

Licking Memorial Health Systems

# 2019 Community Health Needs Assessment



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# Introduction

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Licking Memorial Hospital (LMH) remains responsive to the healthcare needs of the Licking County area that it has served for more than 100 years. The 227-bed facility offers a full spectrum of quality patient care services, from emergency medicine to home health care. In addition, LMH offers a number of specialized medical services unique for a hospital of its size. Comprehensive services are available in areas such as cancer care, heart care, maternity services and mental health. The Licking Memorial Health Systems (LMHS) mission is to improve the health of the community.

The Licking Memorial Health Professionals is a group of 100-plus physicians in various practices. Physician offices are located throughout Licking County – including Granville, Hanover, Heath, Hebron, Johnstown, Newark and Pataskala.

The Licking Memorial Health Foundation (LMHF) is supported by the Development Council, which has various committees consisting of business leaders in Licking County. LMHF is the fundraising and resource development organization for LMHS.

LMHS staff consists of more than 2,000 employees in many areas. Physicians, nurses, pharmacists, respiratory therapists, cooks, environmental service staff, accountants, engineers, computer specialists, laboratory technicians, administrators, and many others who work diligently together to provide the best care for patients and visitors.

LMH is pleased to present this Community Health Needs Assessment (CHNA) report to fulfill a requirement in the federal Patient Protection and Affordable Care Act, enacted in March 2010, requiring every 501(c)(3) tax-exempt hospital to conduct a CHNA to identify and prioritize the significant health needs of the community and develop an implementation strategy to address those significant health needs. As part of this process, we solicited input from those representing the broad interests of our community. We would like to thank our community partners for participating in this process.

Written comments on LMHS' 2019 CHNA report and related Implementation Strategy may be directed to the Director of Process Improvement at Licking Memorial Hospital, 1320 West Main Street, Newark, Ohio 43055 or [Info@LMHealth.org](mailto:Info@LMHealth.org). Any written comments received will be considered in conducting the next CHNA. To request a copy of this report at no charge, contact our the Director of Process Improvement at (220) 564-4354 or by email at [Info@LMHealth.org](mailto:Info@LMHealth.org).

# Executive Summary

Licking Memorial Hospital defines the “community served” to be Licking County, Ohio. In conducting this 2019 Community Health Needs Assessment (CHNA), we identified primary and secondary community data sources, solicited input from those representing the broad interests of the community, and utilized existing community reports and surveys. The CHNA Committee reviewed this information and identified significant health needs of the Licking County community. Our next step was to develop an implementation strategy to address these health needs. Through our implementation strategy, we will work with our community partners to engage in collaboration among health care and social service providers to address these significant health needs.

The following significant health needs for the 2019 Licking Memorial Hospital CHNA were identified and prioritized:

1. Behavioral health – reduce the burden of addiction and reduce untreated depression and anxiety
2. Chronic disease – decrease negative health conditions associated with obesity, decrease the prevalence of tobacco use, and decrease the burden of cancer
3. Access to Care – increase affordable healthcare options
4. Infant mortality – reduce infant mortality



# Community Served

Licking Memorial Hospital is located at 1320 West Main Street in Newark, where all inpatient services are provided. Approximately one mile from the main Hospital location is Licking Memorial Hospital – Tamarack, located at 2000 Tamarack Road, also in Newark. This location serves outpatients, including outpatient specialty clinics, outpatient surgery and laboratory draw services. In addition, three Urgent Care facilities are available, including Licking Memorial Urgent Care – Pataskala, located at One Healthy Place in Pataskala, Licking Memorial Urgent Care – Granville, located at 14 Westgate Drive in Granville, and Licking Memorial Family Practice/Urgent Care – Downtown Newark, located at 20 West Locust Street, in Newark.

Licking Memorial Hospital’s “community served” is identified as residents of Licking County, which includes the following areas which primarily fall within Licking County:

## Licking County Municipality and ZIP Code(s)

Alexandria – 43001	Homer – 43027
Brownsville – 43721	Jacksontown – 43030
Buckeye Lake – 43008	Johnstown – 43031
Croton – 43013	Kirkersville – 43033
Etna – 43018	Newark – 43055, 43058, and 43093
Granville – 43023	Pataskala – 43062
Gratiot – 43740	Saint Louisville – 43071
Hanover – 43055	Summit Station – 43073
Heath – 43056	Utica – 43080
Hebron – 43025	

Reference source 3

The Ohio Department of Health requires each hospital that is registered in Ohio to file an Annual Hospital Registration and Planning Report by March 1 of each year for the previous calendar year. A review of the patient origin data from the Annual Hospital Registration and Planning Report for Licking Memorial Hospital supports the definition of the “community served” as being the community and residents of Licking County, Ohio.

Calendar Reporting Year	Total Hospital Admissions	Total Hospital Admissions from Licking County	Percent of Total Hospital Admissions from Licking County
2018	8,482	7,423	87.51%
2017	8,255	7,123	86.29%
2016	8,181	7,077	86.51%
2015	8,519	7,533	88.43%

Reference source 14

# Demographic Information

The following provides a summary of Licking County demographic characteristics. Please refer to Appendix A for additional demographic information for Licking County.

## Population

In 2018, Licking County has a total population of 175,769. The Licking County population is projected to increase to 180,860 by 2020 and to 196,570 by 2030.

## Race/Ethnicity

Percent of Population	Category
92.4%	White/Caucasian
3.6%	Black/African American
1.7%	Hispanic of any race
1.0%	Asian
0.1%	American Indian/Alaska Native
0.3%	Other
2.5%	Two or more races

## Age

Percent of Population	Age Category
6.0%	Persons under 5 years of age
17.5%	Persons 5-17 years of age
9.1%	Persons 18-24 years of age
23.8%	Persons 25-44 years of age
28.1%	Persons 45-64 years of age
15.4%	Persons 65 years and over

The median age is 39.9.

## Income

In 2018, the median household income is \$59,747. Of the Licking County population, 28.4% are below 200% of poverty level.

## Education

Percent of Persons over 25 Years of Age	Category
9.7%	No high school diploma
35.7%	High school graduate
21%	Some college – no degree
9.1%	Associate's degree
16%	Bachelor's degree
8.6%	Master's degree or higher

## Housing

In 2018, 72.4% of housing units were owner occupied and 27.6% were renter occupied. 8.5% of housing units were vacant. The median year in which housing structures were built is 1976 and the median value of occupied housing units is \$157,800.

# Process and Methods

## Process and Methods Used to Conduct the CHNA:

The Licking County Community Health Improvement Committee (CHIC) convened on January 11, 2018 to discuss health needs of the community. Prior to the next CHIC meeting, a survey was developed and distributed to CHIC members to allow members to rate priorities based on their evaluation of data. Survey questions included: What are the most important public health issues? Are there other public health issues not on the list that need to be addressed? The survey provided a list of ten health needs prevalent to the community and members were asked to rank each need 1 through 10, with 1 being the most important. Each need was given a score based on all individual rankings. The ranked needs from most to least important are as follows:

- Drug dependence and abuse
- Depression in adolescents and adults
- Unintentional drug overdose deaths
- Tobacco use among youth and adults
- Access to affordable health care
- Heart disease
- Diabetes rates
- Infant mortality rates (death before first birthday)
- Access to affordable dental care
- Access to healthy foods

Other health issues mentioned that were not on the list include cancer, obesity, infectious disease and physical inactivity.

