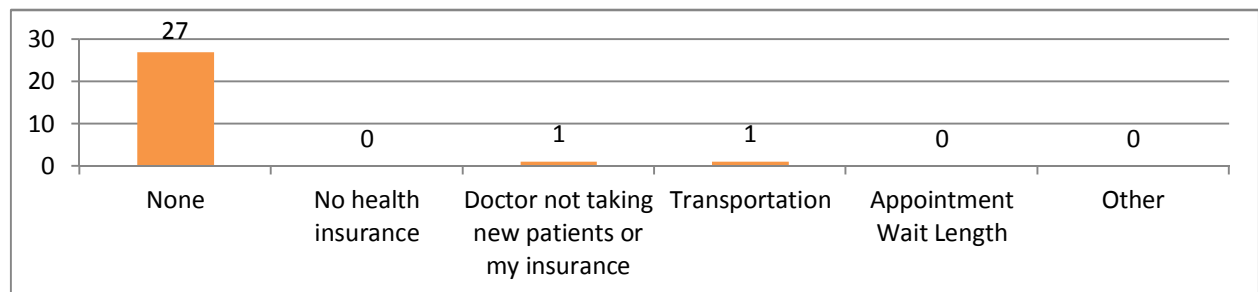


3. When you call to schedule a check-up or immunizations, how soon can you get it?

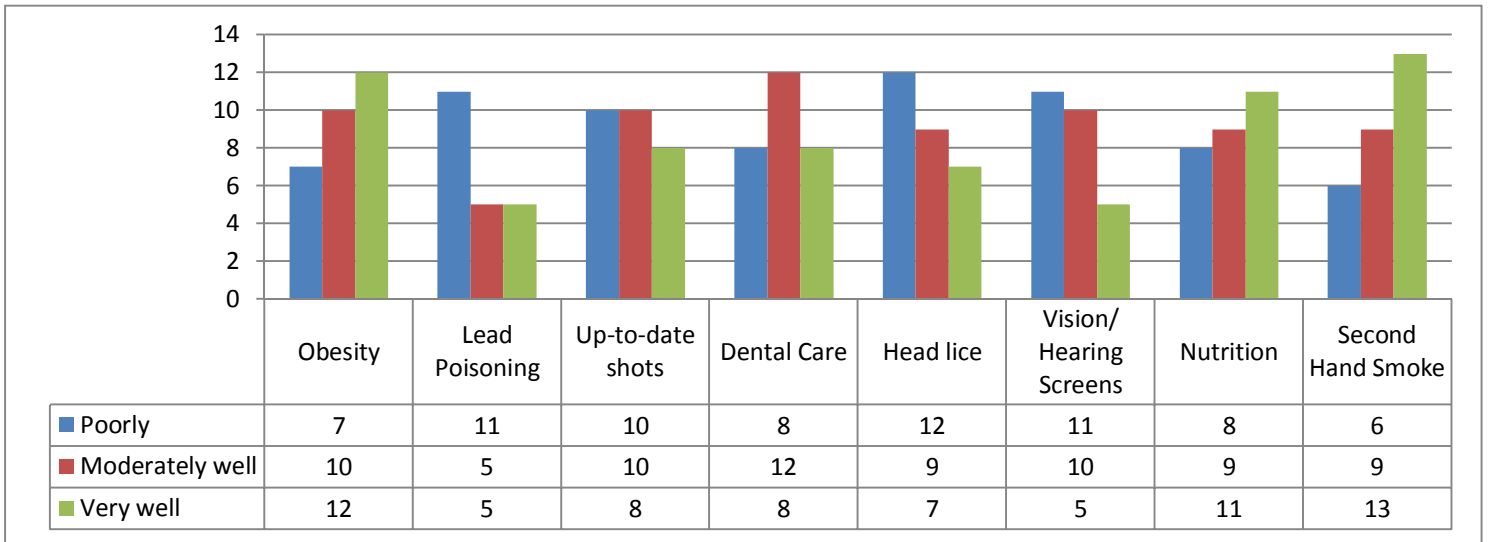


*4 participants chose multiple answers

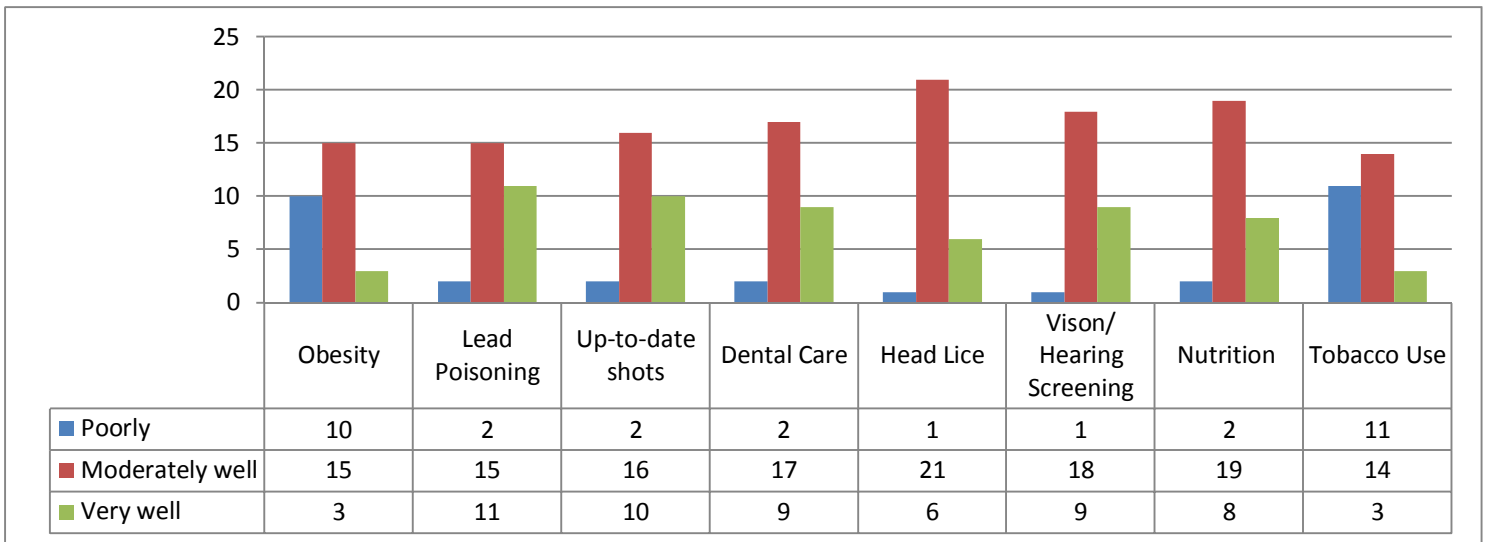
4. What problems have you had getting medical care for your child?



5. How widespread do you think the following child health concerns are in the county? (choose one)



6. How well do you think these health concerns are being met in the country?



Sources

American Community Survey

Belmont County CAFR

Bureau of Economic Analysis

Belmont County Head Start

Bureau of Labor Statistics

Centers for Disease and Control Prevention

Department of Labor

ESRI

Kids Count Data Center

National Center for Education Statistics

Office of Policy, Research and Strategic Planning

Ohio Department of Education

Ohio Department of Health

Ohio Mental Health and Addiction Services

PRIDE Survey, the Risk and Protective Factor Questionnaire

The State of Obesity

U.S. Census Bureau

U.S. Department of Commerce

Urban Decision Group

Vogt Santer Insights

Wheeling Hospital