On April 5, 2018, the CHIC met to review data and survey findings. The data and information was discussed and significant community health needs identified and prioritized. A plan was developed to address the prioritized health needs. The CHIC utilized several sources of information to ascertain patterns and trends of health conditions, health behaviors, and resource utilization within the Licking County community. Potential resources available to address the significant community health needs also were identified.

The CHIC includes key members of LMH's leadership team, as well as members of LMH's Process Improvement Department. See Appendix C for a listing of participating organizations and the populations being represented by each organization. Input was obtained from all required sources. No written comments on the previous CHNA or implementation strategy were received.

The CHIC reviewed data to identify common themes. In identifying significant health needs, the CHIC considered:

- Whether the need was identified as a problem across multiple sources
- Whether there is an adverse trend in the health need
- Whether the need is an emerging issue
- How the Licking County community compares to state and federal benchmarks

To prioritize the community health needs identified, the CHIC members considered the following:

- The size of the population affected by this need
- The severity of this need
- Ability to evaluate the outcome of efforts to positively impact this need
- Whether the community is currently addressing this need
- Whether addressing this need will impact other needs identified
- Impact of addressing this need on systems or health within the community
- The cost of addressing the need

# Prioritized Health Needs

The CHIC identified and prioritized the following significant health needs:

1. Behavioral health – reduce the burden of addiction and reduce untreated depression and anxiety
2. Chronic disease – decrease negative health conditions associated with obesity, decrease the prevalence of tobacco use, and decrease the burden of cancer
3. Access to care – increase affordable healthcare options

LMH has chosen to include a fourth significant health need:

4. Infant mortality – decrease the infant mortality rate

The Ohio Department of Health has identified infant mortality as one of three priority topics to be addressed by the State Health Improvement Plan. While improvement has been shown, efforts must continue to see sustained improvement in birth outcomes. A December 6, 2018 news release from the Ohio Department Of Health notes that the number of infants who died before their first birthday declined to 982 in 2017 from 1,024 in 2016. Although Licking County’s infant mortality rate per 1,000 births is lower than the State (6.5 vs. 7.7), continued focus on improvement is still needed.

## Description of Significant Health Needs and Resources Available to Address Identified Needs:

Behavioral Health		
Need	Description	Resources
Reduce the burden of addiction	<p>In 2017, there were 31 deaths per 100,000 population due to unintentional drug overdoses in Central Ohio, compared to 44.1 per 100,000 for the State.</p> <p>In 2018, there were 42 unintentional overdose deaths in Licking County, a 20% increase from 2017. Fentanyl was primarily responsible for the increase in deaths.</p> <p>Survey data for grades 6-12 show 18.4% of respondents used an illicit drug in the past year and 12.9% used in the past month.</p>	<ul style="list-style-type: none"> <li>• Mental Health America</li> <li>• LMH’s Medication Assistance Treatment program</li> <li>• LMHP</li> <li>• Mental Health and Recovery for Knox and Licking County</li> <li>• Licking County Health Department</li> <li>• Newark Addiction Recovery Initiative</li> <li>• United Way’s Community Blueprint Communities to promote a healthy community that addresses addiction</li> <li>• “Our Futures in Licking County” initiative to reduce the use/abuse of marijuana, alcohol, tobacco, and other drugs</li> <li>• Free “Q&amp;A” sessions with addictionologist</li> <li>• Community Health Clinic</li> <li>• Local school districts</li> </ul>



Need	Description	Resources
Reduce untreated depression and anxiety	<p>In 2017, there were 21.8 deaths due to suicide per 100,000 in Central Ohio, compared to 14.8 for the State.</p> <p>Licking County had 113 mental health providers per 100,000 compared to 212.2 for the State.</p> <p>In 2017, 21.2% of Licking County Medicare enrollees reported experiencing depression, compared to 19.7% for the State.</p> <p>In 2017, Suicide was listed as a leading cause of death for Licking County.</p>	<ul style="list-style-type: none"> <li>• Licking County Health Department</li> <li>• LMH Emergency Department to increase access/options to receive services</li> <li>• LMHP</li> <li>• United Way's Community Blueprint Communities' Psychiatric counseling services</li> <li>• Mental Health America Mental Health and Recovery for Knox and Licking County</li> <li>• Our Futures in Licking County Community Health Clinic</li> <li>• Local school districts</li> </ul>
<b>Chronic Disease</b>		
Decrease negative health conditions associated with obesity	<p>In 2015, 38% of Licking County adults polled were obese and 32% were overweight.</p> <p>In 2019, 32% of Licking County adults polled were obese.</p> <p>In 2017, 3.2% of adults in Central Ohio were diagnosed with coronary heart disease, compared to 4.7% for the State.</p> <p>In 2017, 4.1% of Licking County adults in central Ohio were diagnosed with a heart attack, compared to 5.5% for the State.</p> <p>In 2017, 32.8% of Licking County adults were diagnosed with hypertension, compared to 34.7% for the State.</p> <p>In 2017, 9.3% of Licking County adults were identified by a health professional as having diabetes, compared to 11.3% for the State.</p> <p>In 2017, 10.1% of adults in Central Ohio were identified by a health professional as having prediabetes, compared to 8.8% for the State.</p>	<ul style="list-style-type: none"> <li>• Licking County Health Department</li> <li>• LMHP</li> <li>• Newark Advocate</li> <li>• Ohio State University Extension – Newark Campus</li> <li>• Pathways of Central Ohio/2-1-1</li> <li>• Licking County YMCA</li> <li>• Licking County Diabetes Forum</li> <li>• Licking County Wellness Coalition</li> <li>• Active•Fit Youth Wellness Program</li> <li>• Active•Senior Adult Wellness Program</li> <li>• Diabetes education with licensed diabetes educators</li> <li>• Free diabetes screenings at community events</li> <li>• Canal Market District to promote healthy food choices.</li> <li>• Wellness Center &amp; CTEC with exercise equipment for the general public</li> <li>• Walk with a Doc program</li> <li>• Running/walking marathons and sports programs</li> </ul>
Decrease the prevalence of tobacco use	<p>In 2015, 24% of Licking County adults were identified as smokers.</p> <p>In 2019, 21% of Licking County adults were identified as smokers.</p> <p>In 2019, 22.6% of Licking County adults use tobacco, compared to 21.7% for the State.</p>	<ul style="list-style-type: none"> <li>• Licking County Health Department</li> <li>• LMHP</li> <li>• LMH Tobacco Cessation programs – Quit For Your Health and Quit for You, Quit for Your Baby</li> <li>• Community Health Clinic</li> <li>• American Red Cross of Licking County</li> <li>• Pathways of Central Ohio /2-1-1</li> <li>• Our Futures in Licking County</li> <li>• Tobacco Use Reduction Network of Licking County</li> <li>• Local school districts</li> <li>• Smoking cessation education by respiratory therapists</li> </ul>

Need	Description	Resources
Decrease the burden of cancer	<p>In 2015, 6% of Licking County residents were diagnosed with cancer (other than skin cancer).</p> <p>In 2017, cancer was listed as a leading cause of death in Licking County.</p> <p>In 2017, 489.7 per 100,000 of Licking County residents had cancer incidence of all sites, compared to 456.3 per 100,000 for the State.</p>	<ul style="list-style-type: none"> <li>• Licking County Health Department</li> <li>• LMHP</li> <li>• LMH Comprehensive Cancer Committee</li> <li>• Newark Advocate</li> <li>• Community Health Clinic</li> <li>• LMH Tobacco Cessation</li> <li>• Community education on importance of timely screening</li> <li>• Free screening mammogram days</li> <li>• Low-dose CT scanning for patients at high risk for lung cancer</li> <li>• ACR lung cancer screening registry</li> <li>• Community Smoking Cessation programs</li> </ul>
<b>Access to Care</b>		
Increase affordable health care options	<p>In 2013, 16,233, or 9.7% of Licking County residents were uninsured, compared to 11% for the State.</p> <p>In 2014, 10,719, or 6.4% of Licking County residents were uninsured.</p>	<ul style="list-style-type: none"> <li>• Licking County Health Department</li> <li>• LMH</li> <li>• Pathways of Central Ohio</li> </ul>
<b>Infant Mortality</b>		
Decrease the infant mortality rate	<p>In 2017, 10.2 % of live births in Licking County were preterm (less than 37 weeks) compared to 10.4% for the State.</p> <p>In 2017, 1.9% of live births were very preterm (less than 32 weeks) compared to 1.8% for the State.</p> <p>In 2017, the rate of infant deaths per 1,000 live births was 7.5 for Central Ohio, compared to 7.2 for the State.</p> <p>In 2017, the rate of neonatal infant deaths per 1,000 live births was 5.7 for Central Ohio, compared to 5.0 for the State.</p> <p>In 2017, the rate of post-neonatal infant deaths per 1,000 live births was 1.8 for Central Ohio, compared to 2.2 for the State.</p>	<ul style="list-style-type: none"> <li>• LMH initiatives to promote best practices in infant feeding and bonding, “Baby Friendly” hospital</li> <li>• LMHP</li> <li>• Community Health Clinic</li> <li>• Ohio Hospital Association</li> <li>• Licking County Health Department</li> <li>• Ohio Department of Health</li> <li>• “Safe Sleep” education for new parents</li> <li>• “Safe Sleep Sacks” for newborn babies and those admitted to the hospital nursery</li> <li>• Provide “onesie” to all newborns that states “This Side Up”</li> <li>• Smoking cessation programs at Women’s Health Services, “Quit for You, Quit for Baby”</li> <li>• Suboxone Clinic targeting pregnant mothers suffering from addiction</li> <li>• LMH Level II Special Care Nursery</li> <li>• Licking County Coroner’s Child Fatality Review Board to review all infant deaths and discuss opportunities to reduce infant death rate</li> <li>• LMH MOMS program</li> </ul>

Please refer to Appendix B for additional data.

# State Health Improvement Plan

## Alignment with the State Health Improvement Plan

The Ohio Department of Health (ODH) identified three priority topics in the 2017-2019 State Health Improvement Plan (SHIP). As part of the alignment process, ODH encourages hospitals and local health districts to select at least two priority topics and at least one priority outcome for the topics chosen from the SHIP to address in the collaborative community health improvement plan/implementation strategy. However, the final priority health needs selected by the hospitals and local health districts should be guided by the needs identified through the data collection and analysis for the community served. As such, the CHIC and LMH, through review of the data and discussion, identified the following significant health needs for the Licking County community which align with all three priority topics in the SHIP.

SHIP Priority Topic	SHIP Priority Outcomes	LMH Significant Health Needs that Align	LMH Outcomes that Align
Mental health and addiction	Reduce depression Reduce suicide Reduce drug dependency/abuse Reduce drug overdose deaths	Behavioral health	Reduce untreated depression and anxiety Reduce burden of addiction
Chronic disease	Reduce heart disease Reduce diabetes Reduce child asthma	Chronic disease	Decrease negative health conditions associated with obesity
Maternal and infant health	Reduce preterm births Reduce low birth weight Reduce infant mortality	Infant mortality	Reduce infant mortality

# Impact of Prior CHNA

## Evaluation of the Impact of the Actions in the 2016 CHNA

### 2016 CHNA Identified Need: Reduce Drug Abuse

#### Actions and Impact to Meet this Need:

- Collaborated with the local police department in support of the Newark Addiction Recovery Initiative (NARI) for community members suffering from drug addiction to turn themselves in to be evaluated at LMH for treatment. Through this program, members of the community voluntarily forfeited drugs and entered into addiction treatment in lieu of being arrested.
- Offered drug abuse treatment services at Shepherd Hill, including the availability of an addictionologist regardless of the individual's ability to pay for addiction services. In 2018, 85 percent of patients admitted via Optimal Care completed treatment successfully. 75 percent of respondents maintained sobriety for 6 months, while 80 percent of respondents maintained sobriety for a year. Between August and December 2018, of the patients who used Optimal Care Funding, 90 percent of these patients completed 90 days of treatment successfully.
- Collaborated with community partners specializing in this addiction by providing a medication-assisted treatment clinic.
- Participated in United Way's Community Blueprint Committee by promoting a healthy community that effectively addresses addiction, with a focus on the awareness of the multitude of resources available in Licking County.
- Supported the "Our Futures in Licking County" initiative to reduce the use/abuse of marijuana, alcohol, tobacco and other drugs by youth. Since implementation, Licking Memorial Hospital has assumed funding of this program and now provides resources needed for its activities. Support of these programs has resulted in parent, school, teacher and administrator training in addition to the development of other programs and youth education.

### 2016 CHNA Identified Need: Addressing Mental Health Issues

#### Actions and Impact to Meet this Need:

- LMH effectively manages patients suffering from mental illness through improved communication, referral to available community resources, and more efficient patient care planning. To aid these efforts, LMH coordinates closely with other area behavioral and mental health providers, including leasing space to community mental health providers in the Emergency Department (ED) to increase access to comprehensive services.
- LMH continues to provide psychiatric and counseling services for both behavioral and substance abuse needs. LMH actively recruits mental health professionals, including psychiatrists and addictionologists to meet the growing needs of our community.

### 2016 CHNA Identified Need: Cancer Mortality Reduction – Colon Cancer

#### Actions and Impact to Meet this Need:

- LMH expanded adoption of the use of Cologuard in patients with contraindications or an aversity to colonoscopy. Since implementation, the use of Cologuard in patients has increased by over 400 percent. Although not yet measurable, a decrease in the percentage of patients over 50 years of age with no colonoscopy is anticipated.
- Improved community awareness of the need for colonoscopy screening to aid in the detection of colon cancer through the use of community education programs and colon cancer-specific educational offerings/materials.

## 2016 CHNA Identified Need: Cancer Mortality Rate – Breast Cancer

### Actions and Impact to Meet this Need:

- By offering more sensitive mammography imaging technology LMH is able to detect cancer at earlier stages. Although not yet measurable, we expect breast cancer survival rates in Licking County to increase.
- Offer free mammograms for women who would otherwise not receive such due to financial burdens. Not only has this improved access to care for these women, but allows for earlier detection of cancer. Since 2016, over two hundred community members participated in the free mammogram program. Although not yet measurable, we expect breast cancer survival rates in Licking County to increase.
- By collaborating with the American Cancer Society (ACS), LMH's patients can access an ACS Cancer Navigator, which offers wig programs, transportation assistance, targeted educational programs, and online cancer support groups.

## 2016 CHNA Identified Need: Cancer Mortality Rate – Lung Cancer

### Actions and Impact to Meet this Need:

- Increased access to low-dose CT scanning for high risk patients. As a result, LMH has been able to detect lung cancer in patients at an earlier stage. Although not yet measurable, we anticipate a continued increase in early detection thereby resulting in a positive impact on 5-year survival rates for diagnosed patients.
- Provided tobacco cessation programs for adults with a continued focus on the home environment through post-discharge case management.

## 2016 CHNA Identified Need: Reduce Infant Mortality

### Actions and Impact to Meet this Need:

- Offer smoking cessation program for pregnant women (“Quit For You, Quit For Your Baby”). Although not yet measurable, we are hopeful that this will have a long-term impact on low-birth weight baby rates.
- Provide “Safe Sleep” education to all new parents in an effort to ensure they are knowledgeable about the risks of Sudden Infant Death Syndrome (SIDS) and precautions they can take to protect their newborns. As part of education efforts, new parents are provided “Safe Sleep Sacks” for all newborn babies. In addition to sleep sacks, all newborns receive an “onesie” that states “This Side Up” to promote safe sleep at home.
- As a designated “Baby Friendly” hospital, LMH promotes breastfeeding, which has shown to reduce infant mortality. Within the first few hours after delivery over eighty percent of moms are breastfeeding.

## 2016 CHNA Identified Need: Reduce Tobacco Use

### Actions and Impact to Meet this Need:

- Provide tobacco cessation programs for adults with a continued focus on the home environment through post-discharge case management.
- Provide home visits by respiratory therapists for high-risk patients.
- Maintain a strong smoke-free workplace policy.

## 2016 CHNA Identified Need: Reduce Obesity

### Actions and Impact to Meet this Need:

- Offer Active•Fit Programs for community members. These programs promote healthy lifestyles, exercise, and diet choices. Since implementation, program participation has steadily increased indicating program success.
- LMH provides numerous community education programs focused on making healthier food choices, exercise and good lifestyle habits. The education events include healthy cooking demonstrations, prescriptions for healthy foods, sponsorships for local walking and running events, hosting “Walk with a Doc”, and a new employee wellness center. Although not directly measurable, we anticipate that these efforts have increased healthy eating and increased focus on exercise in the community.

## Collaborating Partners To Conduct the CHNA

LMH collaborated with the Licking County Health Department and organizations represented on the CHIC identified in Appendix C to conduct this CHNA.

LMH engaged Bricker & Eckler LLP/INCompliance Consulting, located at 100 South Third Street, Columbus, Ohio, 43215, to conduct this CHNA. Jim Flynn is a partner with Bricker & Eckler’s Health Care group, where he has practiced for 29 years. His general healthcare practice focuses on health planning matters, certificate of need, non-profit and tax-exempt healthcare providers, and federal and state regulatory issues. Mr. Flynn has provided consultation to healthcare providers, including non-profit and tax-exempt healthcare providers and public hospitals on community health needs assessments. Christine Kenney is the director of Regulatory Services with INCompliance Consulting, an affiliate of Bricker & Eckler LLP. Ms. Kenney has over 40 years of experience in healthcare planning, policy development, federal and state regulations, certificate of need, and Medicare and Medicaid certification. She provides expert testimony on community need and offers presentations and educational sessions regarding community health needs assessments.

## Hospital Identifying Information

Name and primary address:	Licking Memorial Hospital 1320 West Main Street Newark, Ohio 43055 Licking County
Tax Identification Number:	31-4379519
Chief Executive Officer:	Robert A. Montagnese, President & CEO
Person submitting report:	Cynthia L. Webster, Vice President of Financial Services
CHNA report complete:	
CHNA report approved by the Board:	
CHNA report posted to website:	

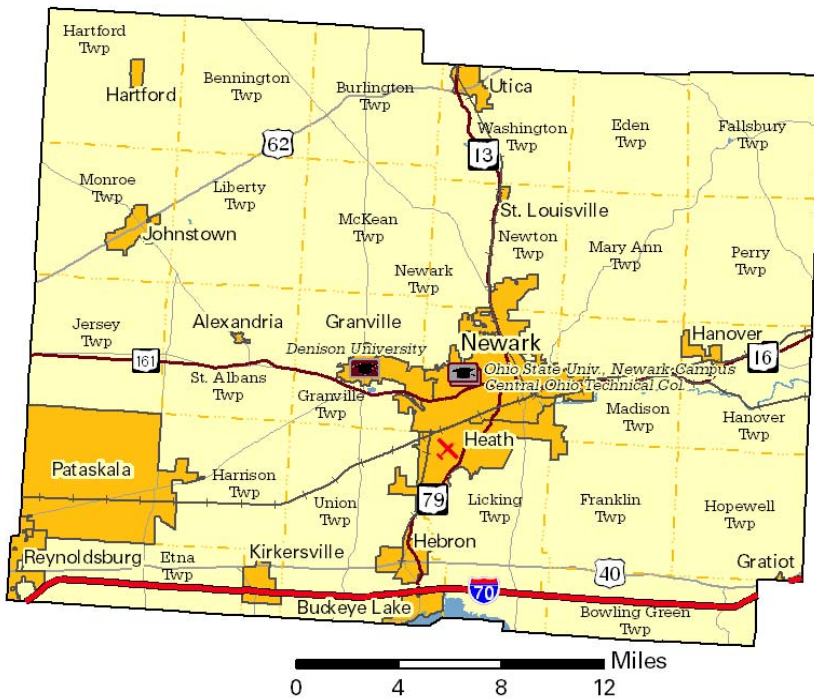
## Ohio County Profiles



Prepared by the Office of Research

### Licking County

**Established:** Act - March 1, 1808  
**2018 Population:** 175,769  
**Land Area:** 686.5 square miles  
**County Seat:** Newark City  
**Named for:** Licking River, for the nearby salt licks



#### Taxes

Taxable value of real property	\$4,139,833,350
Residential	\$3,084,196,750
Agriculture	\$338,874,540
Industrial	\$163,593,390
Commercial	\$551,274,500
Mineral	\$1,894,170
Ohio income tax liability	\$99,963,914
Average per return	\$1,278.15

#### Land Use/Land Cover

	Percent
Developed, Lower Intensity	9.81%
Developed, Higher Intensity	1.80%
Barren (strip mines, gravel pits, etc.)	0.08%
Forest	36.07%
Shrub/Scrub and Grasslands	0.82%
Pasture/Hay	21.23%
Cultivated Crops	29.27%
Wetlands	0.36%
Open Water	0.55%

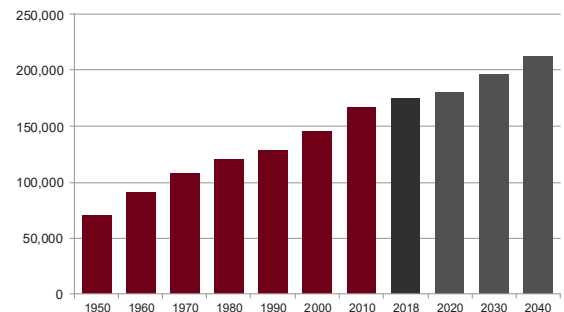
#### Largest Places

	Est. 2018	Census 2010
Newark city	50,029	47,573
Pataskala city	15,780	14,962
Heath city	10,861	10,310
Reynoldsburg city (pt.)	9,238	8,826
Etna twp UB	8,812	8,311
Harrison twp UB	7,479	7,036
Granville vlg	5,890	5,646
Johnstown vlg	5,065	4,632
Licking twp UB	4,899	4,630
Granville twp UB	4,335	4,143

UB: Unincorporated balance.

#### Total Population

Census	Estimated
1800	2013 168,464
1810 3,852	2014 169,423
1820 11,861	2015 170,612
1830 20,869	2016 171,993
1840 35,096	2017 173,670
1850 38,846	2018 175,769
1860 37,011	Projected
1870 35,756	2020 180,860
1880 40,450	2030 196,570
1890 43,279	2040 212,370
1900 47,070	



Population by Race	Number	Percent
ACS Total Population	170,678	100.0%
White	157,716	92.4%
African-American	6,119	3.6%
Native American	242	0.1%
Asian	1,706	1.0%
Pacific Islander	20	0.0%
Other	540	0.3%
Two or More Races	4,335	2.5%
Hispanic (may be of any race)	2,975	1.7%
<b>Total Minority</b>	<b>15,096</b>	<b>8.8%</b>

Educational Attainment	Number	Percent
Persons 25 years and over	114,884	100.0%
No high school diploma	11,139	9.7%
High school graduate	40,989	35.7%
Some college, no degree	24,109	21.0%
Associate degree	10,427	9.1%
Bachelor's degree	18,347	16.0%
Master's degree or higher	9,873	8.6%

Family Type by Employment Status	Number	Percent
Total Families	45,001	100.0%
Married couple, husband and wife in labor force	18,932	42.1%
Married couple, husband in labor force, wife not	5,978	13.3%
Married couple, wife in labor force, husband not	3,348	7.4%
Married couple, husband and wife not in labor force	6,391	14.2%
Male householder, in labor force	2,097	4.7%
Male householder, not in labor force	508	1.1%
Female householder, in labor force	5,420	12.0%
Female householder, not in labor force	2,327	5.2%

Household Income	Number	Percent
Total Households	64,434	100.0%
Less than \$10,000	3,193	5.0%
\$10,000 to \$19,999	5,915	9.2%
\$20,000 to \$29,999	6,209	9.6%
\$30,000 to \$39,999	6,120	9.5%
\$40,000 to \$49,999	5,816	9.0%
\$50,000 to \$59,999	5,076	7.9%
\$60,000 to \$74,999	6,780	10.5%
\$75,000 to \$99,999	9,345	14.5%
\$100,000 to \$149,999	10,306	16.0%
\$150,000 to \$199,999	3,111	4.8%
\$200,000 or more	2,563	4.0%
<b>Median household income</b>	<b>\$59,747</b>	

Population by Age	Number	Percent
ACS Total Population	170,678	100.0%
Under 5 years	10,306	6.0%
5 to 17 years	29,901	17.5%
18 to 24 years	15,587	9.1%
25 to 44 years	40,622	23.8%
45 to 64 years	47,962	28.1%
65 years and more	26,300	15.4%
<b>Median Age</b>	<b>39.9</b>	

Family Type by Presence of Own Children Under 18	Number	Percent
Total Families	45,132	100.0%
Married-couple families with own children	12,918	28.6%
Male householder, no wife present, with own children	1,556	3.4%
Female householder, no husband present, with own children	4,292	9.5%
Families with no own children	26,366	58.4%

Poverty Status of Families By Family Type by Presence Of Related Children	Number	Percent
Total Families	45,132	100.0%
Family income above poverty level	41,389	91.7%
<b>Family income below poverty level</b>	<b>3,743</b>	<b>8.3%</b>
Married couple, with related children	862	23.0%
Male householder, no wife present, with related children	316	8.4%
Female householder, no husband present, with related children	2,002	53.5%
Families with no related children	563	15.0%

Ratio of Income To Poverty Level	Number	Percent
Population for whom poverty status is determined	166,495	100.0%
Below 50% of poverty level	8,400	5.0%
50% to 99% of poverty level	11,191	6.7%
100% to 124% of poverty level	6,368	3.8%
125% to 149% of poverty level	7,287	4.4%
150% to 184% of poverty level	10,049	6.0%
185% to 199% of poverty level	3,987	2.4%
200% of poverty level or more	119,213	71.6%

Geographical Mobility	Number	Percent
Population aged 1 year and older	168,584	100.0%
Same house as previous year	144,935	86.0%
Different house, same county	12,419	7.4%
Different county, same state	8,610	5.1%
Different state	2,314	1.4%
Abroad	306	0.2%

Percentages may not sum to 100% due to rounding.



Travel Time To Work	Number	Percent
Workers 16 years and over	78,061	100.0%
Less than 15 minutes	22,035	28.2%
15 to 29 minutes	24,974	32.0%
30 to 44 minutes	18,007	23.1%
45 to 59 minutes	8,077	10.3%
60 minutes or more	4,968	6.4%
<b>Mean travel time</b>	<b>25.8</b>	<b>minutes</b>

Housing Units	Number	Percent
Total housing units	70,449	100.0%
Occupied housing units	64,434	91.5%
Owner occupied	46,661	72.4%
Renter occupied	17,773	27.6%
Vacant housing units	6,015	8.5%

Year Structure Built	Number	Percent
Total housing units	70,449	100.0%
Built 2014 or later	430	0.6%
Built 2010 to 2013	1,064	1.5%
Built 2000 to 2009	10,633	15.1%
Built 1990 to 1999	12,375	17.6%
Built 1980 to 1989	6,719	9.5%
Built 1970 to 1979	10,644	15.1%
Built 1960 to 1969	8,343	11.8%
Built 1950 to 1959	6,208	8.8%
Built 1940 to 1949	3,060	4.3%
Built 1939 or earlier	10,973	15.6%
<b>Median year built</b>	<b>1976</b>	

Value for Specified Owner-Occupied Housing Units	Number	Percent
Specified owner-occupied housing units	46,661	100.0%
Less than \$20,000	1,584	3.4%
\$20,000 to \$39,999	803	1.7%
\$40,000 to \$59,999	1,501	3.2%
\$60,000 to \$79,999	2,483	5.3%
\$80,000 to \$99,999	3,987	8.5%
\$100,000 to \$124,999	5,714	12.2%
\$125,000 to \$149,999	5,094	10.9%
\$150,000 to \$199,999	11,143	23.9%
\$200,000 to \$299,999	9,014	19.3%
\$300,000 to \$499,999	3,967	8.5%
\$500,000 to \$999,999	1,224	2.6%
\$1,000,000 or more	147	0.3%
<b>Median value</b>	<b>\$157,800</b>	

House Heating Fuel	Number	Percent
Occupied housing units	64,434	100.0%
Utility gas	41,332	64.1%
Bottled, tank or LP gas	5,587	8.7%
Electricity	12,845	19.9%
Fuel oil, kerosene, etc	1,605	2.5%
Coal, coke or wood	2,478	3.8%
Solar energy or other fuel	483	0.7%
No fuel used	104	0.2%

Percentages may not sum to 100% due to rounding.

Gross Rent	Number	Percent
Specified renter-occupied housing units	17,773	100.0%
Less than \$100	27	0.2%
\$100 to \$199	169	1.0%
\$200 to \$299	553	3.1%
\$300 to \$399	519	2.9%
\$400 to \$499	1,051	5.9%
\$500 to \$599	2,028	11.4%
\$600 to \$699	1,975	11.1%
\$700 to \$799	2,215	12.5%
\$800 to \$899	1,710	9.6%
\$900 to \$999	2,071	11.7%
\$1,000 to \$1,499	3,297	18.6%
\$1,500 or more	1,126	6.3%
No cash rent	1,032	5.8%
<b>Median gross rent</b>	<b>\$792</b>	

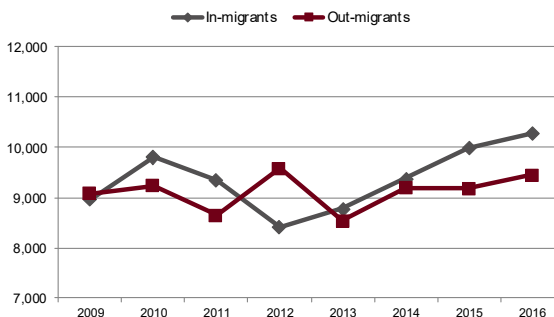
Median gross rent as a percentage of household income 28.8

Selected Monthly Owner Costs for Specified Owner-Occupied Housing Units	Number	Percent
Specified owner-occupied housing units with a mortgage	31,952	100.0%
Less than \$400	184	0.6%
\$400 to \$599	1,008	3.2%
\$600 to \$799	2,878	9.0%
\$800 to \$999	4,352	13.6%
\$1,000 to \$1,249	5,925	18.5%
\$1,250 to \$1,499	5,102	16.0%
\$1,500 to \$1,999	7,799	24.4%
\$2,000 to \$2,999	3,645	11.4%
\$3,000 or more	1,059	3.3%
<b>Median monthly owners cost</b>	<b>\$1,330</b>	

Median monthly owners cost as a percentage of household income 19.7

Vital Statistics	Number	Rate
Births / rate per 1,000 women aged 15 to 44	1,897	59.4
Teen births / rate per 1,000 females 15-19	112	19.5
Deaths / rate per 100,000 population	1,705	1,000.4

## Domestic Migration



**Agriculture**

Land in farms (acres)	220,486
Number of farms	1,583
Average size (acres)	139
Total cash receipts	\$185,397,000
Per farm	\$117,118
Receipts for crops	\$83,598,000
Receipts for livestock/products	\$101,800,000

**Education**

Traditional public schools buildings	53
Students	28,880
Teachers (Full Time Equivalent)	1,849.5
Expenditures per student	\$8,504
Graduation rate	92.0
Community/charter schools buildings	1
Students	150
Teachers (Full Time Equivalent)	13.0
Expenditures per student	\$10,394
Graduation rate	
Private schools	6
Students	1,003
4-year public universities	0
Regional campuses	1
2-year public colleges/satellites	2
Ohio Technical Centers	1
Private universities and colleges	1
Public libraries (Districts / Facilities)	5 / 10

**Transportation**

Registered motor vehicles	206,549
Passenger cars	132,603
Noncommercial trucks	32,001
Total license revenue	\$5,556,936.80
Permissive tax revenue	\$2,821,305.00
Interstate highway miles	29.42
Turnpike miles	0.00
U.S. highway miles	50.78
State highway miles	184.52
County, township, and municipal road miles	1,637.55
Commercial airports	1

**Health Care**

Physicians	226
Registered hospitals	2
Number of beds	248
Licensed nursing homes	11
Number of beds	993
Licensed residential care	9
Number of beds	609
Persons with health insurance (Aged 0 to 64)	93.1%
Adults with insurance (Aged 18 to 64)	92.1%
Children with insurance (Aged Under 19)	95.6%

**Communications**

Television stations	0
Radio stations	4
Daily newspapers	1
Circulation	6,743
Average monthly unique visitors	372,586
Weekly newspapers	2
Circulation	2,597
Average monthly unique visitors	0
Online only	0
Average monthly unique visitors	0

**Crime**

Total crimes reported in Uniform Crime Report	3,816
Violent crime	204
Property crime	3,612

**Finance**

FDIC insured financial institutions (HQs)	3
Assets (000)	\$7,694,458
Branch offices	54
Institutions represented	15

**Transfer Payments**

Total transfer payments	\$1,431,167,000
Payments to individuals	\$1,389,666,000
Retirement and disability	\$536,942,000
Medical payments	\$647,810,000
Income maintenance (Supplemental SSI, family assistance, food stamps, etc)	\$103,993,000
Unemployment benefits	\$11,567,000
Veterans benefits	\$45,657,000
Federal education and training assistance	\$26,956,000
Other payments to individuals	\$16,741,000
Total personal income	\$7,668,562,000
Dependency ratio	18.7%
(Percent of income from transfer payments)	

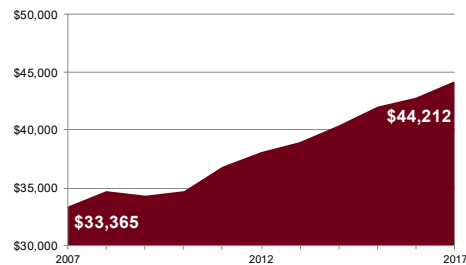
**Voting**

Number of registered voters	121,698
Voted in 2018 election	69,832
Percent turnout	57.4%

**State Parks, Forests, Nature Preserves, Scenic Waterways, And Wildlife Areas**

Areas/Facilities	8
Acreage	3,099

**Per Capita Personal Income**



**Civilian Labor Force**

	2018	2017	2016	2015	2014
Civilian labor force	89,000	88,700	88,300	86,900	86,600
Employed	85,500	85,000	84,400	83,000	82,100
Unemployed	3,500	3,500	3,900	3,900	4,600
Unemployment rate	4.0	4.2	4.4	4.4	5.3

**Establishments, Employment, and Wages by Sector: 2017**

Industrial Sector	Number of Establishments	Average Employment	Total Wages	Average Weekly Wage
Private Sector	3,177	45,511	\$1,838,220,096	\$777
Goods-Producing	556	10,412	\$522,345,232	\$965
Natural Resources and Mining	68	764	\$28,240,117	\$711
Construction	333	2,501	\$118,260,321	\$909
Manufacturing	156	7,146	\$375,844,794	\$1,011
Service-Providing	2,621	35,099	\$1,315,874,864	\$721
Trade, Transportation and Utilities	737	10,724	\$369,754,693	\$663
Information	38	247	\$12,747,514	\$994
Financial Services	354	2,908	\$169,874,732	\$1,123
Professional and Business Services	523	5,378	\$246,210,302	\$880
Education and Health Services	352	7,847	\$349,780,503	\$857
Leisure and Hospitality	380	5,917	\$91,309,592	\$297
Other Services	235	2,078	\$76,118,478	\$705
Federal Government		361	\$25,014,979	\$1,331
State Government		842	\$55,597,022	\$1,270
Local Government		6,746	\$292,048,981	\$833

Private Sector total includes Unclassified establishments not shown.

**Change Since 2012**

Private Sector	5.5%	1.7%	14.9%	13.1%
Goods-Producing	0.9%	13.7%	28.7%	13.1%
Natural Resources and Mining	15.3%	32.4%	54.8%	16.7%
Construction	-2.6%	6.8%	18.1%	10.6%
Manufacturing	4.7%	14.6%	30.7%	14.1%
Service-Producing	6.5%	-1.4%	10.2%	11.8%
Trade, Transportation and Utilities	7.0%	-10.6%	-8.4%	2.5%
Information	5.6%	-36.3%	-19.8%	26.1%
Financial Services	12.4%	-1.9%	17.7%	20.0%
Professional and Business Services	7.6%	-2.6%	6.6%	9.3%
Education and Health Services	13.2%	6.0%	21.8%	14.9%
Leisure and Hospitality	6.1%	1.2%	16.2%	15.1%
Other Services	-9.3%	40.9%	129.7%	63.2%
Federal Government		-15.1%	-5.9%	10.5%
State Government		5.6%	25.7%	19.0%
Local Government		2.5%	13.0%	10.3%

**Residential**

**Construction**

	2014	2015	2016	2017	2018
Total units	248	280	291	263	261
Total valuation (000)	\$51,595	\$69,198	\$72,585	\$69,424	\$66,161
Total single-unit bldgs	230	269	291	259	251
Average cost per unit	\$216,603	\$252,907	\$249,432	\$264,032	\$257,224
Total multi-unit bldg units	18	11	0	4	10
Average cost per unit	\$98,696	\$106,031	\$0	\$259,900	\$159,817

**Major & Notable Employers**

Amazon	Trade
Anomatic Corp	Mfg
Ascena Retail Group	Trade
Boeing Co	Serv
Denison University	Serv
Licking County Government	Govt
Licking Heights Local Schools	Govt
Licking Memorial Health Systems	Serv
Newark City Schools	Govt
Owens-Corning	Mfg
Park National Bank	Fin
State Farm Mutual Automobile Ins Co	Ins

# Appendix B

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## Data Summary

### Licking County, Ohio Community Health Improvement Plan 2018-2021 *(Reference source 6)*

#### Top Priorities:

- Behavioral health – reduce the burden of addiction and reduce untreated depression and anxiety
  - Chronic disease – decrease negative health conditions associated with obesity, decrease the prevalence of tobacco use, and decrease the burden of cancer
  - Access to care – Increase affordable healthcare options
- 

### Licking Memorial Hospital 2016 Community Health Needs Assessment *(Reference source 7)*

#### Priority Health Needs:

- Reduce drug abuse
  - Addressing mental health issues
  - Cancer mortality reduction
    - Colon
    - Breast
    - Lung
  - Reduce infant mortality
  - Reduce tobacco usage
  - Reduce obesity
- 

### Licking County Health Department – Community Health Status *(Reference source 5)*

#### Leading Causes of Death for Licking County Residents (2017):

- Cancer
- Heart disease
- Unintentional injuries
- Chronic lower respiratory disease
- Stroke
- Alzheimer’s disease
- Diabetes mellitus
- Influenza and pneumonia
- Suicide
- Essential (primary) hypertension and hypertensive
- Parkinson’s disease
- Septicemia
- Nephritis, nephrotic syndrome, and nephrosis
- Chronic liver disease and cirrhosis
- Pneumonitis due to solids and liquids

#### Top 5 Cancers in Licking County 2012-2016 Representing 55% of All Cancer Deaths:

- Lung and bronchus 30.8%
- Colon and rectum 8.0%
- Breast (female) 6.5%
- Pancreas 5.5%
- Prostate 4.3%

Drug Overdose Deaths in Licking County:

	2014	2015	2016	2017	2018
Other drugs	15	23	12	21	21
Fentanyl	2	2	6	14	21

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**Ohio 2017-2019 State Health Improvement Plan** *(Reference source 11)*

Ohio Priority Topics:

- Mental health and addiction – depression, suicide, drug dependency/abuse, drug overdose deaths
- Chronic disease – heart disease, diabetes, child asthma
- Maternal and infant health – preterm births, low birth weight, infant mortality

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**Ohio 2016 State Health Assessment** *(Reference source 10)*

Central Ohio Priority Health Needs:

Community Health Assessments	Regional Forums
Mental health	Equity/disparities
Access to healthcare/medical care	Obesity
Violence	Drug and alcohol abuse
Maternal and infant health	Access to behavioral health
Drug and alcohol abuse	Mental health
Cancer	Diabetes
Tobacco	Maternal and infant health
Injury	Physical activity
Chronic disease (unspecified)	Cardiovascular disease
Infectious disease	Access to dental care

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**Robert Wood Johnson Foundation's County Health Rankings and Roadmaps** *(Reference source 17)*

- Areas to explore for Licking County
  - Adult smoking (21%)
  - Adult obesity (32%)
- Worsening trends for Licking County
  - Sexually transmitted infections (386.9 newly diagnosed chlamydia cases/100,000)
  - Primary care physician (2430:1)
  - Children in poverty (12%)

Ohio Department of Health (Reference source 13)

Metric for Licking County		Poor	Very Poor
Cancer	All cancer sites/types incidence rate		X
	Cancer rate deaths all causes	X	
	Cancer incident rate all causes	X	
	Bladder	X	
	Brain and other central nervous system	X	
	Breast	X	
	Esophagal	X	
	Kidney and renal pelvis	X	
	Lung and bronchus	X	
	Multiple myeloma	X	
	Prostate death rate	X	
	Prostate incidence rate	X	
Disabilities	Social associations	X	
Health risk factors	Adult smoking	X	
Maternal and infant health	Regional infant mortality		X
	Infant mortality	X	
	Babies with low-birth weight	X	
Oral health	Death rate due to oral cancer	X	
Physical environment	Ozone quality		X
Built environment	Public transportation to work		X
	Walk or bike to work		X
	Drive alone to work		X
	Specialized food stores		X
	WIC-authorized stores		X
	Vegetable acres harvested		X
	Berry acres		X
	Greenhouse vegetables and fresh herb farm		X
	Farmers market density	X	
	Grocery store density	X	
	SNAP-authorized food stores	X	
	Full service restaurants	X	
	Farmers with direct sales	X	
	Orchard acres	X	
	Convenience stores	X	
	Superstores and club stores	X	
	Housing problems – overcrowding, high cost, lack of kitchen or lack of plumbing	X	
Population	Long travel to work	X	
	Income inequality	X	
	Median household income	X	
Education	High school graduation	X	
	Age 25+ with bachelor's degree or higher	X	
	4th grade students proficient in reading	X	
	Student to teacher ratio	X	

**Community Commons** (Reference source 2)

Measure	Licking County	Ohio	U.S.
Primary care provider rate per 100,000 (2014)	41.23	76.7	75.6
Mental health provider rate per 100,000 (2012)	113	212.2	202.8
Dentist provider rate per 100,000 (2015)	35.18	59.1	65.6
% Medicare hospital readmissions within 30 days of discharge (n.d.)	16.9	15.1	14.9
% Medicare enrollees with diabetes (n.d.)	87.5%	85.4%	85.7%
Federally qualified health center per 100,000 (2018)	0	2.88	2.81
SNAP-authorized food stores per 10,000 (2019)	6.85	8.25	8.0
Grocery stores per 100,000 (2016)	13.21	17.71	21.18
Recreational and fitness facilities per 100,000 (2016)	6.01	9.75	11.01
Alcohol consumption 18+ (2006-2012)	20.01%	18.4%	16.9%
Tobacco usage 18+ (2006-2012)	22.6%	21.7%	18.1%
Cancer incidence all sites per 100,000 (2011-2015)	489.7	456.3	483.8
Cancer incidence – breast per 100,000 (2011-2015)	127.6	126.2	124.7
Cancer incidence – lung per 100,000 (2011-2015)	73.6	69.3	60.2
Depression – Medicare population (2017)	21.2%	19.7%	17.9%
Diabetes – Medicare population (2017)	28.09%	27.68%	27.24%
Mortality – cancer per 100,000 (2013-2017)	178.7	174.99	158.1
Mortality – lung disease per 100,000 (2013-2017)	51.4	48.5	41.1
Mortality – motor vehicle crash per 100,000 (2013-2017)	13.1	9.84	11.5
Mortality – stroke per 100,000 (2013-2017)	41.1	40.82	37.1
Mortality – suicide per 100,000 (2013-2017)	16	13.63	13.3
Commuting to work > 60 minutes (2013-2017)	6.36%	5.02%	8.9%
Population below 100% FPL (2013-2017)	11.77%	14.92%	14.58%
Tree canopy (2011)	28.1%	29.98%	24.7%

## State Health Assessment Ohio 2019 Summary Report *(Reference source 18)*

Progress on 2017-2019 SHIP Outcomes, as of 2017, for Central Ohio Region

Desired Outcome	Indicator	Ohio	Central Region
Improve overall health status	% adults with fair or poor health	18.9%	17.9%
Reduce premature death	Years of potential life lost before age 75/100,000	8,774.5	7,983.5
Reduce suicide deaths	# of deaths due to suicide per 100,000	14.8	21.8
Reduce unintentional drug overdose deaths	# of deaths due to unintentional drug overdoses per 100,000	44.1	31
Reduce heart disease	% of adults ever diagnosed with coronary heart disease	4.7%	3.2%
	% of adults ever diagnosed with heart attack	5.5%	4.1%
Reduce hypertension	% of adults ever diagnosed with hypertension	34.7%	32.8%
Reduce diabetes	% of adults who have been told by health professional that they have diabetes	11.3%	9.3%
	% of adults who have been told by health professional that they have prediabetes	8.8%	10.1%
Reduce preterm births	Total preterm: % of live births that are preterm: less than 37 weeks	10.4%	10.2%
	Very preterm: % of live births that are very preterm: Less than 32 weeks	1.8%	1.9%
Reduce low birth-weight births	% of births in which the newborn weighed less than 2,500 grams	8.7%	8.6%
Reduce infant mortality	Rate of infant deaths per 1,000 live births	7.2	7.5
	Rate of neonatal infant deaths per 1,000 live births	5	5.7
	Rate of post-neonatal infant deaths per 1,000 live births	2.2	1.8

### Ohio Department of Health – Ohio Infant Mortality Data Brief *(Reference source 15)*

Ohio's infant mortality rate has been trending downward from 7.9 per 1,000 live births in 2011 to 7.2 in 2017.

- Prematurity remains the leading cause of infant deaths in Ohio – 32% in 2017.
  - 54% of the mothers were low income
  - 39% of the mothers received no prenatal care in the first trimester
  - 41% of the mothers were black
- Congenital anomaly, the second leading cause of infant deathsm decreased by -3.5% from 2011 to 2017 to 18 percent.
- Sudden Infant Death Syndrome (SIDS) deaths decreased by -6.4 from 2011 to 2017 to 7 percent.
- Obstetrical conditions contributed to 9% of infant deaths
  - 38% of mothers were obese
  - 24% smoked within 3 months of becoming pregnant
  - Pre-pregnancy hypertension (6%) and diabetes (2%) pose high risk to pregnancy
- Preventable risk factors
  - Less than one third were born to mothers who received no first trimester prenatal care
  - 2 in 5 were conceived earlier than 18 months after a prior pregnancy
  - 24% had mothers who smoked at the beginning of pregnancy
  - 1 in 10 was born to a teenaged mother



## Community Health Improvement Committee Members

Organization	Populations Represented
Licking County Health Department*	All populations of Licking County, including medically underserved, low-income and minority populations.
Licking County Board of Health*	All populations of Licking County, including medically underserved, low-income and minority populations.
Licking Memorial Hospital	All populations of Licking County.
Pathways of Central Ohio/211	Provides a variety of social services, including a 24/7 2-1-1/Crisis Hotline and text line, Parent Education Training and Support, and Youth Prevention Services.
Heath City Schools	Students and families of Licking County.
Canal Market District	Farmers Market held Tuesdays and Fridays in Downtown Newark. Mission is to improve community access to healthy, local food and promote economic development rooted in the county's history, culture, and local bounty. Representing food producers and entrepreneurs.
Licking County Job and Family Services*	All populations of Licking County, including medically underserved, low-income and minority populations.
Mental Health Recovery for Knox and Licking Counties	Use Recovery and Resiliency Methodology to enhance the quality of life for individuals and families, and to diminish the problems caused by alcoholism, drug addiction and mental illness for the residents of Licking and Knox Counties.
Ohio State University	All populations of Licking County, including medically underserved, low-income and minority populations.
United Way of Licking County	Advances the common good by creating opportunities for all. The focus is on education, income and health – the building blocks for a good quality of life and a strong community.
Public at Large	All populations of Licking County, including medically underserved, low-income and minority populations.
Licking County Children and Families	Association of public and non-profit organizations, schools, clergy, parents, and elected officials, committed to strengthening families and improving the local social and human service delivery system by working together and sharing resources.
Licking County Infant Mortality Taskforce	Multiple county agencies working together to put forth an action plan to help prevent future infant deaths.
Licking County Diabetes Forum	To reduce the adverse health effects of type II diabetes on Licking County residents.
Licking County Wellness Coalition	Help to promote healthy lifestyles by increasing physical activity, promoting healthy eating, reducing tobacco use among Licking County residents.
Tobacco Use Reduction Network of Licking County	Work toward system and policy changes to reduce tobacco use among Licking County residents.
Food Pantry Network of Licking County	Cooperative to coordinate the acquisition and distribution of emergency food supplies by working through its member food agencies with the goal to ensure that no one in Licking County would have cause to suffer from hunger.

Organization	Populations Represented
Hospice of Central Ohio	Provide compassionate, individualized end-of-life care regardless of the ability to pay. Their desires guide the physical, emotional, and spiritual care support we provide. Members of our community – patients’ families, children, and anyone experiencing loss – find support through bereavement services.
Licking County Healthcare Disaster Planning Coalition	All populations of Licking County, including medically underserved, low-income and minority populations.
Licking County Prevention Partnership	Dedicated to educating, informing and advocating for effective mental, emotional, and behavioral healthcare for Licking County residents.
Licking County Addiction Taskforce	Address addiction services for all populations of Licking County, including medically underserved, low-income and minority populations.
Prescription Drug Overdose Prevention Coalition	Address prescription drug abuse and overdose through policy, systems and environmental change strategies to address the issue for Licking County residents.

\*Knowledge, information, and expertise in public health

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